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**Measuring Exposure to Health Messages in Community-Based Intervention
Studies: A Systematic Review of Current Practices**

Daniel S. Morris, Megan P. Rooney, Ricardo J. Wray, and Matthew W. Kreuter

1. What is not one of the three hallmarks of effective communication program evaluation design, according to Hornik?
 - a. Evidence of behavior changes
 - b. Effects follow a priori theoretical pathways
 - c. Effects reflect a dose-response
 - d. Alternate explanations of effects are ruled out
2. How does exposure differ from reach in terms of health communication?
 - a. Exposure is a population-level measure, reach refers to individuals
 - b. Exposure is an individual-level measure, reach is population-level
 - c. Exposure and reach are synonymous
 - d. Exposure is just one media channel, reach covers all channels
3. What is the most common way to assess exposure to health communications?
 - a. Self-report
 - b. Media content analysis
 - c. Audience Tracking
 - d. Media buy data
4. True or False: Increasing the specificity of recall items will enhance accuracy.
 - a. TRUE
 - b. FALSE
5. What the greatest threat to validity of studies about communication interventions?
 - a. Self-report bias

- b. Hawthorne effect
 - c. Selective exposure
 - d. Loss to follow-up
6. Misclassifying exposure in analysis of health communication will tend to:
- a. Confound variables
 - b. Exaggerate intervention effects
 - c. Bias results toward the null
 - d. Alter mediating relationships
7. What kind of exposure measures are needed to assess dose-response relationships in terms of health communication?
- a. Dichotomous
 - b. Scale
 - c. Longitudinal
 - d. Categorical
8. What measures tend to overestimate exposure to health communications?
- a. Recall
 - b. Recognition
 - c. Ringer
 - d. Confirmed recall
9. True or False: The majority of health communication studies reviewed by Morris, Rooney, Wray, and Kreuter used exposure measurements to analyze intervention effects.
- a. TRUE
 - b. FALSE
10. When describing outcomes, a failure to consider differing levels of exposure to health communication is the same as:
- a. Assuming all people in the experimental group received the same intervention dose
 - b. Assuming a minimal level of exposure
 - c. Assuming that exposure is co-linear with some respondent characteristics
 - d. Ruling out selective exposure bias