



## 2018 Application for New Jersey Healthy Town Designation

Dear Applicant,

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

The MWC is devoted to continually improving our program and providing participating mayors with the best resources available. The questions in this application are designed to gauge the effectiveness of the MWC programs and indicate any opportunities for growth and reform.

The MWC Healthy Town designation is a great honor for towns, achieved through a competitive process. The designation is not given to a set number of MWC towns, but rather, to all MWC towns who applied that meet the high standards defined in each year's Healthy Town Rubric. MWC towns that apply for the Healthy Town application are recognized in three categories: Healthy Town; Healthy Town to Watch; and, Healthy Town in the Making.

The purpose of the awards is to recognize communities in which mayors are engaging with members of the community in order to make their communities healthier places to live, work, and play. The Awardees receive a sign for their town hall or municipal complex, are featured on the New Jersey Health Care Quality Institute's website, promoted in the media through press releases and wide-spread social media campaign, highlighted on our newsletter to over 1,000 government, industry and community leaders across New Jersey, and featured in an article for the New Jersey State League of Municipalities magazine.

You should also review the MWC Healthy Town application scoring rubric to better understand how we define a successful MWC program. Both the rubric and application can be found here (<https://www.njhcci.org/mayors-wellness-campaign/>).

Healthy Town application responses must be submitted in a Word document. This Word document should only contain Healthy Town application responses with the appropriate number for evaluators to understand which question is being answered.

## 2018 New Jersey Healthy Town Award Timeline

The applications and rubric are publicly released on November 13, 2018;

**All applications must be received by the New Jersey Health Care Quality Institute by 5:00 pm, January 25, 2019;**

Winners will be announced on March 4, 2019.

Please return your completed application to:

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

\*For large files please use Dropbox or Google Drive.

### How to download and use Dropbox:

1. Go to <https://www.dropbox.com/install>
2. Click 'Download Dropbox'
3. Click on the installed file
4. Click 'Run'
5. Sign in with email and password OR sign up
6. Click 'Open My Dropbox'
7. Click 'Get Started'
8. Go to [www.dropbox.com](http://www.dropbox.com)
9. Click 'Upload Files' to upload your Healthy Town application
10. Click 'Share' to the right of your uploaded file name
11. Share with [adiogo@njhcqi.org](mailto:adiogo@njhcqi.org)

### How to use Google Drive

1. If you do not have a Gmail account, go to [www.gmail.com](http://www.gmail.com)
2. Click 'Create Account'
3. Once you have created a Gmail account or logged into your Gmail account go to [www.drive.google.com](http://www.drive.google.com)
4. Click 'New' on the upper left of the screen
5. Select the file to upload
6. Click on the file you want to share
7. Click 'Share'
8. Share with [adiogo@njhcqi.org](mailto:adiogo@njhcqi.org)

## New Jersey Healthy Town Award Application

**Municipality:**

**County:**

**Population Size:**

**Area (Sq. Miles):**

**Primary Contact Information:**

Mayor's Name:

Email:

Phone Number:

**Secondary Contact Information:**

Additional Contact Person's Name:

Email:

Phone Number:

Municipal Address:

**Latest Date MWC Participation Pledge was signed:**

**MWC Start Date:**

**Municipal Website:**

1. Please tell us about your community and your residents. Describe your community demographics and other notable characteristics, such as availability of parks and recreation, sidewalks and safe streets, or defining aspects of your community. *(No more than 300 words).*
2. The Mayors Wellness Campaign (MWC) recommends getting the facts about your town's health when creating your local MWC to ensure that your programming addresses the greatest health needs and challenges in your community. What type of research methods did your town use to obtain this information? What did your research tell you about your town? Were residents (or their input) involved in creating the programs? Please describe your methods. (Ex. Did you look at your local community health needs assessment, obtain feedback from residents, look at statistical data from a public health office or other resources? See our Rubric for examples of further sources of data.)  
*(No more than 500 words)*
3. Were the results of your community needs research shared with community partners or the MWC Committee? If you used or participated in a Community Health Needs Assessment, did you share it with community partners? *(No more than 100 words)*
4. Please describe your MWC Committee and how they collaborate to create town programming. *(No more than 100 words)*
5. Please list the specific health goals your MWC is trying to address. (No word limit)
6. Describe how your 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)*
7. 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, employees, overall community etc.), the sponsoring or partner organizations, the content of the program, the cost, if any, to participate, location, attendance, how attendance is monitored, how participants can sign up, how programs were evaluated, and all benefits of participating.
8. Which of these programs were hosted directly by your MWC? Please list.

9. Which of these programs involved the direct input or presence of the Mayor? Please list.
10. Approximately how much money did your MWC spend on programming last year?
11. Approximately how many people participated in MWC programs last year?
12. How were your MWC programs evaluated? Feel free to attach any surveys or other evaluation tools. *(No more than 250 words)*
13. How did your MWC promote healthy behaviors (such as increased physical activity, healthy food consumption, completion of advance directives)? *(No more than 250 words)*
14. Please describe positive changes that have occurred since the implementation of your MWC. We want to hear if certain health goals were addressed, participation increased, more community partners were engaged, etc. *(No more than 250 words)*
15. What are the future goals of your MWC? What other programs are anticipated? Please describe your broad vision for the future of your town. (Ex. Is your vision to improve your community's health outcomes, improve infrastructure for active transportation, etc.) *(No more than 250 words)*
16. Which of your MWC programs would you recommend to other municipalities to try and incorporate into their local MWC programming? Would you be willing to speak with an MWC coordinator or mayor from another municipality about organizing these particular programs if requested?
17. What would you like to see from us (specific tools, more resources, policy briefs, speakers, connections, health topic information)? Do you have any suggestions?
18. Optional: Feel free to attach no more than three additional documents that you feel would supplement your application (flyers, pictures, testimonials from residents etc.).



Thank you for your time and dedication on your local Mayors Wellness Campaign, and for applying for the New Jersey Healthy Town designation.

For more information regarding the Mayors Wellness Campaign please visit:  
<https://www.njhcqi.org/mayors-wellness-campaign/>. Please email [adiogo@njhcqi.org](mailto:adiogo@njhcqi.org)  
or call 609-452-5980 with questions.