

Mayors Wellness Campaign Healthy Town Designation Rubric

Instructions:

The New Jersey Health Care Quality Institute's (Quality Institute) Mayors Wellness Campaign (MWC), in partnership with the New Jersey State League of Municipalities, developed the MWC *Healthy Town* designation to distinguish communities in which mayors have made healthy lifestyles a top priority and are actively engaging all the members of their community. Each year, the MWC awards Healthy Town designations to recognize community health and wellness activities conducted in the past calendar year. The MWC partners with [Sustainable Jersey](#) to support communities as they pursue programming that encourages healthy lifestyles. By participating in the MWC, communities are eligible for up to 25 Sustainable Jersey points through the 'Building Healthier Communities' action.

The MWC Healthy Town designation highlights the importance of addressing health broadly to incorporate the social and economic opportunities that help shape health and well-being. The MWC Healthy Town rubric aligns with the Robert Wood Johnson Foundation's Culture of Health criteria and have been modified for this designation program. The rubric is divided into six main categories:

- *Defining Health Broadly* – addressing the social and economic factors that impact health outcomes.
- *Measurement and Data Sharing* – identifying measurable health indicators and establishing shared goals with partners.
- *Health Equity* – reducing, and ultimately eliminating, health disparities by focusing programming on those most affected by poor health outcomes.
- *Procurement of Resources* – harnessing the collective power of your MWC Committee and local business partners to efficiently align resources that maximize community health.
- *Collaboration* – building diverse partnerships across sectors to build capacity for programming.
- *Commitment to Sustainability* – developing programs that are designed to last.

Within the main categories are 19 subcategories, which guide the implementation of MWC programs and define a successful MWC program. Each subcategory is scored from a scale of one (lowest score) to three (highest score) for a total score of 60. MWC applicants who submitted a Healthy Town application last year will receive 2 bonus points on their 2018 application in recognition of their continued commitment to documenting their commitment to their MWC. The MWC Healthy Town Application must be received by the Quality Institute by **5 pm, January 25, 2019**.

Towns can be awarded one of three Healthy Town designations:

- **Healthy Town** – awarded to municipalities with a score of 50-60.
- **Healthy Town to Watch** – awarded to municipalities with a score between 40 and 49.
- **Healthy Town in the Making** – awarded to municipalities with a score between 30 and 39.

Mayors Wellness Campaign towns awarded these designations will receive public recognition, along with digital and physical signs to permanently display on their municipal website and at their town hall to let residents know you have been designated a Healthy Town.

Note: This document is for reference only to understand how MWC towns will be scored by Quality Institute staff.

MWC Healthy Town Designation Rubric

Category	Sub-category	Score (1-3)			Total Points
		1	2	3	
I. Background, Purpose, and Rationale					
Defining Health Broadly	A. Research Was there research conducted to assess the health needs of the town? Did the town assess health challenges facing the community? (Ex. access to services, transportation, education/health literacy, language barriers, environment)	No prior research conducted to assess needs of town.	Some prior research conducted to assess needs of town.	Significant research was conducted to assess needs of town.	
	B. Research Resources Used: <ul style="list-style-type: none"> The New Jersey Department of Health's Healthy New Jersey 2020 Report The Robert Wood Johnson Foundation's County Health Rankings & Roadmaps New Jersey State Health Assessment Data U.S. News & World Report's Healthiest Communities The National Collaborative for Health Equity's HOPE Initiative Local Community Health Needs Assessment Other trusted sources listed in application 	None of the research resources connect to the programs implemented.	Some of the research resources connect to the programs implemented.	Most of the research resources connect to the programs implemented.	
	C. Data Sharing Were the results of the research conducted shared with community partners or members of the MWC Committee? Are health assessments shared with community partners?	No data was shared with partners.	Some data was shared with partners.	Most data was shared with partners.	

	<p>D. Steering Committee Do multiple organizations, stakeholders, and departments collaborate in discussion and execution of the MWC programs?</p>	Town only had singular planner in program.	Town incorporated input from few other sources.	Town has strong and diverse steering committee presence.	
Measurement and Data Sharing	<p>E. Goal Did the town set clear health goals to accomplish through their programs?</p>	Town did not set health goals.	Town set some vague or broad goals.	Town set clear, reasonable, and appropriate health goals.	
	<p>F. Implementation of MWC Programs Does program content reflect the research of community health needs and goals?</p>	No programs reflect the community health needs and goals.	Some programs reflect research conducted on health needs or goals.	Most programs reflect research conducted on health needs or goals.	

II. Programming

Health Equity and Leadership	<p>A. Population Did the program address a diverse population of individuals? (Ex. youth, senior, community, employer, varying geographic locations, socioeconomic status, ethnicity, religious background)</p>	Program did not address a diverse population.	Program had some diversity in populations served.	Program was inclusive and addressed diverse populations of individuals.	
	<p>B. Content of MWC Programs Was the health programming innovative, interesting, and varied? Did it address multiple wellness components (Prevention/screenings, walkability, nutrition)?</p>	No wellness components were addressed.	Some wellness components were addressed.	Most wellness components were addressed.	
	<p>C. Involvement of Mayor How involved was the mayor of the town in the execution of the community programs?</p>	No involvement of Mayor in the community programs.	Some involvement of Mayor in community programs.	Mayor was very involved in local MWC programming & attends many events.	

	D. Communication and Outreach How well did the town promote their events (flyers, social media) to make sure all residents were informed?	Town did not promote event. Residents were uninformed.	Town undertook some promotion, used one form of communication.	Town promoted events extensively. Residents were well-informed.	
Procurement of Resources	E. Funding and Resources Were funds and community resources efficiently utilized? Were local sponsors and businesses involved?	Funds were not efficiently obtained or utilized.	Funds were efficiently utilized but there was no community outreach.	Funding was efficiently obtained and utilized. Diverse use of community partners.	
Collaboration	F. Participation Pledge Did the mayor sign the MWC Participation Pledge within the calendar year of 2018?	No Participation Pledge signed.	Participation Pledge signed within last 5 years.	Participation Pledge signed this year.	
	G. Community Involvement How involved was the community in the program (planning, executing, attendance)?	Community was not involved in the program.	Community was somewhat involved.	Community was very involved in planning, executing, and attending.	

III. Collaboration with the Quality Institute and the MWC

Collaboration	A. Relationship with the Quality Institute's MWC Does the town have an ongoing relationship with the Quality Institute's MWC? Does the town engage with Quality Institute staff for programming ideas and support?	Little to no relationship with the Quality Institute.	Some relationship and contact with the Quality Institute.	Consistent communication with the Quality Institute and attends Quality Institute events such as League of Municipalities panel.	
	B. Promotion & Engagement Does the local MWC programming link back to the Quality Institute's MWC—both conceptually and through web and promotional materials?	No acknowledgement of the Quality Institute's MWC.	Some acknowledgement of the Quality Institute's MWC.	Use of the Quality Institute's MWC mission is apparent. Links to our webpage and program are prominent.	

	<p>C. Utilization of MWC Toolkit & Resources How well were MWC resources utilized to identify measurable indicators of progress? How well were MWC resources utilized to reduce health disparities and define program success?</p>	No MWC tools were incorporated into programming.	Some MWC tools were incorporated into programming.	MWC tools and program ideas were extensively utilized and were enhanced to meet town's needs.	
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IV. Evaluation

<p>Measurement and Data Sharing</p>	<p>A. Feedback Did the town collect feedback for self-evaluation? Did the town share program outcomes with residents in the community?</p>	No method in place for self-evaluation and feedback is inadequate.	Method in place but is not consistently utilized or shared.	Metrics established to evaluate programming. Results shared with others.	
	<p>B. Health Goals and Behaviors Has there been any progress on achieving health goals? Did the local MWC promote healthy behaviors?</p>	No attempts to meet health goals have been made with programming.	Program has been crafted to address health goals, and modest progress has been made.	Program was crafted to address health goals and healthy behaviors, and there is significant progress in meeting goals OR goals have actually been met.	
<p>Commitment to Sustainability</p>	<p>C. Sustainability Will the residents be able to utilize what they learned from the program in their daily life? Is the program contributing to sustainable change?</p>	No lasting effects of Campaign apparent.	Campaign consists of one-time events rather than programs that encourage lifestyle change or increase in health literacy.	Campaign has had positive impact on community and tangible change in individual behavior and attitude has been noted.	
	<p>D. Future Goals Does the town have future goals in mind?</p>	Town did not report future-oriented goals.	Town has set vague future goals.	Town has clear, realistic, and relevant future goals.	
	<p>Applicant submitted Healthy Town application last year:</p>				+2 points

Total Points: /60