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# Advocacy 101: Getting Started in Health Education Advocacy

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*Advocacy for the public's health and for the profession are widely recognized as responsibilities of health educators. Increasing emphasis on advocacy by professional organizations has peaked the interest of health educators, yet knowing where to begin as an advocate is, to many, a mystifying process. This article provides basic advocacy terminology, dispels concerns about participating in advocacy activities, and provides a practical and stepped approach to becoming an effective advocate. A tiered approach is used in relation to the advocacy strategies of voting behavior, electioneering, direct lobbying, grassroots lobbying, Internet use, and media advocacy to help individuals in their quest to begin or enhance their engagement in advocacy. A compendium of highly accessible resources is also provided. Finally, this article provides motivation for the beginning advocate.*

**Keywords:** advocacy; policy; lobbying; health; education

Given the widespread recognition of the importance of advocacy initiatives, and the roles and responsibilities of health educators and health professional organizations for advocacy activities, health educators need professional preparation and development experiences that will enable them to develop their knowledge and skills related to advocacy (Allegrante, Moon, Auld, & Gebbie, 1999; Auld & Dixon-Terry, 1999; Goodhart, 1999; Tappe & Galer-Unti, 2001; Temple, 1999). However, many health educators are stymied as to what advocacy is and how to advocate for health and health education. The purpose of this article is threefold: (a) to provide basic advocacy terminology, (b) to dispel concerns about participating in advocacy activities for your organization, and (c) to provide a practical and stepped approach to aid begin-

ning advocates in entering and effectively engaging in the advocacy arena.

## ► ADVOCACY TERMINOLOGY

The following terms are basic to understanding advocacy: *Health advocacy* is defined as "the processes by which the actions of individuals or groups attempt to bring about social and/or organizational change on behalf of a particular health goal, program, interest, or population" (2000 Joint Committee on Health Education and Promotion Terminology, 2002, p. 3). *Lobbying*, according to federal law, is any attempt to influence specific legislation (Vernick, 1999). *Grassroots lobbying* is any attempt to influence the public or segment of the public to take action on specific legislation (Vernick, 1999). *Grassroots activity* is considered lobbying by the federal government when the public is asked to contact their representative to create, support, or oppose legislation (Vernick, 1999). *Electioneering*, according to federal law, is any attempt to influence an election (Vernick, 1999).

## ► CONCERNS ABOUT PARTICIPATING IN ADVOCACY ACTIVITIES

In general, health educators have many misgivings related to engaging in advocacy activities. Holtrop, Price, and Boardley (2000) found that the most common perceived barriers to public policy involvement reported by health educators include "lack of time," "other priorities," "frustration with the process," "lack of money/other resources," "policy makers' attitudes/values," "lack of access to key individuals," "can't be involved due to employment," "confronting others with opposing viewpoints/large funds/influence," "lack

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support,” “takes too long to see a difference,” and “probably won’t make a difference” (p. 136). We have also collected and categorized health educators’ trepidations about engagement in health advocacy work. It is important to explore and demystify these perceived barriers and concerns so that future and current health educators alike can begin, or expand on, their participation in advocacy activities.

### ***I’m Not Much of an Activist***

Many health educators are reluctant to become involved in advocacy initiatives (Wooley, Ballin, & Reynolds, 1999). As Goodhart (1999) noted, you “cannot advocate by proxy” (p. 26). In addition, you cannot assume that other health educators are taking on advocacy initiatives (Wooley et al., 1999). If you do not do it, people who support other positions will.

### ***I Don’t Have Time***

We all struggle to find time to do all of the things we need, want, or should do. Advocacy for health and health education is no longer an activity that we can put off for when we “have time.” Today, advocacy is considered a professional and ethical responsibility of health educators (Tappe & Galer-Unti, 2001). It is vitally important to reallocate time to engage in advocacy activities. Some advocacy activities, such as sending a brief e-mail message from a personal e-mail account to an elected official, may require fewer than 5 minutes. Other advocacy activities, such as forming a coalition to promote coordinated school health programs in your area, may involve an extensive amount of time.

### ***It Is Difficult to Sell Prevention***

Although the value of prevention seems obvious to health educators, translating scientific evidence into effective public health policy is not an easy task. Advocacy efforts to formulate effective public health policy require this knowledge base, the development of political will, and a social strategy to accomplish health promotion and disease prevention goals (Atwood, Colditz, & Kawachi, 1997; Richmond & Kotelchuck, 1983, 1991). Work with others to identify and build support for specific advocacy goals as well as develop specific strategies for advocacy initiatives. Then, evaluate your successes to “sell your message” of advocacy to your employers and others.

### ***I Don’t Know Enough About It***

Some health educators believe they do not have the knowledge or skills to engage in advocacy. If you are one of those people, you are not alone. Goodhart (1999), now an advocate for health education advocacy, candidly admitted that “advocacy was something important that other people did, people more skilled than I”

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(p. 26). Cooper (1986) found that many students did not believe they had the knowledge and skills to engage in advocacy activities. In public health and health education, there is tremendous emphasis placed on individual and community empowerment to effect social change (Minkler, 1999). Start by advocating for something that you know something about to give you confidence. Information about Web sites and places to look for additional information regarding health education issues and advocating for health and health education are presented in Table 1.

### ***It Won’t Make a Difference***

Some health educators do not believe advocacy activities will make a difference in changing the decisions of policy makers. There is substantial evidence that advocacy initiatives have influenced the decisions of policy makers related to health and health education including lead poisoning (Freudenberg & Golub, 1987), tobacco control (Tencati, Kole, Feighery, Winkleby, & Altman, 2002), support for grandparent caregivers (Roe, Minkler, & Saunders, 1995), and statewide health promotion initiatives (Howze & Redman, 1992). Your advocacy efforts are important, and taking action can make a difference.

### ***Fear of Employment-Related Repercussions***

An individual, acting as a private citizen, may engage in health advocacy, including lobbying, grassroots lobbying, and/or electioneering. It is your right as a citizen to vote and advocate based on your own political paradigms, however, some employers may be displeased if you publicly advocate for a position antithetical to the interests of the agency, organization, or business. Government employees, for instance, are prohibited from engaging in advocacy activities during work time and in using government equipment and materials including all government-owned communication (e.g., telephone lines) channels (Wooley et al., 1999). Nonprofit organizations, and individuals representing nonprofit organizations, must be aware of the definitions of, and rules related to, direct lobbying, grassroots lobbying, and

**TABLE 1**  
**Web Sites and Resources for Additional Information About Health Education Issues**

<i>Web Site Address</i>	<i>Organization</i>	<i>Description</i>
www.healtheducationadvocate.org	Coalition of National Health Education Organizations, Inc.	This site is exclusively dedicated to education and encouragement of health education advocacy efforts
www.movingideas.org	Electronic Policy Network	Provides information and links related to domestic and foreign policy
www.researchamerica.org	Research!America	Provides links for advocating for health research
www.midwestacademy.com	Midwest Academy	Provides online training and information for activism
www.statelocalgov.net/index.cfm	State and local government on the Internet	Provides links to state and local government sites as well as to national organizations
www.apha.org/legislative	American Public Health Association	Provides documents and links related to legislative issues and advocacy
http://thomas.loc.gov	U.S. government	Provides links to information about legislative activities, legislation, the Congressional Record, and U.S. House and Senate committees and reports

electioneering because federal law places restrictions on lobbying initiatives and bans electioneering activities by nonprofit organizations (Vernick, 1999).<sup>1</sup>

To minimize the risk of losing one's job, health educators should be certain that it is clear to all that their advocating is being done for their own personal opinions. It is foolhardy and unethical to use one's official title when advocating for a personal viewpoint. Be mindful of the fact that you are speaking as a citizen and not as an employee of an agency, organization, or business. Use your personal letterhead and use a personal e-mail account (and home computer) when engaging in advocacy efforts. Use a calling card or your home telephone and your home facsimile machine. Keep your employer and your union representative informed about your activities.

There is also a line between your advocacy efforts as an individual and those as a member of a professional association. An individual who communicates personal views as those of a professional association may jeopardize the nonprofit status of the organization and his or her standing within the organization. The preceding guidelines should also apply to your advocacy efforts as a member or officer of a professional association. Only mention your position in the association or use the association's letterhead or logo when you are acting in an authorized role as a representative of the association. Keep the executive director and/or the advocacy committee chair of the association informed about your advocacy activities and supply him or her with copies of your advocacy-related materials. Obtaining organizational support for a policy initiative can be a critical cog

in a successful advocacy campaign. Use information about the policy, your knowledge of the organization, and your passion for the initiative to garner the support of the organization.

### ***I Don't Know Where to Begin or What to Do Next***

The following section provides a practical guide and a stepped approach to getting involved in advocacy work for the first-time advocate as well as for individuals who want to increase their activities in advocacy arenas.

## **► PRACTICAL STRATEGIES FOR ADVOCACY**

Strategies for advocacy in terms of voting behavior, electioneering, direct lobbying, grassroots lobbying, Internet use, and media advocacy (newspaper writing and acting as a resource person) are found in Table 2. This tiered approach to these seven advocacy strategy areas employs a favorite childhood rhyme of one of the authors: "Good, better, best. Never let it rest. 'Til your good is better, and your better is its best." It is important to note that all these strategies are valuable approaches to engaging in advocacy for health and health education. The stepped approach presented here is meant to serve as a guide to initiating or assessing one's advocacy activities and a challenge to all health educators to engage in a variety of activities designed to advocate for health and health education.

**TABLE 2**  
**Advocacy Strategies: Good, Better, Best**

<i>Strategy</i>	<i>Good</i>	<i>Better</i>	<i>Best</i>
Voting behavior	Register and vote	Encourage others to register and vote	Register others to vote
Electioneering	Contribute to the campaign of a candidate friendly to public health and health education	Campaign for a candidate friendly to public health and health education	Run for office or seek a political appointment
Direct lobbying	Contact a policy maker	Meet with your policy makers	Develop ongoing relationships with your policy makers and their staff
Integrate grassroots lobbying into direct lobbying activities	Start a petition drive to advocate a specific policy in your local community	Get on the agenda for a meeting of a policy-making body and provide testimony	Organize a community coalition to enact changes that influence health
Use the Internet	Use the Internet to access information related to health issues	Build a Web page that calls attention to a specific health issue, policy, or legislative proposal	Teach others to use the Internet for advocacy activities
Media advocacy: Newspaper letters to the editor and op-ed articles	Write a letter to the editor	Write an op-ed piece	Teach others to write letters and op-ed pieces for media advocacy
Media advocacy: Acting as a resource person	Respond to requests by members of the media for health-related information	Issue a news release	Develop and maintain ongoing relationships with the media personnel

### **Strategy One: Voting Behavior**

Voting-related behavior is a fundamental element of advocacy initiatives because voters determine who will serve as elected officials and formulate policy at every level of government.

*Good: Register and vote.* An easy place to start engaging in advocacy activities is to register to vote and, then, make sure to vote. Although we are unaware of any studies regarding the voting behavior of health educators per se, Cooper (1986) found that 81.6% of the health education majors at a university in California were registered to vote, and the majority of these students planned to vote in the next general election in that state.

*Better: Encourage others to register to vote and vote.* In the presidential election of 2000, 86% of the registered voters cast a ballot, yet only 69.5% of eligible voters were registered to vote (U.S. Census Bureau, 2002). This translates to approximately 60% of the eligible citizens casting their votes for president of the United States. Another advocacy-related strategy, then, is to encourage others to register to vote and encourage them to vote (Christoffel, 2000).

*Best: Register others to vote.* Because registration is the key to voting, the best approach is to become a deputy registrar (if used in your community) and register others to vote.<sup>2</sup> Although motor voter legislation is designed to increase the number of people who are registered to vote, there still is a need for individuals to aid others in becoming registered voters. Check with the county or parish clerk in your community and become a deputy registrar. Then, give up part of a day off to sit at a local mall and register voters.

### **Strategy Two: Electioneering—Support or Become a Candidate**

Although government and nonprofit organization employees may not engage in electioneering, health educators acting as private citizens can support others and run for political office.

*Good: Contribute to the campaign fund of a candidate who is a friend to public health and health education.* Identify a candidate who is friendly to public health and health education. Make a small donation to the campaign fund to increase the likelihood of the candidate's success.

*Better: Campaign for a candidate friendly to public health and health education.* Take a more active role in helping your candidate win his or her election. Put one of the candidate's yard signs in front of your house or go door-to-door to get the message out about the candidate.

*Best: Run for office or seek a political appointment.* It has been proposed that health educators should be encouraged and supported to become elected officials or seek appointments to policy-making positions (Auld & Dixon-Terry, 1999; National Commission for Health Education Credentialing, Inc. [NCHEC], and Coalition of National Health Organizations, USA [CNHEO], 1996). Think about the possibilities for health and health education if health educators served on city councils, school boards, boards of health, state legislatures, the U.S. Congress, and in other local, state, and national offices. Begin your ascent to leadership by observing board meetings, volunteering to serve on task forces, providing written and verbal commentary for proposed policy changes, and in short, learning how these governing bodies function. When the time comes, this preparation will make your appointment or election far more likely.

### **Strategy Three: Direct Lobbying**

Health educators are frequently implored to contact policy makers (Atwood et al., 1997; Christoffel, 2000; Goodhart, 1999; Johnson, 2001; Ward & Koontz, 1999).

*Good: Contact a policy maker.* A good place to begin one's involvement in direct lobbying is to simply contact a policy maker about a specific piece of legislation. You have probably been encouraged or tempted to write a letter or send e-mail or a facsimile to a policy maker. The American Public Health Association (APHA, n.d.a) has prepared a list of steps to take for writing your policy makers called *Tips on Writing Your Policymakers*, and this information appears on their Web site (see Table 2). In addition, APHA (2000a, n.d.b) provides specific directions for addressing a letter to your U.S. senator or representative.

Currently, electronic transmissions (e-mail and facsimiles) are preferred methods of communication with policy makers in Washington, D.C. You can send a letter to an office in the home district or state. In addition, a phone call is likely to get more attention, particularly if your letter, facsimile, or e-mail has been crafted from a form letter (Wooley et al., 1999). APHA (2000a) also provides tips for calling policy makers.

*Better: Meet with your policy makers.* A better strategy is to meet with your policy makers and their staff. A variety of authors provide suggestions for successful meetings with policy makers and their staff (APHA, 2000a, n.d.b; Crocco, 1999; Goodhart, 1999; Ward & Koontz, 1999). Information regarding conducting such meetings

can be accessed at the CNHEO Advocacy Web site (see Table 1). Meetings with legislators and/or their aides should be well planned and concise. Fact sheets about the policy should be prepared in advance and left with the legislators or aides at the conclusion of the meeting. Prepare for the meeting by developing talking points and use these to keep "on task." The CNHEO advocacy site gives good fact sheet examples. Attendance at the national Health Education Advocacy Summit, a chapter meeting on advocacy, or a workshop at a national meeting will do a great deal to help you develop your skills and increase your confidence.

*Best: Develop ongoing relationships with your policy makers and their staff.* When you have had the opportunity to develop your advocacy skills by contacting and meeting with your local, state, and national policy makers and their staff, be certain to maintain an ongoing relationship with them (see Auld & Dixon-Terry, 1999; Ward & Koontz, 1999). Make an appointment to see your representatives every time you visit Washington, D.C., or your state capital, or visit with them in their home offices. Invite lawmakers to coalition meetings and health education programs. Look on this as a chance to educate policy makers about the importance of health education and remind them that you are one of their constituents.

### **Strategy Four: Integrate Grassroots Lobbying Into Direct Lobbying Activities**

The fourth strategy is to integrate grassroots lobbying activities with your direct lobbying efforts. Encourage and enable others to also embrace advocacy activities by providing them with technical assistance (e.g., advice related to advocacy strategies) and resources (e.g., a meeting place) for engaging in advocacy activities (Johnson, 2001).

*Good: Start a petition drive to advocate a specific policy in your local community.* Petitions are common tools for advocacy (Atwood et al., 1997) and provide a mechanism for bringing a health issue to the attention of the members of a community and policy makers. For example, you could start a petition drive to ban smoking in restaurants and other public places. It would be better, however, to encourage people to do more than sign a petition. Encourage individuals to telephone or send their policy makers a letter, e-mail, or facsimile. Provide health education programs about specific health issues (Christoffel, 2000), develop and distribute pamphlets about health issues, and sponsor community events that highlight health issues and feature health education programs (Governali, 1983), organize and conduct community forums about specific health issues (Johnson, 2001), and coordinate informational pickets and boycotts (Wallack, Dorfman, Jernigan, & Themba, 1993).

*Better: Get on the agenda for a meeting of a policy-making body and provide testimony.* Work with other stakeholders to get on the agenda for a meeting of a policy-making body (city council, school board, county commissioner meetings), submit a petition and other evidence related to an issue, and share your expertise or personal experiences related to the issue. The old “saws” of health education—needs assessment and coalition building—should be embraced when engaging in advocacy efforts.

All good advocacy campaigns, similar to all good health education programs, should contain an evaluative component. Your personal or organizational advocacy work should begin with an overall plan, and it is from this plan that you will base your evaluation metrics. For instance, some advocacy efforts strategize for very specific outcomes such as single-time changes in voting behavior (e.g., passage of a public law) or long-term changes in voting patterns (e.g., an educated school board that consistently votes in favor of coordinated school health program initiatives). Other advocacy campaigns seek to increase the number of the organization’s volunteers who engage in measurable advocacy initiatives (e.g., an advocacy campaign that is designed to increase the number of phone calls that volunteers make to policy makers). Whatever the reason for the advocacy work, it is wise to have a plan and to systematically measure and evaluate the results of the advocacy efforts, for this information will prove invaluable in future advocacy initiatives.

*Best: Organize a community coalition to enact changes that influence health.* Joining or aiding the formation of a community coalition around health-related issues is an important strategy for health advocacy (Atwood et al., 1997). Participate in the formation of a coalition to address health-related issues. Through a community coalition members can work together to identify health problems and set an agenda for advocacy activities that place pressure on policy makers to address the coalition’s concerns. For more information regarding the types of coalitions and factors that contribute to their success see Butterfoss, Goodman, and Wandersman (1993).

#### **Strategy Five: Using the Internet to Access and Disseminate Advocacy-Related Information**

The Internet is a valuable tool for health advocates. In addition to using electronic mail to send messages to policy makers, the Internet can be used to access and disseminate advocacy-related information (Temple, 1999).

*Good: Use the Internet to access information related to health issues.* Use the Internet to subscribe to mailing lists and access Web sites to retrieve information about health issues (Temple, 1999). The Internet is rich with information about advocacy that you can retrieve to

support your advocacy activities (see Table 1). One can also use the Internet to monitor the information disseminated through the mailing lists and Web sites of individuals and groups who have advocacy agendas that may be diametrically opposed to yours (Temple, 1999).

*Better: Build a Web page that calls attention to a specific health issue, policy, or legislative proposal.* It is projected that by 2005 there will be more than one billion worldwide Internet users (Computer Industry Almanac Inc., n.d.). Develop a Web page to provide information and encourage others to support a specific health issue, policy, or legislative proposal (Temple, 1999). Include links to other sites that provide information related to health issues and health advocacy (see Table 1). You can also use this Web site as well as mailing lists as a mechanism to provide legislative alerts to other health advocates (Goodhart, 1999; Temple, 1999). The CNHEO Health Advocacy Committee’s Web site is an example of such a Web site (see Table 1).

*Best: Teach others to use the Internet for advocacy activities.* The best approach is to provide professional preparation and development experiences to enable preservice and in-service health educators to use the Internet to engage in advocacy-related activities (Temple, 1999). Internet advocacy activities should be taught to students in schools, participants in community health education programs, members of community coalitions, or fellow stakeholders involved in advocacy initiatives.

#### **Strategy Six: Media Advocacy—Newspaper Letters to the Editor and Op-Ed Articles**

The media can be a powerful ally in advocacy initiatives for health and health education (Wallack & Dorfman, 1996).

*Good: Write a letter to the editor.* Writing a letter to the editor is an effective way to communicate information and ideas related to health issues (Wooley et al., 1999). These letters are read not only by other members of the community but also by policy makers and their staff members. A letter to the editor can be used to endorse or criticize articles, editorials, or op-ed pieces published by the newspaper as well as to express your support for, or opposition to, a candidate for political office. See materials developed by APHA (2000b) for basic tips for writing a letter to the editor. In addition, be sure to send copies of the letters to the editor that you have had published to your elected officials (Goodhart, 1999).

*Better: Write an op-ed (opinion-editorial) piece.* Write an op-ed for your local newspaper about a specific issue or piece of legislation in your area of expertise (Weiner, 1999). See materials developed by APHA (2000b) and Wallack et al. (1993) for guidelines for writing an op-ed piece.

*Best: Teach others to write letters and op-ed pieces for media advocacy.* When you have had some success in publishing letters to the editor or op-ed pieces, the next logical step is to teach others how to engage in media advocacy (Tappe & Galer-Unti, 2001). If you are a schoolteacher or college professor, this is a ready-made classroom exercise to help students develop their advocacy skills (see Tappe & Galer-Unti, 2001). If you are out in the community, this is also a wonderful opportunity to train others in advocacy work. Help others write their own letters by providing them with sample letters and a fact sheet of talking points on the issue at hand.

### **Strategy Seven: Media Advocacy— Acting as a Resource Person**

The sixth responsibility of an entry-level health educator is to act as a resource person (NCHEC, 1986). Weiner (1999) noted that “the goal of a media advocate is to become a trusted resource to journalists” (p. 41). A variety of authors call for health advocates to serve as resources for members of the media (APHA, 2000a; Wallack et al., 1993; Weiner, 1999).

*Good: Respond to requests by members of the media for information related to health issues.* One way to act as resource person is to provide, or arrange for, interviews to newspaper, television, and radio reporters (Wallack et al., 1993; Weiner, 1999; Wooley et al., 1999). Interviews with members of the media are always an opportunity to provide information and generate support for health-related issues among the public as well as educate the journalist (Wallack et al., 1999). See Wallack et al. (1993) for guidelines for responding to requests from the media for information and Wallack et al. and APHA (2000b) for things to consider when providing an interview to members of the media.

*Better: Issue a news release.* It is one thing to respond to requests for interviews, however, you can be proactive with members of the media and create news by providing them with information related to health issues (Wallack & Dorfman, 1996; Wallack et al., 1993). One way to create news related to a health-related issue is to prepare a news release (Wallack et al., 1993). Elements that make health-related stories newsworthy include controversial topics, historical milestones, anniversaries, seasonal events, ironic situations, celebrity involvement, breakthrough events, injustice, local perspectives, and authentic (personal) voices (see Wallack et al., 1993). See guidelines developed by APHA (2000a, 2000b) and Wallack et al. (1993) for preparing news releases.

Other media advocacy strategies include media monitoring (Wallack & Dorfman, 1996), media kits that include news releases and fact sheets (Wallack et al., 1993), paid advertisements (Wallack & Dorfman, 1996; Wallack et al., 1993), informational pickets (Wallack

et al., 1993), product or service boycotts (Wallack et al., 1993), professional and public education (Wallack & Dorfman, 1996), public shaming (Wallack et al., 1993), and media advocacy training (Wallack & Dorfman, 1996).

*Best: Develop and maintain ongoing relationships with members of the media.* The best approach is to cultivate and maintain ongoing relationships with members of the media (Wallack & Dorfman, 1996). See suggestions provided by APHA (2000a, 2000b) and Wallack and associates (Wallack & Dorfman, 1996; Wallack et al., 1993) related to building and maintaining relationships with members of the media.

## ► DISCUSSION

In this article, we presented basic terminology related to advocacy, dispelled concerns about getting involved in advocacy activities, and provided a practical and stepped approach to engaging in health advocacy. This approach includes strategies related to voting behavior, electioneering, direct lobbying, grassroots lobbying, and media advocacy. Christoffel (2000) advised that it is important to consider one’s knowledge, skills, talents, interests, and time in terms of the stages and tasks of the advocacy process. This process will help you make decisions to accept or reject specific advocacy efforts, as well as to engage in professional development activities to enhance your knowledge and skills related to advocacy. We all need to remember that we can always enhance our knowledge and skills related to health advocacy. One way to continue to develop our advocacy-related perceptions, knowledge, and skills is to become personally involved in advocacy activities at the local, state, national, and perhaps, international levels. Join local, state, regional, and national professional organizations and coalitions and participate in their advocacy initiatives (Goodhart, 1999; Governali, 1983).

Health educators also have professional preparation and development needs related to health advocacy (Allegrante et al., 2001; Cooper, 1986; Ogden, 1986; Tappe & Galer-Unti, 2001). Health educators need to learn about the policy development process (Ward & Koontz, 1999), media advocacy (Sofalvi & Birch, 1997), and the use of the technology such as the Internet for advocacy activities (Temple, 1999). See Tappe and Galer-Unti (2001) for suggestions related to providing health education services that develop the advocacy skills of children and adolescents, community members, and preservice and in-service health educators.

## ► CONCLUSION

The strategies described here are useful for individuals who wish to begin, or become more effective in, advocating for health and health education. In addition,

these fundamental concepts related to advocacy can be integrated into curricula for training initiatives. In the words of Hod Ogden (1986), "If we really believe in health education, and presumably we do, we have got to be willing to fight for it. We can no longer afford the luxury of reluctance" (p. 4). Advocacy has the potential to shape or change policy in a way that can impact the health of thousands, if not millions, of people. It is our responsibility to advocate for health and health education.

## NOTES

1. To gain a clearer understanding of the application of lobbying and electioneering rules for nonprofit organizations see Auld and Dixon-Terry (1999), Vernick (1999), and Wooley, Ballin, & Reynolds (1999). For a more complete glossary of terms related to advocacy and public health policy see Milio (2001).

2. In every state except North Dakota people must first register to vote in order to vote and in most states they must register to vote prior to the day of the election (U.S. Census Bureau, 2002). States that allow people to register on the day of the election include Idaho, Maine, Minnesota, New Hampshire, Wisconsin, and Wyoming (U.S. Census Bureau, 2002).

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