



## 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?**