

# ACTION PLAN

## Champions for Inclusive Health

Name of Organization: \_\_\_\_\_

POC Name / Contact Information: \_\_\_\_\_

Inclusive Actions				
We plan to become more inclusive in the following area(s):	Inclusive Change Planned	Time Frame	Concerns/Barriers to planned change	Additional support needed
<input type="checkbox"/> Policy & Advocacy <input type="checkbox"/> Programming & Services <input type="checkbox"/> Research <input type="checkbox"/> Outreach & Education <input type="checkbox"/> Allocation of resources <input type="checkbox"/> Consultation and collaboration <input type="checkbox"/> Other <input type="checkbox"/> Check all that apply	1.			
	2.			
	3.			