



A Content Analysis of the CNHEO Journals for Policy and Advocacy Articles: 1991–2000

Regina A. Galer-Unti, Susan M. Miller, and Marlene K. Tappe

ABSTRACT

Advocacy and public policy were determined to be one of the six key focal points for the profession at the Health Education in the 21st Century meeting held in 1995. A content analysis of journals of the member organizations of the Coalition of National Health Education Organizations was conducted to discover whether there was a difference in the number of advocacy and policy initiative-related articles published between the 5-year periods immediately preceding and following this meeting. The titles and abstracts for all research articles and commentaries appearing in the American Journal of Health Education, the American Journal of Public Health, Journal of School Health, Health Educator, Health Education & Behavior, Health Promotion Practice, and the Journal of American College Health were examined using a 10-item descriptor code designed to measure advocacy and policy terminology. Intercoder reliability was 94%. Inference proportions analysis revealed statistically significant differences in the number of articles containing advocacy and policy related keywords ($p < .05$) between the two time periods for only the American Journal of Health Education and the Journal of School Health. A variety of suggestions for increasing the number of advocacy and policy publications is recommended.

In June of 1995 a forum was held to consider the future of the health education profession and identify a vision and set of goals for the profession (National Commission for Health Education Credentialing [NCHEC] & Coalition of National Health Education Organizations [CNHEO], 1996). This forum included representatives from each of the national professional organizations which, at that time, comprised the CNHEO as well as representatives from NCHEC and Eta Sigma Gamma (NCHEC & CNHEO). Advocacy for the profession was one of six focal points for the profession identified by the participants in this forum (NCHEC & CNHEO).

This renewed interest in advocacy is not

at all surprising given that health education specialists have increasingly emphasized the importance of policy advocacy (or actions taken to advocate on behalf of a specific health policy or set of policies) in creating environments in which healthy behavior can occur (Howze & Redman, 1992; McKinlay, 1993; McLeRoy, Bibeau, Steckler, & Glanz, 1988; Minkler, 1999; Schwartz, Goodman, & Steckler, 1995). Health educators also continue to appeal to other health educators to become involved in advocacy initiatives (Birch, 1995; Goodhart, 1999; Howze & Redman, 1992; McKinlay, 1993; Minkler, 1999; Ogden, 1986; Schwartz et al., 1995; Tappe & Galer-Unti, 2001; Ward & Koontz, 1999). Embracing the role of

advocacy for professionals, however, creates unique challenges for informing practitioners about becoming advocates (Tappe & Galer-Unti, 2001) and disseminating information about policy and advocacy. Professional organizations have experienced a heightened awareness of the importance of advocacy (Auld & Dixon-Terry, 1999).

Regina A. Galer-Unti, PhD, CHES, is an assistant professor and Marlene K. Tappe, PhD, CHES, is an associate professor at Purdue University, 800 W. Stadium Ave., West Lafayette, IN 47907; E-mail: rgaler@purdue.edu. Susan M. Miller, MS, CHES, is with the Tennessee Department of Health, Nashville, TN.



Advocacy committees, advocacy initiatives launched or subscribed to by professional societies (e.g., American Association for Health Education's Focus on Advocacy), dedicated meetings (e.g., the annual CNHEO Health Education Advocacy Summit), advocacy theme tracks at conferences, and the development of the CNHEO advocacy website (www.healtheducationadvocate.org) are also indicative of the importance of, and growing interest in, advocacy by the profession of health education. Despite this interest in advocacy there is a limited body of research regarding the advocacy-related behaviors of health educators (Holtrop, Price, & Boardley, 2000) and future health educators (Cooper, 1986). There is, however, a growing body of literature in which authors describe the influence of advocacy initiatives on the decisions of policymakers related to health and health education including, but not limited to, lead poisoning (Freudenberg & Golub, 1987), tobacco control (Blaine et al., 1997; Rogers, Feighery, Tencati, Butler, & Weiner, 1995; Tencati, Kole, Feighery, Winkleby, & Altman, 2002), drunk driving (DeJong, 1996), supports for grandparent caregivers (Roe, Minkler, & Saunders, 1995), statewide health promotion initiatives (Howze & Redman), and the credentials of school health educators (Rohwer, 1991).

One of the major sources for serving and promoting a field is through the dissemination of knowledge and ideas in professional publications. Many health education professional organizations utilize journals as a vehicle for the dissemination of knowledge and ideas. Because advocacy was identified as a major focal point for the profession and has since been identified as an ethical responsibility of health educators (National Task Force on Ethics in Health Education, 2000) and because professional publications serve as an important tool reflecting the work performed by health educators and aid in the continuing education of professionals, a content analysis of these journals was conducted to ascertain whether advocacy and public policy are indeed being addressed in the refereed jour-

nals of the CNHEO member organizations. To date, there has been no other study examining journal entries and health policy and advocacy issues.

Content analysis is a well-established tool for discovering or following trends in the journals of a variety of disciplines (Bennett, Rowe, & Hill, 1991; Leach, Behrens, & Rowe, 1996; Ponterotto, 1986; Williams & Bubholtz, 1999) and has been used in journals in the field of health education (Johnson & Kittleson, 2000). Jackson and Lee (1999) performed a content analysis of epidemiology journals in an effort to determine the nature and extent of policy statements. Content analysis has also been used to discover whether media advocacy influences media content (Schooler & Sundar, 1996). Welle, Kittleson, and Ogletree (1995) also used a content analysis to describe the nature of messages posted during the first year of the health education electronic mail server (HEDIR).

The purposes of this study were to (1) examine journal articles describing advocacy and public policy issues published in journals of the member organizations of the CNHEO from 1990 through 2000 and (2) compare the extent of advocacy and policy-related articles published from 1991 to 1995 with those from 1996 through 2000.

METHOD

Selection of Journals

CNHEO member organization journals were selected for analysis for three reasons. First, CNHEO has established advocacy as a focal point of the profession, and an assumption can be made that this commitment to advocacy will be reflected in their journals. Second, these journals serve as resources to professionals for continuing education (as exemplified by available certified health specialist [CHES] credits for selected articles) and professional development. Third, journals provide scholarly, peer-reviewed articles, whereas organizational newsletters do not. The journals of the CNHEO member organizations are the *American Journal of Health Education* (American Association for Health Educa-

tion); *American Journal of Public Health* (American Public Health Association); *Journal of School Health* (American School Health Association); *Health Educator* (formerly *Eta Sigma Gamman*; Eta Sigma Gamma); *Health Education & Behavior* (formerly *Health Education Quarterly*); *Health Promotion Practice* (Society for Public Health Education); and the *Journal of American College Health* (American College Health Association).

The reason for analyzing the 1991 to 2000 timeframe is that the 1991 to 1995 journals provide baseline data for the comparison of articles published after the 1995 CNHEO forum at which advocacy and policy were identified as a focal point. Because 1 to 12 months are required for publication in the journals (Olgetree, Glover, & Hiu, 1997), 1996 was used as the initial point for the second time period. A 5-year time frame was selected because it is consistent with the time frame used by others to analyze publication trends in social science journals. For example, the *Journal of Multicultural Counseling and Development* has been analyzed every 5 years since 1986 (Bennett et al., 1991; Leach et al., 1996; Ponterotto, 1986).

Determination of Keywords

The techniques of content analysis delineated by Holsti (1969) were used in construction of the research design. Content analyses that are comparative in nature should employ a methodology in which keywords are extracted from a representative sample of the materials to be analyzed (Holsti). Therefore, a representative sample of CNHEO journals comprised of the entire issues of 1991 to 2001 *Journal of School Health*, 2001 *American Journal of Public Health*, and 2001 *Journal of Health Education* were used in the determination of keywords. The *Journal of School Health* was selected at random from the CNHEO journals for examination because it was determined to be fair and representative of the journals. The 2001 journals were not analyzed in the study itself but were used for keyword discovery and, in the case of the *American Journal of Health Education*



(known as the *Journal of Health Education* in 1991) and the *American Journal of Public Health*, were used to verify the keywords identified in the *Journal of School Health*. From this analysis a keyword list of advocacy terminology was generated. These keywords included *policy (policies); politics (political, politically); lobbyist(s); lobbying; legislator(s); legislate (legislative, legislation); policymaker(s) (policy making); advocacy; advocate(s); advocated; law(s); bill(s); and act(s)* and were grouped into a 10-item descriptor code (Table 1).

Discovery of Titles and Abstracts

Two methods were used for the discovery of titles and abstracts of the CNHEO journal articles. In the first approach the Ovid search engine was used to search the Educational Resource Information Center and Current Contents. This approach did not produce all journal listings, and therefore it was deemed appropriate to search the tables of contents for all journals for the appropriate time periods. After collecting all tables of contents information, a determination had to be made regarding how each entry would be catalogued.

Articles were coded by publication type: research; practice; commentary; teaching tips; briefs; and letters to the editors. Only articles (research, practice, commentary types) were chosen for analysis in this study. Practice and research articles provide valuable information to health education professionals, and a selection of them is available to CHESs for continuing education credit. Commentaries typically provide insight into a current event or topic. If a publication was identified as both an article and a commentary according to the table of contents, it was coded as a commentary.

Journal editors identify articles and commentaries in a variety of different ways. It was necessary to distinguish between articles and commentaries based on examination of the codification system of each journal. In the *American Journal of Health Education*, articles were identified as those listed under the Continuing Education heading; however, the Study Questions for Continuing Education were excluded.

Table 1. Frequency and Rank Order of Appearance of Keywords in Electronic Printouts of Journal Articles Published by Member Organizations of the Coalition of National Health Education Organizations During 1991 to 1995 and 1996 to 2000

Keyword	1991 to 1995		1996 to 2000	
	<i>n</i>	Rank	<i>n</i>	Rank
Policy (policies)	98	1	165	1
Law, bill, act	26	2	54	2
Politics (political, politically)	20	3	53	3
Legislate (legislation, legislative)	12	4	21	5
Policymaker(s) (policy making)	11	5	9	6
Advocacy	9	6	22	4
Advocate(s)	6	7	8	7
Advocated	5	8	5	8
Lobbying	0	9	2	9
Legislator(s)	0	9	2	9

Commentaries were those defined as such according to their titles. In the *American Journal of Public Health*, articles were identified as those listed under the headings Articles, Featuring, and Special Focus. Commentaries were identified as those under the heading Commentary or those defined as such according to their titles. In the *Journal of School Health*, articles were identified as those listed under the Articles and Research Papers headings. Commentaries were identified as those under the Commentaries heading. In the *Health Educator* (known as the *Eta Sigma Gamman* in 1991), articles were identified as those under the "In This Issue" heading.

All commentaries and articles were examined for inclusion of keywords in either the title or the abstract. When a title or abstract contained more than one of the keywords, it was coded according to the first keyword that appeared in the document. When keywords were found in both the title and the abstract, the coding was based on the title only. Due to the extreme difficulty in differentiation (given the variety of identification schema existing within the various journals), research and practice articles were combined under the heading of "articles." This aided in utilization of the tables of contents to identify the number of articles contained in each issue, thus provid-

ing a denominator for percentage calculation purposes.

Statistical Analyses

The statistical analyses included Holsti's (1969) method for determining intercoder reliability, descriptive statistics, and inference for proportions analysis (Shapiro & Markoff, 1997). Descriptive statistics were used to generate information about each journal. These statistics were used to describe the articles and commentaries containing keyword(s) in their titles or abstracts for each time period. An analysis of the journals' tables of contents provided the total number of articles and commentaries for each time period. An inference for proportions analysis (Shapiro & Markoff) was used to determine whether the number of articles and commentaries containing keywords during the time period 1991 to 1995 was different from the 1996 to 2000 time period. This was not performed on the data from *Health Promotion Practice*, because its first volume was published in 2000.

RESULTS

Intercoder Reliability

Holsti's (1969) method was used to determine intercoder reliability between two coders. Using this method, a 94% intercoder reliability was determined. The two coders



who reviewed these documents had previous experience with keyword searches in content analyses and were asked to scan all documents for the keywords.

CNHEO Journals Collectively

The frequency of the keywords is presented in Table 1. *Policy (policies)* was the most common keyword found in the titles and abstracts of any type of publications listed for both time periods, and *lobbying* and *legislator(s)* were the least often used. *Politics (political, politically)* and *advocacy* were more likely to appear in 1996 to 2000 publications' titles and abstracts than dur-

ing the 1991 to 1995 time period.

The percentages of commentaries and articles containing keywords are shown in Table 2. Statistically significant differences were found in the number of articles containing keyword(s) in their titles or abstracts in the *Journal of Health Education* and the *Journal of School Health* between the 1991 to 1995 time period and the 1996 to 2000 time period. No statistical analyses were performed on *Health Promotion Practice*, because its first volume was published in 2000.

The *American Journal of Health Educa-*

tion (Journal of Health Education) published a total of 259 articles and 0 commentaries during the 1991 to 1995 time period. Only 4.63% of the articles contained one of the keywords in their titles or abstracts. A total of 190 articles and 9 commentaries were published during the 1996 to 2000 time period. Of those, 11.05% of the articles contained one of the keywords in their titles or abstracts; however, none of the commentaries contained keywords in their titles or abstracts. A statistically significant difference was found ($z = 2.58, p < .05$) between the number of articles containing keywords

Table 2. Number of Research and Practice Articles and Commentaries (Total), Number of Research and Practice Articles and Commentaries Containing Keywords (Keywords), 1991 to 1995 and 1996 to 2000, and z Statistic for Analyzing Differences in Proportions Between Time Periods

Journal (Issues per Year)	Type of Article	1991–1995		1996–2000		z
		Total	Keyword	Total	Keyword	
<i>American Journal of Health Education</i> (<i>Journal of Health Education</i>)	Research & Practice	259	12	190	21	2.58*
	Commentary	0	0	9	0	—
<i>American Journal of Public Health</i>	Research & Practice	846	67	594	61	1.54
	Commentary	57	12	59	16	.76
<i>Journal of School Health</i>	Research & Practice	218	20	154	38	4.06*
	Commentary	33	1	23	1	.26
<i>The Health Educator</i> (<i>Eta Sigma Gamman</i>)	Research & Practice	38	2	35	0	-1.38
	Commentary	0	0	0	0	—
<i>Health Education & Behavior</i> (<i>Health Education Quarterly</i>)	Research & Practice	167	24	189	25	-.31
	Commentary	5	1	12	0	-1.60
<i>Health Promotion Practice</i>	Research & Practice	—	—	17	1	—
	Commentary	—	—	4	0	—
<i>Journal of American College Health</i>	Research & Practice	129	8	141	12	.72
	Commentary	1	0	0	0	—

Note: *Health Promotion Practice* was first published in 2000.

* $p < .05$.



during the 1991 to 1995 time period and the 1996 to 2000 time period.

The *American Journal of Public Health* published a total of 846 articles and 57 commentaries during the 1991 to 1995 time period. Only 7.91% of the articles contained one of the keywords in their titles or abstracts. However, 21.05% of the commentaries contained one of the keywords in their titles or abstracts. A total of 594 articles and 59 commentaries were published during 1996 to 2000. Of those, 10.27% of the articles contained one of the keywords in their titles or abstracts, and 27.12% of the commentaries contained a keyword in their titles or abstracts. A statistically significant difference was not found between the number of articles containing keywords during the 1991 to 1995 time period and the 1996 to 2000 time period. A statistically significant difference was not found between the number of commentaries containing keywords during the 1991 to 1995 time period and 1996 to 2000 time period.

The *Journal of School Health* published a total of 218 articles and 33 commentaries during the 1991 to 1995 time period. Of those, 9.17% of the articles contained one of the keywords in their titles or abstracts. Only 3.03% of the commentaries contained one of the keywords in their titles or the abstracts. A total of 154 articles and 23 commentaries were published during the 1996 to 2000 time period. At least one keyword was found in the titles or abstracts of 24.68% of the articles and 4.35% of the commentaries. A statistically significant difference was found ($z=4.06$, $p<.05$) between the number of articles containing keywords during the 1991 to 1995 time period and the 1996 to 2000 time period. A statistically significant difference was not found between the number of commentaries containing keywords in their titles or abstracts during the 1991 to 1995 time period and the 1996 to 2000 time period.

The *Health Educator (Eta Sigma Gamman)* published a total of 38 articles and 0 commentaries during the 1991 to 1995 time period. At least one keyword was found in the titles or abstracts of 5.26% of

the articles. A total of 35 articles and 0 commentaries were published during the 1996 to 2000 time period. None of the articles contained one of the keywords in their titles or abstracts. A statistically significant difference was not found between the numbers of articles containing one of the keywords during the 1991 to 1995 time period and the 1996 to 2000 time period. It should be noted that the *Health Education Monograph Series* constitutes a variation on a special call for manuscripts and, therefore, were not included with regular journal submissions.

Health Education and Behavior (Health Education Quarterly) published a total of 167 articles and 5 commentaries during the 1991 to 1995 time period. Of those, 14.37% of the articles contained one of the keywords in their titles or abstracts, and 20% of the commentaries contained one of the keywords in their titles or abstracts. A total of 189 articles and 12 commentaries were published during the 1996 to 2000 time period. Only 13.23% of the articles contained one of the keywords in their titles or abstracts. None of the commentaries contained a keyword in their titles or abstracts. A statistically significant difference was not found between the number of articles containing one of the keywords in their titles or abstracts. A statistically significant difference was not found between the number of commentaries containing one of the keywords in their titles or abstracts.

Health Promotion Practice published a total of 17 articles and 4 commentaries in 2000. Only 5.88% of the articles contained one of the keywords in their titles or abstracts. None of the commentaries contained one of the keywords. No statistical analyses were performed on this journal, because only 2000 issues were analyzed.

The *Journal of American College Health* published a total of 129 articles and 1 commentary during the 1991 to 1995 time period. Of those, 6.20% of the articles contained one of the keywords in their titles or abstracts. None of the commentaries contained one of the keywords in their titles or abstracts. A total of 141 articles and 0 com-

mentaries were published during the 1996 to 2000 time period. At least one keyword was found in the titles or abstracts of 8.51% of the articles. A statically significant difference was not found between the number of articles containing one of the keywords in their titles or abstracts.

DISCUSSION

Advocacy and policy, overall, have not been a focal point of published studies in the CNHEO journals since the first Health Education in the 21st Century meeting. Only the *Journal of Health Education* and the *Journal of School Health* showed a significant difference in the number of articles containing one of the keyword(s) in their titles or abstract between the 1991 to 1995 time period and the 1996 to 2000 time period. Some professional organizations and their journals have been constant supporters of policy and advocacy issues. For instance, the *American Journal of Public Health* has over 27% of their commentaries containing one or more keyword(s) in their titles and abstracts. No significant difference was found, because this journal already addressed issues of policy and advocacy in commentaries prior to the 1991 to 1995 time period. It should also be noted that the *American Journal of Public Health* is out of the editorial control of health educators, so there was no expectation for a change after the 1995 forum of the CNHEO organizations.

The Society for Public Health Education's *Health Education and Behavior (Health Education Quarterly)*, where over 10% of the articles contained one or more keyword(s) in their titles or abstracts for both time periods, may have also been committed to the publication of advocacy and policy articles prior to 1995. Although too fledgling an effort to be fully analyzed in this study, it should be noted that *Health Promotion Practice* (volume 1 was printed in 2000) contains multiple articles on advocacy and policy issues. This is due in part to the section titled Politics and Policy. This infusion of advocacy and policy reflects a strong commitment to advocacy and policy issues



and the dissemination of knowledge about these issues.

This study was designed to examine the peer-reviewed material being published within the profession with regard to policy and advocacy. It should be noted that these issues may be addressed by an organization, but in other ways. For instance, newsletters and special issues might be bringing policy/advocacy information to its members. In 1999 the Health Education Monograph Series devoted an entire issue to the importance of advocacy for the profession. This issue was not included in this analysis because it did not meet the criteria of selection for this study. Many of the societies and organizations have developed advocacy manuals (e.g., the American School Health Association).

This research indicates that there is a lack of articles that specifically address advocacy or policy in some of the professional journals of health education. That is not to imply that advocacy and policy are not mentioned within other articles. It is important to point out that information about policy considerations and advocacy work must appear in the abstract or title for the information to appear in databases. Future research endeavors should use qualitative research software to identify policy and advocacy themes existing within the text of an entire article or commentary. Performing such analyses may reveal further keywords, as well as articles that are policy/advocacy in nature, but were not identified as a result of searching titles and abstracts. A similar study to this one should be performed in which articles from recently joined CNHEO organizations (American Academy of Health Behavior's *American Journal of Health Behavior*) and non-CNHEO journals (*Health Education Research*) are analyzed. A survey of editors may identify the reasons for the lack of policy and advocacy publications. Results of these studies may offer elucidation as to the reasons for the dearth of policy and advocacy publications in the journals of the CNHEO organizations.

This study also revealed implications for

future content analyses and research involving Ovid electronic searches. Although electronic searches of journal issues from recent years produced accurate and complete titles and abstracts for most journals, this was not found to be the case for all of the journals, including the *American Journal of Health Education*. For future research in content analysis of health education journals it will continue to be necessary to check the results of the electronic searches against the tables of contents. Content analyses of only information produced by electronic databases may produce misleading results.

It should be noted, however, that this study is subject of a number of limitations. First, the keywords may have been incorrect and, therefore, may have created bias in the selection process. Second, articles or commentaries may have been incorrectly excluded from analysis because they were omitted during the categorization process. Third, some publications may have been incorrectly identified articles or commentaries. Such an error would change the number of articles and commentaries reviewed, thus changing the percentages of articles found to contain keywords.

CONCLUSION

The majority of the CNHEO's journals did not show a statistically significant difference between the number of keywords identified in titles and abstracts of articles and commentaries published during the 1991 to 1995 time period and the 1996 to 2000 time period. The only statistically significant differences were found in the number of keywords in the titles and abstracts of the *American Journal of Health Education* and the *Journal of School Health* articles. It appears that although advocacy for the profession was one of six focal points identified by the participants at the 1995 forum (NCHC & CNHEO, 1996) and that the graduate health educator is to use evaluation findings in policy analysis and advocate for health policy development (NCHC, American Association for Health Education, and Society for Public Health Education, 1999), this has not been reflected

in the journals of the CNHEO. This research indicates that there is a lack of articles that specifically address advocacy or policy in the professional journals of health education.

Authors should be encouraged to undertake research in and write commentaries about advocacy and policy to increase the number of policy and advocacy submissions. These articles could contain information regarding policy decisions that have affected public laws, insurance decisions, and professional employment. The authors recognize that policy research is not the typical model of research undertaken by health educators. Yet, as we rely more on an environmental approach to health behavior, health education researchers should be encouraged to undertake health policy and advocacy research. Journal editors and editorial boards should embrace the importance of this area by selecting theme topic issues and making a dedicated call for abstracts, designating section headings, and in encouraging manuscript submissions. An emphasis on advocacy and policy-related articles in the literature is an important consideration in the forward momentum of this initiative. If the profession is to fully embrace what was espoused at the 1995 meeting of the professional organizations (NCHC & CNHEO, 1996), then we must bring articles of interest to the readership of the profession. Encouragement should be provided for authors and more articles regarding policy and advocacy should be offered for CHES credits. Authors should be encouraged to use policy and advocacy, where appropriate, in their keyword selection for cataloguing purposes. This distribution of policy and advocacy outcomes and suggestions will result in a more educated readership. In this way, practicing and future professionals will increase their knowledge of and recognize the importance of policy and advocacy for the profession of health education.

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