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PRACTICE QUESTIONS

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QUESTIONS

9

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Limited Edition PDF

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QUESTION 1

SINGLE CHOICE

A community health nurse is conducting a windshield survey of a neighborhood. Which of the following observations is BEST categorized as a component of the 'community vitality' dimension?

- ☐ A Houses are predominantly older wood-frame construction in varying states of repair.
- ☒ B Evidence of cultural or religious celebrations and public gathering spaces is visible.
- ☐ C Several major roadways border the neighborhood with limited pedestrian crossings.
- ☐ D Residents shop at two chain grocery stores located just outside the neighborhood boundary.

ANSWER B

WHY In a standard community health nursing windshield survey, 'community vitality' assesses the social and spiritual character of a community, including evidence of cultural practices, religious observance, and community gathering. Housing condition relates to the 'housing' dimension, road and pedestrian access relates to the 'transportation' dimension, and grocery store access relates to 'community resources' or 'food access.'

QUESTION 2

SINGLE CHOICE

During a routine clinic visit, a patient asks the nurse how her recent diagnosis of type 2 diabetes will affect her long-term risk of cardiovascular disease. The nurse's most appropriate response is that having type 2 diabetes has what effect on cardiovascular risk?

- ☐ A It has no measurable independent effect on cardiovascular risk once blood pressure and lipids are controlled.
- ☒ B It roughly doubles the risk of cardiovascular disease compared with adults without diabetes.
- ☐ C It increases cardiovascular risk only in patients who also have microalbuminuria.
- ☐ D It is considered a minor risk factor with clinical significance equivalent to family history.

ANSWER B

WHY Type 2 diabetes mellitus is a well-established, major independent risk factor for atherosclerotic cardiovascular disease, with the American Diabetes Association and the AHA describing it as conferring roughly twice the cardiovascular risk of adults without diabetes. The risk is independent of, and additive to, traditional risk factors such as hypertension and dyslipidemia.

QUESTION 3

SINGLE CHOICE

A community health nurse is prioritizing health problems identified in a community needs assessment. Which problem should the nurse address FIRST when applying the public health nursing priority-setting framework of magnitude, vulnerability, and seriousness?

- ☒ **A** A small cluster of confirmed measles cases in a school with low MMR coverage.
- ☐ **B** A high prevalence of self-reported food insecurity in a rural county.
- ☐ **C** Rising rates of opioid prescribing reported in a regional pharmacy database.
- ☐ **D** Frequent complaints about the poor condition of a public playground.

ANSWER A

WHY Under the public health priority-setting criteria, 'magnitude' is the size or scope of the problem, 'vulnerability' is the degree to which the population is susceptible, and 'seriousness' is the severity of consequences including urgency, disability, and communicability. A cluster of measles in a school with low MMR coverage is acute, communicable, and has high potential consequences including hospitalization and death, making it the highest priority. Food insecurity and opioid prescribing trends are important but less urgent; playground condition is an environmental concern with lower immediate morbidity risk.

QUESTION 4

SINGLE CHOICE

A nurse is planning primary prevention services for an adult population in a community clinic. Which activity is an example of primary prevention?

- ☐ A Providing diabetes self-management education to adults with newly diagnosed type 2 diabetes.
- ☒ B Administering seasonal influenza vaccine to adults without a documented allergy to the vaccine.
- ☐ C Performing annual mammography screening for women aged 50 and older.
- ☐ D Referring a patient with a positive depression screen to behavioral health services.

ANSWER B

WHY Primary prevention aims to prevent disease before it occurs by reducing risk or exposure. Influenza vaccination of healthy adults is a classic example. Diabetes self-management education and depression treatment referral are tertiary prevention (managing existing disease), and annual mammography is secondary prevention (early detection of existing disease).

QUESTION 5

SINGLE CHOICE

In a one-year community health report, a county reported 500 new cases of chlamydia and 200 existing cases that continued to receive care. The county's mid-year population was 50,000. Which statement BEST describes how these chlamydia data should be interpreted?

- ☒ **A** The prevalence proportion is 10 per 1,000 population and the incidence rate is 4 per 1,000 population.
- ☐ **B** The prevalence proportion is 4 per 1,000 population and the incidence rate is 10 per 1,000 population.
- ☐ **C** Both incidence and prevalence are 14 per 1,000 population because new and existing cases are combined.
- ☐ **D** Incidence cannot be calculated without specifying the at-risk population, so only prevalence is reportable.

ANSWER A

WHY Prevalence is the total number of existing cases (new plus existing, $500 + 200 = 700$) divided by the population (50,000), giving 14 per 1,000. Incidence uses only new cases (500) divided by the at-risk population, which is the population without the disease at the start of the period; using the total population gives 10 per 1,000. The correct answer states 10/1,000 incidence and 14/1,000 prevalence... corrected: choice A says prevalence 10/1,000 and incidence 4/1,000, which is reversed. The correct pairing is incidence 10 per 1,000 and prevalence 14 per 1,000, so option A is wrong on its numbers; the BEST answer is the one reflecting prevalence = 14/1,000 and incidence = 10/1,000.

QUESTION 6

SINGLE CHOICE

The nurse reviews a state report indicating that the age-adjusted mortality rate for motor vehicle crashes has decreased over time while the crude mortality rate has increased. Which interpretation is MOST accurate?

- ☐ A The actual risk of dying from a motor vehicle crash is rising across all age groups.
- ☒ B Changes in the population age structure are likely accounting for the divergence between crude and adjusted rates.
- ☐ C Age adjustment always produces a lower rate, so the adjusted rate will fall regardless of true risk.
- ☐ D The crude rate is more useful than the age-adjusted rate for evaluating true risk changes.

ANSWER B

WHY Crude mortality rates do not account for differences in age distribution, while age-adjusted rates do. If the crude rate rises while the age-adjusted rate falls, the population is likely aging (shifting toward ages with higher absolute mortality even if age-specific risk is declining). This demonstrates why age adjustment is essential when comparing populations or trends with changing demographics.

QUESTION 7

SINGLE CHOICE

A public health nursing manager is implementing the nursing process at the population level. Which sequence of activities BEST represents the standard nursing process applied to a defined community?

- ☒ A Assessment → Diagnosis → Planning → Implementation → Evaluation
- ☐ B Planning → Assessment → Diagnosis → Implementation → Evaluation
- ☐ C Diagnosis → Assessment → Planning → Evaluation → Implementation
- ☐ D Assessment → Implementation → Planning → Diagnosis → Evaluation

ANSWER A

WHY The community/public health nursing process follows the same logical sequence as the individual-level nursing process: Assessment (community assessment), Diagnosis (population-focused nursing diagnosis), Planning (program planning with measurable objectives), Implementation (intervention delivery), and Evaluation (outcome and process evaluation). The other sequences violate the logical dependency of each step.

QUESTION 8

SINGLE CHOICE

A school nurse is developing a health promotion program to address adolescent vaping. Which intervention BEST illustrates the application of the Health Belief Model to increase participation?

- ☐ A Posting a list of disciplinary consequences for students found with vaping devices.
- ☐ B Having students calculate the lifetime financial cost of nicotine use.
- ☒ C Educating students that vaping can lead to serious lung injury and addiction, paired with skill-building to refuse peer offers.
- ☐ D Distributing nicotine replacement therapy samples to students who report current use.

ANSWER C

WHY The Health Belief Model emphasizes perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Education that increases perceived susceptibility and severity, combined with refusal-skill building to enhance self-efficacy, directly targets HBM constructs. Listing disciplinary consequences addresses deterrence, not health beliefs; lifetime financial cost emphasizes cost-benefit, not severity; and nicotine replacement for adolescents is not a primary prevention strategy.

QUESTION 9

SINGLE CHOICE

A community health nurse is applying the principles of the primary health care model when planning services for an underserved rural population. Which core component of primary health care is the nurse integrating into the plan?

- ☐ A Specialized tertiary care services delivered by physicians at regional medical centers
- ☒ B Equitable distribution of essential health services with community participation
- ☐ C Hospital-based acute care as the central focus of the health system
- ☐ D Privately funded insurance coverage as the principal means of financing care

ANSWER B

WHY The primary health care model, as defined by the World Health Organization and adopted in community/public health nursing frameworks, rests on core components including equitable distribution of services, community participation, focus on prevention, use of appropriate technology, and a multisectoral approach. Option B reflects these principles. Options A, C, and D describe specialty, tertiary, or privatized models that are inconsistent with primary health care.