Blueprint for Nutrition & Physical Activity

Cornerstones of a Healthy Lifestyle

Second Edition

PURPOSE

Cornerstones of a Healthy Lifestyle: Blueprint for Nutrition & Physical Activity, Second Edition, offers guidance that if implemented will lead to healthier communities. The Blueprint addresses both nutrition and physical activity, as these complex factors are essential components of good health. It describes six cornerstones that impact community well-being and lists accompanying strategies with activities to address them.

ABOUT THE BLUEPRINT

The Blueprint may be used at the state or local levels. It is designed to assist people in states, cities, towns, worksites, classrooms or other sites that wish to improve the health of their community. The target audience includes the following: state and community professionals; community leaders; health and public health agencies; government and non-profit organizations; businesses; schools and universities; and others invested in healthy communities.

The Blueprint synthesizes guidance and recommendations from many recognized resources on how to improve nutrition, physical activity and health. Public health professionals working in the areas of nutrition, physical activity and health identified the cornerstones, strategies and actions reflecting the best thinking of these experts. Important national health guidance, such as *Healthy People 2020*, grounds this resource and it complements the work of several federal agencies including: the United States Department of Health and Human Services, Health Services and Resources Administration's Maternal and Child Health Bureau, the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity, and the United States Department of Agriculture, Food and Nutrition Services.

The second edition of the Blueprint includes a sixth cornerstone — Policy and Advocacy. The strategies and actions are updated and expanded. Resource recommendations that offer more detail about particular subjects are now included that can be easily accessed via the electronic copy. Please search online using the name of the document if you are using a hardcopy of the Blueprint.

HOW TO USE THE BLUEPRINT

The Blueprint will help users develop effective nutrition and physical activity interventions. Begin by reviewing the Blueprint's six cornerstones, strategies and suggested action steps. Consider what your community wants and needs to achieve in the areas of health, nutrition and physical activity. The Blueprint offers advice and resources for the development of policies and interventions to attain nutrition and physical activity goals. However, before you address specific goals, consider engaging in a collaborative planning process that assesses community needs and strengths, identifies community priorities, and uses an evidenced-based plan to make a difference. The Blueprint offers many suggestions to accomplish this planning process including information about developing infrastructure. Since collaboration is one of the six cornerstones, it is important to bring together partners to decide what needs to be accomplished and together use this document to meet community needs.

The Blueprint is easily tailored to individual community needs. Cornerstones and strategies may be mixed and matched as needed within different settings. The document is flexible and can be adapted to meet any unique need encountered.

HOW THE BLUEPRINT HAS BEEN USED

Following are a few examples of how the Blueprint has been used:

- States have used the Blueprint as part of state and community planning efforts. The **Alabama Wellness Coalition** used the Blueprint to help develop a comprehensive state wellness plan. **Eat Smart Move More South Carolina** used it as a resource for developing community-based plans to address healthy eating and active living.
- The **Ohio Department of Health**, **Bureau of Healthy Ohio** and the **Bureau of School and Adolescent Health** collaborated to offer multiple presentations about the Blueprint throughout the state in conjunction with workshops for physical education and elementary/middle school teachers. Many nutrition, physical activity and education professionals from these schools used the information to make changes within their classroom and enhance their curriculum.
- The **University of Tennessee, Knoxville**, in collaboration with the **University of Alabama, Birmingham**, used the Blueprint as part of a graduate level class on community-based planning to promote healthy eating and active living. Students used the Blueprint to develop mock proposals to secure funding for community-based projects.

THE CORNERSTONES

1. **CORNERSTONE 1 — ACCESS**
   Assure access to healthy foods and beverages as well as opportunities for physical activity.
2. **CORNERSTONE 2 — COLLABORATION**
   Maximize partnerships to promote healthy eating and physical activity.
3. **CORNERSTONE 3 — SCIENCE, RESEARCH and EVALUATION**
   Accelerate the transfer of research to practice by building and using the science base.
4. **CORNERSTONE 4 — WORKFORCE**
   Increase the diversity, capacity and competence of the nutrition and physical activity public health workforce.
5. **CORNERSTONE 5 — COMMUNICATION**
   Communicate effectively the value of healthy eating and physical activity.
6. **CORNERSTONE 6 — POLICY and ADVOCACY**
   Develop and fund effective nutrition and physical activity interventions, programs and policies.

INTRODUCTION

BLUEPRINT HISTORY

In 2005, the Blueprint was released after an extensive and detailed process involving a broad and diverse group of physical activity and nutrition experts. In 2013, it was revised with the assistance of an expert workgroup that refreshed the content based upon current practice. A sixth cornerstone on policy and advocacy was added. Throughout its development, contributors worked diligently to ensure that the content reflected the most current expertise in physical activity and nutrition in practice and research.

MISSION

Improve the nation's health by integrating sound policy, programs, resources, services and messages where individuals, children, and families make healthy choices about eating and physical activity.

VISION

Eating healthy and being active are an integral part of daily life for everyone.

GUIDING PRINCIPLES

- The actions are consumer-focused and community-based, focusing on strengths, assets and community involvement in determining priorities and how to address them.
- Strategies reflect the cultural dimensions of the community through acknowledgement of their contributions.
- The cultural and linguistic competency of individuals and organizations participating in the planning and implementing of strategies within the community are critical for success.
- Physical activity is defined broadly to include *Healthy People 2020* objectives to increase moderate physical activity and reduce sedentary behaviors.
- Healthy eating is defined broadly to include *Healthy People 2020* nutrition-related objectives and U.S. Dietary Guidelines for Americans.
- A public health planning process is used to engage stakeholders in assessing strengths and needs, setting goals and objectives, developing and implementing interventions and evaluating outcomes.
- Public health professionals in nutrition and physical activity work collaboratively to lead change for improved health outcomes in communities.

THE GOALS OF THE BLUEPRINT FOR NUTRITION AND PHYSICAL ACTIVITY REFLECT *HEALTHY PEOPLE 2020* OBJECTIVES:

- To promote healthy eating and physical activity.
- To improve the quality of life through health promotion and disease prevention.
- To eliminate inequalities in healthy eating and physical activity due to race, ethnicity, culture, gender, age, disabilities and socioeconomic status.

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CORNERSTONE I — ACCESS

Assure access to healthy foods and beverages as well as opportunities for physical activity.

STRATEGY I

Assure access to a safe, health-promoting and sustainable food supply that supports healthy eating and good nutrition.

POTENTIAL ACTIONS

1. Inventory resources and identify barriers to a safe, healthy and sustainable food supply. Develop an action plan to address barriers to healthy eating and a safe, health promoting and sustainable food supply.
2. Promote breastfeeding and support changes within communities, hospitals and worksites that make it easier for women to breastfeed.
3. Advocate for healthy food choices in all settings, e.g., restaurants, grocery stores, vending machines, child care settings, schools, worksites, health care facilities, homeless shelters, food pantries and others.
4. Encourage, especially in communities with families with low incomes, the development of local, sustainable food systems, e.g., farmers' markets, community gardens, farm-to-school, farm-to-work and other innovations.
5. Develop and use wellness policies to promote healthy eating in early childhood, school, worksite and other settings.
6. Promote the adoption of nutrition standards wherever foods and beverages are available.
7. Promote participation in federal nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and Breakfast Programs, the Child and Adult Care Food Program (CACFP), the Summer Food Program, Elderly Nutrition Programs and others.
8. Promote strategies and policies that support the production, aggregation, storage, distribution, and access to locally grown foods.
9. Support, coordinate and empower institutional and regional food councils.
10. Conduct regional food access assessments to expose and address barriers to healthy food access.

RESOURCES

- *Benefits.gov*
- *CDC, Nutrition, Physical Activity and Obesity*
- *Community Tool Box*
- *Food Policy Councils*
- *Moving to the Future: Nutrition and Physical Activity Program Planning*
- *National Prevention Strategy*
- *Nutrition.gov*
- *School Health Guidelines to Promote Healthy Eating and Physical Activity*
- *The Surgeon General's Call to Action to Support Breastfeeding*
- *USDA, Dietary Health and Guidelines*
- *USDA, Food and Nutrition Services*

CORNERSTONE 1 — ACCESS

Assure access to healthy foods and beverages as well as opportunities for physical activity.

STRATEGY 2

Assure access to safe, affordable and convenient opportunities for physical activity.

POTENTIAL ACTIONS

1. Inventory resources that support physical activity and identify barriers to being physically active. Develop and implement an action plan to address barriers that includes incentives for being physically active and that considers the built environment.
2. Develop, support and provide incentives for community-based interventions that make it easy, convenient, safe and affordable to be physically active.
3. Advocate for policies and environmental changes to support physical activity in all settings. Consider strategies such as walkable communities, wellness policies, safe routes to school initiatives, shared use agreements and other innovations.
4. Assess quality and quantity of physical education and physical activity using national standards. Use information to develop community-based interventions, especially in schools.

RESOURCES

- *CDC, Physical Activity*
- *Community Tool Box*
- *Moving to the Future: Nutrition and Physical Activity Program Planning*
- *National Coalition for Promoting Physical Activity*
- *School Health Guidelines to Promote Healthy Eating and Physical Activity*
- *Strategies to Increase Physical Activity Among Youth*
- *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community*
- *The National Physical Activity Plan*
- *2008 Physical Activity Guidelines for Americans*
- *2008 Physical Activity Guidelines for Americans Toolkit*

STRATEGY 3

Commit to achieving health equity within healthy eating and physical activity efforts.

POTENTIAL ACTIONS

1. Educate the workforce about the social determinants of health, nutrition and physical activity-related strategies to achieve health equity.
2. Engage communities and their leaders in activities designed to improve health equity.
3. Target interventions to areas and population groups that need to achieve health equity.

4. Promote and support the development of community leadership teams to address health equity issues.
5. Ensure that no activities increase health disparities.

RESOURCES

- *Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities*
- *National Center for Cultural Competency*
- *National Standards on Culturally and Linguistically Appropriate Services*
- *Office of Minority Health*
- *PBS, Unnatural Causes*

STRATEGY 4

Support and expand services to people of all income levels, ages, racial/ethnic groups and abilities.

POTENTIAL ACTIONS

1. Use resources and interventions to promote healthy eating and physical activity at all stages of the life course: preconception, perinatal, infancy, childhood, adolescence and adulthood including older adults.
2. Increase opportunities for skill-building that supports lifelong physical activity and healthy food consumption within traditional and non-traditional settings.
3. Identify and secure funding to support nutrition and physical activity interventions, strategies and programs.
   a. Identify funding streams that may support nutrition and physical activity programming.
   b. Develop an ongoing list of funders, including funding cycles, contact information and amounts available.
   c. Use information to secure funding for planning, implementation and evaluation of nutrition and physical activity interventions.
   d. Engage funders early in planning interventions.
   e. Secure funding to sustain interventions.

RESOURCES

- *Bright Futures Nutrition*
- *CDC, National Healthy Worksite Program*
- *CDC, Nutrition, Physical Activity, & Obesity*
- *CDC, Preconception Health and Health Care*
- *Guide to Community Preventive Services*
- *Moving to the Future: Nutrition and Physical Activity Program Planning*
- *National Prevention Strategy*
- *USDA, Creating Equal Opportunities for Children and Youth with Disabilities to Participate in Physical Education and Extracurricular Athletics*
- *USDA, HealthierUS School Challenge*
- *USDA, Pregnancy Nutrition*

CORNERSTONE 2 — COLLABORATION

Maximize partnerships to promote healthy eating and physical activity.

STRATEGY 1

Build relationships and promote collaborative efforts among partners to maximize impact of healthy eating and physical activity interventions.

POTENTIAL ACTIONS

1. Identify partners with nutrition and physical activity education goals or complementary missions, including non-traditional partners.
2. Assess and inventory partnerships. Identify and consider how to address overlaps and gaps in services.
3. Identify new partners and actively involve community leaders and members to support healthy eating and physical activity (see table 1).
4. Build and strengthen relationships with partners. Engage in joint planning, determine assets, set priorities, share resources, implement activities, maintain strong communications and evaluate efforts.
5. Participate in leadership training and support the development of local leaders and others.
6. Participate in collaboration training. Use relevant resources that support collaboration, such as project management tools, network or social mapping, collective impact theory and other tools.

CORNERSTONE 2 — COLLABORATION

Maximize partnerships to promote healthy eating and physical activity.

TABLE 1 - POTENTIAL COLLABORATION PARTNERS

While not exhaustive, the following list suggests potential partners to promote healthy eating and physical activity.

- Advocacy groups, e.g., hunger, justice, people with disabilities, etc.
- Agriculture
- Business and industry
- Child care
- Community-based health and fitness organizations
- Education (all levels), parent teacher associations, student groups
- Elected officials
- Faith-based organizations and religious institutions
- Foundations
- Grocery and food retailers
- Government – public health, social services, transportation, urban planning, land use, parks and recreation, etc.
- Health and social services professionals and organizations
- Insurance companies
- Juvenile justice and prison systems
- Media
- Nutrition assistance programs and food banks
- Nonprofit health organizations, community agencies and charitable organizations
- Restaurants and food service establishments

RESOURCES

- *ASTPHND Effective Collaboration Project*
- *Collective Impact*
- *Community Tool Box*
- *Moving to the Future: Nutrition and Physical Activity Program Planning*
- *National Coalition for Promoting Physical Activity*

CORNERSTONE 3 — SCIENCE, RESEARCH and EVALUATION

Accelerate the transfer of research to practice by building and using the science base.

STRATEGY 1

Develop a community-based participatory research (CBPR) agenda that addresses the impact of nutrition and physical activity policies, programs and services.

POTENTIAL ACTIONS

1. Use CBPR model to identify and address community perceptions, preferences, values, principles and priorities.
2. Initiate and maintain a community advisory board to develop and oversee the planning and implementation of the research agenda.
3. Engage academic partners, public health department staff, USDA Extension, health professionals, community members and others in the process.
4. Train participants to develop the skills and knowledge associated with CBPR.
5. Establish and implement a research plan that includes evaluation and addresses sustainability.
6. Disseminate research findings to decision-makers and other leaders, e.g., school board members, hospital staff, and elected officials. When feasible publish in peer reviewed journals.

RESOURCES

- *Community Advisory Boards in Community-Based Participatory Research: A Synthesis of Best Processes*
- *Community Tool Box*

STRATEGY 2

Use and improve data systems to measure the impact of interventions.

POTENTIAL ACTIONS

1. Partner with academic researchers, health department staff and other experts.
2. Based on research and evaluation needs, determine data metrics for analyzing community, organizational and policy change.
3. Use available state and federal data systems and assess gaps in measuring needed metrics. National data systems include Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), Pregnancy Risk Assessment Monitoring System (PRAMS), Youth Risk Behavior Surveillance System (YRBSS).
4. Collaborate to develop and carry out plans to secure missing data through new, expanded or linked data systems.

5. Share best practices for data collection. Address topics, such as breastfeeding, food intake, eating patterns, weight, height and physical activity practices.
6. Disseminate findings to decision-makers, stakeholders, health professionals and community members.
7. Use findings to adjust and strengthen intervention efforts.

RESOURCES

- *CDC, Data and Surveillance*

STRATEGY 3

Incorporate best available evidence and research into policy, programs and systems changes.

POTENTIAL ACTIONS

1. Develop policies and interventions using evidenced-based information derived from evaluation, evidenced-based and promising practices, community needs assessment, quality improvement efforts and other resources.
2. Design interventions that are consistent with national guidelines for nutrition and physical activity.
3. Use a planning process that takes into account the interests and needs of communities and constituents.
4. Address health equity and the underlying factors leading to health disparities.
5. Use formative evaluation to develop programs/policies. Monitor program implementation using process, impact and outcome evaluation.
6. Translate research findings into practice.
7. Disseminate findings widely. Publish findings in peer reviewed journals when feasible.
8. Create a repository of best or promising practices for improving healthy eating and physical activity based on established criteria. When feasible publish in peer reviewed journals.

RESOURCES

- *Dietary Guidelines for Americans*
- *HRSA, Quality Improvement*
- *Moving to the Future: Nutrition and Physical Activity Program Planning*
- *NACCHO MAPP*
- *NACCHO, Resource Center for Community Health Assessments and Community Health Improvement Plans*
- *Physical Activity Guidelines for Americans*
- *Physical Activity Policy Research Network*
- *RE-AIM*

CORNERSTONE 3 — SCIENCE, RESEARCH and EVALUATION

Accelerate the transfer of research to practice by building and using the science base.

STRATEGY 4

Contribute to the evidence base by identifying effective strategies to support healthy eating and physical activity.

POTENTIAL ACTIONS

1. Develop and disseminate evidence-based information about effective nutrition and physical activity interventions.
2. Establish reasonable standards for evidence-based reviews.
3. Conduct reviews and cost-effectiveness/cost-benefit analyses; use quality improvement and other tools yielding information about how to positively impact breastfeeding, healthy eating and physical activity.
4. Translate findings into practice and document results.
5. Effectively communicate the results of evidence-based research to the target community.
6. Report research findings in publications, community reports and other venues that reach funders, consumers, program planners, decision-makers and researchers.
7. Create a repository of best or promising practices for improving healthy eating and physical activity based on established criteria. When feasible publish in peer reviewed journals.

RESOURCES

- *Cochrane Collaborative*
- *Community Tool Box*
- *The Guide to Community Preventive Services*
- *US Preventive Services Task Force*

CORNERSTONE 4 — WORKFORCE

Increase the diversity, capacity and competence of the nutrition and physical activity public health workforce.

STRATEGY I

Build and sustain a diverse nutrition and physical activity workforce that has the necessary knowledge and skills and is reflective of the U.S. population.

POTENTIAL ACTIONS

1. Promote nutrition and physical activity careers to youth, especially those from diverse and disadvantaged groups, using mentoring, tutoring, volunteer, and scholarship opportunities and work experiences in public health programs.
2. Develop competency-based training and a curricula grounded in current principles, such as fundamentals of kinesiology/exercise science, dietetics and nutrition/food science, health promotion and education, health science, physical education, health and safety education, behavior change, health literacy, community-based planning, cultural and linguistic competency, leadership development with an emphasis on policy, advocacy, and environmental/community change.
3. Provide continuing education opportunities to maintain a diverse public health workforce that is knowledgeable about evidence-based interventions promoting healthy eating and physical activity; is culturally and linguistically competent; and uses current research and evaluation methods.
4. Encourage employers to support leave time and funding for employees to participate in continuing education that will enhance their job performance and satisfaction.
5. Promote establishment of entry-level opportunities for nutrition and physical activity professionals.
6. Make available promotional opportunities and incentives for retention of public health professionals.
7. Secure support for policies and funding, e.g., loan deferment and forgiveness programs to promote the education and advancement of the public health workforce.
8. Identify and use opportunities identified within current legislation to strengthen the nutrition and physical activity workforce.

CORNERSTONE 4 — WORKFORCE

Increase the diversity, capacity and competence of the nutrition and physical activity public health workforce.

STRATEGY 2

Support credentialing of health promotion professionals to ensure a competent workforce.

POTENTIAL ACTIONS

1. Involve other professionals and community members in educating about nutrition and physical activity. More complex situations will require the use of credentialed nutrition and physical activity professionals.
2. Support the hiring of credentialed providers, such as Registered Dietitians/Registered Dietitians Nutritionists (RD/RDN), Dietetic Technicians Registered (DTR) for nutrition; International Board Certified Lactation Consultants (IBCLC) or Certified Lactation Counselors (CLC) for breastfeeding; Certified Health Education Specialists (CHES); Physical Activity in Public Health Specialists (PAPHS); specialists certified by the American College of Sports Medicine/National Physical Activity Society; and Masters of Public Health (MPH), and specialists Certified in Public Health (CPH).
3. Support use of continuing education from credentialing organizations, professional associations, academic institutions and other groups to strengthen knowledge and skills among health professionals.

CORNERSTONE 5 — COMMUNICATION

Communicate effectively the value of healthy eating and physical activity.

STRATEGY I

Use effective communication strategies to inform and influence individual and community decisions about healthy eating and physical activity.

POTENTIAL ACTIONS

1. Identify interventions and target audiences for communication planning. Define the communication goal and develop a campaign plan.
2. Define and learn about the food practices, behaviors and attitudes of the intended audience, including potential subgroups.
3. Work with partners, including marketing/communications professionals, and representatives from the target population to design communications for the designated audience.
4. Facilitate unified nutrition and physical activity messages, e.g. use USDA, Food and Nutrition Services Core Nutrition Messages.
5. Create and test communications for the target audience that are accurate, relevant, motivating, easy-to-understand, realistic, inspiring, linguistically and culturally relevant.
6. Pretest strategies and materials with intended audience and revise as needed.
7. Use a variety of credible channels for dissemination, e.g., social marketing, websites, blogs, social networks, web-based and other applications.
8. Implement communication strategies and evaluate their effectiveness.

RESOURCES

- *National Cancer Institute, Making Health Communication Programs Work (Pink Book)*
- *WK Kellogg Foundation, Template for Strategic Communications Plan*

CORNERSTONE 5 — COMMUNICATION

Communicate effectively the value of healthy eating and physical activity.

STRATEGY 2

Ensure that messages and materials are culturally and linguistically appropriate.

POTENTIAL ACTIONS

1. Provide training to develop a culturally and linguistically competent workforce at the individual and organizational-levels of learning.
2. Use the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care and other tools to develop messages and materials.
3. Involve organizations that are knowledgeable about the target populations and community members in the development of messages and materials.
4. Pretest messages and materials with target audiences and revise as needed.

RESOURCES

- *National Cancer Institute, Making Health Communication Programs Work (Pink Book)*
- *National Center for Cultural Competency*
- *Office of Minority Health, National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care*

CORNERSTONE 6 — POLICY and ADVOCACY

Develop and fund effective nutrition and physical activity interventions, programs and policies.

STRATEGY 1

Find opportunities within current laws and regulations to expand access to healthy eating and physical activity.

POTENTIAL ACTIONS

1. Identify how nutrition and physical activity can be addressed within current legislation and regulations that address child nutrition, health care and other areas.
2. Develop recommendations for healthy eating and physical activity based upon current laws and regulations. Share recommendations with health professionals and policymakers implementing the legislation.
3. Mobilize partners to advocate for inclusion of nutrition and physical activity services within new laws and regulations.

RESOURCES

- *HealthCare.gov*
- *Kaiser Family Foundation, Health Care Reform*
- *USDA, Healthy Hunger-Free Kids Act of 2010*

STRATEGY 2

Educate decision-makers and funders about the role of healthy eating and physical activity in preventing, delaying the onset, and reducing the severity of chronic diseases that lead to early death and disability.

POTENTIAL ACTIONS

1. Support the funding and implementation of research that studies the impact of healthy eating and physical activity on health and disseminate findings.
2. Develop educational materials, e.g., papers, reports, briefs and consumer materials for health professionals and consumers on the value of healthy eating and physical activity.
3. Develop educational materials on the impact of healthy eating and physical activity habits on medical costs for funders and legislators.

RESOURCES

- *Writing Policy Briefs: A Guide to Translating Science and Engaging Stakeholders*

CORNERSTONE 6 — POLICY and ADVOCACY

Develop and fund effective nutrition and physical activity interventions, programs and policies.

STRATEGY 3

Strengthen the quality and availability of programs and interventions designed to improve healthy eating and physical activity.

POTENTIAL ACTIONS

1. Support evidence-based changes to federal nutrition assistance programs that are consistent with current research; proposed in response to quality improvement efforts; address the food preferences of diverse groups; and conform to current dietary and physical activity guidelines.
2. Support changes that strengthen the ability of federal and community-based programs to improve the nutritional and physical activity status of individuals.
3. Advocate for expansion of programs to serve all eligible participants.

RESOURCES

- *Writing Policy Briefs: A Guide to Translating Science and Engaging Stakeholders*

STRATEGY 4

Support professionals and community members in advocating for healthy eating and physical activity opportunities.

POTENTIAL ACTIONS

1. Learn about advocacy and lobbying restrictions for governmental and non-profit agency employees.
2. Provide and participate in advocacy skills development opportunities.
3. Provide accurate information and materials to educate decision-makers and funders about the importance of healthy eating and physical activity.
4. Collaborate with other organizations to advocate for needed changes.

RESOURCES

- *Non-Profit Resource Center, Advocacy and Lobbying*
- *Writing Policy Briefs: A Guide to Translating Science and Engaging Stakeholders*

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