



Local Health Department Leads 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 in accessing 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