Chapter 02: Health Promotion in the Context of Health Assessment

MULTIPLE CHOICE

1. Which of the following is true in relation to the current conceptualization of the meaning of health?
   a. It is a two-dimensional concept.
   b. It is the absence of disease.
   c. It accounts for the importance of the physical and social environment.
   d. The conceptualization is individual, and health is what the person indicates that it means to that person.

   ANS: C

Changes in the meaning of health began when the World Health Organization indicated that health is not merely the absence of disease. The definition of health has been expanded beyond a two-dimensional concept to account for the importance of the environment, both physical and social, in defining health.

DIF: Cognitive Level: Understanding (Comprehension) REF: Page: 19
MSC: Client Needs: General

2. Which of the following is an example of primary prevention?
   a. Pap test
   b. Immunization against polio
   c. Mammography
   d. Teaching foot care to a newly diagnosed diabetic

   ANS: B

An example of primary prevention is immunization.

DIF: Cognitive Level: Applying (Application) REF: Page: 19
MSC: Client Needs: Health Promotion and Maintenance

3. Which of the following is an example of secondary prevention?
   a. Pap test
   b. Immunization against polio
   c. Teaching school-age children the importance of handwashing
   d. Teaching foot care to a newly diagnosed diabetic

   ANS: A

An example of secondary prevention is a Pap test; any screening test as secondary prevention is focused on early detection of disease.

DIF: Cognitive Level: Applying (Application) REF: Page: 19
MSC: Client Needs: Health Promotion and Maintenance

4. Which is an example of tertiary prevention?
   a. Pap test
   b. Immunization against polio
   c. Mammography
d. Teaching foot care to a person newly diagnosed with diabetes

ANS: D

Tertiary prevention is the prevention of complications when a condition or disease is present or has progressed; therefore, teaching the importance of foot care to a newly diagnosed diabetic is an appropriate example.

DIF: Cognitive Level: Applying (Application) REF: Page: 19
MSC: Client Needs: Health Promotion and Maintenance

5. Which report laid the foundation for future health promotion initiatives in Canada?
   a. Ottawa Charter for Health Promotion
   b. LaLonde Report
   c. Public Health Agency of Canada’s (PHAC’s) Social Determinants of Health
   d. The Declaration of Alma Ata

ANS: B

The 1974 LaLonde Report highlighted the limitations of the health care system and laid the foundation for future health promotion initiatives in Canada.

DIF: Cognitive Level: Remembering (Knowledge) REF: Page: 19
MSC: Client Needs: Health Promotion and Maintenance

6. Which of the following is considered a social determinant of health according to the PHAC?
   a. Age
   b. Gender
   c. Marital status
   d. Mental health

ANS: B

Gender is one of the social determinants of health as indicated by the PHAC.

DIF: Cognitive Level: Remembering (Knowledge) REF: Page: 20
MSC: Client Needs: Health Promotion and Maintenance

7. Which of the following groups has the shortest life expectancy in Canada?
   a. Health care providers
   b. First Nations and Inuit people
   c. Females in relation to males
   d. Immigrant workers

ANS: B

First Nations and Inuit peoples have shorter life expectancy, higher infant mortality rates, and higher rates of morbidity from infectious diseases than do the rest of Canadians.

DIF: Cognitive Level: Remembering (Knowledge) REF: Page: 20
MSC: Client Needs: Health Promotion and Maintenance

8. Which of the following is true related to “moving upstream”?
   a. It is the hallmark of secondary prevention.
   b. It encompasses healthy lifestyle behaviours.
   c. It involves taking action to avoid a problem before it occurs.
d. It prevents complications of chronic disease.

ANS: C

Taking action to avoid a problem before it occurs is referred to as moving upstream and is the hallmark of primary prevention.

DIF: Cognitive Level: Applying (Application)          REF: Page: 20
MSC: Client Needs: Health Promotion and Maintenance

9. According to the *Ottawa Charter for Health Promotion*, which of the following is the definition of health promotion?
   a. The inclusion of primary, secondary, and tertiary prevention strategies
   b. The process of enabling people to increase control over, and improve their health
   c. A positive view of all environmental and biological influences on health
   d. Maximizing all of the social determinants of health for families

ANS: B

The *Ottawa Charter for Health Promotion* defines health promotion as the process of enabling people to increase control over, and to improve their health.

DIF: Cognitive Level: Remembering (Knowledge)          REF: Page: 19
MSC: Client Needs: Health Promotion and Maintenance

10. Screening is based upon which of the following?
    a. Age
    b. Gender
    c. Prevalence of disease in the population
    d. Health status of a specific population

ANS: C

Screening is based on the prevalence of disease in the population; therefore, routine screening is reasonable when the prevalence of a disease is relatively high in a specific age group, gender, or ethnic population.

DIF: Cognitive Level: Applying (Application)          REF: Page: 21
MSC: Client Needs: Health Promotion and Maintenance

11. Which of the following is the most commonly used developmental screening tool?
    a. Denver Developmental Screening Test (DDST)
    b. Ages and Stages Questionnaires (ASQs)
    c. Nipissing District Developmental Screen (NDDS)
    d. Parents’ Evaluation of Developmental Status (PEDS)

ANS: C

In 2013, the Canadian Task Force on Preventive Health Care reported that there was insufficient evidence for the routine developmental screening of children. Because of the lack of effectiveness, the routine use of the DDST ceased and was replaced with the NDDS.
12. Which of the following is an example of an active immunization through the use of a toxoid preparation?
   a. Measles-mumps-rubella (MMR)
   b. Tetanus
   c. Polio
   d. Immunoglobulin administration

   ANS: B
   Active immunization is through the use of either vaccines or toxoid preparations; examples are tetanus and diphtheria.

   DIF: Cognitive Level: Understanding (Comprehension) REF: Page: 21
   MSC: Client Needs: Health Promotion and Maintenance

13. In what decade did Nola Pender first describe the Health Promotion Model?
   a. 1980s
   b. 1990s
   c. 2000s
   d. 2010s

   ANS: A
   Nola Pender first described the Health Promotion Model in the early 1980s. The model used a competence-based approach to describe motivation for behaviour change, rather than threats.

   DIF: Cognitive Level: Remembering (Knowledge) REF: Page: 22
   MSC: Client Needs: Health Promotion and Maintenance

14. According to Pender’s Health Promotion Model, which of the following is an example of behaviour-specific cognition and affect?
   a. Prior related behaviour
   b. Biological personal factors
   c. Perceived self-efficacy
   d. Immediate competing demands

   ANS: C
   An example of a behaviour-specific cognition and affect is perceived self-efficacy; other examples include perceived benefits of action, barriers to action, activity-related affect, interpersonal influences, and situational influences.

   DIF: Cognitive Level: Applying (Application) REF: Page: 24, Fig. 2-4
   MSC: Client Needs: Health Promotion and Maintenance

15. Providing tobacco cessation strategies to a current long-term smoker who has expressed an interest in cutting down on smoking is an example of which type of prevention?
   a. Primary
   b. Secondary
   c. Tertiary
   d. Risk–benefit

   ANS: B
   This is an example of secondary prevention.