1) Which of the following is NOT considered to be an appropriate source for building a rationale?
A) Needs assessment data
B) Epidemiological data about a specific health problem
C) Cost-effectiveness data of health promotion programs
D) Wikipedia and similar websites
Answer: D

2) When gaining support from decision makers, the term "resources" often refers to
A) monies that could be used for staff, facilities, material supplies.
B) congruent organizational policies.
C) program and concept visibility.
D) a place at the organizational power.
Answer: A

3) The instrument to assess leadership support for health promotion programs in work settings is
A) Health Promotion Inventory (HPI).
B) Health Programs Inventory (HPI).
C) Leading by Example (LBE).
D) Leaders Assessment Tool (LAT).
Answer: C

4) Data that describe the status of a health problem within a population based on distribution and determinants of health are referred to as
A) social data.
B) political data.
C) epidemiological data.
D) statistical data.
Answer: C

5) In order for resources and support to flow into health promotion programming
A) decision makers need to see values from the program.
B) taxes must be raised to offset costs.
C) planners must commit to fund raising efforts.
D) materials must be available from previous, similar programming.
Answer: A

6) The first step planners should take to gain the support of decision makers is to
A) form a focus group.
B) write a plan.
C) develop a rationale.
D) conduct a needs assessment.
Answer: C

7) People willing to do the actual work needed to plan and implement a program are referred to as

A) managers.
B) stakeholders.
C) doers.
D) interventionists.
Answer: C

8) Health education specialists can access and understand background information to develop a rationale by
A) conducting a literature review.
B) conducting a longitudinal study.
C) selecting a planning model.
D) writing a grant proposal.
Answer: A

9) A program rationale
A) should be no more than two pages long.
B) is the step that outlines each component of the program in detail.
C) can be focused on funding issues.
D) allows planners to sell the program to decision makers.
Answer: D

10) Which of the following is a benefit statement for INDIVIDUALS of a health promotion program?
A) Controls burden on taxpayers
B) Lowers out-of-pocket costs for health care
C) Improved price competitiveness
D) Reduced pain and suffering
Answer: B

11) Which of the following is a benefit for the COMMUNITY with health promotion programming?
A) Increased worker morale
B) Retention and recruitment tools
C) Improved price competitiveness
D) Improved quality of life of citizens
Answer: D

12) Which of the following is a benefit for the EMPLOYER with health promotion programming?
A) Enhanced worker performance/productivity
B) Reduced pain and suffering from illness and accidents
C) Provides model for other communities
D) Improves the quality of life of citizens
Answer: A

13) When starting the planning process, health educators
A) use skills found in all Areas of Responsibility for Health Educators.
B) are most apt to concentrate on Area of Responsibility IV.
C) cannot use any of the Areas of Responsibility.

D) draw from several of the Areas of Responsibility.
Answer: D

14) Often, the idea or big push for a health promotional program comes from top level people and not the community.
Answer: FALSE

15) Evidence-based practice is more likely to produce quality programs than other approaches.
Answer: TRUE

16) The most important initial step in the planning process is gaining the support of management.
Answer: TRUE

17) References do not need to be included at the rationale preparation stage.
Answer: FALSE

18) When ROI is less than 0, then the program is producing savings that exceed the cost of the program.
Answer: FALSE

19) Social math refers to inflating national statistic to make the health problem appear more serious to decision makers.
Answer: FALSE

20) Influencers are always much more important than doers in the planning process.
Answer: FALSE

21) Keeping the same planning committee members throughout the life of a program ensures success.
Answer: FALSE

22) Institutionalization refers to a program becoming imbedded within an organization.
Answer: TRUE

23) A rationale can be viewed as a 4x4 matrix, with each square of each level representing the next step.
Answer: FALSE

24) A planning committee is a group of individuals who are willing to serve in an advisory role and assist in program planning.
Answer: TRUE

25) Two terms synonymous with planning committee are steering committee and advisory committee.
Answer: TRUE

26) The guidelines for how a planning committee operates are referred to as parameters.
Answer: TRUE

27) The most efficient and effective way to select planning committee members is to have them assigned by their employers for the task.
Answer: FALSE

28) Name at least three types of individuals who would be important to include on a planning committee.
Answer: (any three of the following)
Representatives of all segments of the target population, Doers, Influencers, Representatives of the sponsoring agency, and Other stakeholders

29) List four methods for determining the values and benefits to be emphasized in a rationale.
Answer:
• Examine recent or past meeting minutes, decisions, or comments that are relevant to the value placed on health and prevention.
• Find out from the individuals in a position to know why past decisions related to budget or employee benefits were made by the managers involved.
• Review past formal reports or evaluations of health program and benefits that have been commissioned or carried out on behalf of the decision makers.
• Conduct a formal survey of all or a portion of the key decision makers involved to determine what is the most important to them.

30) List, in order, the steps to include in a rationale.
Answer: Title, Identify the problem globally, Narrow the problem, State a proposed solution, State what can be gained from the program, State why the program will be successful, Provide references.

31) List and explain three sources that can be used to build a rationale for a program.
Answer:
• Literature in the field — previous research and observations
• Needs assessment data — show need for intervention by showing needs of target population
• Epidemiological data — support your claim of need with statistics about the target population's health and the health status of similar populations
• Values and benefits for decision makers — relates the benefits of the program to the values and benefits of the decision makers

32) List two questions that planners should consider when looking for partners.
Answer: (any two of the following)
• Who is also interested in meeting the needs of the priority population?
• Who also sees the unmet need of a priority population as a problem?
• Who has unused resources that could help solve a problem?
• Who would benefit from being your partner?