



## **Application for New Jersey Healthy Town Designation**

Dear Applicant,

Thank you for your interest in the Mayors Wellness Campaign Healthy Towns Designation. The Mayors Wellness Campaign is a program of the New Jersey Health Care Quality Institute ([www.njhcqi.org](http://www.njhcqi.org)) in partnership with the New Jersey State League of Municipalities ([www.njslom.org](http://www.njslom.org)).

Now in our tenth year, the Mayors Wellness Campaign has been continually devoted to improving our program and providing our member towns with the best resources available. The questions in this application have been designed to gauge the effectiveness of the MWC programs and indicate any opportunities for growth and reform. Please note that we applaud all community efforts regardless of the hosting entity.

Attached is the new application for the Mayors Wellness Campaign's annual "Healthy Town" designation. The award will recognize communities in which mayors are engaging with members of the community in order to make healthy lifestyles a top priority. Your answers will be scored according to the attached rubric.

The application deadlines are as follows:

Early Application Deadline: December 19, 2016

\*Early applicants will receive two additional points to their overall score

Deadline: January 9, 2017

Please return this application with the designated information by either:

Email: [dlevine@njhcqi.org](mailto:dlevine@njhcqi.org)

Mail: Ms. Deborah Levine  
Director, Mayors Wellness Campaign  
Stone House at Carnegie Center  
3628 Route 1  
Princeton, NJ, 08540

For more information regarding the Mayors Wellness Campaign please visit:  
<http://www.njhcqi.org/mwc> Please email [dlevine@njhcqi.org](mailto:dlevine@njhcqi.org)  
or call 609-452-5980 with any questions

## Healthy Town Designation Application

**Municipality:**  
**County:**  
**Population Size:**  
**Area (Sq. Miles):**

**Contact Information:**

Mayor's name:  
    Email:  
    Phone Number:

Additional Contact Person's Name:  
    Email:  
    Phone Number:

Municipal Address:

**Campaign Start Date:**

**MWC Website:**

1. The Mayors Wellness Campaign (MWC) recommends getting the facts about your town's health before creating your local MWC to ensure that your programming addresses the greatest health needs in your community. What type of research methods did your town use to obtain this information? Were residents (or their input) involved in creating the programs?  
Please describe your methods. (Did you look at a community health assessment, obtain feedback from residents, look at statistical data from a health office, etc.?)  
*(No more than 500 words)*
2. Please list the health goals your local MWC is trying to address.
3. Describe how the local MWC programs were promoted. Please include all social media handles such as Facebook, Twitter, email, websites, etc. Feel free to show us your logo or attach any other promotional materials you have created for the MWC.  
*(No more than 100 words)*
4. List and describe up to 10 of the programs offered by your MWC that you feel have been the most successful. For each program, identify: the health goal(s) addressed, the target populations (youth, senior, employer, community etc.), the sponsoring or partner organizations, the content of the program, the cost to participate, location, attendance, how attendance is monitored, how participants can sign up, and benefits of participating.
5. Which of these programs were hosted directly by the local MWC? Please list.
6. Which of these programs involved the direct input or presence of the Mayor? Please list.
7. On average, approximately how much money is spent on MWC programs annually?
8. Approximately how many people participate in MWC programs overall in a year?
9. How were your programs evaluated? Describe the feedback and response to the programs.  
*(No more than 150 words)*

10. What are some of the highlights from the past year? We want to hear about exciting moments such as record-breaking attendance, guest speakers, and creative programs, etc. *(No more than 250 words)*
11. Please describe positive changes that have occurred since the implementation of your local MWC. We want to hear if certain health goals were addressed, participation increased, more community partners were engaged, etc. *(No more than 250 words)*
12. What are the future goals of your town's MWC? What other programs are anticipated? *(No more than 150 words)*
13. Which of your events would you recommend to other municipalities try to incorporate into their local MWC programming? Think about events that were replicable and successful. Would you be willing to speak with an MWC coordinator or mayor from another municipality about organizing these particular programs if requested?
14. What would you like to see from us (specific tools, more resources, policy briefs, speakers, connections, health topic information)? Do you have any suggestions?
15. Optional: Feel free to attach no more than five additional documents that you feel would supplement your application (flyers, pictures, testimonies from residents etc.).

**Thank you for your time and dedication on your local Mayors Wellness Campaign, and for applying for the Healthy Town designation! We will notify you of the results as soon as possible.**