

The Relationship Between Intuitive Eating and Health Indicators Among College Women

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Epidemic levels of obesity represent a growing public health problem associated with a variety of negative health outcomes. Population level interventions that aim to moderate obesogenic environments have been proposed but remain largely unimplemented. Standard individual level interventions that focus on dietary restraint have been ineffective and in some cases harmful. Intuitive eating, an anti-dieting strategy that relies on recognizing and responding to internal hunger and satiation cues, has been proposed as an alternative approach to healthy weight management at the individual level—but it remains largely untested. This study evaluated the relationship between intuitive eating and various health indicators among female college students. As measured by the Intuitive Eating Scale (IES), it was found that intuitive eating was significantly correlated with lower body mass index ($r = -.576$), lower triglyceride levels ($r = -.408$), higher levels of high density lipoproteins (.437), and improved cardiovascular risk ($r = .425$). Findings provide tentative support for intuitive eating as a positive approach to healthy weight management at the individual level. Implications and future research needs are discussed.

Certified Health Education Specialists' Participation in Professional Associations: Implications for Marketing and Membership

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A number of health education professional associations exist to advance the profession through research, practice, and professional development. Benefits of individual membership may include continuing education, networking, leadership, professional recognition, advocacy, professional mobility, access to research findings, advances in the profession, service opportunities, and the ability to help shape the future direction of the profession. The purpose of this study was to analyze membership and involvement in professional associations and identify implications for marketing and sustained membership. The study sample was randomly selected from the National Commission for Health Education Credentialing, Inc. database. The sampling frame was certified health education specialists living in the United States. Statistical analysis was delimited to respondents who were currently employed. Data were collected using an 88-item self-administered questionnaire. No dominant professional association exists at the national level as evidenced by the finding that together, APHA, SOPHE, and AAHE capture 55% of the national market. The most common reasons for membership in professional associations include: maintaining CHES certification, advancing the profession, and networking. Based on survey findings, health educators must recommit themselves to increased involvement in associations, and professional associations must take a proactive marketing position to strengthen current and future membership.

Overview of the National Health Educator Competencies Update Project, 1998-2004

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The National Health Educator Competencies Update Project (CUP), conducted during 1998-2004, addressed what health educators currently do in practice, the degree to which the role definition of the entry-level health educator is still up-to-date, and the validation of advanced-level competencies. A 19-page questionnaire was sent to a representative sample of health educators in recognized practice settings in all states and the District of Columbia. A total of 4,030 health educators participated in the research (70.6% adjusted response rate) resulting in the largest national data set of its kind, with 1.6 million data points. The model derived from the research was hierarchical (7 areas of responsibility, 35 competencies, and 163 subcompetencies), with three levels of practice (Entry, Advanced 1, and Advanced 2) differentiated by degrees earned and years of experience. The findings affect professional preparation, credentialing, and professional development.