

CHAMPION PROVIDER FELLOWSHIP

Ten Years Of Impact: Lessons from a Clinical Public Health Partnership Model Driving Community Change



Prepared by Brown-Miller Communications
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THE ORIGIN: A Call for Upstream Change

Over the past decade, California has faced a persistent and complex public health challenge: how to move individuals and communities toward sustainable nutrition and health behavior change.

Despite widespread education efforts, poor nutrition and [rising rates of obesity among adults and children](#) continued to strain the healthcare system.

Frontline providers—physicians and dentists—see these challenges every day. Many described growing frustration with treating preventable conditions while recognizing that clinical care alone could not address what makes a community healthy.

The drivers of poor health extended far beyond individual choice, shaped instead by policies, systems, and environments that made healthy decisions difficult.

Yet, clinicians were not equipped to address these root causes within the constraints of traditional clinical practice. They lacked the training and partnerships needed to influence upstream drivers of health outcomes. While at the same time, media outlets and policymakers were increasingly seeking credible, frontline voices—trusted “white coats”—to speak to both the reality of the crisis and the solutions required.

This set the stage for a new approach: empowering healthcare providers to move beyond the clinic and into the systems shaping community health.

THE GENESIS: Recognizing the Advocacy Gap

Leaders within the California Department of Public Health (CDPH), responsible for statewide nutrition and obesity prevention efforts, identified a critical gap.

CDPH and its network of Local Health Departments (LHDs) began evolving from primarily a nutrition education program to a focus on impacting upstream forces, which included pursuing community level policy change.

The need for policy, systems, and environmental (PSE) change was clear. Without it, progress would remain incremental and unsustainable.

Healthcare providers, particularly physicians and dentists, emerged as a compelling solution. Highly respected and deeply embedded in their communities, they brought both credibility and firsthand experience.

These healthcare providers could serve as independent advocates, speaking freely about needed policy changes while drawing on their clinical insight.

“Bridging public health and healthcare lays the groundwork for deeper collaboration and meaningful community impact”

Erica Eilenberg

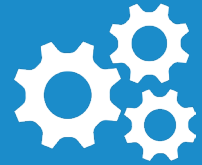
Nutrition and Physical Activity Branch (NPAB) Chief, California Department of Public Health, strategic advisor to the Champion Provider Fellowship

The concept was simple but powerful:



Equip
Fellows with
communication,
advocacy and
leadership skills

Train Fellows
in policy,
systems, and
environmental
change
strategies



Connect
Fellows
with local
public health
infrastructure

Support Fellows
as voices for
upstream
prevention change



The question remained: ***Would clinicians take on this role?***

“Local health departments often face restrictions addressing policy issues, but Fellows can step in to advocate more freely and advance public health priorities.”

Dr. Wagahta Semere

Fellowship Director, Associate Professor of Medicine, University of California, San Francisco

EXPLORING THE CONCEPT:

Learning Before Launch

To test the idea, CDPH partnered with the University of California, San Francisco (UCSF) and Brown·Miller Communications (BMC) to convene a diverse group of stakeholders, including leaders from health systems, professional associations, community organizations and foundations, and media outlets.

Initial reactions were cautious, but they offered valuable insights. Earlier attempts to engage healthcare professionals in community-focused roles highlighted the need for stronger support systems, coordinated efforts, meaningful training opportunities, and goals with long-term vision.

Rather than slowing momentum, these takeaways helped shape a more strategic path forward. CDPH built the pilot with intention, creating structures that supported clinicians, encouraged sustained engagement, and aligned efforts around impactful PSE change. These early lessons became the foundation for a more focused and effective model.

At the same time, UCSF engaged directly with providers to assess interest and feasibility. Their findings were striking. Providers were burned out, frustrated, and eager to do something different.



“I kept hearing from patients that getting groceries was harder than it should be and that’s when I realized the issue wasn’t just food, it was transportation.”

Dr. Vivi Stafford, Champion Provider Fellow, Kings County, Primary Care Physician

Many were looking for ways to work upstream and expand their impact.

“We realized quickly how uneven access to [green] spaces was and that helped shape everything. This felt like an opportunity to expand the work I was already doing.”

Dr. Rachel Borovina, Champion Provider Fellow, San Mateo County, Pediatrician

With the right support, they were ready to step into this role.

“The program equips clinicians with skills often not included in medical and dental training, preparing them to address policy, systems, and environmental challenges affecting their communities.”

Dr. Wagahta Semere, Fellowship Director, Associate Professor of Medicine, University of California, San Francisco

CHAMPIONS ARE BORN: Launching the Pilot

The Champion Provider Fellowship launched in 2014 with a cohort of 44 physicians and dentists, brought together for an intensive two-day training in San Francisco.

The curriculum introduced participants to:

- Policy, systems, and environmental (PSE) change
- Media engagement and communications strategy
- Advocacy and persuasive storytelling
- Partnership development

A defining feature of the program was its intentional pairing of each Fellow with their Local Health Department representative. Dedicated time was included for relationship-building, alignment of priorities, and resource sharing.

Early feedback from both groups reflected a shared sense of uncertainty.

Despite these challenges, participants left the training energized—with new skills, new relationships, and a shared sense of purpose.



GROWTH AND EVOLUTION: From Pilot to Program

The first cohort demonstrated promise but also highlighted critical gaps in the fellowship model.

While providers were highly effective in education and clinical practice, few felt confident engaging in policy, media and advocacy. Relationships between providers and LHDs were inconsistent, and expectations were not always clear.

Rather than viewing these as setbacks, program leaders treated them as opportunities for refinement.



Key enhancements included:

- Improving recruitment, emphasizing commitment and alignment
- Clarifying roles and expectations for both providers and LHDs
- Focusing advocacy efforts on a defined set of PSE priorities
- Strengthening partnerships through structured onboarding and pre-engagement requirements
- Introducing ongoing engagement mechanisms, including quarterly check-ins and works in progress sessions
- Expanding training opportunities, such as:
 - Advanced media training
 - Op-ed and persuasive narrative writing workshops
 - Webinars on emerging public health issues

Additional tools and opportunities further strengthened the program:

- A PSE Handbook to guide provider advocacy and LHD-clinician partnerships
- A Communications Toolkit for fostering community dialogue on emerging health issues
- Integration into CDPH statewide campaigns such as Rethink Your Drink
- Increased visibility through strategic communications efforts

There was also a stronger focus on translating clinical insight into policy change through Persuasive Narrative training.

“If you can’t tell the story, it’s hard to move people to action.”

Dr. David Thai, Champion Provider Fellow, Sonoma County, Dental Director

Partnerships with Local Health Departments became more structured and effective.

“It added real capacity without adding burden.”

Justin Watkins, San Mateo County Health

These changes marked a turning point, transforming the program from a promising pilot into a more structured, sustainable and impactful initiative.

“Media and communications training helped this work reach beyond the clinic. It gave Fellows the tools to clearly share what they’re seeing, connect with the right audiences and turn on-the-ground insight into broader change.”

Michael Miller

President of Brown·Miller Communications

A WELL-OILED MACHINE: Maturation and Impact

Over time, the Champion Provider program evolved into a fully realized fellowship model, with expanded training, mentorship, and national visibility.

Enhancements continued, including:

- Expanded **training and professional development** opportunities
- A formal **mentorship program** connecting new and experienced Fellows
- National **speaking opportunities** to showcase success
- Development of a centralized **resource hub and website**
- Smaller, more **intentional cohort sizes**
- **Clearer timelines** for engagement and activation
- Intentional **community-building** across cohorts
- More opportunities for Fellows to share frontline perspectives through blogs, presentations and public storytelling
- Greater visibility for Fellow successes and community impact across CDPH and partner agencies, including the U.S. Department of Agriculture (USDA)

Perhaps most importantly, a strong sense of identity and camaraderie emerged.

“The Fellowship opened doors I didn’t even know existed. It expanded my network and helped me see a path where I could influence both practice and policy.”

Dr. David Thai, Champion Provider Fellow, Sonoma County, Dental Director

Fellows became part of a broader movement—one that extended beyond individual projects to a shared commitment to advancing public health through systems change.

“Fellows go from having an idea to securing partnerships, support and implementing real change.”

Dr. Wagahta Semere, Fellowship Director, Associate Professor of Medicine, University of California, San Francisco

CHAMPION PROVIDER FELLOWSHIP

MESSAGE DEVELOPMENT

WHO IS YOUR AUDIENCE?

WHAT:

WHY:

ACTION:

SUPPORTING STORY:

What does your target audience need to know?

- Key pieces of information
- Avoid over-repeating
- Specific and focused
- Let's be truly more

Why should your audience care?

- Show them this impact should
- How would this benefit them?
- What is the opportunity?
- What are the risks?
- What are the emotional, fiscal and personal costs?

What do you want your audience to do with this information?

What ONE action do you want your audience to take?

Support your message with a compelling personal story

DR. WAGAHTA SEMERE
Fellowship Director

As a Champion Provider Fellow, it's my job to bring the childhood obesity crisis to everyone's attention — teachers, parents, other physicians & the media.

CHAMPION PROVIDER FELLOWSHIP

championprovider.ucsf.edu

Champion Provider Fellowship Childhood Obesity Toolkit

Engage & Follow Up with Diverse Audiences

The primary audiences for this work—families, schools and community members—differ vastly. Each group has unique priorities and concerns, as well as roles to play in reducing childhood obesity. To be effective, outreach work must be tailored to its audience. This handbook offers suggested action items, categorized by audience. Use this guide to initiate meaningful conversations with families, schools and community members. Lasting change begins with a small first step.

Families	Schools	Community
<p>Model Healthy Choices at Home</p> <ul style="list-style-type: none"> Provide families with tailored resources and educational messages that they can share with their children Create a personalized health plan for their child that you can follow up on every three months Offer free nutrition assessment and parent training to other fast-food health food assistance available Help families establish clear rules for feeding, screen-time 	<p>Advocate for Healthier Schools</p> <ul style="list-style-type: none"> Use UCP requests to push for the replacement of sugar sweetened beverages in school cafeterias and vending machines with water, 100% juice or low fat milk Arrange a monthly "Healthy Day" in school classrooms to discuss the importance of healthy habits Support programs that meet the needs of hungry children over the weekends and during vacations when school meals are not available 	<p>Promote Accessible, Healthy Food Options and Physical Activity</p> <ul style="list-style-type: none"> Collect healthy recipes from community members and compile them into an online community database Attend local farmers markets to advocate for selling local, fresh fruits and vegetables Start or support a youth community sports league, intramural league, physical activity club Create groups to start and maintain a community garden full of fresh fruits and vegetables

CHAMPION PROVIDER FELLOWSHIP

WHAT IS THE CHAMPION PROVIDER FELLOWSHIP?

California is experiencing an epidemic of obesity leading to costly chronic diseases, including Type 2 diabetes, stroke and heart disease, with low-income, underserved communities disproportionately affected. The Champion Provider Fellowship harnesses the passion of healthcare providers to improve the health of their communities beyond the clinic setting. The California Department of Public Health and the University of California, San Francisco launched the program in 2016 to respond, train and support healthcare providers to use their expertise and respected voices to improve the health of communities through local policy, system and environmental changes.

HOW CAN PROVIDERS HELP CHANGE COMMUNITIES?

Providing patient health information to city commissions
Convincing school districts on implementing healthier policies
Encouraging workplace wellness programs such as "Walking With the Doc" and other physical activity initiatives
Promoting the importance of Safe Routes to Schools
Organizing city-wide diabetes awareness events
Establishing policies to screen for food insecurity during pediatric patient visits
Supporting healthy retail store conversions
Serving as a reliable resource on health for the media

WHAT ORGANIZATIONS SUPPORT THE CHAMPION PROVIDER FELLOWSHIP?

Representatives of 12 statewide organizations informed the development of the program and assisted in recruiting providers, including:
American Academy of Pediatrics • California Academy of Family Physicians • California Department of Health Care Services • California Medical Association Foundation • California Public Health Network • California Primary Care Association • Kaiser Permanente • Labor Coalition for a Healthy California • Los Angeles County Department of Public Health • National Council of Asian Pacific Islander Physicians • San Diego County Health and Human Services Agency • The California Endowment

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PSE PLAYBOOK

Implementing Policy, System, & Environmental Change in Our Communities

IN PROGRESS: What Success Looks Like

Fellows entered the program as skilled clinicians. They left as advocates, communicators, and systems thinkers. The stories below reflect what that transformation looks like in practice and what becomes possible when providers are equipped to work upstream.

"It's amazing to see Fellows take something that feels impossible and turn it into real impact in their communities."

Dr. Wagahta Semere, Fellowship Director, Associate Professor of Medicine, University of California, San Francisco



Individual Impact

Ten years of cohorts share a common thread: a fundamental rethinking of what it means to be a provider. Fellows describe discovering tools and frameworks they didn't know they needed and realizing their clinical voice carried weight far beyond the clinic room.

"It showed me I could impact entire systems, not just the patient in front of me, and that I had a role to play beyond the clinic."

Dr. Gina Johnson, Champion Provider Fellow, Los Angeles County, Medical Director

"The Fellowship gave me the tools to speak beyond the clinic—to policymakers, to the media, to community leaders—and to do it with confidence."

Dr. Laurie Bostick Cammon, Champion Provider Fellow, Santa Clara County, Pediatrician

"Before the Fellowship, I focused on individual patients. Now I see how I can influence the systems shaping their health."

Dr. Vivi Stafford, Champion Provider Fellow, Kings County, Primary Care Physician





“This fellowship completely changed how I think about my role as a provider.”

Dr. Vivi Stafford

*Champion Provider Fellow,
Kings County, Primary
Care Physician*

“It taught me how to turn what I see in the clinic into policy change.”

Dr. David Thai

*Champion Provider
Fellow, Sonoma County,
Dental Director*



“The fellowship opened doors and gave me the confidence to step through them.”

Dr. Gina Johnson

*Champion Provider Fellow,
Los Angeles County,
Medical Director*

Community Impact

When Fellows and Local Health Departments work together, the impact extends well beyond the clinic. Fellows translated their firsthand understanding of community need into action—and with LHD partnership, those efforts reached further, lasted longer, and changed the conditions shaping health for entire communities. Projects have led to measurable improvements in community health.

“We built food insecurity screening into our clinic and connected patients to resources—and over time, our rates [of food insecurity] dropped dramatically, as low as single digits, with the same community and the same patients.”

Dr. Gina Johnson, Champion Provider Fellow, Los Angeles County, Medical Director

“We worked with partners to install water refill station in public spaces to shift perceptions about tap water—making the healthy choice the easy choice for the community.”

Dr. David Thai, Champion Provider Fellow, Sonoma County, Dental Director

“What started as a simple idea to get patients into parks grew into partnerships, programs, and community events that made those spaces feel accessible and welcoming.”

Dr. Laurie Bostick Cammon, Champion Provider Fellow, Santa Clara County, Pediatrician

Systems and Policy Impact

Fellows are influencing long-term change through their partnership with the Local Health Department and other stakeholders. What began as individual projects rooted in local need grew into something larger — changing how communities eat, move, and access resources. Fellows didn't just implement programs; they built the partnerships and trust that made those programs stick.

“This program works because it bridges two worlds that rarely operate together: clinical care and public health. We supported a fellow in testifying on a policy, bringing a clinical voice into the conversation—and that bill is now law.”

Fatinah Darwish, Los Angeles County Department of Public Health

“There is no other program that connects the medical profession to public health. Through partnerships with parks, public health and our champions, we helped expand access so that anyone on Medi-Cal can now receive park passes and use them.”

Justin Watkins, San Mateo County Health

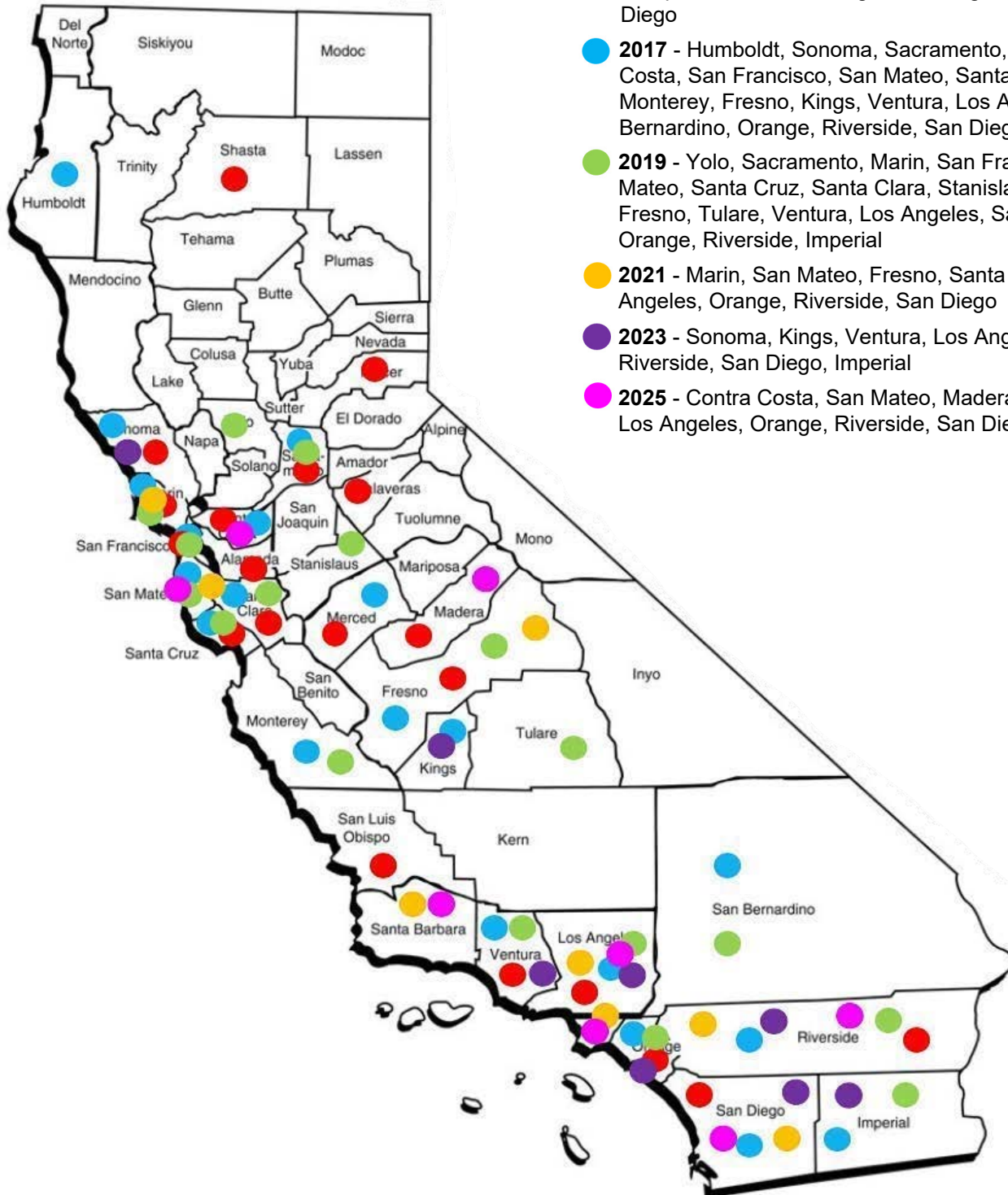
“The partnership with our fellows allowed us to move ideas forward faster—connecting clinical insight with public health systems in a way we couldn't do on our own.”

Laurel Chambers, Sonoma County Department of Health Services Public Health Division and Ariel Thomas-Ulrik, Sonoma County Department - Dental Health Program

“It was this combination of diverse stakeholders...that really became the secret sauce.”

Dr. Wagahta Semere, Fellowship Director, Associate Professor of Medicine, University of California, San Francisco

Fellows' Work Impacted 30 California Counties



- **2014** - Shasta, Placer, Calaveras, Sacramento, Sonoma, Marin, San Francisco, Contra Costa, Alameda, Santa Clara, Santa Cruz, Merced, Madera, Fresno, San Luis Obispo, Ventura, Los Angeles, Orange, Riverside, and San Diego
- **2017** - Humboldt, Sonoma, Sacramento, Marin, Contra Costa, San Francisco, San Mateo, Santa Cruz, Merced, Monterey, Fresno, Kings, Ventura, Los Angeles, San Bernardino, Orange, Riverside, San Diego, Imperial
- **2019** - Yolo, Sacramento, Marin, San Francisco, San Mateo, Santa Cruz, Santa Clara, Stanislaus, Monterey, Fresno, Tulare, Ventura, Los Angeles, San Bernardino, Orange, Riverside, Imperial
- **2021** - Marin, San Mateo, Fresno, Santa Barbara, Los Angeles, Orange, Riverside, San Diego
- **2023** - Sonoma, Kings, Ventura, Los Angeles, Orange, Riverside, San Diego, Imperial
- **2025** - Contra Costa, San Mateo, Madera, Santa Barbara, Los Angeles, Orange, Riverside, San Diego

Program at a Glance: 2014-2025

142

Fellows Enrolled
6 cohorts · 2014–2025

30

Counties Reached
of 58 California counties

335

Activities Reported
2025 evaluation year

77%

Physicians
110 of 142 fellows

23%

Dentists
32 of 142 fellows

40%

Fellows Serving in FQHCs
Federally Qualified Health Centers
Cohorts 2–6

Enrollment by Cohort

Cohort	Year	Fellows	Counties
1	2014	49	20
2	2017	36	26
3	2019	26	18
4	2021	10	8
5	2023	13	8
6	2025	8	7

Where Fellows Focus Their Work (Cohorts 2–5)



Focus area data not available for Cohorts 1 and 6.

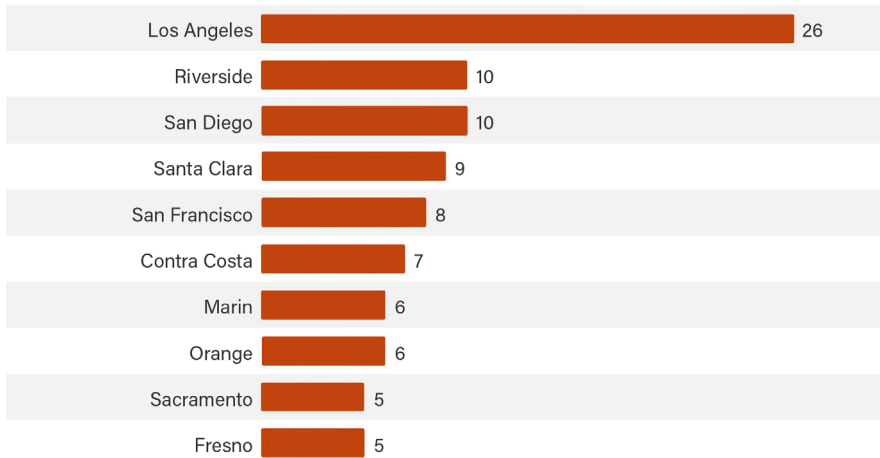
Source: CPF Program Dataset, UCSF / CDPH, April 2026

* Other Community Health Initiatives:

During the 2020–2022 reporting period, many activities in this category were COVID-19 related, including education campaigns, vaccine delivery, telehealth implementation, and research on COVID-19's impact on dental and oral health.

Geographic Reach & Advocacy Activities

Top Counties by Total Fellows



Region	Counties	Fellows
Southern California	7	60
Bay Area	7	41
Central Valley	10	28
Central Coast	4	10
Other	2	3

Fellow Advocacy Activities

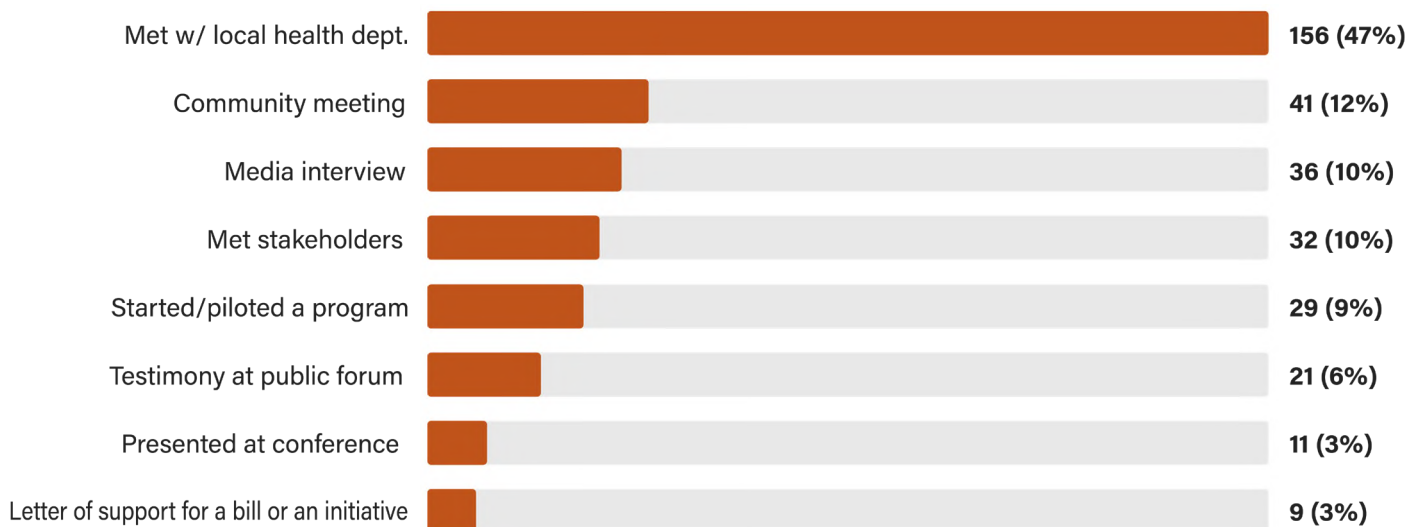
Activity volume by year

Year	N
2017	189
2019	305
2020	84
2022	93
2024	334
2025	335

Source: CPF Program Dataset, UCSF / CDPH, April 2026. Demographic data available for Cohorts 3–6 only. Skills data reflects cohorts with complete 24-month follow-up.

Fellow Advocacy Activities

2025 activity breakdown (N=335)



* Percentages exceed 100% as some activities fall into multiple categories.

Source: CPF Program Dataset, UCSF / CDPH, April 2026. Demographic data available for Cohorts 3–6 only. Skills data reflects cohorts with complete 24-month follow-up.

PARTING MESSAGE: A Model Worth Sustaining

As the program approaches the end of its funding cycle, its impact is clear.

Over ten years, the Champion Provider Fellowship has:

- Recruited, trained, and activated 142 healthcare providers (108 physicians and 28 dentists) in **6 cohorts**
- Expanded its reach across **30 counties throughout California**
- Contributed to a wide range of **PSE initiatives**
- Developed a **pipeline of influential, community-based health advocates**
- Graduates of the program continue to lead, demonstrating the enduring value of the Fellowship.



The program has also drawn attention beyond California, serving as a model for other states and regions seeking to activate healthcare providers as agents of change.

In a decade defined by both challenge and innovation, the Fellowship has shown what is possible when clinical expertise is paired with advocacy, training, and community partnership.

“Clinical champions became visible leaders for community health.”

Erica Eilenberg

Nutrition and Physical Activity Branch (NPAB) Chief, California Department of Public Health, strategic advisor to the Champion Provider Fellowship

“This is a high-leverage model where the benefits far outweigh the investment.”

Dr. Shakalpi Pendurkar

Dental Director, California Department of Public Health Office of Oral Health, 2017 Cohort Fellow, and Champion Provider Mentor

“The Fellowship gave me the tools to turn an observation into real change.”

Dr. Vivi Stafford

Champion Provider Fellow, Kings County, Primary Care Physician

“This is the kind of program communities need more of, not less of.”

Fatinah Darwish

Los Angeles County Department of Public Health

Lessons Learned

Over ten years, the Champion Provider Fellowship has demonstrated not only what works, but what is required to successfully implement and sustain this model.

First, anchoring the program in policy, systems, and environmental (PSE) change is essential. A clear upstream focus ensures the work drives lasting impact rather than short-term education.

Strong program structure and management are equally critical. This model depends on dedicated coordination, clear expectations, and consistent guidance to align fellows, partners, and goals over time.

Partnerships with Local Health Departments are foundational. Embedding Fellows within existing public health infrastructure accelerates impact, strengthens collaboration, and connects clinical insight to real community needs.

The work must be grounded in local priorities. Projects are most effective when they respond to community-identified needs, building relevance, buy-in, and sustainability.

The Fellowship also highlights a gap in traditional clinical training. Providers need skills in communication, policy, and systems thinking to engage effectively in upstream work. Ongoing support in storytelling and media engagement is key to helping fellows translate their expertise into influence.

Peer connection matters. Creating opportunities for fellows to learn from one another strengthens both individual projects and the broader network.

Over time, the program's evolution reinforced that course correction is part of success. Refining expectations, expanding disciplines, and strengthening accountability improved effectiveness and kept the model responsive.

Finally, the model is replicable—but not automatic. Success depends on intentional design: a structured fellowship experience, strong partnerships, clear expectations, and a competitive selection process that ensures commitment and alignment.



Keys to Success:

- Start with **a clear PSE focus** to drive long-term impact
- Invest in **strong program structure and coordination** from the outset
- Embed fellows within **Local Health Department partnerships**
- Align projects with **local community priorities** to ensure relevance and sustainability
- **Provide training** in communication, policy, and leadership to translate clinical insight into action

Appendix

Success Stories

- **Dr. Vivi Stafford** (bit.ly/Vivi-Stafford), Food Security, Kings County
- **Dr. Rachel Borovina** (bit.ly/Rachel-Borovina), Structured Physical Activity, San Mateo County
- **Dr. Gina Johnson** (bit.ly/Gina-Johnson) and **Dr. Saima Khan** (bit.ly/Dr-Saima-Khan), Food Security, Los Angeles County
- **Dr. Laurie Bostick Cammon** (bit.ly/Laurie-Bostick-Cammon), Structured Physical Activity, Santa Clara County
- **Dr. David Thai** (bit.ly/David-Thai), Healthy Food and Beverage Standards, Sonoma County

To view all success stories, visit the [Champion Provider Fellowship page](#) or [Leah's Pantry website](#).





“This is the kind of work that creates real, lasting change in our communities.”

Dr. Rachel Borovina

Champion Provider Fellow, San Mateo County, Pediatrician

“This collaboration for the [mobile food pantry] could not have happened without the Champion Provider Fellowship.”

Dr. Saima Khan

Champion Provider Fellow, Los Angeles County, Pediatrician



“Our program continues and it’s blossomed into more than I could have imagined.”

Dr. Laurie Bostick Cammon

Champion Provider Fellow, Santa Clara County, Pediatrician



PROJECT TEAM



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The success of the Champion Provider Fellowship reflects the dedication and contributions of many individuals over the years. We extend our sincere gratitude for their leadership, expertise and unwavering commitment to the program. Their efforts helped shape the Fellowship, strengthen its impact and support generations of healthcare professionals in becoming effective advocates for healthier communities. We are also deeply grateful to the Local Health Departments and Fellows whose involvement and commitment over the years brought the Fellowship's mission to life in communities across California. Their partnership and lasting contributions have left an enduring mark on California's public health landscape, and on the communities that are healthier because of it.

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