

AMERICAN JOURNAL OF HEALTH STUDIES

REVIEW ACTIVITY

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

- ❶ Describe the goal, components, and activities of a school suicide prevention program.
- ❷ Describe ergonomic solutions for cumulative trauma disorders in the workplace.
- ❸ Describe nutrition information embedded in prime time television advertising.

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. High School Suicide Postvention: Recommendations For an Effective Program (p. 217)

1. List the three components of a comprehensive school suicide program.
2. Describe the goal of a school suicide prevention program.
3. List the four steps suggested for establishing a suicide prevention program.
4. List the 11 postvention steps suggested for implementation after a suicide.

II. America's Aging Workforce: Ergonomic Solutions for Reducing the Risk of CTDs (p. 199)

1. Describe factors that have contributed to the change in the current age composition of the labor force.
2. Describe cumulative trauma disorders.
3. List three objectives suggested for achieving control over cumulative trauma disorders in the workplace.

III. A COMPARATIVE ANALYSIS OF TELEVISION FOOD ADVERTISEMENTS AND CURRENT DIETARY RECOMMENDATIONS (p. 169)

1. Describe the sample used in this study.
2. Based on the conclusions from this study, describe the foods advertised during prime-time television programming.
3. Describe the authors' recommendations for future research related to food and television advertising.

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REVIEW ACTIVITY REGISTRATION FORM

Name _____ CHES # _____

Address _____

Daytime Telephone # _____

Email _____

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.