

**RUTH B. FREEMAN NURSING AWARD FOR POPULATION HEALTH PRACTICE
NURSING SECTION AWARD
NOMINATION FORM**

Description of the Award: The Ruth B. Freeman Public Health Nursing Award honors a public health nurse who has provided excellence in population health practice in the state of Georgia. This award is made by GPHA in collaboration with the Office of Nursing, Division of Public Health.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____
Name of GPHA PHN Section Sponsor: _____

Nomination Requirements: Nominees must have demonstrated excellence in population health practice consistent with the following definition of population health:

Population health activities and services are aimed at disease prevention and health promotion, address the underlying causes of disease, delivered to an entire population or subgroup, and are grounded in community health data. These activities and services include:

1. Developing/delivering interventions to high-risk groups (not individuals)
2. Assessing community health status through statistics and surveillance activities
3. Developing and/or supporting community coalitions or partnerships
4. Developing, improving, and enforcing health policy
5. Presenting community health data to leaders, community groups, and policy makers
6. Developing networks and systems that ensure access to healthcare
7. Enforcing health statutes and regulations
8. Disease investigation and contact investigation
9. Community outreach and education
10. Health screenings/fairs in community settings including referral and follow-up
11. Planning and preparation for community education, screenings, health fairs, and presentations
12. Advocating for population groups within the community
13. Marketing health programs and services

Nominees may include staff public health nurses as well as individuals with supervisory, management and/or leadership job responsibilities.

Criteria for Selection:

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| 1. | INNOVATION: | How did the nominee do something that was new or unique? |
| 2. | IMPACT: | What did the nominee do to improve the quality of Public Health services? |
| 3. | TIMELINESS: | How did the nominee's activities address a current Public Health problem? |
| 4. | VISIBILITY: | How did the nominee increase the community's awareness of Public Health? |
| 5. | INITIATIVE: | How did the nominee demonstrate initiative or persistence in his/her activities? |

The nomination form should not be longer than 4 pages including the Nomination Form. All 5 Criteria for Selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: JANUARY 10, 2013

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