**Public Health Week in Michigan 2025**

**Nominations are Now Open for the Annual Hometown Health Hero Award!**

The Michigan Public Health Week Partnership (Partnership)\* invites you to nominate someone for the **Hometown Health Hero award**. The Hometown Health Hero award is presented every year to individuals and/or organizations that have made significant and measurable contributions to preserve and/or improve the health of their community. These awards will be presented on April 9, 2025, as part of Public Health Week in Michigan and National Public Health Week.

Awardees are selected solely from nominations received. The only way for someone to receive this award is to be nominated. What health improvements are happening in your community that we can potentially recognize with this award? To help you answer that question, [look at those who have received this award in the past](https://www.michigan.gov/mdhhs/doing-business/hometownhero). Submit a completed nomination form to the Partnership by [email](mailto:kovalj@michigan.gov) or fax (517-335-8392) no later than 5 p.m., **January 31**.

For 2025, Public Health Week in Michigan coincides with National Public Health Week. The American Public Health Association has been celebrating National Public Health Week for 30 years, and this year’s theme is, “Public Health Week: It Starts Here.”

**Submit a completed nomination form to the Partnership by** [**email**](mailto:kovalj@michigan.gov) or **fax (517-335-8392)**

**Nominations must be received by January 31, 2025.**

\*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, Michigan Association of Counties, Michigan Association for Local Public Health, Michigan Association of Medical Examiners, Michigan Health & Hospital Association, Michigan Public Health Association, Michigan Public Health Institute, Michigan State University Charles Stewart Mott Department of Public Health, 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, Public Health Administration.

**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 accomplish this great work.

Submitter Name:

Email Address:

Phone Number:

**Nominee Contact Information**

Name:

Organization:

Address:

Is the address Home or Work (check one)

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 completed form to 517-335-8392. **Nominations must be received by 5 p.m. (ET) January 31, 2025**.