

Multiple Choice

1. The entity that looked at the role of the entry-level health education specialists and identified the desirable responsibilities, functions, skills, and knowledge for that level was known as the:

- A) Role Delineation Project.
- B) National Commission for Health Education Credentialing.
- C) American Association for Health Education.
- D) Society for Public Health Education.

Answer: A

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2. The National Commission for Health Education Credentialing (NCHEC) was established in:

- A) 1972.
- B) 1977.
- C) 1988.
- D) 1996.

Answer: C

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3. CHES stands for:

- A) certification in health education studies.
- B) certification in health, education, and sanitation.
- C) certification in higher education studies.
- D) certified health education specialist.

Answer: D

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4. The CUP model identifies all of the following levels of practice, except:

- A) entry.
- B) advanced entry.
- C) advanced 1.
- D) advanced 2.

Answer: B

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5. All of the following are described as core functions of public health in the Institute of Medicine's (1988) *Future of Public Health* report, except:

- A) assessment.
- B) policy development.

C) mental health.

D) assurance.

Answer: C

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6. Statement A: A person who works by voluntarily modifying health behaviors that are conducive to helping a person be in harmony with his or her environment is a mental health promoter.

Statement B: A person who develops policies, regulations, and environments that are conducive to helping an individual be in harmony with his or her environment is a mental health educator.

A) Statement A is true and statement B is false.

B) Statement A is false and statement B is true.

C) Statements A and B are both true.

D) Statements A and B are both false.

Answer: D

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7. All of the following are steps in McCollum's model of mental health education, except:

A) population selection.

B) need identification.

C) selection of resources.

D) selection of patients.

Answer: D

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8. In McCollum's model of mental health education, the step in which consumer satisfaction is ascertained is:

A) evaluation.

B) need identification.

C) selection of instructional techniques.

D) population selection.

Answer: A

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9. Statement A: One of the areas of responsibility for mental health educators is assessing individual and community needs related to mental health. Statement B: Mental health educators certify good mental health programs.

A) Statement A is true and statement B is false.

B) Statement A is false and statement B is true.

C) Statements A and B are both true.

D) Statements A and B are both false.

Answer: A

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10. The R in the SMART acronym for writing objectives stands for:

- A) resilient.
- B) realistic.
- C) reasonable.
- D) rational.

Answer: B

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11. The psychosocial adjustment and adaptation to a new culture of a person from another culture is known as:

- A) customization.
- B) socialization.
- C) acculturation.
- D) culturalization.

Answer: C

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12. The set of difficulties that an individual immigrant has to face in terms of dislocation from old friends and the formation of new relationships falls under the category of:

- A) physical difficulties.
- B) social difficulties.
- C) psychological difficulties.
- D) cultural difficulties.

Answer: B

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13. The stage of acculturation in which an immigrant identifies solely with the new culture is known as:

- A) integration.
- B) assimilation.
- C) separation.
- D) marginalization.

Answer: B

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14. The stage of acculturation in which an immigrant is involved only in his or her native culture is known as:

- A) integration.
- B) assimilation.
- C) separation.
- D) marginalization.

Answer: C

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15. The extent to which the ethnic/cultural characteristics, experiences, norms, values, behavioral patterns, and beliefs of a target population as well as relevant historical, environmental, and social forces are incorporated in the design, delivery, and evaluation of targeted health promotion materials and programs is known as:

- A) acculturation.
- B) cultural sensitivity.
- C) cultural competency.
- D) cultural sensibility.

Answer: B

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16. The possession of cultural knowledge and respect for different cultural perspectives and having skills and being able to use those skills effectively in cross-cultural situations is known as:

- A) acculturation.
- B) cultural sensitivity.
- C) cultural competency.
- D) cultural sensibility.

Answer: C

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17. All of the following are themes in the national standards on culturally and linguistically appropriate services (CLAS), except:

- A) principal standard.
- B) governance, leadership, and workforce.
- C) communication and language assistance.
- D) political will for cultural competence.

Answer: D

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18. Which guideline in the national standards on culturally and linguistically appropriate services (CLAS) proposes providing language assistance at no cost to individuals who have limited English proficiency or have other communication needs to facilitate timely access to all health care and services?

- A) Principal standard
- B) Governance, leadership, and workforce
- C) Communication and language assistance
- D) Political will for cultural competence

Answer: C

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19. The guideline that promotes CLAS and health equity through policy, practices, and allocated resources falls under this theme:

- A) principal standard.
- B) governance, leadership, and workforce.
- C) communication and language assistance.
- D) engagement, continuous improvement, and accountability.

Answer: B

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20. The guideline that provides effectual, equitable, comprehensive, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs falls under this theme:

- A) principal standard.
- B) governance, leadership, and workforce.
- C) communication and language assistance.
- D) engagement, continuous improvement, and accountability.

Answer: A

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21. National standards on culturally and linguistically appropriate services (CLAS) directed toward healthcare organizations have been developed by the:

- A) Centers for Disease Control and Prevention.
- B) Office of Minority Health.
- C) US Department of Health and Human Services.
- D) Office of Mental Health.

Answer: B

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True/False

1. True or False? The National Commission for Health Education Credentialing (NCHEC) was established in 1978.

Answer: False

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2. True or False? In the CUP model, advanced 1 level corresponds to competencies and subcompetencies performed by health educators with a doctoral degree and 5 years or more of experience.

Answer: False

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3. True or False? The CUP model contains 7 areas of responsibility, 35 competencies, and 163 subcompetencies.

Answer: True

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4. True or False? Assurance is the function under which every public health agency should regularly and systematically collect, assemble, analyze, and make available information on the health of the community.

Answer: False

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5. True or False? In 2002, the Institute of Medicine published a report titled *The Future of the Public's Health in the 21st Century*.

Answer: True

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6. True or False? Ethics is a major area of philosophy that deals with the study of knowledge.

Answer: False

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7. True or False? A health educator who works in the area of mental health education by voluntarily modifying health behaviors that are conducive to helping a person be in harmony with his or her environment is a mental health promoter.

Answer: False

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8. True or False? The first step in McCollum's model of mental health education is population selection.

Answer: True

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9. True or False? The third step in McCollum's model of mental health education is selection of resources.

Answer: False

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10. True or False? Some of the databases that have mental health–related literature are Medline (PubMed), ERIC, CINAHL, Google Scholar, and PsycINFO.

Answer: True

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11. True or False? Separation is the state in which an immigrant identifies solely with the new culture.

Answer: False

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Essay

1. What do mental health educators and mental health promoters do? What are some settings in which they can work?

Answer: A health educator who works in the area of mental health education by voluntarily modifying health behaviors that are conducive to helping a person be in harmony with his or her environment is a mental health educator. Such behaviors include stress management behaviors, relaxation and adequate sleep behaviors, effective communication behaviors, anger management behaviors, anxiety reduction behaviors, healthy eating behaviors, healthy physical activity and exercise behaviors, time management behaviors, financial management behaviors, recreation and leisure management behaviors, and adequate work performance behaviors.

A mental health promoter is a person who develops policies, regulations, and environments that are conducive to helping an individual be in harmony with his or her environment. Such policies, regulations, and environments include procedures that reduce stress, ensure adequate work for all, foster relaxation opportunities for all, regulate anger and associated harms, reduce anxiety, provide adequate food for all, ensure adequate housing for all, provide sufficient supports for being physically active, and provide for sufficient recreation and leisure opportunities.

Mental health educators work in a variety of settings. They could work in community settings, such as with a public health department; a not-for-profit organization; a faith-based organization; or another community-based organization. They could work in schools as school health educators, where they could be looking at all aspects of health education along with mental health. They could also work in healthcare settings, such as hospitals or mental health facilities. They could also work in work sites, such as businesses or industrial organizations, where they could be looking at all aspects of health education along with mental health.

Mental health promoters could work with government, where they could develop policies, regulations, and environments that are conducive to mental health. They could also work in community settings, where they could help in promoting policies, regulations, and environments that are conducive to mental health. They could also work in international settings with international organizations promoting mental health.

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2. Describe McCollum's model of mental health education.

Answer: McCollum envisioned the role of mental health educators as working with "normal" people to teach the principles and skills of positive mental health. She envisioned such mental health educators as serving as teachers of cognitive, emotional, and behavioral approaches for healthy people for them to cope with stresses of daily living. Such mental health educators would be conversant in one or more areas, such as stress, child management, drugs and alcohol, or communication, and would employ established educational methods.

She proposed a six-step model for mental health educators: (1) Population selection: In this step, the mental health educator selects the target population with whom he or she will work. Ideally, such groups should be small and homogenous, and members from the target population must be actively involved in addressing the issue. (2) Need identification: This step entails identifying the interests and needs of the target population. A mental health educator must explore with the group how they developed interest in the topic that they have chosen and then identify ways of serving that interest in the best possible way. (3) Goal setting: The next step for the mental health educator is to set short-term and long-term goals for changes in knowledge, beliefs, attitudes, and behaviors. (4) Selection of resources: In this step the mental health educator selects the resources that are needed to address the chosen issue(s). A number of educational tools, such as videos, DVDs, films, case studies, books, pamphlets, and so on, are available on different topics. (5) Selection of instructional techniques: There are several educational techniques, such as lecture, group discussion, demonstration and redemonstration, case study, role playing, psychodrama, simulation, panel discussion, open forum, colloquium, and symposium, from which the mental health educator can select his or her approach. (6) Evaluation: This is the process of knowing whether the intervention achieved what it intended to achieve, and it is done at three levels. The first level is to evaluate the planning and implementation of each step. The second level is to ascertain consumer satisfaction and the immediate effects of education. The third level is application of learned skills in future situations. Some informal methods for evaluation are participant reaction sheets, participant interviews, use of an observer, and group discussion. More formal methods include evaluations of behavior change using quasi-experimental and experimental designs.

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3. Differentiate between cultural sensitivity and cultural competence.

Answer: Cultural sensitivity is paying attention to and incorporating the cultural beliefs, attitudes, behaviors, values, historical aspects, social dimensions, and ecological characteristics of different ethnic compositions of a target population in the planning, implementation, and evaluation of mental health programs. Cultural competence is possession of cultural knowledge and respect for different cultural perspectives and having skills and being able to use those skills effectively in cross-cultural situations. Cultural sensitivity functions at the level of awareness and knowledge, whereas cultural competence functions at the level of skills and behaviors.

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4. List any three national standards on culturally and linguistically appropriate services (CLAS).

Answer: (1) Providing effectual, equitable, comprehensive, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (2) Recruiting, promoting, and supporting a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. (3) Ensuring the competence of individuals providing language assistance, recognizing that using untrained individuals or minors as interpreters should be avoided.

Subject: Chapter 2

Matching

1. The following phrases describe the various modes of acculturation. Match the description with the term.

1. Lack of involvement in either cultures and rejection of both of them

Answer: Marginalization

2. The situation in which an individual is involved only in his or her native culture

Answer: Separation

3. The state in which an immigrant identifies solely with the new culture

Answer: Assimilation

4. The identification and involvement of an immigrant with both cultures

Answer: Integration

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2. The following phrases describe the various steps of McCollum's model of mental health education. Match the description with the step.

1. This step entails selecting the target population with which to work.

Answer: Population selection

2. This is the process of knowing whether the intervention achieved what it intended to achieve and is done at three levels.

Answer: Evaluation

3. This step entails setting short-term and long-term goals for changes in knowledge, beliefs, attitudes, and behaviors.

Answer: Goal setting

4. This step entails identifying the interests and needs of the target population.

Answer: Need identification

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