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PRACTICE QUESTIONS

Certification Board for Professionals in Patient Safety (CBPPS)

FMB968Q5

Certified Professional in Clinical Health Equity (CPCHE)[™]
Examination

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Certification Board for Professionals in Patient Safety (CBPPS) **FMB968Q5**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **FMB968Q5**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A quality improvement team is drafting a charter for an initiative aimed at clinical health equity. Which statement most accurately defines 'clinical health equity' in the context of patient care delivery?

- ☐ **A** Providing identical clinical services to every patient regardless of individual need in order to ensure uniform treatment.
- ☒ **B** Ensuring that every patient has a fair and just opportunity to achieve their highest possible level of health by identifying and removing systemic barriers to care.
- ☐ **C** Allocating additional clinical resources only to patients from racial or ethnic minority groups.
- ☐ **D** Reducing per-capita healthcare spending across the health system by standardizing treatment protocols.

ANSWER B

WHY Clinical health equity is defined as the state in which every person has a fair and just opportunity to attain their highest level of health. This requires proactive removal of systemic, social, and structural barriers — not identical ('equal') treatment, which can actually perpetuate inequity when needs differ. Options A and C misrepresent the construct, and option D conflates equity with cost reduction, which is not the defining feature.

QUESTION 2

SINGLE CHOICE

A case manager is assessing which social determinants of health (SDOH) most influence a newly admitted patient's recovery trajectory. According to the widely used SDOH framework, which of the following is a recognized domain of social determinants of health?

- ☐ A Genetic predisposition only.
- ☒ B Economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.
- ☐ C Inpatient nursing staffing ratios exclusively.
- ☐ D Acute physiological biomarkers measured at admission.

ANSWER B

WHY The established SDOH framework (Healthy People 2030 and related public health literature) identifies five core domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Genetics (A) is a biological factor, not an SDOH. Nurse staffing (C) is an organizational variable, and admission labs (D) are clinical data — neither falls under the SDOH framework.

QUESTION 3

SINGLE CHOICE

An ambulatory clinic's leadership team wants to systematically detect disparities in hypertension control rates. Which analytic approach is most appropriate as a first step to identify whether a disparity exists between population subgroups?

- ☐ **A** Compare unstratified clinic-wide average blood pressure values to a national benchmark.
- ☒ **B** Stratify outcome measures by relevant demographic or social risk factors (for example, race, ethnicity, insurance status, or preferred language) and compare rates across strata.
- ☐ **C** Survey clinicians about their perceptions of patient adherence.
- ☐ **D** Audit a random sample of charts without subgroup labels.

ANSWER B

WHY Detecting a disparity requires disaggregating outcomes by the groups hypothesized to experience inequity. Stratifying outcome data by demographic or social risk factors (e.g., race, ethnicity, language, insurance) is the foundational analytic step. Aggregate ('unstratified') averages mask disparities; clinician perceptions are subject to bias; and unstratified chart audits cannot reveal between-group differences.

QUESTION 4

SINGLE CHOICE

A hospital is revising its patient education materials policy. The team is debating whether to distribute the same printed handout to every patient (Option 1), tailor materials to patient language and literacy needs (Option 2), or address upstream factors such as community-level literacy programs (Option 3). Which pairing correctly matches the action to the principle?

- ☒ **A** Option 1 = equality; Option 2 = equity; Option 3 = justice.
- ☐ **B** Option 1 = equity; Option 2 = equality; Option 3 = justice.
- ☐ **C** Option 1 = justice; Option 2 = equity; Option 3 = equality.
- ☐ **D** Option 1 = equality; Option 2 = justice; Option 3 = equity.

ANSWER A

WHY Equality refers to providing the same resources to everyone (Option 1). Equity refers to allocating resources according to need so that outcomes are fair (Option 2 — adapting to language/literacy). Justice (sometimes 'liberation' or 'transformative') addresses root, upstream causes of inequity (Option 3 — community-level literacy investment). This distinction is a core conceptual element of health equity frameworks.

QUESTION 5

SINGLE CHOICE

Which of the following best describes 'implicit bias' in clinical practice?

- ☐ A A conscious, deliberate preference for one group over another that is openly acknowledged by the clinician.
- ☒ B An automatic, unintentional association or attitude about a social group that can influence perception, judgment, and behavior without conscious awareness.
- ☐ C A legal determination of discriminatory intent made by a court of law.
- ☐ D A statistical artifact that disappears once patient outcomes are risk-adjusted.

ANSWER B

WHY Implicit bias refers to attitudes or stereotypes that affect understanding, decisions, and actions in an unconscious manner. It is unintentional and operates outside deliberate awareness — distinguishing it from explicit bias (A). It is not a legal finding (C), and it does not reliably vanish with risk adjustment (D); adjustment can hide or expose bias depending on what variables are included.

QUESTION 6

SINGLE CHOICE

A clinician begins working with a patient whose health beliefs differ from the biomedical model and whose preferred communication style emphasizes family-based decision-making. Which approach best reflects cultural humility in this encounter?

- ☐ A Insist that the biomedical treatment plan be followed exactly because it is evidence-based.
- ☐ B Assume the patient's preferences based on the patient's stated ethnicity.
- ☒ C Engage the patient in a respectful dialogue about their values and goals, acknowledge limits of one's own cultural understanding, and adapt the care plan collaboratively.
- ☐ D Defer the conversation to a non-clinical staff member.

ANSWER C

WHY Cultural humility is characterized by lifelong self-reflection, recognition of power imbalances, and partnership with patients and communities. Option C operationalizes these commitments. Option A imposes the clinician's framework; option B relies on group-based assumptions (stereotyping); option D abdicates the clinician's responsibility for the therapeutic relationship.

QUESTION 7

SINGLE CHOICE

A health system is integrating social determinants of health (SDOH) screening into primary care. Which use of the resulting patient-level SDOH data best advances equitable care?

- ☐ A Storing the data solely to satisfy a regulatory reporting requirement with no workflow integration.
- ☐ B Using the data to flag patients' demographic group on the cover of the chart for all staff to see.
- ☒ C Embedding SDOH data into the EHR so the care team can connect patients to relevant community resources and tailor the care plan, while protecting privacy.
- ☐ D Excluding SDOH data from quality measurement because it is not a clinical variable.

ANSWER C

WHY SDOH data are most useful when integrated into clinical workflows — enabling tailored care plans, closed-loop referrals to community resources, and equitable quality measurement. Option A wastes the data; option B stigmatizes and exposes the data inappropriately; option D ignores the very evidence base linking SDOH to outcomes and would obscure disparities in measurement.

QUESTION 8

SINGLE CHOICE

A clinic has identified a disparity: Black patients with diabetes have a lower rate of achieving glycemic control than White patients at the same clinic. The team plans a quality improvement initiative. Which sequence of steps best reflects a standard equity-focused QI approach?

- ☐ **A** Implement a new protocol immediately, then measure outcomes for the entire clinic population combined.
- ☒ **B** Stratify baseline performance by race, set an explicit disparity-reduction aim, test a change using PDSA cycles while monitoring stratified outcomes, and adjust based on data.
- ☐ **C** Compare the clinic's overall average to a national benchmark and conclude the disparity is solved if the average is acceptable.
- ☐ **D** Wait for a regulatory mandate before acting on the disparity.

ANSWER B

WHY Equity-focused QI requires (1) stratifying baseline data to confirm and quantify the disparity, (2) setting an explicit disparity-reduction aim, (3) testing changes (e.g., via Plan-Do-Study-Act cycles), and (4) monitoring stratified outcomes over time to verify the gap closes. Aggregate-only measurement (A, C) masks disparities, and passive waiting (D) does not constitute QI.

QUESTION 9

MULTIPLE CHOICE

Which of the following are recognized structural or systemic determinants of health inequity? (Choose two.)

- ☒ **A** Structural racism embedded in housing, lending, and policing policies.
- ☐ **B** Individual blood type.
- ☒ **C** Ableism in clinical assessment tools and workplace policies.
- ☐ **D** The atomic weight of nitrogen in ambient air.

ANSWER **A • C**

WHY Structural racism (A) and ableism (C) are well-documented systemic determinants of health inequity, operating through institutions, policies, and social structures. Individual blood type (B) is a biological trait, not a structural determinant. Atmospheric nitrogen composition (D) is an environmental constant unrelated to inequity.