### Michigan Public Health Week 2021

# Hometown Health Hero Award

The Michigan Public Health Week Partnership invites you to join them in celebrating Public Health Week by nominating someone for the annual **Hometown Health Hero award**. The Hometown Health Hero award is presented to individuals and/or 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 email or fax no later than April 26**, 2021**.

We still may be physically distant from each other, but now it is more important than ever to come together. That is why the Michigan Public Health Week Partnership has adopted “Building Bridges to Better Health” as the theme for Public Health Week in Michigan.

We know that by building connections, we make our communities healthier, safer and better for all.  The Daily Themes are:

* Monday: [**Rebuilding**](http://nphw.org/NPHW-2021/Rebuilding)
* Tuesday: [**Advancing Racial Equity**](http://nphw.org/NPHW-2021/Racial-Equity)
* Wednesday: [**Strengthening Community**](http://nphw.org/NPHW-2021/Strengthening-Community)
* Thursday: [**Galvanizing Climate Justice**](http://nphw.org/NPHW-2021/Climate-Justice)
* Friday: [**Constructing COVID-19 Resilience**](http://nphw.org/NPHW-2021/COVID-19-Resilience)
* Saturday: [**Uplifting Mental Health and Wellness**](http://nphw.org/NPHW-2021/Mental-Health-and-Wellness)

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

**Nominations must be received by April 26, 2021.**

Due to the ongoing pandemic, the Hometown Health Hero awards will not be an in-person event this year. The Partnership will publish a list of award winners in April and the actual Hometown Health Hero awards will be mailed to recipients.

**Hometown Health Hero Award Nomination Form**

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

Submitter Name:       Email Address:

Phone Number:

**Nominee Contact Information**

Name:

(If the nominee is an individual, please include the person’s full name)

Title:

Address        Home  Work

Phone:        Home  Work

Email Address:

**Information about the Activity**

1. Name of the Activity:

(Example: Rides for Wellness)

1. Community Served (location and population):

(Examples: City of \_\_\_\_, County of \_\_\_\_, at risk teens in the city of \_\_\_\_\_\_, elderly residents in \_\_\_\_\_ County, etc.)

1. Objective or goal:

(Example: Increase access to healthcare for residents by providing reliable transportation)

1. Dates of this activity:

(Examples: 2010-Present, 2012-2014, etc.)

1. Describe the specific outcomes this activity brought to the health of the population served. How was the health of the community improved?

(Example: Through this activity residents that would have missed a doctor appointment or would have gone without needed medication because they could not get to the pharmacy now have access to these services through this program.)

1. How were the outcomes/improvements listed in #5 measured?

(Example: Survey conducted; anecdotal reporting, observations, feedback from the public, etc.)

1. If this activity is related to the nominee’s normal job, describe how this activity goes above and beyond their job responsibilities:

(Example: the nominee works on this project on their own time outside of work)

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.