

# CHAMPION PROVIDER FELLOWSHIP

## Local Health Department Leads Champion Provider Fellow Onboarding Worksheet

Name: \_\_\_\_\_

County: \_\_\_\_\_

**Please list your policy, system and environmental (PSE) focus areas and goals for 2023-2024?**

1.
2.
3.

**Briefly describe current activities you are working on in each of the focus areas listed above.**

1.
2.
3.

**What resources do you have that you can share with your Fellow? Check all that apply.**

Personal knowledge of the challenges facing low-income communities to access healthy

food and beverages and safe places for physical activity.

- Research (background information, data, reports, studies, community needs assessments)
- Materials (fact sheets, case studies, educational materials, nutrition education curriculum, sample policies)
- Contacts (public health, elected officials, school board, elected officials, media, other providers)
- Media outreach (opportunities for Fellows to write letters-to-the-editor, op-eds, speak to reporters on policies that support CalFresh Healthy Living goals, local oral health program and PSE efforts)
- Policymaker outreach (opportunities for Fellows to provide written or verbal testimony before city councils, county boards of supervisors, school boards or other commissions)
- Other (please explain) \_\_\_\_\_

**Which areas do you regularly work in? Check all that apply.**

<input type="checkbox"/> Retail	<input type="checkbox"/> Business
<input type="checkbox"/> School	<input type="checkbox"/> Health Care
<input type="checkbox"/> Faith Community	<input type="checkbox"/> Food
<input type="checkbox"/> Other (please explain) _____	

**Which audiences do you primarily address? Check all that apply.**

<input type="checkbox"/> Adults	<input type="checkbox"/> Low-income
<input type="checkbox"/> Children and Youth	<input type="checkbox"/> Racially and ethnically diverse
<input type="checkbox"/> Seniors	<input type="checkbox"/> English language barriers
<input type="checkbox"/> Rural	<input type="checkbox"/> Other (please explain) _____

**Have you previously worked with a Champion Provider?  Yes  No**

If yes, briefly describe your involvement.

**What excites you about working with a Champion Provider?**

Can you describe a potential area for a PSE intervention that would be aligned with your Champion Providers' expertise and interests