



CPH Exam Review Webinar Health Equity, Social Justice & the Application of Theory

CPH Certified in
Public Health

by National Board of Public Health Examiners





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CPH Study Resources

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2. Sample Exam Questions
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www.nbphe.org/cph-study-resources/

Content Outline

Evidence-based Approaches to Public Health (10%)

Communication (10%)

Leadership (10%)

Law and Ethics (10%)

Public Health Biology and Human Disease Risk (10%)

Collaboration and Partnership (10%)

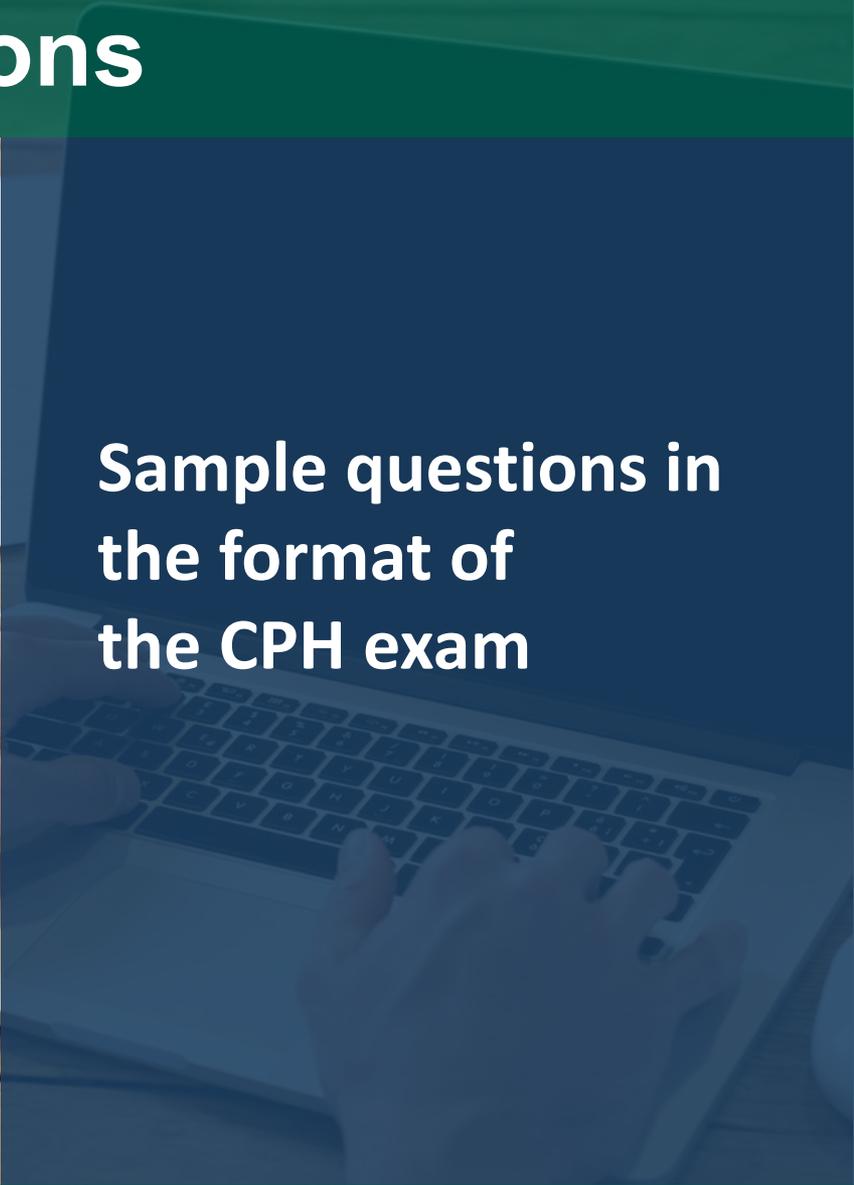
Program Planning and Evaluation (10%)

Program Management (10%)

Policy in Public Health (10%)

Health Equity and Social Justice (10%)

Sample Exam Questions



Sample questions in the format of the CPH exam



Practice Exams



Online mini-exam of 50 questions from the CPH item-bank

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3

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Study Webinars

Upcoming Webinars Lecture and Q&A

- **Planning and Evaluation and Collaboration and Partnerships**
August 14, 1-3pm ET
- **Public Health Systems, History and Leadership**
August 28, 1-2pm ET
- **Public Health Law**
September 10, 1-2 pm ET
- **Health Policy Process**
September 17, 1-2 pm ET
- **Public Health Biology and Human Disease Risk**
September 27, 1-3 pm ET

These and all past webinars /presentations are posted on
<https://www.nbphe.org/cph-study-resources/>

ASPPH CPH Study Guide

cphstudyguide.aspph.org



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APHA Press Study Guide



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.



Editors: Karen Liller and Jaime Corvin
University of South Florida College of Public Health
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1st ed. Washington, DC: APHA.
\$41.95 APHA member /\$51.95 non member. eBook and print available



Let's Get Started!



CPH Exam Review Webinar Health Equity, Social Justice & the Application of Theory

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USF[®]
HEALTH





Overview

- Population Health
- Social Justice & Health Equity
 - Health Disparities
 - Social Determinants
 - Cultural Competence
- Theoretical Frameworks

Audience Poll: Your CPH Journey?

Where would you consider yourself in your journey to prepare for the CPH exam?

- a. Not ready and not intending to be ready for the next 6 months (but I'm here, so there's that!)
- b. Not quite ready, but thinking about registering to take the exam in the next 6 months.
- c. Registered and preparing to take the exam in the next 60 days.
- d. Registered and have been prepping to take the exam (in less than 30 days).

Live Poll Question

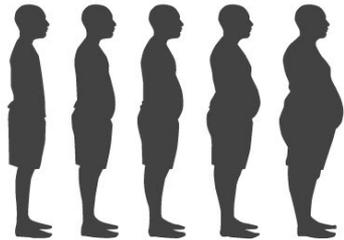
Where are you in your Public Health career?

Where would you place yourself in terms of your public health experience?

- a. Working on my degree.
- b. Brand new degree in PH, hot off the press!
- c. 5 years or less working in the field.
- d. 5-10 years or more working in the field.
- e. 10-20 years in the field.
- f. 20+ years??
- g. Other

Live Poll Question

Public Health



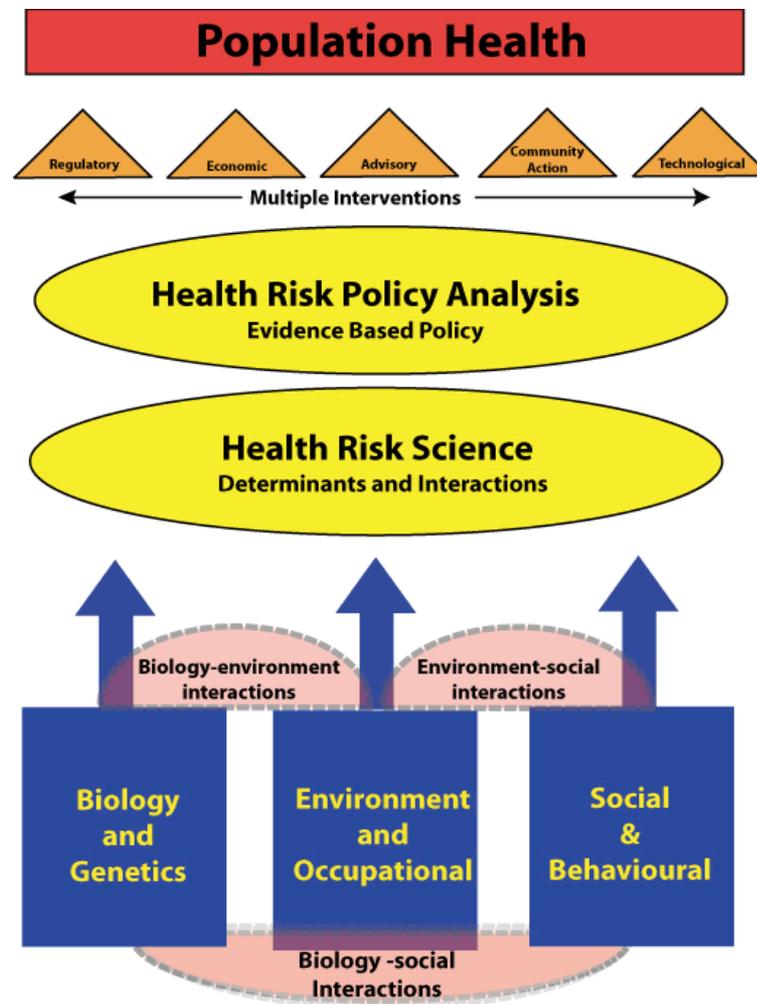


Healthy People 2020 Goals

- Attain high-quality, longer lives free of **preventable** disease, disability, injury, and premature death.
- Achieve **health equity, eliminate disparities**, and improve the health **of all groups**.
- Create **social and physical environments** that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Population Health

Mission of public health:
 “Fulfill **society's interest** in **assuring conditions** in which **people** can be healthy.”²



<https://econsalut.blogspot.com/2017/04/what-is-population-health.html>

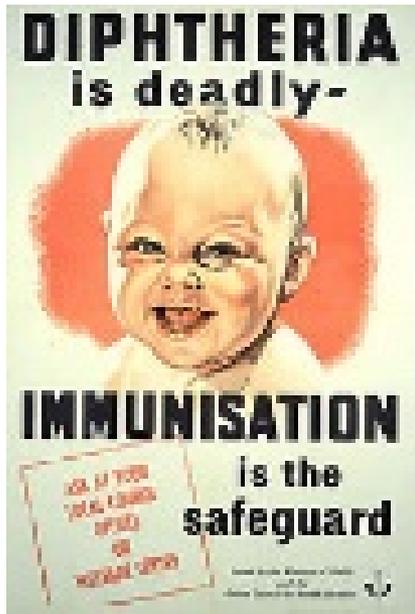
Image source: <http://riss-ijhs.ca/archives/3177>



EPIDEMIOLOGY=Population Assessment

The study of the distribution and *determinants* of *death, disease, and disability* in human populations, and the *application of this study* to control health problems

Population Health Examples



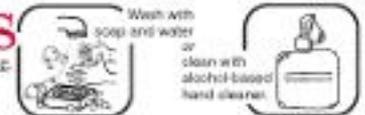
Stop the spread of germs that make you and others sick!

Cover your Cough



Clean your Hands

after coughing or sneezing.



Social Justice



Image source: <http://www.historylink.org/File/20212>; Illustration, Determinants of Equity, King County Office of Equity and Social Justice Courtesy King County

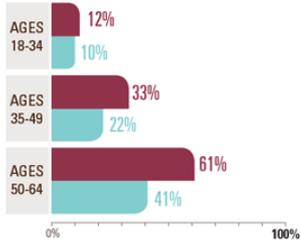
Health Equity



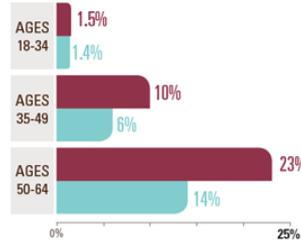
Image source: <https://www.cdc.gov/minorityhealth/strategies2016/index.html>

Health Disparities

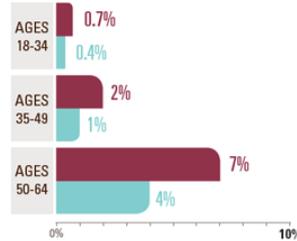
High Blood Pressure



Diabetes



Stroke

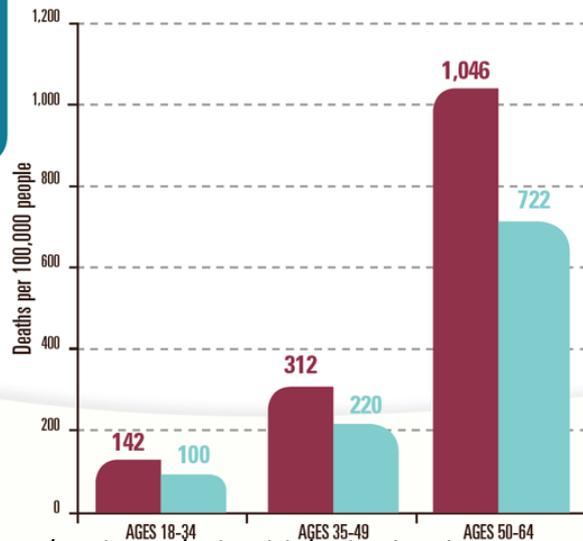


African American White

African Americans and whites include Hispanic and non-Hispanic origin.

SOURCE: Behavioral Risk Factor Surveillance System, 2015.

African Americans are more likely to die at early ages from all causes.



Epidemiological Measures:

- Birth rate
- Infant mortality rate
- Mortality
- Cause specific mortality

Why do we need to measure health disparities?

Image source: <https://www.cdc.gov/vitalsigns/aahealth/index.html> SOURCE: US Vital Statistics, 2015.

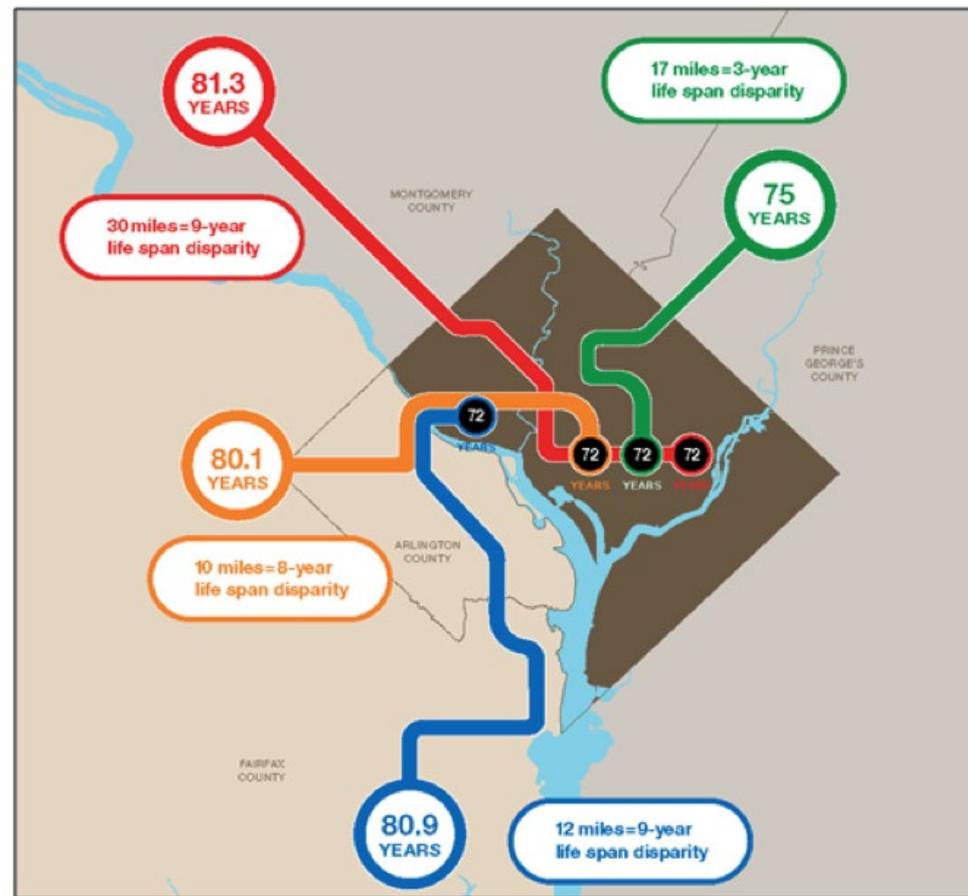
SOCIAL DETERMINANTS FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

HOUSING 	INCARCERATION The incarceration rate in the U.S. grew by more than 220% between 1980 and 2014, though crime rates have fallen.	POVERTY 
HEALTHY FOOD 6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket.		GRADUATION 
	ENVIRONMENT 	HEALTH COVERAGE More than 89% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance.
LITERACY 	ACCESS TO CARE 	

The **NATION'S HEALTH**
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

www.thenationshealth.org/sdoh



Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America

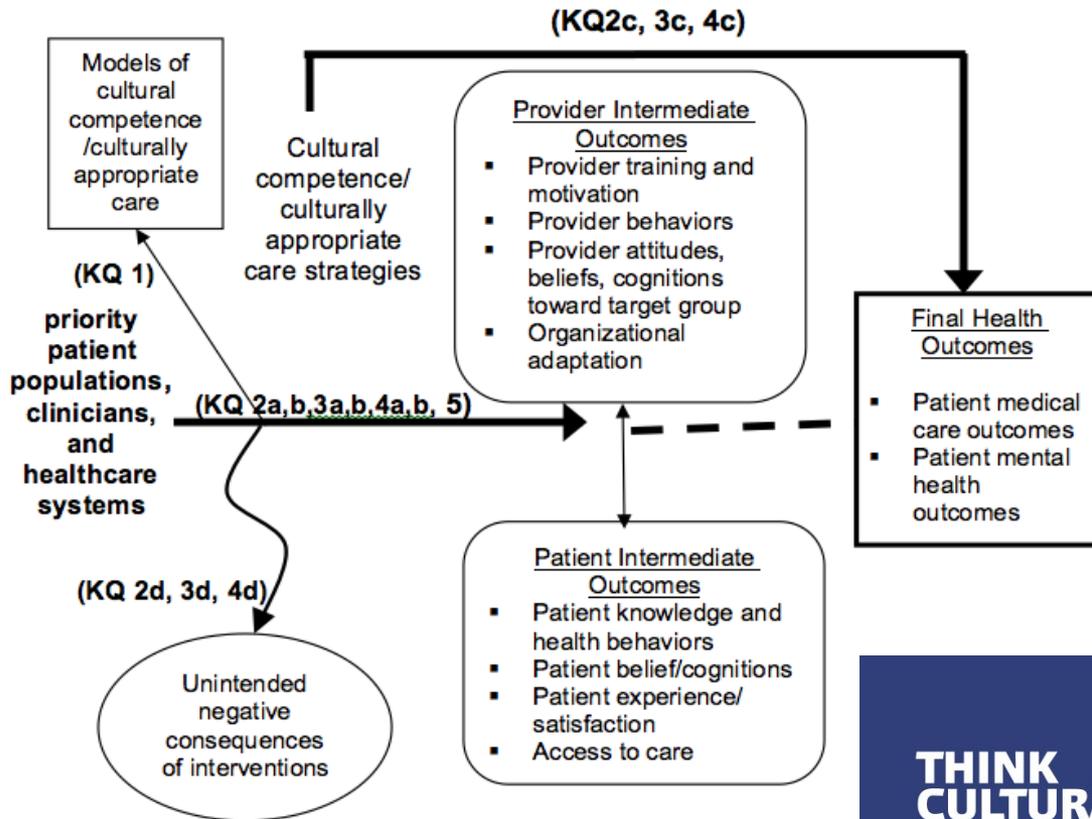
Image source: <http://thenationshealth.aphapublications.org/sites/default/files/additional-assets/images/NHInfographicSDOH.jpg>

Upstream and Downstream effects

Upstream Intervention (leads to health equity)	Upstream	Patient	Downstream	Downstream intervention (leads to social gradient)
Policy is revised in order to make drugs affordable and accessible	Health Policy	Patient would benefit from a new drug for chronic illness	Patient forced to use generic drug, not optimized	Patient pays for drug out of pocket or uses samples
Universal Health Insurance is installed	Health Insurance	Patient requires imaging for diagnosis	Delayed diagnosis due to inappropriate imaging	Patient pays or relies on personal insurance for imaging
Clean water and sanitation is ensured for all the population	Water systems	Patient lives in an area with unclean water	Patient infected	Patient relies on personal filters or water systems

Source: <https://blogs.bmj.com/case-reports/2018/07/02/making-a-difference-by-addressing-social-determinants-of-health/>

Cultural Competence



Source: AHRQ (2014). Evidence-based Practice Center Systematic Review Protocol Project Title: Improving Cultural Competence to Reduce Health Disparities for Priority Populations www.effectivehealthcare.ahrq.gov

Image source: <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34>

Vignette #1

Esperanza is a 35-year-old female living in Buenos Aires, Argentina in an area known as *Villa Miseria*, an overcrowded slum near Buenos Aires. There is no sanitation system and the electrical power is not always consistent. Approximately a mile away is the vibrant city of Buenos Aires. The health and economic disparities between these two areas is glaring. Esperanza does not have access to the same services as a mother living in Buenos Aires and is 35% more likely to die in childbirth than a mother in Buenos Aires.



Question 1

To improve health outcomes in Villa Miseria, which of the following principles would be helpful?

- a. Health determinism
- b. Social justice
- c. Epidemiologic studies
- d. The Transtheoretical Model

Live Poll Question



Question 2

The single best predictor of poor health is Esperanza's community, as well as in society in general is:

- a. Poverty
- b. Race
- c. Religion
- d. Gender

Live Poll Question



Question 3

A public health team was interested in assisting in Villa Miseria to address concerns with water and sanitation. They seek to do so in a culturally appropriate way. Which of the following is the best example of culturally appropriate community engagement and empowerment strategies?

- a. Providing health services and implementing programs that have proven to be successful in communities that are culturally distinct from the focus community
- b. Avoiding bias by developing programs prior to meeting with community leaders, and investigating the specific needs of the community
- c. Choosing interventions that have previously been applied in the community by local and national political leaders.
- d. Implementing health projects that result in the reciprocal transfer of knowledge and skills among all collaborators and partners.



Question 4

A stakeholder in the proposed water and sanitation program is best described as:

- a. Anyone involved in the operations or affected by the program in Villa Misera
- b. The beneficiaries and participants in the program in Villa Misera
- c. The sponsors and administrators of the program in Villa Misera
- d. The financial investors in the program in Villa Misera



Question 5

The biological, environmental, behavioral, organizational, political and social factors that are contributing to health in Villa Miseria are commonly referred to as:

- a. social justice
- b. determinants of health
- c. health behaviors
- d. causal factors



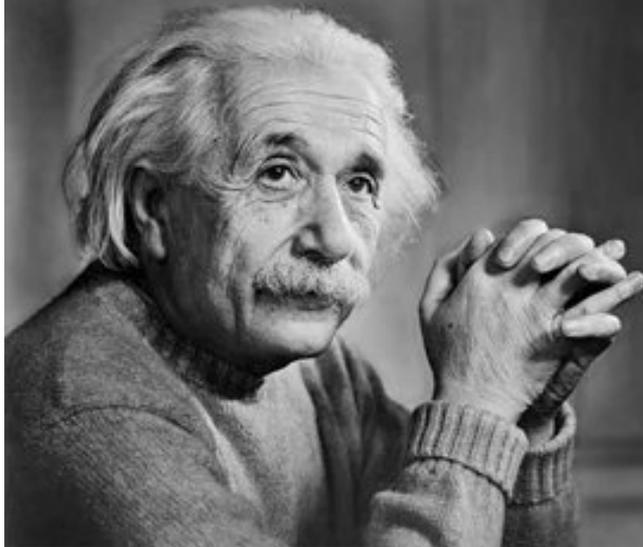
THEORY IN...

***30 MINUTES
OR LESS***

Theory

If you can't explain it **simply**, you don't understand it well enough.

– Albert Einstein





Public Health Approach

Essential **Skills** for Population Assessment

1. Surveillance:

What is the problem?

1. Assessment

2. Risk factor identification:

What is the cause?

2. Determining Cause

3. Intervention Evaluation:

What works for prevention?

***3. Creating a Clinical
Picture***

4. Implementation:

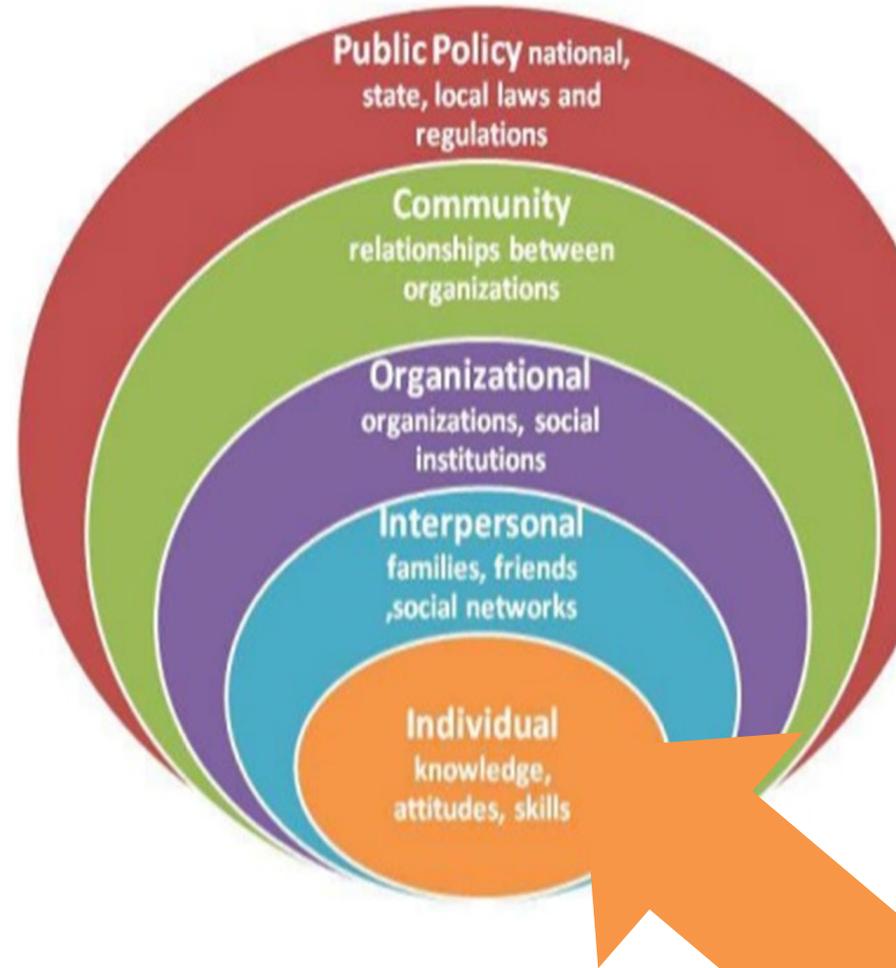
How do you do it?

4. Evaluation

Social Ecological Model



Theories of Behavior Change



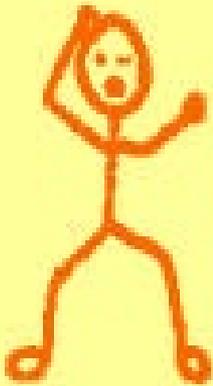
• Transtheoretical Model

- Stage of Change
- Process of Change
- Decisional Balance
- Self-efficacy

• Health Belief Model

- Moderating factors
- Perceived Sus + Sev = Perceived Threat
- Perceived Benefits-Barriers
- Cues to Action

TTM Construct 1: Stages of Change

Pre-contemplation	Contemplation	Determination/ Preparation	Action	Maintenance	Relapse/ Recycle
	 Fence				
No; Denial	Maybe; Ambivalence	0-3 Months Yes, Let's Go; Motivated	3-6 Months Doing It; Go	Over 6 months Living It	Start Over; Ugh!!

TTM Constructs 3 & 4: Decisional Balance and Self Efficacy





TTM Construct 2: Process of Change

<i>Processes of Change</i>	<i>Description/Definition</i>
Consciousness Raising	Enhancing knowledge and awareness of health risks and protective behaviors; developing a sense of justice.
Dramatic Relief	Enhancing emotional reaction to health-risk behaviors.
Self-Reevaluation	Visualizing life without the health-risk behavior; assess cognitively and affectively self-image for a particular behaviors.
Environmental Reevaluation	Developing appreciation for how personal behaviors affect others through cognitive assessments and empathy training.
Self-Liberation	Establishing the belief that one can change and make commitments to change (New Year's resolutions; contracts; goal setting).
Helping Relationships	Obtaining support for the healthful behavior change; use supportive others to support behavior change.
Counter-conditioning	Substituting healthful behaviors for unhealthy behaviors; e.g., walking instead of eating; chewing gum instead of smoking.
Contingency Management	Focusing on the consequences of behavior; reward positive behaviors; keep records for behavior; alter the environment.
Stimulus Control	Managing cues that stimulate behavior; remove or avoid cues for unhealthy behaviors and create cues that support health-promoting behaviors.
Social Liberation	Promoting social causes consistent with the desired and healthful behavior; e.g., lobbying for smoke-free environments, advocating for low-fat and vegetarian restaurant options and fitness facilities at workplaces; transcending socially designated norms and practices to adopt health-protective behaviors.

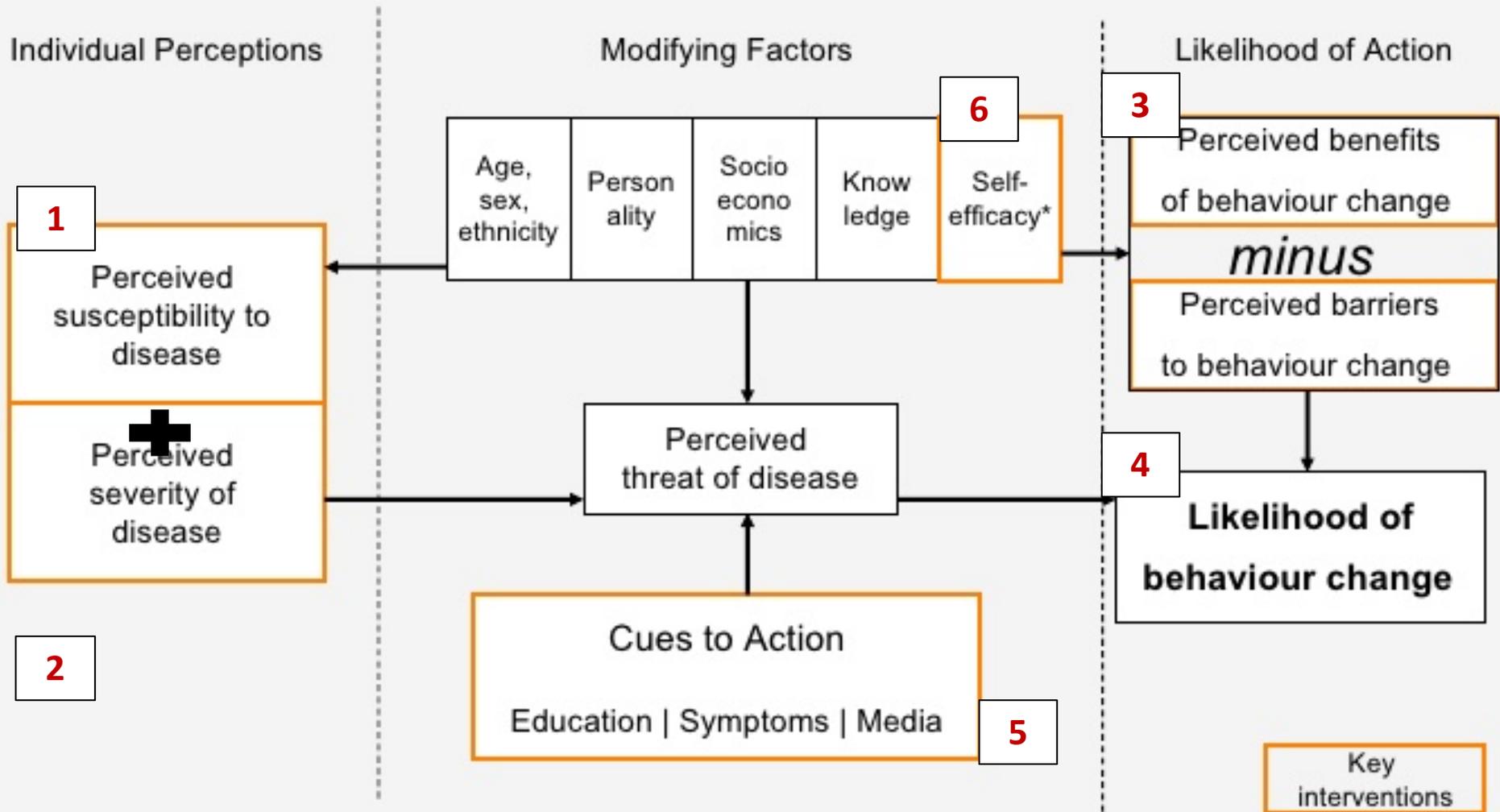
The Health Belief Model (HBM)



([State Archives of Florida](#))

HBM Constructs: Six described below

Health Belief Model

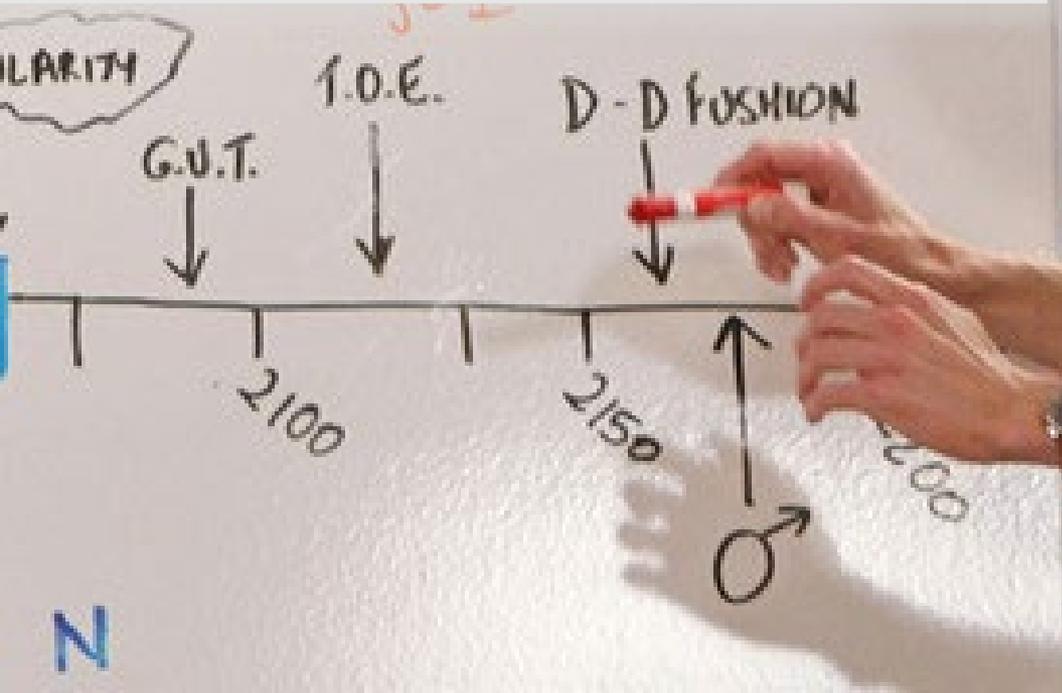


*added in 1988 to recognise one-time vs sustained change

HBM Constructs: Definitions

Concept	Definition	Application
Perceived Susceptibility	One's opinion of chances of getting a condition	Define population(s) at risk, risk levels; personalize risk based on a person's features or behavior; heighten perceived susceptibility if too low.
Perceived Severity	One's opinion of how serious a condition is and what its consequences are	Specify consequences of the risk and the condition
Perceived Benefits	One's belief in the efficacy of the advised action to reduce risk or seriousness of impact	Define action to take; how, where, when; clarify the positive effects to be expected.
Perceived Barriers	One's opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, assistance.
Cues to Action	Strategies to activate "readiness"	Provide how-to information, promote awareness, reminders.
Self-Efficacy	Confidence in one's ability to take action	Provide training, guidance in performing action.

How might you use
Transtheoretical Model
and the
Health Belief Model in
application?





Regular Exercise is any ***planned*** physical activity (e.g., brisk walking, aerobics, jogging, bicycling, swimming, rowing, etc.) performed to increase physical fitness. Such activity should be performed **3 to 5 times per week for 20-60 minutes per session**. Exercise does not have to be painful to be effective but should be done at a level that increases your breathing rate and causes you to break a sweat.

Question:

Do you exercise regularly according to that definition?

- Yes, I have been for MORE than 6 months.
- Yes, I have been for LESS than 6 months.
- No, but I intend to in the next 30 days.
- No, but I intend to in the next 6 months.
- No, and I do NOT intend to in the next 6 months.



Theoretical Construct

Item (True/False)

Perceived Susceptibility*

-My child is very likely to get HPV

Perceived Severity*

-The HPV infection can
cause a serious disease

Perceived Benefits*

-The HPV vaccine is very
effective at preventing cervical cancer
-Children should be
vaccinated against HPV

Social Norms⁺

-Most people important to me
think I should give my child a
HPV vaccine
-Most of the parents I know take their
children for HPV vaccine.

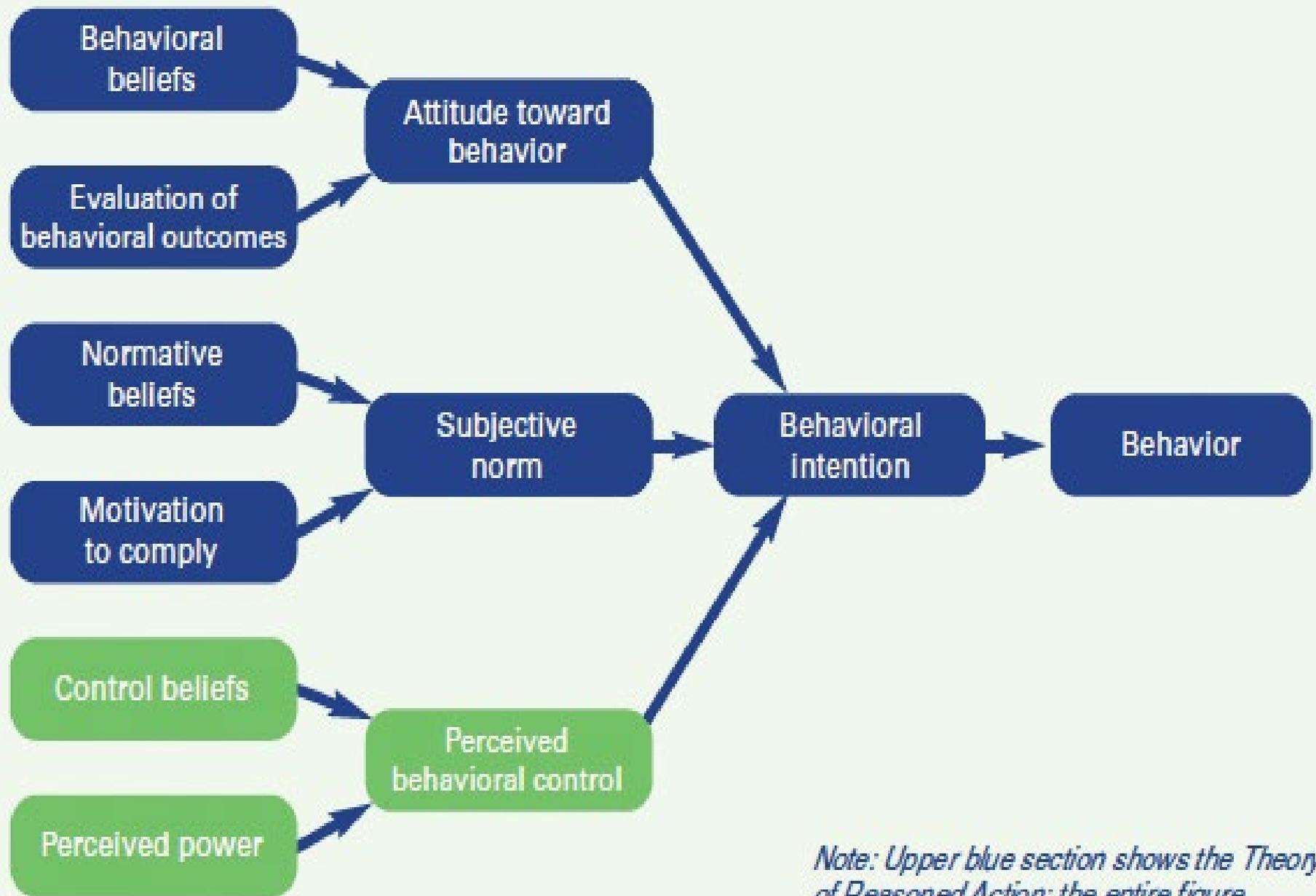
* = Health Belief Model; ⁺ = Theory of Reasoned Action

Theories of Behavior Change



- Theory of Planned Behavior
- Social Cognitive Theory





Note: Upper blue section shows the Theory of Reasoned Action; the entire figure shows the Theory of Planned Behavior.

<i>Construct</i>	<i>Definition</i>	<i>Example</i>
Intent	Likelihood of taking action	How likely are you to stop smoking in the next 30 days? (VL—VU)
Attitudes Toward Object or Action	Subjective evaluation of the object or action; positive or negative evaluation of self-performance of a particular behavior	Cigarettes are cool? (SA—SD) Smoking is bad for your health? (SA—SD) I like smoking. (SA—SD)
◦ Behavioral Beliefs	Beliefs about the consequences of particular behavior	Most smokers get lung cancer. (SA—SD)
◦ Expected Outcomes	Anticipated outcomes of a particular behavior	If I smoked, I would not develop a habit. (SA—SD)
Subjective Norms (also called injunctive norms)	Beliefs about the extent to which referents approve or disapprove of the behavior; perceptions of social pressure on behavior	My friends would not approve of my smoking. (SA—SD) How important is it to your wife that you quit smoking? (VI—VU)
◦ Normative Beliefs (also called descriptive norms and perceived prevalence)	Beliefs about the prevalence and acceptability of the object or action; perception about a behavior influenced by the judgment of significant others	How many of your friends smoke? (none, a few, some, most) Most smokers try to quit? (SA—SD)
◦ Motivation to Comply	Importance of referents' perceived preference	My wife's opinions are important to me. (SA—SD)
Perceived Behavioral Control (composed of perceived control and perceived power)	Subjective evaluation of one's ability to engage in the intended behavior; perceived ease or difficulty of performing the particular behavior	I can quit smoking if I try. (SA—SD)
◦ Perceived Behavioral Control	Subjective evaluation of the presence of factors that may facilitate or impede performance of the behavior	I could quit smoking if my wife (friend, co-workers) quit. (SA—SD) I could quit smoking if I used a nicotine patch. (SA—SD)

<i>Construct</i>	<i>Definition</i>	<i>Example</i>
◦ Perceived Power	Importance of facilitating and constraining factors	The most important factors in quitting for me are my wife quits; my friend quits; I use nicotine substitute; the price of cigarettes goes up. (1 = VI; 10 = VU)

VL—VU: Very likely to very unlikely
SA—SD: Strongly agree to strongly disagree
VI—VU: Very important to very unimportant

Behavioral Beliefs
[6 items tested, 5 retained]; Cronbach $\alpha = 0.71$
'For you, how likely is it that drinking less than 1 cup of SSB each day would help you lose weight?'

Evaluation of Behavioral Outcomes
[6 items tested, 5 retained]; Cronbach $\alpha = 0.74$
'How important is it for you over the next two months to lose weight?'

Normative Beliefs
[8 items tested, 8 retained]; Cronbach $\alpha = 0.73$
'Your friends would approve of you drinking less than 1 cup of SSB each day.'

Motivation to Comply
[4 items tested, 3 retained]; Cronbach $\alpha = 0.75$
'How important is it for you to drink the same amount of SSB as your friends do?'

Control Beliefs
[6 items tested, 6 retained]; Cronbach $\alpha = 0.73$
'How likely is it that SSB would be served at the social events you attend?'

Perceived Power
[6 items tested, 6 retained]; Cronbach $\alpha = 0.55$
'How easy would it be to limit your SSB to less than 1 cup each day, if you wanted to, if SSB would be served at the social events you attend?'

$r = 0.15$

$r = 0.14$

$r = 0.48^*$

$r = 0.12$

$r = -0.12$

$r = 0.48^*$

Attitudes
[6 items tested, 3 retained (affective attitude only)]
Cronbach $\alpha = 0.79$
'For you, drinking less than 1 cup of SSB would be harmful-beneficial.'

Subjective Norms
[3 items tested, 3 retained]
Cronbach $\alpha = 0.55$
'Most people who are important to you want you to drink less than 1 cup of SSB each day.'

Perceived Behavioral Control
[3 items tested, 3 retained]
Cronbach $\alpha = 0.51$
'You have complete personal control over limiting you SSB to less than 1 cup each day, if you really wanted to.'

$r = 0.63^*$

$r = 0.36^*$

$r = 0.54^*$

Behavioral Intentions
[4 items tested, 4 retained];
Cronbach $\alpha = 0.93$
'I plan to limit my SSB to less than 1 cup each day.'

$r = 0.84^*$

Implementation Intentions
[4 items tested, 4 retained];
Cronbach $\alpha = 0.96$
'I have made plans concerning when to limit my SSB to less than 1 cup each day.'

$r = -0.51^*$

$r = -0.39^*$

Sugar-sweetened Beverage Consumption

Opening Questions, Nonspecific Beverages	
	To get us started, I want you to take a look of the paper in front of you. I would like you to look through the pictures of the different beverages and circle the beverages YOU most commonly drink. You can also add any beverages that are not shown on the paper. Also, please take some time to write down any feelings, thoughts, or draw any pictures that come to mind when thinking of these drinks.
Attitude	Tell me about the feelings or thoughts that you associated with the drinks you consume most often.
Subjective norms	Tell me why it is or is not important that you drink the same amount or type of drinks as your friends and family.
Perceived behavioral control	If you wanted to change the drinks you consume most, tell me what would make that hard or easy.
Sugar-Sweetened Beverage—Specific Questions	
	Now, we are going to turn our focus to only the drinks that have added sugar, or sugar-sweetened beverages. This includes regular sodas; energy or sport drinks; juice drinks such as Sunny Delight, ^a lemonade, punch, and Kool-Aid ^b ; and sweet tea or coffee with sugar. This does NOT include diet drinks or any drinks sweetened with artificial sweeteners.
Attitude	Let's start with soda, tell me about the good things associated with drinking soda.
	Tell me about the bad things associated with drinking soda.
	Now let's move on to energy or sport drinks. Tell me about the good things associated with drinking energy or sport drinks.
	Tell me about the bad things associated with drinking energy or sport drinks.
	How about juice drinks like lemonade, Sunny Delight, Capri Sun, ^b Kool-Aid. Tell me about the good things associated with drinking these juice drinks.
	Tell me about the bad things associated with drinking these juice drinks.
	And finally, how about coffee and/or tea with added table sugar (not sweetener packets). Tell me about the good things associated with drinking coffee and/or tea with added sugar.
	Tell me about the bad things associated with coffee and/or tea with added table sugar.
Subjective norms	Health professionals recommend that people drink 1 cup or less of sugar-sweetened beverages per day [SHOW PARTICIPANTS BEVERAGE MODELS]. Tell me how you feel about this recommendation.
	What would it take for someone to convince you and/or your family and friends that it is important to drink 1 cup or less of sugar-sweetened beverages per day?
Behavioral intention	I want you to tell me about your intentions to meet the drink recommendation of 1 cup or less of sugar-sweetened beverages per day in the next month.
Implementation intentions	If you intend to limit, what would your plan look like? When, where, and what drinks would you limit? (If you already meet the recommendation, talk about your plans to continue to meet this recommendation?)
Perceived behavioral control	What makes it easy to drink 1 cup or less of sugar-sweetened beverages per day?
	What makes it hard drink 1 cup or less of sugar-sweetened beverages per day?
	What would you and/or your family and friends need to help meet this recommendation?

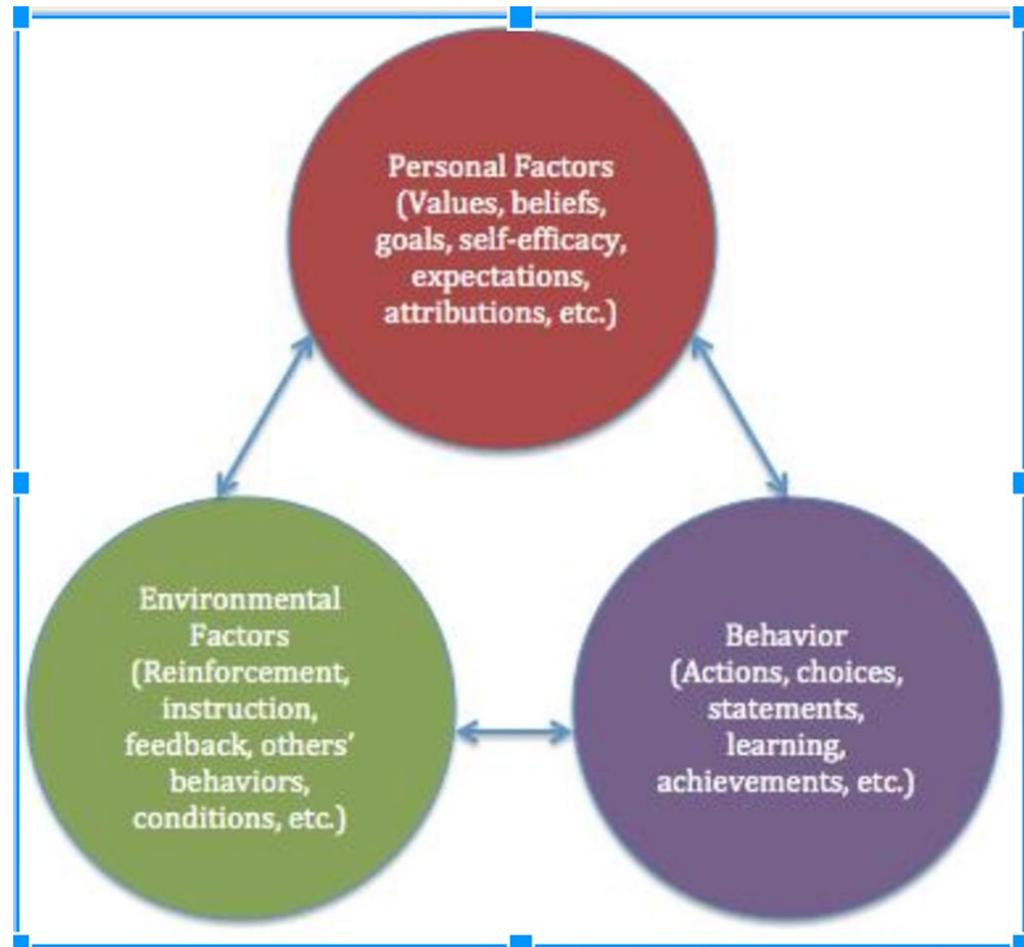
Social Cognitive Theory



<https://greatexperimentsblog.blogspot.com/2017/10/monkey-see-monkey-do-bobo-doll.html>

SCT Constructs

- Reciprocal determinism: Person, behavior & environment
- Cognitions
 - Behavioral Capability
 - Expectancies
 - Self-efficacy; collective efficacy
 - Outcome expectations
 - Social influence
- Observational learning
 - Vicarious reinforcement
 - Modeling
- Reinforcements
- Self-regulation



Theories of Behavior Change



- Roger's Diffusion of Innovations



Diffusion of Innovation

Diffusion: Process by which an innovation is ***communicated*** through ***channels*** over ***time*** among the ***members of a social system***.

Dissemination: Planned, ***systematic*** efforts designed to make a program or innovation more ***widely available*** to a ***target audience or members of a social system***.

Behavior changes as innovations are adopted.

Diffusion of Innovations

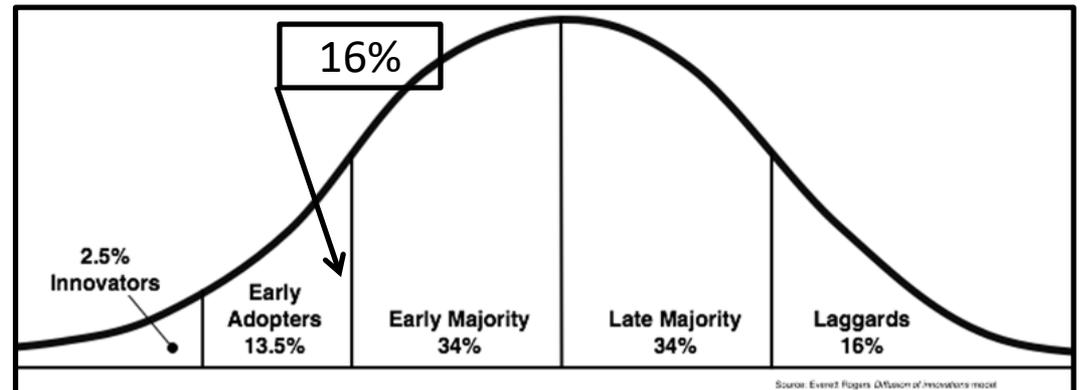
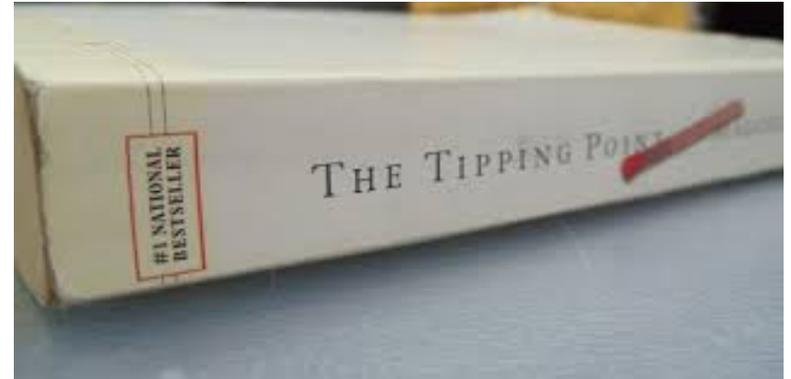
Constructs include:

- **Innovation:** Idea, product, process
- **Communication channels:** Methods to make innovation known to social system
- **Time:** Time it takes for innovation-decision process to occur, and rate of adoption
- **Social system:** Group in which the innovation is introduced



Diffusion of Innovations

- Characteristics of Individuals
 - Innovators
 - Early adopters
 - Early majority adopters
 - Late majority adopters
 - Laggards





Question 6

A health educator gives a presentation on distracted driving. Following her presentation, she discusses distracted driving with a student who just lost a loved one in a distracted driving crash. The student still texts and drives but is asking for advice and assistance in how to change these behaviors. According to the Transtheoretical Model, the student is in what stage?

- a. Contemplation
- b. Preparation
- c. Action
- d. Maintenance



Question 7

As the health educator engages students further, she finds that many students currently text while driving and do not see the relationship between texting and car crashes. For students at the precontemplation stage of change, the health educator would most likely attempt to:

- a. encourage their behaviors and actions.
- b. develop cues that help to remind an individual not to use their phone while driving.
- c. share testimonials from those who have lost a loved one in a distracted driving event.
- d. provide training and guidance to prevent relapse behavior.



Question 8

Which of the following is characteristic of a health care system based on social justice?

- a. A distribution of resources that removes human biases by allowing the market to decide how they are allocated.
- b. An individual's ability to pay is considered inconsequential to receiving medical care.
- c. A single-payer healthcare system
- d. A system where the recipients of healthcare determine how resources should be allocated.



Question 9

Which of the following models explains the relationship between socioeconomic status and health by illustrating that health status and social standing are linked to a combination of interrelated social, cultural, psychological and environmental factors?

- a. Transtheoretical Model
- b. Social Learning Model
- c. Socio-Ecological Model
- d. Theory of Reasoned Action

What questions do you have?



Thank you!

Contact Information

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