

Test Bank for

**PUBLIC HEALTH NUTRITION:
RURAL, URBAN, AND GLOBAL
COMMUNITY-BASED PRACTICE**

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CONTENTS

1. Introduction to Public Health Nutrition 6

Multiple Choice 6

True/False 7

Matching 7

Short essay 8

2. Nutrition Epidemiology Principles 9

Multiple Choice 9

True/False 10

Matching 10

Short essay 11

3. Nutrition Epidemiology Research Methods 12

Multiple Choice 12

True/False 13

Matching 13

Short essay 14

4. Behavioral Aspects of Public Health Nutrition 15

Multiple Choice 15

True/False 16

Matching 16

Short essay 17

5. Public Health and Food Policy: Role in Public Health Nutrition 18

Multiple Choice 18

True/False 19

Short essay 19

6. Food and Culture Importance in Public Health Nutrition 20

Multiple Choice 20

True/False 21

Matching 21

Short essay 22

7. Promoting Nutritional Health, Healthy Food Systems, and Well-Being of the Community 23

Multiple Choice 23

True/False 24

Short Essay	24
8. Rural Health: Importance of Interprofessional Approach	25
Multiple Choice	25
True/False	26
Matching	27
Short essay	27
9. Urban Health and Urbanization: Acting on Social Determinants in Urban Settings	28
Multiple Choice	28
True/False	29
Short Essay	29
10. Global Health: Importance of Interprofessional Approach	30
Multiple choice	30
True/ False	31
Matching	31
Short essay	32
11. Community Assessments in Public Health Nutrition	33
Multiple Choice	33
True/False	34
Matching	35
Short essay	35
12. Public Health Nutrition Program Planning	36
Multiple choice	36
True/ False	36
Matching	37
Short Essays	37
13. Public Health Nutrition Interventions and Evaluation	39
Multiple Choice	39
True/ False	40
Matching	40
Short Essay	41
14. Current Nutrition-Related Health Issues and Challenges	42
Multiple Choice	42
True/False	43
Matching	44
Short essay	44
15. Professional Development Needs and Strategies in Public Health Nutrition	45

Multiple Choice 45

True/False 46

Matching 46

Short essay 46

16. Summary Statements on Sustainability and Public Health Nutrition 47

Multiple Choice 47

True/False 48

Short Essay 48

17. Future Challenges, Trends, and Opportunities 49

Multiple Choice 49

True/False 50

Matching 50

Short essay 51

CHAPTER 1

INTRODUCTION TO PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

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 - a. Eleanor Roosevelt
 - b. Michelle Obama
 - c. Marie Curie
 - d. Virginia Apgar
 - *e. Mary Egan
2. Which of the following are key public health nutrition descriptors?
 - a. Solution oriented
 - b. Social and cultural aspects
 - c. Advocacy
 - d. Disease prevention and systems interventions
 - *e. All of the above
3. Select the two important documents that were forerunners of Healthy People series of science-based objectives for the U.S. population?
 - *a. Promoting Health/Preventing Disease: Objectives for the Nation
 - b. Moving to the Future: Developing Community Based Nutrition Services
 - *c. Nutrition and Your Health: Dietary Guidelines for Americans
 - d. Who Will Keep the Public Healthy
4. Which of the following is true regarding public health nutrition trends as reported by the World Congress of PHN in 2006? (Select all that apply.)
 - a. Global need for research
 - b. Need for improved technology
 - c. Strong collaborations between academia, public and private sectors for solutions for malnutrition and nutrition-related problems
 - d. Graduate coursework and experiential learning for the workforce
 - *e. All of the above
 - f. None of the above
5. Which of the following are core functions of public health?
 - *a. Assessment, assurance, and policy development
 - b. Assessment and interventions
 - c. Case-control and cohort
 - d. None of the above

TRUE/FALSE

1. Public health nutritionist, as defined by Margaret Kaufmann (1982), is “that member of the public health agency staff who is responsible for assessing community nutrition needs and planning, organizing, managing, directing, coordinating, and evaluating the nutrition component of the health agency's services”
*a. True
b. False
2. World Health Organization (WHO), created in 1948 as part of the United Nations, formed to combat communicable diseases and to improve maternal, infant, and child health and nutrition
*a. True
b. False
3. Dietary Guidelines for Americans, a hallmark document providing dietary guidance for the U.S. population that focused on healthful dietary patterns
*a. True
b. False
4. Evidence-based practice does not rely on scientific evidence for decision-making and informing practice
a. True
*b. False
5. Are the factors of behavioral, environmental, biological, societal, and economics that influence individual and population health
*a. True
b. False
6. World Public Health Nutrition Association, the first international organization to promote and improve public health nutrition (PHN) and to be the international voice of PHN
*a. True
b. False

MATCHING

Match each of the examples of essential public health nutrition services with the appropriate public health core function of Assessment, Policy Development, and Assurance.

Core Public Health Functions Examples of Essential Public Health Nutrition Services

1. <u>Assessment (C)</u>	A. <u>Planning for nutrition services in conjunction with other health services, based on information obtained from an ongoing database focused on health outcomes.</u>
2. <u>Policy development (E)</u>	B. <u>Participating in nutrition research, demonstration, and evaluation projects.</u>
3. <u>Assurance (A)</u>	C. <u>Assessing the nutritional status of specific populations or geographic areas.</u>
4. <u>Assessment, assurance, policy development (B)</u>	D. <u>Epidemiology measure that is used to calculate the ratio of probabilities of disease among populations exposed and</u>

	<u>not exposed to a risk factor.</u>
	E. <u>Providing leadership in the development of and planning for health and nutrition policies.</u>

SHORT ESSAY

1. Briefly describe the five spheres of influence of the Social-Ecological Model used by public health nutritionists to help them understand the multiple levels of influence on nutrition and other health-related behaviors.
2. Outline at least three of the historical legislations leading to expanding the roles of public health nutritionists in the United States.
3. What is the mission of the World Public Health Nutrition Association along with two key purposes? (<https://wphna.org/about>)
4. Summarize the key focus areas of the three committees (Policy; Collaboration; Membership, Communication & Outreach) of the Association of State Public Health Nutritionists (<https://asphn.org/committees/>)
5. Discuss why it is important for public health nutritionists to have advanced training in both nutrition and public health.

CHAPTER 2

NUTRITION EPIDEMIOLOGY PRINCIPLES

MULTIPLE CHOICE

1. Which of the following is *not* a principle of social determinants of health as defined by Healthy People 2020?
 - a. Education
 - b. Economic stability
 - c. Health and healthcare
 - d. Neighborhood and built environment
 - *e. All of these are principles of the social determinants of health
2. Which of the following is *not* a reason to apply epidemiologic principles to a research process?
 - a. Understanding cause and effect (for instance, disease causality or whether disease occurs differently in different populations)
 - *b. Satisfying personal intellectual curiosity about a particular popular fad diet
 - c. Defining population characteristics that could inform future experimental research
 - d. Understanding important subgroups or combinations of factors that impact health
3. In examining the relationship between an exposure and a disease/health outcome, which cell in a 2×2 table would a person be placed that was not exposed and had been diagnosed with the disease/health outcome?
 - a. A
 - b. B
 - *c. C
 - d. D
 - e. None of the above
4. Which of the following is true regarding confounding variables?
 - a. Not taking account of confounding can lead to spurious and incorrect associations between exposure and disease.
 - b. A confounder is usually associated with both the exposure and the disease being studied, but it need not be a risk factor for the disease.
 - c. The confounding variable can either inflate or deflate the true association
 - d. A confounder must be unequally distributed between subjects with and without disease/exposure.
 - *e. All of the above are true
5. Which of the following study designs gives you the best sense of the incidence of a disease/health outcome in a population?
 - a. Case study
 - b. Cross-sectional
 - c. Case-control

- *d. Prospective cohort
- e. None of the above

TRUE/FALSE

1. Epidemiologic research only focuses on observational research practices and not interventional research practices.
 - a. True
 - *b. False
2. An odds ratio or relative risk of 1.0 means that there is no observed association between the exposure and the disease/health outcome of interest.
 - *a. True
 - b. False
3. A difference of 10% or greater between a crude odds ratio and an adjusted odds ratio is indicative of confounding.
 - *a. True
 - b. False
4. Typically, epidemiologic data are coded as 0 if the individual has the disease/health outcome of interest and 1 if the individual does not have the disease/health outcome of interest.
 - a. True
 - *b. False
5. Cohort studies are also known as “longitudinal” studies.
 - *a. True
 - b. False
6. When a confidence interval for a relative risk statistic includes 1.0, there is a null relationship between the exposure and the disease/health outcome of interest.
 - *a. True
 - b. False

MATCHING

1. <u>Biostatistics (C)</u>	A. <u>Epidemiologic research studies that occur at a single point in time.</u>
2. <u>Prospective cohort study design (E)</u>	B. <u>Epidemiologic research studies that retrospectively compare the exposure status of individuals specifically selected due to having the disease/health outcome of interest with that of individuals without this disease/health outcome.</u>
3. <u>Relative risk (D)</u>	C. <u>Scientific discipline that offers a set of tools to evaluate the quality of measures and to construct models that enable us to compare health outcomes across populations and exposures.</u>
4. <u>Cross-sectional study design (A)</u>	D. <u>Epidemiology measure that is used to</u>

	<u>calculate the ratio of probabilities of disease among populations exposed and not exposed to a risk factor.</u>
5. <u>Case-control study design (B)</u>	E. <u>Epidemiologic studies that follow a group without the health condition of interest for some period of time to determine the incidence of this health condition in the exposed versus the unexposed group.</u>

SHORT ESSAY

1. Briefly describe the principles of equity and how equity differs from equality.
2. Describe how public health nutrition differs from clinical/medical nutrition.
3. Briefly define the terms “relative risk” and “odds ratio” and how these two differ from each other.
4. Explain how epidemiology and public health interventions are intertwined.
5. How might researchers identify and address potential confounders in epidemiologic research studies?
6. Explain the differences between prospective and retrospective cohort studies, including advantages and disadvantages of each design.

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CONTENTS

1. Introduction to Public Health Nutrition—6

Multiple Choice—6

True/False—7

Matching—7

Short essay—8

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Multiple Choice—9

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Multiple Choice—23

True/False—24

	Short Essay	24
8. Rural Health: Importance of Interprofessional Approach		25
	Multiple Choice	25
	True/False	26
	Matching	27
	Short essay	27
9. Urban Health and Urbanization: Acting on Social Determinants in Urban Settings		28
	Multiple Choice	28
	True/False	29
	Short Essay	29
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	Multiple choice	30
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	Matching	31
	Short essay	32
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	Multiple Choice	33
	True/False	34
	Matching	35
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	Multiple choice	36
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13. Public Health Nutrition Interventions and Evaluation		39
	Multiple Choice	39
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	True/False	43
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	Short essay	44
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Core Public Health Functions—Examples of Essential Public Health Nutrition Services

[1.] Assessment (C)	[A.] Planning for nutrition services in conjunction with other health services, based on information obtained from an ongoing database focused on health outcomes.
[2.] Policy development (E)	[B.] Participating in nutrition research, demonstration, and evaluation projects.
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TRUE/FALSE

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 - b. —False
3. —A difference of 10% or greater between a crude odds ratio and an adjusted odds ratio is indicative of confounding.
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	calculate the ratio of probabilities of disease among populations exposed and not exposed to a risk factor.
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5. How might researchers identify and address potential confounders in epidemiologic research studies?
6. Explain the differences between prospective and retrospective cohort studies, including advantages and disadvantages of each design.

CHAPTER 3

NUTRITION EPIDEMIOLOGY RESEARCH METHODS

MULTIPLE CHOICE

1. A method of dietary assessment used in nutritional epidemiology that estimates average nutrient intake by determining the frequency of consumption of certain foods and food intake behaviors over a period of time is known as:
 - a. 24-hour dietary recall
 - b. Dietary record
 - *c. Food frequency questionnaire
 - d. Nutritional biomarker
 - e. None of the above
2. The criterion of causality in epidemiologic research that focuses on the relationship between the timing of the exposure and the onset of disease is known as:
 - a. Plausibility
 - *b. Temporality
 - c. Coherence
 - d. Dose/response
 - e. Consistency
3. Which of the following is highest on the experimental hierarchy of evidence?
 - a. Case reports/case series
 - *b. Systematic reviews/meta-analyses
 - c. Case-control studies
 - d. Cohort studies
 - e. Mechanistic studies
4. Which of the following is *not* a strategy for nutritional assessment?
 - a. Dietary intake
 - b. Biochemical measures
 - c. Anthropometric measures
 - d. Clinical measures
 - *e. All of these are strategies for nutritional assessment
5. Complete this sentence: Before undertaking any epidemiological enquiry, it is important to consider whether any “cause” (exposure) that you believe is strongly related to a disease (your hypothesis) can be altered by a(n) _____ from an experiment.
 - *a. Intervention
 - b. Assessment
 - c. Measurement

- d. —Repository
- e. —Review

TRUE/FALSE

1. —The criterion of causality that considers the degree to which previous research studies confirm the findings of the current study is known as “consistency.”
 - *a. —True
 - b. —False
2. —Disease registries are accumulative collections of primary data from specific subgroups of people in the population for tracking prevalence, clinical care and outcomes of conditions, surgical or medical interventions, or disease.
 - a. —True
 - *b. —False
3. —A false positive may lead to someone undergoing unnecessary procedures while a false negative would delay needed treatment.
 - *a. —True
 - b. —False
4. —Qualitative research uses statistical approaches to analyze research data to assess the relationship between exposures and disease/health outcomes.
 - a. —True
 - *b. —False
5. —Unlike food records, food recalls do not require a high literacy level of study participants.
 - *a. —True
 - b. —False

MATCHING

[1.] Forensic epidemiology (C)	[A.] A form of epidemiology that focuses on improving the quality of available research evidence, translating it into practice, and implementing appropriate evidence for individual patient’s needs.
[2.] Clinical epidemiology (D)	[B.] An approach used by clinical practice guideline developers to establish consensus practice or context points when there is inadequate, insufficient, poor quality, or simply no research evidence on which to base a recommendation.
[3.] Theoretical epidemiology (A)	[C.] An epidemiologic approach used by government health departments in response to disease outbreaks to identify the cause and source of the outbreak.
[4.] Evidence-based medicine (B)	[D.] The arm of epidemiology usually involved in designing and managing

	clinical trials, maintaining disease registries, and conducting studies to evaluate the usefulness of diagnostic and screening tests in in clinical practice.
[5.] Practice informed research (E)	[E.] The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.

SHORT ESSAY

1. Briefly describe quantitative and qualitative research methods and identify the advantages and disadvantages of each approach.
2. Describe the three overarching goals of nutritional epidemiologic research.
3. Describe the ways in which clinical epidemiologists might use disease registries.
4. What are the three ways mixed methods research can be described?
5. Briefly differentiate between core and optional data for epidemiologic research studies and their role in understanding the relationship between the exposure and the disease/health outcome.

CHAPTER 4

BEHAVIORAL ASPECTS OF PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

1. Many behaviors impact health and nutrition outcomes. Behavior theories provide frameworks for understanding which of the following?
 - a. Why and how people change
 - b. Identifying targets for nutrition interventions
 - c. Barriers preventing people to change
 - *d. a, b, and c
 - e. a and b
2. According to our understanding of behavioral economics, promising strategies for increasing healthier food intake include which of the following?
 - a. Availability of healthy options
 - b. Cost issues
 - c. Interventions, such as salad bars at schools
 - d. Vending machine policies
 - e. a and c
 - *f. a, b, c, and d
3. What are the four concepts of Social Cognitive Theory?
 - a. Competence and skills
 - b. Expectancies and beliefs
 - c. Habits and beliefs
 - d. Evaluative standards
 - e. Personal goals
 - *f. a, b, d, and e
 - g. a, b, c, and e
4. Behavior change can also be examined with social constructs as a primary focus. Examples of these theories include which of the following?
 - a. Social Cognitive Theory
 - b. Health Belief Model
 - c. Social Ecological Model
 - *d. a and c
 - e. None of the above
5. Which behavior model was developed for studying and promoting the uptake of health services?
 - a. Social Cognitive Theory
 - *b. Health Behavior Model

- e. —Diffusion of Innovation
- d. —Social Ecological Model
- e. —None of the above

TRUE/FALSE

1. ~~Behavioral economics often focuses on environmental issues related to reasons that a person may buy something.~~
 *a. — True
 b. — False
2. ~~In the Stages of Change, contemplation is the state in which little or no consideration of change is reflected.~~
 a. — True
 *b. — False
3. ~~In the Social Cognitive Theory, individual behaviors and personal factors are shown as reciprocal with both each other and the social environment~~
 *a. — True
 b. — False
4. ~~Health Belief Model can be used with programs decreasing disease risk and adapts easily to nondisease nutrition disorders.~~
 a. — True
 *b. — False
5. ~~Social Cognitive Theory recognizes that personal, behavioral, and environmental factors are interwoven and influence one another.~~
 *a. — True
 b. — False
6. ~~When using the Theory of Planned Behavior to direct an intervention or program, formative work to determine the factors most related to the behavioral intention is needed as the influential factors may change with each audience.~~
 *a. — True
 b. — False

MATCHING

Match Each Stage of Change With the Appropriate Definition.

Stages of Change ————— Definition

[1.] Precontemplation (D)	[A.] A behavior plan is implemented to achieve the behavior goal.
[2.] Contemplation (E)	[B.] A behavior plan has been sustained for a given amount of time.
[3.] Preparation (C)	[C.] Some tasks are completed or some behavior related to the goal behavior change has occurred.

[4.] Action (A)	[D.] Little or no consideration of change.
[5.] Maintenance (B)	[E.] Some thought has been given to the change.

SHORT ESSAY

1. Briefly describe the role of behavior in public health nutrition using key constructs from three of the eight behavior theories.
2. Explain the concept of audience segmentation and how this can be applied in successful public health nutrition interventions.
3. Provide a definition of formative research and the focus of the Theory of Planned Behavior (TPB). When using TPB to direct a program or intervention, describe how formative work is used.
4. The Health Action Process Approach has been referred to as a framework that distinguishes between motivation factors that influence behavior change. Provide an explanation of the three stages of the Health Action Process Approach to improve health outcomes in a population.
5. Explain the commonalities and differences between the Social Ecological Model (SEM) and the Policy, Systems, and Environmental Change approaches to support behavior change toward a specific health outcome.

CHAPTER 5

PUBLIC HEALTH AND FOOD POLICY: ROLE IN PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

1. Which of these programs provides specific nutritional support for women, infants, and children?
 - a. Supplemental Nutrition Assistance Program (SNAP)
 - *b. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - c. Child and Adult Care Food Program (CACFP)
 - d. Emergency Food Assistance Program (TEFAP)
2. Which president signed the first farm bill into law?
 - a. Theodore Roosevelt
 - b. Woodrow Wilson
 - *c. Franklin Delano Roosevelt
 - d. Lyndon B. Johnson
3. How often is the Farm Bill reauthorized?
 - a. 2 years
 - b. 3 years
 - c. 4 years
 - *d. 5 years
4. What percentage of the farm bill's funding goes toward nutrition programs?
 - a. 50%
 - b. 100%
 - *c. 80%
 - d. 65%
5. Which of these was founded in 1946, when after World War II the U.S. government found that 40% of young adults who were not qualified for service were malnourished?
 - a. National School Breakfast Program (SBP)
 - *b. National School Lunch Program (NSLP)
 - c. The Child Nutrition Act
 - d. Child and Adult Care Food Program (CACFP)
6. Which of these was created in response to President Dwight Eisenhower's request for an experimental food aid program through the United Nations system?
 - a. World Health Organization (WHO)
 - b. United Nations Children's Fund (UNICEF)
 - *c. World Food Programme (WFP)
 - d. Food and Agriculture Organization (FAO)

TRUE/FALSE

1. The Healthy Food Environment Policy Index (Food-EPI) is used to assess the extent of implementation of recommended food environment policies by national governments compared to international best practice.
*a. True
b. False
2. The U.S. Department of Agriculture (USDA) is the primary regulatory agency impacting the food industry with regard to food safety, food adulteration, and food labeling or misbranding.
a. True
*b. False
3. The U.S. Environmental Protection Agency (EPA) is housed under the Department of the Interior and is involved in protecting human health and safeguarding the natural environment.
*a. True
b. False
4. Zoning laws in communities can limit the presence of fast food restaurants by banning or restricting the number.
*a. True
b. False

SHORT ESSAY

1. Describe the complexities of the farm bill and the various sections involved.
2. What is the Healthy Food Financing Initiative and what is its purpose?
3. What are the most prominent programs under the Child Nutrition Act? What is the purpose of each?
4. Why do tariffs play a critical role in U.S. agricultural trade? How can it impact nutritional health in the United States and globally?
5. Describe three factors in the food environment that create health disparities. What are some of the ways that the food environment can be improved to reduce the health disparities?

CHAPTER 6

FOOD AND CULTURE IMPORTANCE IN PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

1. Culture is visible in a variety of ways that unite people. Which of the following are examples of these ways? (Select all that apply.)
 - *a. Habits
 - *b. Choices
 - *c. Morals
 - *d. Codes of practice
 - e. Working class
 - f. None of the above
2. For food habits, culture plays a significant role in food and dietary choices. Which of the following apply? (Select all that apply.)
 - a. Availability of healthy options
 - b. Cost issues
 - c. Interventions, such as salad bars at schools
 - d. Vending machine policies
 - e. a and c
 - *f. a, b, c, and d
3. In the vignette, Katy came from a soft food culture. What are some of the key elements of a soft food culture?
 - *a. No roots to anchor food practices in history or tradition
 - b. Does not use modern methods of knowledge
 - c. Reliant on innate experience and expertise
 - d. All of the above
 - e. b and c
4. Which of the following food classifications are made by Helman?
 - a. Food versus nonfood
 - b. Sacred versus profane
 - c. Food as medicine
 - d. Social foods
 - *e. All of the above
5. In the discussion on sacred versus profane foods, what does the term profane connote?
 - a. Forbidden
 - b. Marker of belonging to a community
 - c. Lack of availability

- d. —Cost prohibition
- *e. —a and b
- f. —None of the above

TRUE/FALSE

1. —The need to acknowledge cultural distinctions is often overlooked when programmes developed in one jurisdiction are imported into another without recognition of cultural differences.
*a. —True
b. —False
2. —One of the most noticeable features of a culture is its inability to define and protect its food culture.
a. —True
*b. —False
3. —What some cultures regard as food, other cultures see as nonfood. We call this kind of division “food classification.”
*a. —True
b. —False
4. —In Western culture, early writings by the Greeks and Romans indicate that food was medicine and medicine was food.
*a. —True
b. —False
5. —Regarding social foods, formal meals have a sequence that is common and recognized with different courses following one after another.
*a. —True
b. —False
6. —Fischler and Masson demonstrate that the notion of “eating well” may have a nutritional meaning in some cultures compared to a social meaning in others.
*a. —True
b. —False

MATCHING

Match Each Finding With the Appropriate Researcher or Program

Researcher or Program ————— Finding

[1.] EPODE (D)	[A.] Eating well may have a nutritional meaning in some cultures compared to a social meaning in others.
[2.] OPAL (E)	[B.] Environmental and societal interventions required along with education to support behavior change.
[3.] Sekaran (C)	[C.] Vocabulary, idiomatic, grammatical, and experiential equivalences should be verified in instrument development.
[4.] Fischler and Masson (A)	[D.] French program focused on preservation of cultural and

	traditional habits.
[5.] Kumanyika (B)	[E.] Australian program focused on disrupting current eating habits and replacement with healthier food choices.
[6.] Swinburn et al. (F)	[F.] Divides community environments into three categories: physical, economic/political, and sociocultural to understand the obesogenic environment.

SHORT ESSAY

1. Briefly describe Davison and Birch's view on the usefulness of the Ecological Systems Theory, a community-based model, and the key factors to be considered in the development of childhood overweight and obesity interventions.
2. Explain the concept of cultural competence and how it needs to be considered for successful assessment, program planning, and public health nutrition interventions.
3. According to Jones, list and explain the seven strategy areas of how the OPAL initiative was differentiated from the EPODE initiative.
4. Describe the ways in which social class distinctions are an expression of cultural differences.
5. Compare and contrast soft and hard food cultures and strategies you might consider for impacting both of them.
6. Compare and contrast the key findings of the OPAL and EPODE studies. Discuss at least three learnings that you can apply in public health nutrition practice to improve your cultural competence and effectiveness of your programs.

CHAPTER 7

PROMOTING NUTRITIONAL HEALTH, HEALTHY FOOD SYSTEMS, AND WELL-BEING OF THE COMMUNITY

MULTIPLE CHOICE

1. Public health practitioners seek to influence behavior change through which of the following?
 - a. Communication
 - b. Education
 - c. Policy, systems, and environmental change
 - *d. All of the above
2. Which of the behavior change strategies has been shown to have the greatest impact?
 - a. Education
 - *b. Policy, systems, and environmental change
 - c. Communication
3. _____ the right for all people to choose healthy and culturally appropriate food that is produced through ecologically sound and sustainable methods.
 - a. Food security
 - b. Food system
 - *c. Food sovereignty
 - d. Food justice
4. How many *households* in the United States are considered food-insecure?
 - a. 5 million
 - b. 8 million
 - c. 12 million
 - *d. 15 million
5. _____ is focused on improving community outcomes such as the physical environment, social and cultural norms, political actions, and enhanced educational and economic opportunities.
 - a. Community engagement
 - *b. Community development
 - c. Community advocacy
 - d. Community assessment
6. _____ are any individual or group living within a community or likely to be affected by decisions or actions.
 - *a. Stakeholders
 - b. Coalitions

e. —Politicians

TRUE/FALSE

1. ~~Cultural competency solely refers to one's ability to recognize and respect cultural differences.~~
 - a. —True
 - *b. —False
2. ~~Food systems refer to all the aspects of buying, selling, eating, and disposing of food.~~
 - *a. —True
 - b. —False
3. ~~Systems thinking refers to how individuals and agencies are functioning independently within a community system.~~
 - a. —True
 - *b. —False
4. ~~By 2050, the demand for food is expected to be 60% greater than it is today.~~
 - *a. —True
 - b. —False

SHORT ESSAY

1. ~~What is the importance of health disparities as it relates to a community food system?~~
2. ~~In seeking to improve food systems and nutritional health in a local community, how would you make use of the Social Ecological Model?~~
3. ~~Why are cultural competence and health literacy critical components for a public health nutrition professional working at the community level?~~
4. ~~You are working in a community encountering high rates of food insecurity and other associated social determinants of health. Why would community engagement and forming coalition(s) be important?~~
5. ~~Why should education and communication strategies be coupled with policy, systems, and environmental change strategies when seeking to improve nutritional health in a community?~~

CHAPTER 8

RURAL HEALTH: IMPORTANCE OF INTERPROFESSIONAL APPROACH

MULTIPLE CHOICE

1. An agricultural organization that funds grants to implement farmers' market initiatives in rural communities requires that applicants use Rural Urban Commuting Area (RUCA) codes to determine their rurality and, thus, their eligibility for grant funding. Why might the granting agency have chosen to define rurality by the RUCA code?
 - a. The agency had to choose a definition of rurality, so RUCA codes were chosen arbitrarily
 - b. The U.S. Census Bureau (USCB) definition of rural should have been chosen since it is based on land use, which will be key to growing the produce sold at the farmers' markets
 - *c. Knowledge of commuting patterns in the community and region will be key to locating and marketing farmers' markets developed as a result of grant funding
 - d. The Rural Urban Continuum Code (RUCC) definition of rural should have been chosen since it provides a more accurate assessment of rurality than RUCA codes
2. Which statement(s) could be used by a public health nutrition practitioner to justify initiatives focused on rural health and nutrition?
 - a. The well-being of rural America is vital to the well-being of urban America since the two settings are interdependent and the best interests of both are intertwined
 - b. A vibrant, healthy rural America is vital for producing and maintaining adequate national food and energy supplies
 - c. All Americans should be able to access adequate healthful food and/or medical care, regardless of whether they live in a rural or urban setting
 - *d. All of the above are reasons that can be used to justify initiatives focused on rural health and well-being
3. A public health nutrition practitioner who works in a small rural community frequently encounters and interacts with clients in community settings such as retail stores, local school and social events, and faith-based organizations. These types of encounters are best described as examples of:
 - *a. Dual relationships
 - b. Automatic violations of privacy boundaries
 - c. The need to develop both generalist and specialist skills
 - d. Opportunities to engage in continuing education
4. Which practice is most likely to be helpful in terms of demonstrating cultural competency when entering a rural setting?
 - a. Assuming that one already understands the culture and attitudes of the local population
 - *b. Carefully listening to people within the community while displaying humility and a willingness to learn

- e. ~~Failing to engage in self-assessment of one's own cultural biases and assumptions/stereotypes~~
- d. ~~Underestimating the substantial amount of time needed to develop productive, trusting relationships~~
- 5. ~~Which is *not* a common nutritional concern associated with substance abuse in rural areas?~~
 - a. ~~Opioid-induced bowel dysfunction~~
 - b. ~~Macro- and micronutrient deficiencies resulting from food-drug interactions and poor intake of nutritious foods~~
 - *c. ~~Excessive fruit and vegetable intake~~
 - d. ~~Food insecurity based on diversion of funds that would otherwise be spent on food~~
 - e. ~~Overt malnutrition resulting from displacement of nutritious foods by substances~~
- 6. ~~The Rural Health Nutrition Practice Model may help to promote more effective rural nutrition interventions *primarily* by:~~
 - a. ~~Requiring practitioners to include all four components of the model in every nutrition intervention~~
 - *b. ~~Providing a tool to help rural practitioners think systematically about the cultural context of rural nutrition interventions~~
 - c. ~~Helping practitioners design interventions very quickly, without the need to conduct qualitative and quantitative research~~
 - d. ~~Providing a graphic for use in designing presentation slides~~

TRUE/FALSE

- 1. ~~There is one specific definition of the word "rural."~~
 - a. ~~True~~
 - *b. ~~False~~
- 2. ~~For rural residents, the sheer distance that must be traveled to access facilities such as EDs, hospitals, clinics, and full-service grocery stores can become a daunting barrier to obtaining care and maintaining health.~~
 - *a. ~~True~~
 - b. ~~False~~
- 3. ~~When the five leading causes of death in the United States are considered, age-adjusted death rates are lower for nonmetropolitan than metropolitan residents.~~
 - a. ~~True~~
 - *b. ~~False~~
- 4. ~~Higher proportional per capita drug-related deaths in rural areas may be partially related to longer first responder times.~~
 - *a. ~~True~~
 - b. ~~False~~
- 5. ~~Poverty is a key indicator of risk for low food security, and reduced access to economic opportunities for rural residents may exacerbate this association.~~
 - *a. ~~True~~
 - b. ~~False~~
- 6. ~~Healthcare professionals who practice in rural areas almost never report that their careers are fulfilling and rewarding.~~
 - a. ~~True~~

*b. —False

7. —Rural upbringing and hands-on training in rural areas are associated with the choice to become a rural healthcare practitioner.

*a. —True

b. —False

8. —It is important for rural health practitioners to avoid generalizing about a particular population; rather, within a particular cultural context, practitioners should respectfully get to know people as individuals.

*a. —True

b. —False

MATCHING

1. —Match the Component of the Rural Health Nutrition Practice Model With the Appropriate Description.

a. —Access and resources ————— Culturally related traits, attitudes, beliefs, and practices, which may tend to be descriptive of particular populations although generalizations should always be avoided. (b)

b. —Socio-cultural characteristics ————— Common health practices and health beliefs that may impact nutritional well-being and overall health outcomes. (d)

c. —Traditional foods ————— A population's ability to access food and nutrition resources as well as the adequacy of available resources. (a)

d. —Health behaviors ————— Particular foods and eating patterns that are important within particular regions and/or populations. (c)

SHORT ESSAY

1. —A public health nutrition practitioner has decided to examine the encroachment on productive farmland that is occurring as a result of land development in a rural community. Which definition of rurality do you think might be most helpful for conducting this research, and why?

2. —You have been asked to develop a program for a local rural high school with the goal of increasing the number of healthcare professionals who choose to practice in rural areas. Create a mind map for your program. Place the purpose of the program at the center of your map and then add the major components of your program. Finish with a brief written description of your desired outcomes.

3. —In about 250 words (about one double-spaced page), describe your philosophy of interprofessional practice in rural health settings. Include a specific example illustrating how such a collaboration might be effectively utilized.

4. —Use the Rural Health Nutrition Practice Model to design a rural nutrition intervention for a particular rural population. You may wish to refer to the example provided in the text for guidance as you design the intervention.

5. —Describe three potential impacts of rural food insecurity on health outcomes. For each impact, provide one suggestion for how the concern could be ameliorated.

6. —Explore the Rural Health Information Hub (<https://www.ruralhealthinfo.org/>). List three resources available on the website and provide one way you could use each resource.

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CHAPTER 9

URBAN HEALTH AND URBANIZATION: ACTING ON SOCIAL DETERMINANTS IN URBAN SETTINGS

MULTIPLE CHOICE

1. _____ is the change in neighborhood characteristics from low-income communities, often rife with crime, minority populations, and limited resources to the opposite of high-income households and nonminority population groups.
 - a. Urbanization
 - b. Globalization
 - *c. Gentrification
 - d. Urban blight
2. _____ are when an urban area lacks a supermarket in a low-income area.
 - *a. Food deserts
 - b. Food swamps
 - c. Food security
3. _____ are a geographic location that has a high concentration of businesses that sell “junk food” more so than healthier food outlets.
 - a. Food deserts
 - *b. Food swamps
 - c. Food sovereignty
4. _____ are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
 - a. Health disparities
 - b. Health inequalities
 - *c. Social determinants of health
 - d. Socioeconomic status
5. Within the Social Ecological Model, the _____ consists of interactions or linkages between different interpersonal, community, and organizational levels.
 - a. Microsystem
 - *b. Mesosystem
 - c. Macrosystem
6. The upstream determinants of healthy urbanization include all of the following *except*:
 - a. Stimulation of job creation
 - *b. Educating citizens on the importance of healthy nutrition

- e. Improvements in land use policy and transportation options
- d. Community empowerment

TRUE/FALSE

1. About 50% of low-income households do not own a vehicle.
 - a. True
 - *b. False
2. The medical care system is the most important factor in one's health in an urban setting.
 - a. True
 - *b. False
3. Social stratification can lead to differential exposures to health-damaging conditions and differential vulnerability, in terms of health conditions and material resource availability.
 - *a. True
 - b. False
4. Collective efficacy, citizen participation, and community gardens are all important to improving nutritional habits in urban settings.
 - *a. True
 - b. False

SHORT ESSAY

1. What is gentrification? Why is it important to the nutritional health of an urban setting?
2. Describe how social determinants of health can play a role in poor nutrition and poor health in urban settings.
3. How are nutritional patterns and dietary intake affected across the socio-ecological perspective? How could the levels of the Social-Ecological Model affect each other?
4. How does the built environment impact nutritional health in urban settings?
5. Describe the importance of community gardens in urban areas. What are the effects beyond just improved accessibility to healthy foods?

CHAPTER 10

GLOBAL HEALTH: IMPORTANCE OF INTERPROFESSIONAL APPROACH

MULTIPLE CHOICE

1. Which of the following are elements of nutrition security?
 - a. Food intake
 - b. Food availability
 - c. Caring capacity
 - d. Health services
 - e. Environmental conditions
 - *f. All of the above
2. Which global organizations are engaged in reducing food insecurity?
 - a. World Health Organization (WHO)
 - b. United Nations Children's Fund (UNICEF)
 - c. Food and Agriculture Organization of the United Nations (FAO)
 - d. World Food Programme (WFP)
 - e. International Rescue Committee (IRC)
 - *f. All of the above
3. Which of these are ways in which you can develop cultural competency? (Answer as many as you want.)
 - *a. Volunteer with international organizations that serve diverse populations
 - *b. Learn another language
 - *c. Talk with people of other cultures
 - *d. Reflect on your own cultural identity
 - *e. Identify and address your biases toward other cultures
 - f. Eat Chinese takeaway regularly
4. Nutrition insecurity significantly impacts:
 - a. First 100 days of life
 - b. First 10 days of life
 - *c. First 1,000 days of life
 - *d. Bone growth
 - *e. Cognition

TRUE/ FALSE

1. ~~Nutrition insecurity relates to both deficiencies and excesses in nutritional intake.~~
 - *a. ~~True~~
 - b. ~~False~~
2. ~~Nutritional insecurity is demonstrated only by underweight status.~~
 - a. ~~True~~
 - *b. ~~False~~
3. ~~Gender is a key issue in nutrition insecurity.~~
 - *a. ~~True~~
 - b. ~~False~~
4. ~~Understanding cultural views on nutrition is essential in addressing nutrition insecurity.~~
 - *a. ~~True~~
 - b. ~~False~~
5. ~~Migrants and refugees are at no more risk of nutrition insecurity than the people to whose country they have relocated.~~
 - ~~Describe global nutrition security and associated, complex socioenvironmental factors.~~
 - ~~Identify major organizations working on nutrition issues worldwide.~~
 - ~~Identify key nutrition and health issues that the public health practitioner should consider when working with a global population.~~
 - ~~Understand the importance of food insecurity in predicting health and productivity of the population.~~
 - ~~Examine the role of water in sustaining food security and ensuring optimal nutritional status at the global level.~~
 - ~~Explain various mechanisms for migration and the unique nutrition and health risks that individuals face pre-, peri-, and postmigration.~~
 - ~~Define cultural competence and describe ways in which a public health practitioner can effectively meet the social, cultural, and linguistic needs of the communities they serve.~~
 - a. ~~True~~
 - *b. ~~False~~

MATCHING

Nutrition security requires (B)	[A.] An understanding of the socioenvironmental context and social determinants of health that different groups of people experience.
Cultural competence requires (C)	[B.] That all people have access to a variety of nutritious foods and potable drinking water; knowledge, resources, and skills for healthy living; prevention, treatment, and care for diseases affecting nutrition status; and safety-net systems during crisis situations, such as natural disasters or deleterious social and political systems.
A public health nutrition practitioner requires (D)	[C.] Awareness, attitude, knowledge, and skills.
Evidence-based (A)	[D.] A thorough understanding of available research and its

programs that address nutrition security require	application to different cultural, migrant, or refugee groups, their nutritional circumstances, and their nutritional history.
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SHORT ESSAY

1. Discuss why migrants may experience nutrition insecurity.
2. Outline a community initiative aimed at building local capacity and decreasing nutrition insecurity.
3. Why is cultural competence important when addressing nutrition insecurity?
4. Why are women more at risk than men for nutrition insecurity?
5. Give examples of five evidence-based resources to address nutrition insecurity.
6. Give examples of how you might develop cultural competence.

CHAPTER 11

COMMUNITY ASSESSMENTS IN PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

1. Listed below (#1–#4) are reasons that a practitioner might conduct a community health assessment. Which are the two *primary* reasons as described by the authors of Chapter 11?
 1. Conducting a community health assessment is best practice; successful programs are based on the needs of the community
 2. A community health assessment is a good way to learn more about needs and challenges within a particular community
 3. Many public health organizations and funding entities require a community assessment before developing programs and/or utilizing funds
 4. Community health assessments help public health workers meet people in the community
 - a. 1 and 2
 - *b. 1 and 3
 - c. 2 and 3
 - d. 2 and 4
2. Which statement is true regarding *primary* and *secondary* data?
 - a. Primary data is more important than secondary data
 - b. Secondary data is always optional for use
 - *c. Primary data is directly collected by those conducting the community assessment
 - d. Secondary data is directly collected by those conducting the community assessment
 - e. Primary data is usually collected by someone other than those conducting the community assessment
3. Which is *not* a step in conducting a community health assessment?
 - a. Defining the community
 - *b. Choosing the individual who will conduct the assessment
 - c. Reporting findings
 - d. Deciding the purpose of the assessment
 - e. Engaging the community
 - f. Collecting and analyzing information
4. The Affordable Care Act's requirement for not-for-profit hospitals to conduct a community health-needs assessment every three years resulted in the development, in 2013, of a set of seven principles for conducting the assessments. One such hospital's community health coordinator sought to obtain assessment data from: (a) federal databases such as the Behavioral Risk Factor Surveillance System (BRFSS); (b) the state health department for information on available data sources; (c) local and regional health agencies and private nonprofits (e.g., local food pantries); (d) local businesses (such as

food retailers); (e) work with partners to implement local community surveys and focus groups. The community health coordinator's actions *most closely* illustrate the application of which community health assessment principle?

- *a. Use of the highest quality data available from, and shared among, both public and private sources
- b. Maximum transparency to promote community engagement and accountability
- c. Multisector collaborations to promote shared ownership of all phases of community health improvement
- d. Use of evidence-based practices and interventions

5. Which is a benefit(s) of working with partners when conducting a community health assessment?

- a. Reduced fatigue/burnout among participants in community health assessment initiatives
- b. Information sharing to increase amount of data gathered and avoid duplication of effort
- c. Increased likelihood of successfully addressing health inequities due to diversity of participants
- d. Greater community ownership of and engagement with the assessment
- *e. All of the above are benefits of working with a coalition of partners when conducting a community health assessment

TRUE/FALSE

1. When conducting a community assessment, one studies information about a community in order to identify strengths, opportunities, needs, wants, and concerns related to the health of people in the community.

- *a. True
- b. False

2. The purpose of an environmental scan is to understand context; collect information; and identify resources, links, and gaps.

- *a. True
- b. False

3. When assessing the community environment, community members' perceptions never differ from objective assessment findings.

- a. True
- *b. False

4. The nutrition environment is any place where people buy or eat food.

- *a. True
- b. False

5. When using technology such as social media, photovoice, or geographic information systems to conduct community health assessments, it is generally not necessary to seek assistance from individuals with expertise in these methods in order to ensure the validity of data collected.

- a. True
- *b. False

MATCHING

1. Match the category of community assessment data with the appropriate description.
- a. Population data _____ Perceived needs, priorities, norms, and values of the priority population and other constituencies and stakeholders. (b)
- b. Opinion/perception information _____ Relevant public policy issues and their status, including related legislation, regulation, ordinances, and so on at local, state, and national levels. (d)
- c. Community environment _____ Sociodemographic descriptors and indicators of the health and nutritional status of the selected population. (a)
- d. Public policy environment _____ Programs, services, and resources available in a community and their quality attributes, plus community influencers and social networks. (c)

SHORT ESSAY

1. Briefly describe the key components of most community health assessment models. Then, compare and contrast two components of the MAPP model and the CHANGE model.
2. The authors describe three common challenges related to conducting community assessments. Choose one of the challenges, describe it, and provide two suggestions for addressing the chosen challenge.
3. What is community engagement (in regard to community health assessment)? Describe two ways community engagement may be encouraged/increased when conducting a community health assessment.
4. Review the eight skills for public health professionals. Choose one of the skills and describe how a public health professional could apply that skill when conducting community health assessments.
5. Prepare a 250-word rationale (about one double-spaced page) for the importance of collaborations and partnerships when conducting community health assessments.
6. Choose three technologies that can be used in conducting community assessments. Create a table, listing for each chosen technology: (a) a brief description of the technology; (b) how it can contribute to the effectiveness of a community health assessment; (c) any concerns or cautions associated with the use of the technology; (d) a web reference providing a resource for further information/study of the technology.

CHAPTER 12

PUBLIC HEALTH NUTRITION PROGRAM PLANNING

MULTIPLE CHOICE

1. A community health assessment report should not include:
 - a. Date and purpose of report
 - b. A description of the community being assessed
 - *c. Team leaders' perceptions and opinions
 - d. Details of community assessment team members
 - e. Description of assessment processes and/or methods
 - f. Key findings
2. Reaching health program goals successfully involves:
 - a. Setting clear objectives
 - b. Setting realistic time frames
 - c. Being clear on resource implications
 - d. Defining human resources required
 - e. Linking human resources to time frames and budget
 - *f. All of the above
3. SMART objectives do not include the following criteria:
 - a. Specific
 - *b. Manpower
 - c. Achievable
 - *d. Results
 - *e. Trackable
4. Evidence-based public health nutrition programs include:
 - a. The team leader's research
 - *b. Systematic use of community data and information systems
 - *c. Program planning frameworks that use behavioral science theory foundations
 - *d. Community input into assessment and decision making
 - *e. A sound evaluation strategy
 - f. A conference presentation

TRUE/ FALSE

1. The outcome of a community needs assessment is a list of things that the team leader believes is wrong with the community.

- a. ~~True~~
- *b. ~~False~~
- 2. ~~Community needs are set by the public health nutrition practitioner in isolation from the community.~~
 - a. ~~True~~
 - *b. ~~False~~
- 3. ~~Most communities reach their health goals in 3 to 6 months.~~
 - a. ~~True~~
 - *b. ~~False~~
- 4. ~~Evidence-based public health refers to evidence-based programs as well as community assessment.~~
 - *a. ~~True~~
 - b. ~~False~~
- 5. ~~Emerging public health programs are published in high-quality, peer-reviewed studies and have produced significant positive health or behavioral outcomes, and policy, environment, or economic impacts.~~
 - a. ~~True~~
 - *b. ~~False~~

MATCHING

Ketogenic diet includes (A)	[A.] Sociodemographic descriptors and indicators of the health and nutritional status of the selected population.
Opinion and perception information includes (C)	[B.] Approaches that promote walking and bicycling to school through infrastructure improvements, enforcement, tools, safety education, and incentives to encourage fun physical activity.
Built environment includes (D)	[C.] Perceived needs, priorities, norms, and values of the priority population and other constituencies and stakeholders.
Population data includes (A)	[D.] Man-made structures and spaces (e.g., roads, grocery stores, parks) and features of those structures and spaces (e.g., curb cuts, sidewalks, lighting, availability of affordable healthy foods).
Evidence-based programs are (F)	[E.] A high-fat, moderate-protein, low-carbohydrate eating pattern, which differs from general, healthful eating recommendations.
Safe routes to school include (B)	[F.] Published in systematic reviews, syntheses, or meta-analyses whose authors have conducted a structured review of published high-quality, peer-reviewed studies and evaluation reports. Evidence-based strategies produce significant, positive health or behavioral outcomes and/or intermediate policy, environmental, or economic impacts.

SHORT ESSAYS

1. Define a health goal for a community public health nutrition program.
2. Explain the difference between evidence-based public health programs and promising programs.
3. Discuss the elements of an evidence-informed program plan.
4. Pick one of the case studies outlined in the chapter and identify elements that could be included in its evaluation through and at its conclusion.

CHAPTER 13

PUBLIC HEALTH NUTRITION INTERVENTIONS AND EVALUATION

MULTIPLE CHOICE

1. An intervention is:
 - *a. Any activity taken to improve public health nutrition
 - b. A program output
 - c. The plan for a community nutrition program
 - d. Research that is evidence-based
2. Implementation research is:
 - *a. A form of evaluating how well an intervention fits within the context
 - *b. A strategy to inform program or policy redesign to achieve greater impact
3. Process evaluation includes:
 - *a. Reach
 - *b. Dose delivered
 - *c. Fidelity
 - *d. Implementation
 - *e. Other elements
4. Which of these questions can guide photovoice evaluation?
 - *a. What do you see?
 - *b. What is happening?
 - *c. How does this relate to our lives?
 - *d. Why does this issue exist?
 - *e. What can we do about it?
5. Logic models describe:
 - a. Cause and effect associations
 - *b. Sequential relationships between intervention activities and intended effects
 - c. Concurrent activities in a program
 - d. Policy development
6. Stakeholders comprise:
 - *a. Policy makers
 - *b. Educators
 - *c. Community leaders
 - *d. Healthcare providers
 - *e. Community members of all ages

TRUE/ FALSE

1. The RE- AIM framework is the only evaluation framework relevant to public health nutrition programs.
 - a. True
 - *b. False
2. The RE- AIM framework is a three- step evaluation framework (reach, effectiveness, maintenance).
 - a. True
 - *b. False
3. Research and evaluation are the same thing.
 - a. True
 - *b. False
4. The socioeconomic model includes four levels (individual determinants, social environment, built environment, natural environment).
 - *a. True
 - b. False
5. Communication strategies for public health nutrition messages include:
 1. Interpersonal channels
 2. Telehealth strategies
 3. Print materials
 4. Promotional items with health messages
 5. Mass media
 6. Online and social media platforms
 - *a. True
 - b. False

MATCHING

Inputs (G)	[A.] The degree of exactness with which something is copied or reproduced.
Photovoice (C)	[B.] Assesses how effective an intervention is at achieving its ultimate goals.
Logic Model (E)	[C.] A type of participatory action research where participants use photographs to capture and reflect on different issues.
Impact evaluation (B)	[D.] Aims to gain new and generalizable knowledge through answering a specific question in a controlled environment.
Research (D)	[E.] A conceptual tool that illustrates the sequential relationships among an intervention's inputs, activities, outputs, and outcomes.
Fidelity (A)	[F.] Typically occurs during the development or adaptation of an intervention to ensure the intervention is feasible and acceptable.
Formative evaluation (F)	[G.] Resources invested into a program.

SHORT ESSAY

1. Discuss the difference between evaluation and research.
2. Discuss strategies to make “healthy choice the easy choice” in an isolated rural community.
3. Discuss the differences between these evaluation approaches and why you might choose one over another.
 - Centers for Disease Control and Prevention (CDC) Evaluation Framework: <https://www.cdc.gov/eval/framework/index.htm>
 - Center for Training and Research Translation (Center TRT): www.centertrt.org
 - RE-AIM: www.re-aim.org
 - Supplemental Nutrition Assistance Program Education (SNAP-Ed) Evaluation Framework: <https://snapedtoolkit.org/framework/index>
4. Choose one of these approaches and discuss its advantages and disadvantages in your work.

CHAPTER 14

CURRENT NUTRITION-RELATED HEALTH ISSUES AND CHALLENGES

MULTIPLE CHOICE

1. Strong evidence links a healthy diet with which of the following? (Select all that apply.)
 - *a. Optimal growth and development
 - *b. High educational attainment
 - *c. Immune response
 - *d. Longevity
 - e. Obesity risk
 - f. None of the above
2. The four pillars of food security include which of the following?
 - a. Availability
 - b. Access
 - c. Utilization
 - d. Food habits
 - e. Stability
 - *f. a, b, c, and e
 - g. a, b, c, and d
3. Essential nutrients play a critical role in which of the following? (Select all that apply.)
 - *a. Immunity responses
 - *b. Cellular signaling and function
 - *c. Learning and cognitive function
 - *d. Work capacity
 - e. Food selection
 - f. All of the above
4. Which of the following are the major nutrient deficiencies worldwide?
 - a. Iron, iodine, vitamin C, zinc
 - b. Iron, iodine, zinc, vitamin A
 - c. Zinc, vitamin A, vitamin D, vitamin C
 - d. Social foods
 - *e. All of the above

5. What are the key factors influencing overnutrition?
- a. Poor diets, low fruit and vegetable intake, high intake of processed foods, added sugars, added fats
 - b. Marker of belonging to a community
 - c. Lack of availability
 - d. Cost prohibition
 - *e. a and b

TRUE/FALSE

1. Malnutrition, the lack of proper nutrients, is the largest single contributor to disease and poor health outcomes worldwide.
 - *a. True
 - b. False
2. Undernutrition is the insufficient intake of energy and nutrients to meet a person's needs.
 - *a. True
 - b. False
3. Overnutrition is the overconsumption of carbohydrates.
 - a. True
 - *b. False
4. Feeding America, the largest anti-hunger agency in the United States; approximately 1 in 5 U.S. children experience food insecurity.
 - *a. True
 - b. False
5. The 2030 Sustainable Development Goals include reducing the number of stunted children by 50% and the 2025 World Health Assembly target includes reducing the prevalence of low birth weight globally.
 - *a. True
 - b. False
6. Proper nutrition includes the consumption of essential macronutrients (protein, carbohydrates, and fats) and micronutrients (vitamin A, iodine, iron, and zinc).
 - *a. True
 - b. False
7. In mostly middle-income nations where the economy has slowed or contracted, we see a decrease in hunger, the extreme physical feeling of discomfort or weakness caused by a lack of food.
 - a. True
 - *b. False
8. Undernutrition is immunosuppressive and contributes to communicable diseases, infectious diseases that are contagious.
 - *a. True
 - b. False
9. Micronutrient deficiency is a major contributor to malnutrition and the impact is more devastating in children, especially young infants.
 - *a. True

b. —False

10. Adults over the age of 65 have lower protein needs in order to maintain strong muscles, balance, and mobility.

a. —True

*b. —False

MATCHING

Match Each Term With the Appropriate Definition.

Term _____ *Definition*

[1.] Poor fetal growth (D)	[A.] Impairs motor and mental development of the fetus and increases risk of miscarriage.
[2.] Stunting (E)	[B.] Prevented by folic acid supplementation and intake.
[3.] Wasting (C)	[C.] Characterized by acute weight loss indicated by low weight for height.
[4.] Iodine deficiency disorder (A)	[D.] Intrauterine growth restriction resulting in low birth weight.
[5.] Neural tube defects (B)	[E.] Chronic restriction of growth in height indicated by short stature.
[6.] Rickets (F)	[F.] Caused by vitamin D deficiency in utero resulting in poor fetal growth and skeletal mineralization.

SHORT ESSAY

1. Describe the general food and nutrition needs for optimal health across each life stage group.
2. Briefly describe the double burden of malnutrition.
3. Explain the four pillars of food security that can be used to assess population nutrition status and how you would assess a community for food security.
4. Describe the relationship among malnutrition, food security, hunger, and the overall health and wellness of a community.
5. Provide a summary of the key nutrition-related health challenges worldwide. Are these relevant in developed as well as developing countries? If so, explain why.
6. Adults over the age of 70 experience changes in body composition leading to an increase in fat mass and decrease in lean muscle mass. Define and explain the physiological changes that occur that contribute to the condition of osteopenia in older adults and what you would recommend to reduce this risk.

CHAPTER 15

PROFESSIONAL DEVELOPMENT NEEDS AND STRATEGIES IN PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

1. Which statement does not describe a reason for the importance of continuous professional development?
 - a. Healthcare knowledge and professions are rapidly developing and changing
 - *b. Once a practitioner becomes credentialed, the major phase of professional learning is completed
 - c. Ethical principles require that practitioners be accountable for maintaining and improving knowledge, skills, and professional attributes throughout their careers
 - d. In order to deliver evidence-based, high-quality interventions to populations served, practitioners must stay up-to-date in their disciplines
2. A practitioner has been working in a public health nutrition setting for about 3 years. He is able to work independently most of the time, is comfortable in most practice situations, is consistently competent, and continues to display and develop a sense of how to apply guidelines and “what to do.” According to the Dreyfus Model of Skill Acquisition, this practitioner is most likely in the _____ level of skill:
 - a. Novice
 - b. Advanced beginner
 - *c. Competent
 - d. Proficient
 - e. Expert
3. Two essential steps that must be completed before developing a strategic plan for professional development are:
 - *a. Self-assessment and goal setting
 - b. Self-assessment and an Internet search of upcoming professional conferences
 - c. Goal setting and reading articles about the professional development process
 - d. Earning a professional certification in strategic planning and setting up an electronic planner
4. Which statement is true in regard to grant writing?
 - a. Most grants today are written and submitted by individuals
 - b. Once a grant is submitted and funded, management of the grant project is not a major concern
 - *c. Before a grant is submitted, it is essential to have others read and review it to provide feedback
 - d. The request for proposal (RFP) document is just a guideline; it is acceptable to deviate from the written instructions if the grant writer wishes to do so
5. Which is a potential benefit of participation in professional organizations?
 - a. Networking events and access to job announcements
 - b. Leadership opportunities

- e. Continuing education credits
- d. Participation in task forces/professional organization initiatives
- *e. All of the above are benefits of participation in professional organizations

TRUE/FALSE

1. Professional competencies and credentialing in the field of public health nutrition are still in development, but professional organizations are working toward this goal.
 *a. True
 b. False
2. Research and data analysis, capacity building, and intervention management have been proposed as key competency areas for public health nutrition professionals.
 *a. True
 b. False
3. Human beings usually find it easy to accurately assess their own professional performance.
 a. True
 *b. False
4. A grantor's program officer can assist a potential grant writer in determining if a specific idea is a good fit for a particular grant.
 *a. True
 b. False

MATCHING

1. Match the SMART goal characteristic with the appropriate example.

a. Specific	_____	I will engage in my walking program for 4 weeks. (e)
b. Measurable	_____	I have adequate time to walk over my lunch hour. (d)
c. Achievable	_____	I will begin a walking program. (a)
d. Realistic	_____	I will walk for 20 minutes per session, 4 days per week. (b)
e. Time bound	_____	I am physically able to walk for 20 minutes. (c)

SHORT ESSAY

1. List and briefly describe four characteristics of a profession.
2. List and briefly describe three primary areas of public health nutrition practice.
3. List and briefly describe five steps of the professional development cycle.
4. How can professionals increase the accuracy of their own self-assessments?
5. Describe two ways public health nutrition grant writers can improve their general writing skills.

CHAPTER 16

SUMMARY STATEMENTS ON SUSTAINABILITY AND PUBLIC HEALTH NUTRITION

MULTIPLE CHOICE

1. According to the United Nations guidelines, the three realms of sustainability (people, planet, and profit) include:
 - a. Economic, energy, and environmental
 - *b. Environmental, economic, and social
 - c. Social, energy, and economic
2. Which of these are included in the interrelated sustainability crises affecting the world?
 - a. Environment
 - b. Energy
 - c. Economies
 - d. Equity
 - *e. All of the above
3. Approaches to responding to the interrelated sustainability crises include:
 - a. Ensuring the rights of nature, humans, and communities
 - b. Letting the market work it out
 - c. Agroecological systems
 - *d. Both a and c
 - e. All of the above
4. In 2015, the United Nations adopted the 2030 Agenda for Sustainable Development, which included how many goals?
 - a. 19
 - b. 14
 - *c. 17
 - d. 21
5. Each of the main summary statements on sustainability (Post Carbon Institute, United Nations, Healthy People, and the Lancet) explicitly articulates all of the following *except*:
 - a. Mechanisms to increase community governance of food systems
 - b. Change corporate behavior through market incentives, taxes, or changes in incorporation
 - *c. Increasing the quantity of food available, whether healthy or not
 - d. Using rights of nature to protect critical ecosystems

TRUE/FALSE

1. Resilience is the ability of a system to cope with short-term disruptions and adapt to long-term changes without losing its essential character.
*a. True
b. False
2. Neoliberalism is a political economy that focuses on stronger government intervention, regulation, and taxation to change behaviors.
a. True
*b. False
3. Sustainability is the focus on the three realms of environmental, economic, and social justice.
*a. True
b. False
4. In a functioning ecosystem, the primary sources of energy are oil and fossil fuels.
a. True
*b. False
5. The United States exports \$140 billion worth of food and wastes between an estimated 40% of food along the supply chain, while 12% of the population is food-insecure.
*a. True
b. False

SHORT ESSAY

1. Why is each of the three realms of sustainability (environment, economic, and social) important to public health and nutrition?
2. List and describe some of the key impacts on the environment that food systems and production can create.
3. What are some of the ways that we can respond to the interrelated challenges of sustainability through correcting market failures? Provide examples.
4. Why is ensuring the rights of nature, humans, and communities so critical to public health and nutrition?
5. Examine the United Nations 17 Sustainable Development Goals and describe how the goals, collectively, are important to public health and nutrition on a global scale.

CHAPTER 17

FUTURE CHALLENGES, TRENDS, AND OPPORTUNITIES

MULTIPLE CHOICE

1. Which statement is *not true* regarding current challenges impacting public health nutrition issues?
 - a. In 2015, the trend of decreasing global hunger reversed
 - *b. Micronutrient deficiencies, also known as hidden hunger, are a minor problem at this time
 - c. Malnutrition includes both undernutrition resulting in underweight/wasting and overnutrition resulting in obesity
 - d. A tool has been developed for measuring the burden of malnutrition
2. Which statement is true regarding *nutrition transition*?
 - a. As hunger decreases in a region, nutrition-related health indicators tend to move in a positive direction
 - b. Income disparities and urbanization appear to be unrelated to nutrition transition
 - *c. As diets become more westernized, nutrition-related chronic diseases tend to increase
 - d. There is a correlation between a decrease in hunger and a decrease in obesity
3. Which are potential impacts of global warming on food and agriculture issues?
 - a. Increased average temperatures on land and ocean
 - b. Heavy precipitation in some regions and droughts in others
 - c. An increase in extreme weather events
 - d. Severe losses in fishery and aquaculture production
 - *e. All of the above
4. Which are characteristics of the HarvestPlus biofortification programs?
 - a. Emphasis on ameliorating the hidden hunger resulting from micronutrient deficiencies
 - b. Enrichment of staple crops comprising the diet of rural, low-income populations in developing countries
 - c. Reliance on best agricultural practices and conventional plant breeding to attain biofortified crops, with 100% of current biofortified crops achieved through conventional plant breeding
 - d. Development of 340 varieties of 40 biofortified crops thus far, with distribution to over 40 countries
 - *e. All of these are characteristics of the HarvestPlus Biofortification program
5. A public health nutrition practitioner hopes to decrease the amount of food waste in a community in a developed country. Which strategy would be *least* likely to have a substantial impact on food waste at the local level?
 - a. A social media campaign to increase awareness of food waste within the community
 - *b. Efforts to improve the transportation network from farms to food processing facilities

- c. A partnership to salvage leftover food from a local college food service by repackaging the food for distribution by local food pantries
- d. An educational initiative, conducted in partnership with local food retailers, to educate consumers about “sell-by” food dating
- e. An initiative to promote “ugly produce” at the local farmers’ market

TRUE/FALSE

1. Hidden hunger includes micronutrient deficiencies in both underweight/wasted persons and obese persons.
 - *a. True
 - b. False
2. The *triple burden of malnutrition* encompasses hunger, lack of access to full-service grocery stores, and obesity.
 - a. True
 - *b. False
3. In general, it appears that once a global region begins curbing hunger, obesity rises.
 - *a. True
 - b. False
4. By 2050, it is expected that capacity will be needed to feed 10 billion people.
 - *a. True
 - b. False
5. Food waste may be minimized by focusing on investment in food processing and storage facilities as well as connecting producers to markets.
 - a. True
 - *b. False
6. The largest line item in the U.S. Farm Bill is the Supplemental Nutrition Assistance Program (SNAP).
 - *a. True
 - b. False

MATCHING

1. Match the Term With the Appropriate Description.
 - a. Precision agriculture _____ Repurposing food that would otherwise be wasted. (b)
 - b. Food salvage _____ Aligns agricultural production methods with best ecological practices. (d)
 - c. Food loss _____ Use of technology to monitor field and growing conditions very precisely. (a)
 - d. Agroecology _____ Associated with iron, zinc, iodine, folate, and vitamin A. (e)
 - e. Hidden hunger _____ Occurs during the production, processing, transportation, and storage phases of the food system cycle. (c)

SHORT ESSAY

1. Briefly describe three possible impacts of global warming on global food systems.
2. The authors describe an example of two contradictory food policies being simultaneously implemented in the European Union: (a) an emphasis on local dairy production along with (b) relaxed quotas, which de-incentivize small dairy production. Find another example of a contradictory food policy by consulting colleagues or doing an Internet search. Describe the policy and then propose one or two suggestions for improving the policy situation.
3. List and describe two benefits of using “big data” to monitor the food supply.
4. Visit the HarvestPlus website at <https://www.harvestplus.org>. Select one current initiative (you may use the “News and Stories” section to identify an initiative of interest). Write a 250- to 500-word report (about one to two double-spaced pages) on the initiative, focusing on its purpose, methods, and impacts.
5. Choose two examples of inequities surrounding access to adequate nutritious food. For each chosen inequity, write a paragraph describing the inequity, along with a suggestion for positively impacting the inequity.
6. Write a 250-word essay (about one double-spaced page) describing current global health and nutrition trends.