KEY - FINAL EXAMINATION

1. Public health strives to:
   a. Treat diseased individuals
   b. Provide occupational therapy to all employed individuals
   c. **To prevent disease and disability**
   d. To treat the individual suffering from environmentally caused diseases
   e. To increase salaries of low-income workers

2. The economic burden of work-related injuries in the United States:
   a. Is equivalent to the cost of building new highways each year
   b. **Exceeds the cost attributable to either cancer or circulatory diseases**
   c. Has declined since 2000
   d. Depends primarily on the technology associated with agriculture
   e. Is highest among women under 15 years of age

3. Among the developed countries of the world, the U.S. proportion of women in the workforce is:
   a. Among the lowest
   b. About the same for all developed countries
   c. **Among the highest**

4. The average age of workers in the next 25 years is expected to rise:
   a. **True**
   b. False

5. With the increasing availability of sophisticated technology in the United States since 1980, the average American spends:
   a. Less time on the job
   b. The same amount of time on the job
   c. **More time on the job**

6. The proportion of workers who cite work-related stress as the major source of stress in their jobs is about:
   a. 10%
   b. **25%**
   c. 50%
   d. 75%
   e. 90%
7. The proportion of the workforce in the United States that is self-employed, temporary or part-time, or holds multiple jobs is:
   a. Increasing
   b. Remaining constant
   c. Decreasing

8. In 1990, the major cause of morbidity and mortality was:
   a. Alcohol
   b. Tobacco
   c. Obesity
   d. Illicit drug use

9. The proportion of persons without health insurance is highest among:
   a. White Americans
   b. Hispanic-Americans
   c. African-Americans

10. The proportion of employers providing health benefits in the last five years:
    a. Has increased
    b. Was directly proportional to number of employees
    c. Has decreased
    d. Has remained constant

11. What is the first step in developing and initiating a behavioral intervention?
    a. Targeting high-risk persons
    b. Targeted social marketing
    c. National campaigns
    d. Treatment
    e. Identifying a causal agent

12. Interpersonal interventions are least effective at the:
    a. Organizational level
    b. Family level
    c. Couple level
    d. Personal level

13. The intensity of an intervention is inversely related to the size of the target:
    a. True
    b. False
    c. Maybe

14. Social marketing in the U.S. requires:
    a. A simple message
    b. Frequent updates
    c. “Political buy-in”
    d. All of the above
    e. a. and c. above
15. “Selected” interventions:
   a. Are inappropriate for risk groups
   b. **Target persons already having negative behaviors**
   c. Usually incorporate broad public service announcements
   d. Are usually implemented in the U.S. by the government
   e. Are rarely successful

16. Behavioral interventions that incorporate multiple domains of change are more likely to:
   a. **Succeed**
   b. Fail
   c. Confuse the public
   d. Be non-specific

17. The key to achieving behavior change is to:
   a. Provide a complex message
   b. Change the social environment
   c. **Set achievable goals**
   d. Educate the individual to the need for change
   e. Mandate a change

18. Behavior predispositions involve:
   a. **Temperament and serotonin regulation**
   b. Emotional reactions and perceived consequences
   c. Consumer relationships
   d. Perception of the problem
   e. All of the above

19. The U.S. health care system currently expends how much money per year?
   a. $11 billion
   b. $105 billion
   c. $520 billion
   d. $1.0 trillion
   e. **$1.4 trillion**

20. The U.S. health care system is:
   a. Big
   b. A patchwork of insurance coverage
   c. Heavily regulated by the congress
   d. Relies on the marketplace
   e. a., b. and d. above
21. The country with the highest percentage of the gross domestic product spent on health is:
   a. The U.S.
   b. Australia
   c. United Kingdom
   d. Sweden
   e. Germany

22. Among industrialized countries, the magnitude of health expenditures directly correlates with how rich a country is:
   a. True
   b. False

23. Among industrialized nations, the infant death rate per 1,000 live births in the United States is:
   a. Lowest
   b. About average of all industrialized nations
   c. Highest

24. Life expectancy at birth for Americans is:
   a. The highest among industrialized nations
   b. The lowest among industrialized nations
   c. Related to the gross domestic product
   d. Related to the stability of the stock market
   e. Decreasing

25. Death rates from tuberculosis, stomach cancer, myocardial infarction, stroke, and diabetes have been falling in the past half century.
   a. True
   b. False

26. The largest provider of health care in the United States is:
   a. Private health insurance companies
   b. Health maintenance organizations
   c. The U.S. government
   d. The state of California
   e. Small businesses

27. Medicaid (Medical in California) provides care for:
   a. The elderly
   b. The disabled
   c. Those with occupational injuries
   d. The poor
28. Employer-sponsored health insurance accounts for what proportion of all health insurance in the U.S.?
   a. 12%
   b. 25%
   c. 53%
   d. 74%
   e. 93%

29. “Experience rating” to determine health insurance premiums:
   a. Is based on the prior claim experience of the insuree
   b. Depends on the cost-of-living index
   c. Depends on the average employee income
   d. Is independent of the illness record of the insuree
   e. a. and c. above

30. In response to the higher medical care utilization by insured patients, the insurance companies have:
   a. Increased the co-payment for each visit
   b. Required a utilization review for specialized care
   c. Limited medical services
   d. All of the above
   e. a. and c. above

31. The number of persons in the United States who have no health insurance is:
   a. 5 million
   b. 20 million
   c. 40 million
   d. 100 million
   e. 200 million

32. The increasing cost of medical care is due to:
   a. Increasing numbers of insured persons
   b. Increasing cost of drugs
   c. Increasing cost of “optimal” care
   d. Employer willingness to pay higher contributions to employee health insurance
   e. b. and c. above

33. The cost of health care in the United States is:
   a. Commensurate with inflation
   b. Lower than the rate of inflation
   c. Increasing 3–4 times faster than the rate of inflation
34. The Medicare program has considerable leverage in setting reimbursement levels because:
   a. It is a government-sponsored program
   b. It covers individuals who are 65+ years
   c. **It accounts for 18% of total health care expenditures**
   d. It covers health care for the poor
   e. a. and b. above

35. What percent of health funds are expended on public health programs?
   a. 3%
   b. 10%
   c. 27%
   d. 30%
   e. 45%

36. Because there are multiple sources of health care and multiple funders of health care, administrative costs are higher than if there were universal health care:
   a. True
   b. False

37. The highest proportion of health care expenditures are for:
   a. Hospitals
   b. Physicians
   c. Nursing homes

38. The majority of health insurance costs in the United States are paid by:
   a. Patients
   b. The state governments
   c. Employers
   d. Health care foundations

39. Acculturation to the American lifestyle is having a negative health effect on which subgroup of immigrants in Los Angeles?
   a. Africans
   b. **Hispanics**
   c. Europeans
   d. Samoans
   e. Hmong

40. Chronic diseases and disabilities represent what proportion of the health burden in Los Angeles?
   a. 10%
   b. 25%
   c. 37%
   d. 53%
   e. 85%
41. What was the biggest factor in the 20th century that accounted for improvement of health for Americans?
   a. Development of effective vaccines against the major childhood diseases
   b. Improved standard of living (better housing, sanitation etc.)
   c. Development of new drugs
   d. Development of the labor movement
   e. Development of effective treatment for tuberculosis

Blood lead levels in U.S. children aged 1 to 5 years

42. The most likely cause for the change seen in the graphs above in blood lead levels between 1976 and 1980 and 1988 and 1991 is:
   a. Decrease in use of lead-containing paint on children’s furniture
   b. Ban of tetraethyl lead in gasoline
   c. Increased substitution of latex paint in home decoration
   d. Phasing out lead batteries in cars

43. Diseases caused by environmental exposures are more easily studied epidemiologically in human populations than in laboratory bioassays:
   a. True
   b. False

44. Which of the following group of men in the U.S. has the lowest mortality?
   a. Single men
   b. Married men
   c. Divorced men
   d. Separated men
   e. Mortality is the same in all of the above groups
45. After coronary heart disease, what was the next highest cause of the burden of disease among MEN in Los Angeles in 1997 (based on DALYs)?
   a. Cancer
   b. Alcohol dependence
   c. Motor vehicle crashes
   d. HIV/AIDS
   e. Homicide and violence

46. After coronary heart disease, what was the next highest cause of the burden of disease among WOMEN in Los Angeles in 1997 (based on DALYs)?
   a. Cancer
   b. Alcohol dependence
   c. Motor vehicle crashes
   d. HIV/AIDS
   e. Homicide and violence

47. Nine-year mortality in the Alameda Study was highest in individuals who had:
   a. 5-10 social ties
   b. The fewest number of social ties
   c. The highest number of social ties

48. Which of the following disorders causes the highest number of days of limited activity in Los Angeles?
   a. Heart diseases
   b. Asthma
   c. Depression
   d. Schizophrenia
   e. Cancer

49. The most common sexually transmitted infection (STI) in California is:
   a. Syphilis
   b. HIV/AIDS
   c. Gonorrhea
   d. Chlamydia
   e. Lymphogranuloma venereum

50. Gonorrhea and chlamydia infections are:
   a. Often asymptomatic
   b. Cause genital discharge
   c. Cause genital ulcers
   d. All of the above
   e. a. and b. above
51. Gonorrhea can cause:
   a. Genital discharge
   b. Conjunctivitis (inflammation of the eye)
   c. Pharyngitis (inflammation of the pharynx-throat)
   d. Pelvic pain in women
   e. All of the above

52. One of the greatest challenges in treating gonorrhea currently is:
   a. Co-infection with chlamydia
   b. Increased rates of resistant gonococcus
   c. No accurate way of diagnosing
   d. Increasing rates of infection in the US

53. Genital herpes infection is:
   a. Forever
   b. Often asymptomatic
   c. A cause of genital ulcers
   d. A cause of genital discharge
   e. a., b. and c. above

54. Los Angeles is experiencing an epidemic of syphilis in which subgroup?
   a. Commercial sex workers
   b. Men who have sex with men
   c. Women who have sex with women
   d. Asian-Americans
   e. Hispanic Americans

55. What is the most important quality of a vaccine?
   a. Must provide over 90% efficacy
   b. Must be safe
   c. Must induce humoral immunity
   d. Must induce cellular immunity
   e. Must be cheap

56. The objective of a vaccine is to:
   a. Prevent infection
   b. Prevent disease
   c. Prevent transmission
   d. All of the above
   e. a. and b. above

57. A major objective of community intervention strategies is to change community norms:
   a. True
   b. False
58. The first step in implementing a community intervention is to:
   a. Identify the target groups for the intervention
   b. Provide effective treatment
   c. Set up testing centers
   d. **Have the community accept responsibility for implementing the intervention**
   e. Set up the evaluation study

59. Currently the most effective strategy for preventing transmission of SARS is:
   a. **Isolation of cases and quarantine of exposed individuals**
   b. Treatment of cases and those exposed
   c. Vaccination of susceptibles
   d. Health education
   e. Behavioral modification

60. When did the epidemic of SARS begin in Asia?
   a. November 2002
   b. January 2003
   c. February 2003
   d. April 2003
   e. August 2003

61. The incidence of SARS was highest in which age group?
   a. 10-19
   b. **20-29**
   c. 30-39
   d. 40-59
   e. 60+

62. The major reason for the size of the SARS epidemic in Beijing and Guangdong was:
   a. The higher incidence of “super-shedders”
   b. The higher virulence of the causative organism
   c. **The late recognition/reporting of the epidemic by health and political leaders**
   d. The higher number of subtypes of the causative organism
   e. The high incidence of influenza

63. SARS is easy to diagnose in the early stages of infection using laboratory testing for antibodies:
   a. True
   b. **False**
64. The highest case fatality (proportion of infected who die) from SARS is in which age group?
   a. 10-19
   b. 20-29
   c. 30-39
   d. 40-59
   e. 60+

65. What proportion of new HIV infections in 2003 occurred in developing countries?
   a. 15%
   b. 37%
   c. 54%
   d. 83%
   e. 95%

66. The highest proportion of new HIV infections worldwide in 2003 occurred in which age group?
   a. 15-24
   b. 25-34
   c. 35-44
   d. 45-59
   e. 60+

67. The highest risk of becoming infected with HIV is through:
   a. Vaginal intercourse
   b. Anal intercourse
   c. Oral-genital intercourse
   d. Kissing
   e. Mosquitoes

68. The highest prevalence of orphans not themselves infected with HIV is in:
   a. Africa
   b. Asia
   c. Eastern Europe
   d. Western Europe
   e. Latin America

69. Currently the most rapidly increasing incidence of HIV is in:
   a. Africa and Southeast Asia
   b. China, India, Indonesia, Russia
   c. Latin America and the Caribbean nations
   d. The developed nations of the world
   e. The incidence is the same throughout the world
70. Recent rapid urbanization promotes the spread of HIV:
   a. True
   b. False

71. Of the following which is the most important for limiting the HIV epidemic world-wide?
   a. Providing treatment for individuals in developing countries
   b. Health education
   c. Widespread access and acceptance of testing
   d. Harm reduction programs
   e. Drug replacement programs

72. Heterosexual intercourse is NOT the major mode of HIV transmission in which of the following countries/regions?
   a. Africa
   b. Southeast Asia
   c. The Caribbean
   d. North America
   e. India

73. Why was smallpox eradication more difficult in India than in Africa?
   a. Indians have less natural resistance than Africans
   b. Population density is greater in India than Africa
   c. Smallpox is more severe in India
   d. Indian health workers were less enthusiastic than African health workers
   e. All of the above

74. The strategy used to eradicate smallpox is known as surveillance and containment:
   a. True
   b. False

75. Which of the following diseases is/are included in those for which worldwide eradication is currently being worked on?
   a. Yellow fever
   b. Poliomyelitis
   c. Chickenpox
   d. Influenza
   e. All of the above

76. The advantages of the worldwide bifurcated needle in smallpox eradication include all but one of the following:
   a. Holds just the right amount of vaccine
   b. Cheap to manufacture
   c. Needs no sterilization
   d. Penetrates to just the correct depth in the tissue
   e. Can be re-used many times
77. The main mode of spread of smallpox is:
   a. Fecal-oral
   b. Sex and intercourse
   c. Respiratory
   d. Contact with crusts
   e. Fomites

78. Compared to measles, smallpox is less contagious:
   a. True
   b. False

79. Why was universal smallpox vaccination discontinued in the U.S. in 1971?
   a. Smallpox had already been eradicated worldwide
   b. Few parents were willing to have their children vaccinated
   c. Herd immunity made it unnecessary
   d. Serious complications occurred in up to one in 100,000 vaccines
   e. Immigration regulations made it impossible for smallpox cases to enter the U.S.

80. Race and ethnicity are accurately measured in the U.S. census:
   a. True
   b. False

81. For many years, infant mortality rate has been highest in the population classified as:
   a. American Indian/Alaska native
   b. Hispanic
   c. White, non-Hispanic
   d. Black, non-Hispanic
   e. Asian/Pacific Islander

82. Simple goiter and cretinism may be prevented by all except which of the following?
   a. Chlorine treatment of water supply
   b. Iodized salt
   c. Injection of iodinated oil every one-three years
   d. Iodine disinfection of the water supply

83. Vitamin A deficiency can cause all except which of the following?
   a. Blindness
   b. Brittle bones
   c. Increased deaths from measles
   d. Increased deaths from diarrhea

84. The element which is most often deficient in humans is:
   a. Chromium
   b. Iodine
   c. Zinc
   d. Iron
   e. Sodium
85. Kwashiorkor is a term for a form of malnutrition seen in newborn infants in developing countries:
   a. True
   b. False

86. The prevalence of smokers is lowest in which of the following ethnic groups in Los Angeles?
   a. African-Americans
   b. Hispanic-Americans
   c. Caucasian Americans

87. Public health actions against smoking have been more effective at reducing smoking among women than men:
   a. True
   b. False

88. If a population has lower life expectancy for women than men, the cause could be high maternal mortality rate
   a. True
   b. False

89. All but which of the following diseases are examples of emerging and re-emerging infectious diseases?
   a. Lyme disease
   b. Toxic shock syndrome
   c. E. coli 0157:H7
   d. Poliomyelitis
   e. Hantavirus pulmonary syndrome

90. Statistics enable scientists to determine the truth of various hypotheses:
   a. True
   b. False