

*REVIEW ACTIVITY*

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

- ❶ Identify important findings from a study of health promotion programs in small businesses.
- ❷ Describe considerations related to the use of front-end and back-end segmentation.
- ❸ Describe considerations relative to the use of mediating variables as compared to the use of theoretical models in health 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 listing 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. **Use of the Delphi Method and Nominal Group Technique in Front-End Market Segmentation** (pg. 111)
  1. Describe the authors' definition of segmentation.
  2. List four benefits of market segmentation.
  3. Segmentation requires decisions on three issues. List these three issues.
  4. Describe both front-end and back-end segmentation.
  
- II. **Assessing Health Promotion Programming in Small Businesses** (pg. 120)
  1. List three reasons for the lack of health promotion programming in small businesses.
  2. List the eight sections of the appraisal used in this study.
  3. Describe the findings for each of the three research questions addressed in this study.
  
- III. **Taking a Step Back: Developing Interventions Within A Mediating-Variable Framework** (pg. 129)
  1. List the five bases for the mediating-variable framework.
  2. Describe one conclusion presented by the authors.

# AMERICAN JOURNAL OF HEALTH STUDIES

## REVIEW ACTIVITY REGISTRATION FORM

Name: \_\_\_\_\_ CHES # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Setting in which you practice (circle one)

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

Position Title \_\_\_\_\_ Years in Profession \_\_\_\_\_

## Review Activity Evaluation

(circle the most appropriate response)

	Strongly Disagree	1	2	3	4	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.