**Michigan Public Health Week 2022**

**Hometown Health Hero Award**

The Michigan Public Health Week Partnership\* invites you to join them in celebrating Public Health Week in Michigan 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/or improve their community’s health. You can use the daily themes below as a guide to your thinking.

The Michigan Public Health Week Partnership has adopted the National Public Health Week theme of “Public Health is where you are” for Public Health Week in Michigan in 2022.

Everyone can make our communities healthier, safer and better for all. The Daily Themes for National Public Health Week are:

* **Racism: A Public Health Crisis** (Monday)
* **Public Health Workforce: Essential to our Future** (Tuesday)
* **Community: Collaboration and Resilience** (Wednesday)
* **World Health Day: Health is a Human Right** (Thursday)
* **Accessibility: Closing the Health Equity Gap** (Friday)
* **Climate Change: Taking Action for Equity** (Saturday)
* **Mental Wellness: Redefining the Meaning of Health** (Sunday)

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 **February 18, 2022**.

Awards will be presented on 11:30 am on April 13, 2022, in the Rotunda of the State Capitol Building.

**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 February 18, 2022.**

\*The following organizations make up the Michigan Public Health Week Partnership: Eastern Michigan University Master of Public Health in Health Education, Grand Valley State University Master of Public Health Program, the Michigan Association of Counties, the Michigan Association for Local Public Health, the Michigan Public Health Association, the Michigan Public Health Institute, Michigan State University, the University of Michigan School of Public Health, Wayne State University College of Human Medicine Family Medicine program, and the Michigan Department of Health and Human Services.

**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:

Organization:

Address:

Phone:

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.