ADVOCACY PLAN

Name _____

| Names of Group Members (if working in a small group): | | |
|---|--|---|
| Questions | Your answers, ideas, etc. | |
| On what health problem do you want to focus your advocacy plan? | | |
| What are the <u>causes</u> of this health problem? | | |
| What are the changes or outcomes you want to see? | | |
| What other people and/or organizations could help out? | | |
| What are the best ways to present your ideas to other people? (Check at least 3, including letter writing.) | letter writing/email meet with person(s) petition hand bills/literature press/media release newspaper editorial | announcements phone calls posters lobbying parent involvement |
| Outline your action plan: supplies needed task assignments timeline other | | |