



Local Health Department Leads

Champion Provider Fellow Onboarding Worksheet

This document will be reviewed during the Champion Provider Fellow- Local Health Department Partnership Work session from 2:05 – 2:50PM. Following the partnership session, we request that a copy of this document be emailed to championprovider@ucsf.edu.

PRIMARY CONTACT NAME:

Title: _____

Organization: _____

Email: _____

Phone (Office): _____

Cell Phone: _____

Preferred method of contact: _____

Best time to contact: _____

SECONDARY CONTACT NAME:

Title: _____

Organization: _____

Email: _____

Phone (Office): _____

Cell Phone: _____

Preferred method of contact: _____

Best time to contact: _____

Please list your policy, system and environmental (PSE) focus areas and goals for 2021-2022?

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? Please 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.

- Retail
- School
- Faith Community
- Business
- Health Care
- Other (please explain) _____

Which audiences do you primarily address? Check all that apply:

- Adults
- Children and Youth

- Seniors
- Rural
- Low-income and minority
- Other (please explain) _____

Have you previously worked with a Champion Provider? Yes No

If yes, briefly describe your involvement.

Why are you excited to be working with a Champion Provider?