Community Health Chapter 5 Notes

1. _____ is a "process through which communities are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching their goals they have collectively set."

A. Community development
B. Community organizing
C. Community effectiveness
D. Community planning
E. none of the above are correct

Ans: B
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2. _____ is (are) based on the concept of broad self-help participation from the local community.

A. Locality development
B. Social planning
C. Social action
D. Revolutionary techniques
E. Community effectiveness

Ans: A
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3. _____ is (are) heavily task oriented and involves various levels of participation from many people and outside planners.

A. Locality development
B. Social planning
C. Social action
D. Revolutionary techniques
E. Community organizing

Ans: B
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4. The civil rights and gay rights movements are examples of what method of community

organization?

A. social planning
B. revolutionary techniques
C. locality development
D. social action
E. none of the above are correct

Ans: D
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5. If those who initiate community organization are members of the community, then the movement is referred to as being:

A. grass-roots.
B. top-down initiated.
C. outside-in initiated.
D. bottom-down initiated.
E. none of the above are correct

Ans: A
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6. When community organization is initiated by individuals from outside of the community, the problem is said to be organized from the:

A. bottom up.
B. citizens.
C. grass-roots.
D. top down.
E. none of the above are correct

Ans: D
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7. Community gatekeepers could include which of the following?

A. politicians
B. clergy
C. business and education leaders

D. all of the above are correct
E. none of the above are correct

Ans: D
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8. When the top-down approach to community organization is being used, organizers might find it advantageous to enter the community through:

A. the city council.
B. a group of elected officials.
C. a well-respected organization or institution that is already in the community.
D. the Board of Education.
E. all of the above are correct

Ans: C
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9. When organizing people to solve a community problem, it is best to begin with:

A. those causing the problem.
B. a good group of volunteers.
C. the victims of similar problems.
D. those who are already interested in seeing that the problem be solved.
E. all of the above are correct

Ans: D
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10. The core group of any organized effort is also known as:

A. executive participants.
B. volunteers.
C. a coalition.
D. an association.
E. none of the above are correct

Ans: A
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11. Which of the following can be defined as "a formal long-term alliance among a group of individuals representing others within the community who agree to work together to achieve a common goal?"

A. association
B. task force
C. coalition
D. ad hoc committee
E. none of the above are correct

Ans: C
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12.   Which of the following can be defined as "an orientation to community that is strength-based rather than need-based and stresses the identification, nurturing, and celebration of community assets?"

A. needs assessment
B. community health education
C. community action
D. community building
E. none of the above

Ans: D
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13. Identifying community assets, not concerns or problems, is a process referred to as:

A. needs assessment.
B. community analysis.
C. community diagnosis.
D. mapping community capacity.
E. all of the above are correct

Ans: D
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14. The model used for community organizing/building that was developed by the Centers

for Disease Control and Prevention (CDC) "to strengthen local health departments' capacities to plan, implement, and evaluate community-based health promotion activities" is called:

A. PRECEDE/PROCEED.
B. Planned Approach to Community Health (PATCH).
C. Mobilizing for Action through Planning and Partnership (MAPP).
D. Healthy Cities/Healthy Communities.
E. none of the above

Ans: B
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15. Which of the following best describes the relationship between health education and health promotion?

A. The terms mean the same thing.
B. Health promotion is much more encompassing than health education.
C. Health promotion is an important component of health education.
D. all of the above are correct
E. none of the above are correct

Ans: B
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16. The best known and maybe the most often used health promotion planning model is the:

A. PRECEDE/PROCEED model.
B. Model for Health Education Planning.
C. Model for the Analysis of Health Education Planning and Resource Development.
D. Comprehensive Health Education Model.
E. Generic Health/Fitness Delivery System.

Ans: A
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17. Those whom the health promotion program is intended to serve are known as the:

A. coalition.

B. priority population.
C. executive participants.
D. stakeholders.
E. all of the above are correct

Ans: B
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18. The first procedural step in health program planning is:

A. setting appropriate goals and objectives.
B. understanding the community.
C. needs assessment.
D. creating an intervention.
E. evaluating results.

Ans: C
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19. The importance of an unmet need, how changeable the need is, and whether adequate resources are available to deal with the problem are all helpful in _____ the need.

A. explaining
B. prioritizing
C. validating
D. determining
E. examining

Ans: B
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20. To help employees learn how to manage their stress is an example of a program:

A. purpose.
B. goal.
C. objective.
D. all the above
E. none of the above

21. Activities that will help the priority population meet the objectives and, in the process, achieve the program goals are referred to as:

A. an intervention or treatment.
B. a task force.
C. a coalition.
D. an association.
E. all of the above are correct

22. When implementing a health promotion program, which of the following is advised?

A. pilot test the program with people like those in the priority population
B. pilot test it first
C. if a major flaw is found in pilot testing it should be re-piloted
D. phase in the program
E. none of the above are correct

23. Mandates, values, norms, and comparison groups are examples of:

A. formative evaluation.
B. summative evaluation.
C. standards of acceptability.
D. categories of objectives.
E. none of the above are correct

24. _____ begin(s) with the development of goals and objectives and is (are)

conducted after implementation to determine the impact of the program on the target population.

A. Process evaluation
B. Summative evaluation
C. Formative evaluation
D. Standards of acceptability
E. Categories of objectives

Ans: B
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25. Which of the mini-steps of program evaluation includes selecting an evaluator, identifying an evaluation design, and creating a timeline for the evaluation?

A. planning the evaluation
B. collecting the data
C. analyzing the data
D. reporting the results
E. applying the results

Ans: A
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True/False

26. True or false? Community organizing is not a science but an art of consensus-building within a democratic process.

Ans: T
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27. True or false? Changes in community living that are self-imposed or self-developed have a meaning and permanence that imposed changes do not have.

Ans: T
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28. True or false? There is a single model used for community organizing/building that is accepted by virtually all health program planners.

Ans: F
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29. True or false? Social planning and social action are two names for the same process of community organizing/building.

Ans: F
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30. True or false? Gatekeepers are those who control, both formally and informally, the political climate of the community.

Ans: T
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31. True or false? By knowing both the needs and assets of the community, organizers can work to identify the true problems of the community and utilize the assets as a source for dealing with the problems.

Ans: T
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32. True or false? When prioritizing identified problems, it is important for general agreement or consensus to be used in order for ownership to take hold.

Ans: T
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33. True or false? Health education and health promotion are terms sometimes used interchangeably, even though they are not the same.

Ans: T
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34. True or false? Most people change their behavior based upon a single exposure (dose).

Ans: F
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35. True or false? "Hitting" the priority population from several angles or through multiple channels should increase the chances of making an impact.

Ans: T
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36. True or false? The size of the "dose" is important in health promotion programming.

Ans: T
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37. True or false? A pilot test can be thought of as a trial run.

Ans: T
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Short Answer

38. List and describe several community organizing methods.

Ans: (1) locality development stresses consensus and cooperation aimed at building group identity and a sense of community and involves self-help participation from the community; (2) Social planning stresses rational-empirical problem solving and involves various levels of participation from many people including outside planners; (3) Social action involves trying to redistribute power or resources in the community.
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39. List, in order of occurrence, the 10 steps in the generalized approach to community organization/building.

Ans: (1) recognizing the issue; (2) gaining entry into the community; (3) organizing the people; (4) assessing the community; (5) determining priorities and setting goals; (6) arriving at a solution and selecting intervention activities; (7) implementing the plan; (8) evaluating the outcomes of the plan of action; (9) maintaining the outcomes in the community; (10) looping back.
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40. Identify five things community organizers should consider when expanding their constituencies.

Ans: (1) Identify people who are affected by the problem that they are trying to solve; (2) provide "perks" or otherwise reward volunteers; (3) keep volunteer time short; (4) match volunteer assignments with the ability and expertise of the volunteers; and (5) consider providing appropriate training to make sure volunteers are comfortable with their tasks.
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41. List the simplified six-step approach to assessing the needs of a priority population.

Ans: (1) determining the purpose and scope of the needs assessment, (2) gathering data, (3) analyzing the data collected, (4) identifying the factors linked to the health problem, (5) identifying the program focus, and (6) validating the prioritized need.
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42. Describe the characteristics of goals as compared to objectives?

Ans: Goals (1) are much more encompassing and global, (2) are written to cover all aspects of a program, (3) provide overall program direction, (4) are more general in nature, (5) usually take longer to complete, (6) are usually not observed but inferred, and (7) often not easily measured.
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43. Present, in order, the hierarchy of program objectives.

Ans: process/administrative, learning, behavioral and environmental, and program.
Page: 138—Table 5.3

44. Compare and contrast the terms formative evaluation and summative evaluation.

Ans: Formative evaluation is done during the planning and implementing processes to improve or refine the program, i.e., validating needs assessment and pilot testing. Summative evaluation begins with the development of goals and objectives and is conducted after implementation of the program to determine impact on the priority population.
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