

Champion Provider Fellow

Onboarding Worksheet

Name		
Vhat	is your primary clinical field of pract	ice:
Vhat	patient population do you care for?	Check all that apply.
	☐ Adults	☐ Low-income
	Children and Youth	Racially and ethnically diverse
	☐ Seniors	English language barriers
	☐ Rural	Other (please explain)
omn	_	you see facing your patient population and/or lressing, as it relates to obesity, dental disease
		ently engaged in related to the challenges
	lentified above.	
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2.				
3.				
	ch of the following focus areas most interest yo	ou as it relates to community intervention?		
Cile	Food security	☐ School Wellness Policy		
	☐ Healthy Food and Beverage Standards☐ Safe Routes to School	Structured Physical Activity		
Do y	ou have experience with any of the following a	ectivities? Check all that apply.		
	Providing public testimony before city council, county board of supervisors, school boards, etc.			
□ v	Vriting an OpEd for local, state, or national med	ia outlets		
☐ P	Providing interviews for TV, radio or print media			
	Submitting public comment for proposed local, state or national rules or regulations			
	Partnering with community-based organizations Engaging policymakers or other key stakeholders	•		
	e you ever received any formal media training? s, please explain.	☐ Yes ☐ No		
Wha	t resources do you have that you can share wit	th your LHD? Check all that apply.		
	Personal knowledge of the challenges facing lo healthy food and beverages and safe places for	_		
	Research (background information, data, repo	rts, studies, community needs assessments)		
	Materials (fact sheets, case studies, educations sample policies)	al materials, nutrition education curriculum,		
	Contacts (public health, elected officials, school providers)	ol board, elected officials, media, other		
	Media outreach (opportunities as a fellow to vereporters on policies that support CalFresh Head and/or other PSE efforts)			

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Other (please explain)	
Do you have experience working ithat apply.	in or with any of the following settings/sectors? Check all
☐ Retail	☐ Government
☐ School	Public Health
☐ Faith Community	Food banks
☐ Business	Other (please explain)
Are you currently involved with a	ny professional organizations? ☐ Yes ☐ No
If yes, please list them below and medical/dental societies, AAP, etc	briefly describe your involvement. (Ex. CMA, CDA, local c.)
Have you previously worked with If yes, briefly describe your involve	your local health department? Yes No ement.
What excites you about working v	with your local health department?
Can you describe a potential area priority areas?	for a PSE intervention that would be aligned with your LHD