### Michigan Public Health Week 2019

# Hometown Health Hero Award Nomination Form

The Michigan Public Health Week Partnership joins the American Public Health Association in celebrating National Public Health Week in April 2019 with the annual presentation of the Hometown Health Hero awards.

The Hometown Health Hero award is presented annually to individuals and organizations that have made significant contributions to preserve and improve their community’s health in the focus areas listed below. Awardees are selected from nominations received by you. The only way for someone to receive this award is to be nominated. What person or organization in your community deserves this statewide recognition? Submit the nomination form below by **February 15, 2019,** by email or fax.

Everyone deserves to live a long and healthy life in a safe environment. To ensure this outcome, we must tackle the causes of poor health and disease risk among individuals and within our communities. Where we live, learn, work, worship and play impacts each of us and can determine our health and life expectancy. This year we focus on the following areas of public health based on the daily themes for National Public Health Week:

Healthy Communities

Violence Prevention

Rural Health

Technology and Public Health

Climate Change

Hometown Health Hero awards will be presented at the State Capitol on ***April 10, 2019, at 11:30 am***.

**Submit your nomination to Jim Koval by email (**[**kovalj@michigan.gov**](mailto:kovalj@michigan.gov)**)** or **fax (517-335-8392)**

**Nominations are due by February 15, 2019.**

**Tell us about your Hometown Health Hero**

Please describe the reason(s) this person or organization is a Hometown Health Hero. **Please remember—if the person you nominate does this activity as part of their normal job, you need to tell us how they have gone above and beyond their normal job duties** to achieve this great work.

**Contact Information**

Name: of Award Nominee:

Title:

Address        Home  Work

Phone:        Home  Work

Email Address:

**Information about the Activity**

1. Name and Description of the Activity:

1. Community Served (location and population):

1. Objective or Health Improvement Created:

1. Dates of Activity:

5. Please describe how the activity or activities changed the community (limit to 500 words):

6. How was this change assessed/determined?

1. If the Nominee is a public health professional, please describe how this activity goes above and beyond their normal job/responsibilities: (500 limit)

Submitter Name:       Email Address:

Phone Number:

Send this completed form to Jim Koval of the Michigan Public Health Week Partnership via email at [kovalj@michigan.gov](mailto:kovalj@michigan.gov); if you do not have ready access to email, you may fax your form to 517-335-8392.

