



AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF REHABILITATIVE MEDICINE
BACHELOR OF SCIENCE IN PHYSIOTHERAPY
END OF TRIMESTER EXAMINATIONS MAY TO AUGUST 2023

UNIT CODE: PHT 135 UNIT NAME: INTRODCUTION TO COMMUNITY HEALTH

DATE: 2nd AUGUST 2023

START TIME: ...9AM

FINISH TIME: 11AM

INSTRUCTIONS

- 1. All students will have hours to complete the examination**
- 2. Attempt all questions as per the instruction**
- 3. It is the student's responsibility to report any page and number missing in this paper.**
- 4. Check that the paper is complete**
- 5. Total number of pages is including the cover.**
- 6. Read through the paper quickly before you start.**

Section A (40 Multiple choice questions (40 marks – one Mark Per question))

1. A group of people living or in the same place or having particular characteristics in common is known as :
 - a) Community System
 - b) Community partnership
 - c) Community Collaboration
 - d) Community
 - e) Partnerships

2. What is Palliative Care?
 - a) Is an approach to reduce cost of treatment
 - b) Is an approach to improve quality of life of patients and their family who are facing life treatment illness
 - c) Is an approach to reduce mortality and morbidity of the country
 - d) Is an approach to quality of life of patients with terminal cancer

3. Epidemiological triad are all included, except?
 - a. Host
 - b. Environment
 - c. Agent
 - d. Investigator

4. Zero incidence is?
 - a) Elimination of disease.
 - b) Eradication of disease
 - c) . Elimination of infection
 - d) Eradication of infection

5. Which of the following is not a source of social problem?
 - a) Social change
 - b) Poverty
 - c) Personal development
 - d) Personal disorganization

6. When community/public health personnel speak of a community solution, to what are they referring?

- a) A community that has resolved its major problems at least temporarily
- b) The area in which some problems are approached on a wider regional basis
- c) The fact that communities have to solve their own problems
- d) The reality that some problems have to be approached on a government basis

7. When a community is assessed from a developmental framework, which data must be determined?

- a) The demographics (such as age) of the persons living in the community
- b) The emotional maturity of the community's residents
- c) The history of the community
- d) The number and quality of daycare centers and schools

8. Which of the following would be the focus to you when using an epidemiologic framework to assess a community?

- a) Interviewing health care professionals concerning the community
- b) Researching findings from epidemiologic studies
- c) Learning about the health of the community population
- d) Discovering groups among the community residents who are most at risk

9. Which of the following situations is a reason why you (community/public health physio) would choose to focus on a particular subgroup instead of on the entire community?

- a) The subgroup can more easily afford health care services.
- b) The subgroup has more political power and can influence health funding.
- c) The subgroup has notably higher statistical risk for experiencing health problems.
- d) The subgroup knows how to obtain publicity if their needs are not met.

10. When assessing a community by using the structural-functional framework, you recognizes that all communities must

- a) Address financial needs of residents.
- b) Engage in functions that can be measured.
- c) Provide for socialization and a sense of identity.
- d) Require that public safety structures be built.

11. A community worker (physiotherapist) is completing a community assessment by using a systems framework. Which of the following is the key to the success of the assessment?
- Demanding a reasonable budget for assessment expenses
 - Telling everyone what he or she is doing so that the listener may have input
 - Using a tool to systematically identify, collect, and organize appropriate data
 - Allowing at least 2 weeks to collect data to ensure thoroughness
12. What is the first step in beginning a community assessment?
- Choosing persons who live in the community and may share their insights
 - Creating a budget of both time and money to devote to assessment
 - Defining the community and determining its boundaries or parameters
 - Outlining the data needed and determining where they might be found
13. Why would a community assistant (CA) be concerned when a community has relatively closed, rigid boundaries?
- The community does not have an identity.
 - The community is probably resistant to change.
 - The CA will not be able to share community resources.
 - The CA may have limited access to the community.
14. Which demographic factors of a community are important for the CA to consider when assessing a community?
- Census tract data can be used to determine needed agency staffing.
 - Density of households by village as associated with health issues.
 - Ethnicity determines how health is defined and protected.
 - Income determines what community services can be financed.
15. Which of the following is an example of the relationship between demographic factors and health needs?
- Persons with high incomes typically have nutritional problems resulting from diet choices.
 - Low educational level is associated with more health promotion behaviors.
 - Religion may suggest beliefs concerning use of contraception, health care, and food choices.
 - Being the majority population group, young adult men help determine which service agencies are most needed.

16. What might be the implications of knowing where members of the community are employed (i.e., their occupations)?

- a) How or whether community members worship
- b) How and when the community members prefer to engage in recreation
- c) The diseases or injuries for which they may be at risk
- d) Where residents do their grocery shopping and what they typically buy

17. When a CA assesses a community, which of the following components is essential to determine first?

- a) Areas of strength
- b) Areas of need
- c) Balance of inputs to outputs
- d) Openness to intervention

18. A community/public health worker (CA) is planning to implement a new community-based Health education program. Why is it crucial for the CA to understand the organizational structure of a community, as well as its leadership?

- a) The community/public health worker may have to convince the informal leaders of the need for the program before it can be successful.
- b) The community/public health worker may need to ask the formal leaders to provide leadership for the programs.
- c) The community/public health worker will want to know political priorities before deciding on any actions to be taken.
- d) The community/public health worker will want the approval of the elected governing body before making decisions about health programming.

19. Which group of persons is least likely to be considered a vulnerable group at high risk for medical interventions?

- a) Substance and drug abusers
- b) Women and children
- c) Pregnant single teenage girls
- d) Single adolescent boys

20. One of the following below is not a community principle:

- a) Valuing local language/culture/skills and resources
- b) Sustainability
- c) Trading
- d) Diversity
- e) Human Dignity
- f) Social justice
- g) Human rights

19. A human rights-based approach is based on the following key principles: availability and accessibility; acceptability and quality of services and participation; equality and non-discrimination;
- a) parallel and non-inclusive process
 - b) a participatory process
 - c) transparent and non-responsive process.
20. Which of the following is a very practical and feasible way of obtaining comprehensive community health data?
- a) Requesting community residents respond to an Internet survey
 - b) Performing a windshield survey
 - c) Completing a comprehensive survey with community residents
 - d) Using data already collected and available on the Internet
21. Amongst the six objectives the Kenya health policy 2014 – 2030 , is not amongst them:
- a. eliminating communicable diseases,
 - b. halting and reversing the rising burden of communicable diseases,
 - c. increasing immunization rates,
 - d. reducing the burden of violence and injuries,
 - e. providing essential healthcare,
 - f. minimizing exposure to health risk factors,
 - g. Strengthening collaboration with other sectors that have an impact on health.
22. The 4 tiers of health systems in the Kenya 2014 – 2030 health policy are (in their order):
- a. Primary referral -
 - b. Tertiary referral services –
 - c. Community, -
 - d. Primary care, -
23. The basic information needed on community diagnosis include all the following except:
- a) available health services
 - b) community leadership and their subgroups
 - c) People and population
 - d) Environment and disease patterns,

24. Which of the following is not classified as community health indicators :
- Morbidity indicators
 - Demographic and Fertility indicators
 - CHVs identified and registered monthly
 - Monthly Mortality rates
25. Which of the following Article/s on the Convention on the Rights of the Child (CRC) of WHO is entirely on Health
- 23, 24, 26
 - 25, 26, 17
 - 24
 - 6, 17,
 - 27
26. The last stage in community entry process:
- Identification of those who are at risk
 - Identification and quantification of health problem
 - Set priorities for planning
 - Identification of community needs and problems
 - Determine available resources
27. Functionality of the CHU should be based on attainment of :
- supportive supervision for all community health personnel done at least quarterly
 - coordination by county community health leadership
 - existence of trained Health Committee that meets at least twice a year
 - trained CHVs and CHAs that meet prescribed guidelines
 - all trained CHVs and CHAs have reporting and referral tools
 - all trained CHVs and CHAs make household visits as per their targets and at least to each household, once a quarter.
28. In community diagnosis problem Oriented community diagnosis responds to (1mark):
- all needs in the community
 - a particular need within the community
 - Certain needs as required by the community
 - All the needs as required by the community

29. The 3rd step during community entry process is:

- a) Conduct the open community meeting
- b) Interact with key stakeholders identified.
- c) Collect information and map out the community;
- d) Conduct a stakeholder analysis;

30. The stakeholder interests and the potential impact of the programme entails the following except:

- a) what are the stakeholders' expectations of the project?
- b) what benefits and costs are there likely to be for the stakeholders?
- c) what resources are community leaders and politicians going to receive during implementation?
- d) what resources are stakeholders able and willing to bring on board?
- e) What does the stakeholder / sponsor expect from the community

31. One of the following is not a qualifier for stakeholder participation as outlined:

- a) interest
- b) importance
- c) leadership
- d) influence

32. In community diagnosis health indicators must be – (which one does not apply):

- a) Feasible and relevant
- b) Valid and reliable
- c) Clear and applicable
- d) Sensitive and specific

33. For effective community entry, which one of the following is not a required skill:

- a) Maintain good eye contact.
- b) Be sympathetic and very kind
- c) Listen to both sides of the issue
- d) Paraphrase and show interest
- e) Be empathetic and encourage others to listen.

34. For effective community entry, one of the following is not a required attitude
- a) Patience and tolerance
 - b) Kindness and firmness
 - c) Respect for other people
 - d) Good listening attitude
 - e) Humility
35. Which of these is not true-Improper data collection may lead to:
- a) inability to answer research questions accurately
 - b) inability to repeat and validate the study
 - c) Confusing researchers and community leading to wrong decisions
 - d) distorted and misleading findings resulting in wasted resources
 - e) compromising decisions for public policy, guidelines or implementation process
36. One of the following is not a data collection problem requiring “immediate action”
- a) errors in individual data items
 - b) systematic errors and violation of protocol and fraud or scientific misconduct
 - c) Visiting the area leadership during data collection
 - d) problems with individual staff or site performance
37. Factors that affect community health include physical, social, community, individual behavior and
- a) Community inclusivity
 - b) Community organization
 - c) Community mobilization,
 - d) Community preparedness
38. The term used to describe measurable difference in attaining health :
- a. Health equity
 - b. Health Inequity
 - c. Health gradient
 - d. Health Inequality

Section B -Short structured questions

1. What are the components of the Alma Ata Declaration of 1978? (5marks)
2. What was the purpose of the Alma Ata Declaration? (5marks)

Section C –Long structured questions

1. Explain the Alma Ata Declaration? (10 Marks)
2. Explain UHC in relation to the Alma Ata declaration (10 marks)