

AMERICAN JOURNAL OF HEALTH STUDIES
REVIEW ACTIVITY

Objectives: Upon completion of this review activity, you should be able to do the following:

- ❶ Describe barriers to mammography.
- ❷ Describe the use of community lay health workers in a breast health education program.
- ❸ Describe considerations for the development and implementation of skin-health/skin cancer education programs.

After completing the required readings, type the appropriate response for all questions related to each article. All answer sheets must be clearly numbered and TYPED. For questions requiring listings, each item in the listings should be no longer than a phrase or a sentence. For those questions requiring a description, the description should be 2-4 sentences. Specific directions will be provided for other types of questions. Please remember to include your **name, address** and **CHES #** at the top of each page of your answer sheet.

I. Translating Breast Health: A Role for Community Lay Health Workers in the 21st Century (p. 137).

1. List three possible reasons for higher breast cancer mortality rates in African American women.
 2. List the two most important reasons given by women eligible for mammography for not receiving a recent mammogram.
 3. List three barriers to mammography as reported by physicians.
 4. Describe the definition of community lay health workers that was used in the Morehouse School of Medicine, Breast Health Education Study.
 5. Describe the primary role of the community lay health workers.
 6. List the five components of the protocol used to train the community lay health workers.
 7. List three ways that community lay health workers promote social agendas.
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II. Understanding Students' Indoor Tanning Practices and Beliefs to Reduce Skin Cancer Risks (p. 120).

1. List five potential health risks that are increased by use of artificial tanning devices.
2. Describe characteristics of individuals with the highest risk of skin cancer.
3. List three recommendations presented by the authors for a comprehensive K-12 skin-health/skin cancer education program.

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REVIEW ACTIVITY REGISTRATION FORM

Name _____ CHES # _____

Address _____

Daytime Telephone # _____

Setting in which you practice Health Education (Circle one)

- ❖ School
- ❖ College/University
- ❖ Community
- ❖ Worksite
- ❖ Medical Care

Position Title _____ Years in Profession _____

Review Activity Evaluation

(Circle the appropriate response)

	STRONGLY DISAGREE				STRONGLY AGREE
1 Activities address objectives	1	2	3	4	5
2 Contact hours equivalent to actual work hours	1	2	3	4	5
3 Content relevant to professional practice	1	2	3	4	5
4 The activities contributed to my professional growth	1	2	3	4	5

Comments: _____

Note: A separate form must be submitted with each Review Activity.