



# MAYORS WELLNESS CAMPAIGN®

## 2019 New Jersey Healthy Town Designation Rubric

**Instructions:** The New Jersey Health Care Quality Institute's (Quality Institute) Mayors Wellness Campaign (MWC) developed the *Healthy Town* designation to distinguish communities in which mayors have made health and wellness a top priority. Each year, Healthy Town designations are awarded to recognize community health and wellness activities conducted the past calendar year. The Quality Institute partners with [Sustainable Jersey](#) to support communities pursuing community health programming. Participating MWC towns 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 social and economic opportunities that shape health and well-being. This rubric aligns with the Robert Wood Johnson Foundation's Culture of Health criteria and is divided into 6 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 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 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.

Main categories contain subcategories, which guide the implementation of a local MWC and define a successful MWC program. Each subcategory is scored from 1 (lowest score) to 3 (highest score) for a total score of 60. MWC towns that submitted a Healthy Town application last year will receive 2 bonus points on their 2019 application in recognition of their continued commitment to their MWC and to improving community health.

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 Up-and-Coming** - awarded to municipalities with a score between 30 and 39.

Awardees receive public recognition, along with digital and physical signs to permanently display on their municipal website and town hall, to let residents know they have received a Healthy Town designation. Towns will also be invited to attend a Healthy Town Reception to celebrate all communities that have achieved a Healthy Town status for 2019.

MWC Healthy Town Applications must be submitted online by 5 pm January 31, 2020.

MWC Healthy Town Designation Rubric					
Category	Sub-category	Score (1-3)			Total Points
		1	2	3	
<b>I. Background, Purpose, and Rationale</b>					
Defining Health Broadly	<b>A. Research</b> 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>B. Research Resources Used:</b> <ul style="list-style-type: none"> <li>The New Jersey Department of Health’s <a href="#">Healthy New Jersey 2020 Report</a></li> <li>The Robert Wood Johnson Foundation’s <a href="#">County Health Rankings &amp; Roadmaps</a></li> <li><a href="#">New Jersey State Health Assessment Data</a></li> <li>U.S. News &amp; World Report’s <a href="#">Healthiest Communities</a></li> <li>The National Collaborative for Health Equity’s <a href="#">HOPE Initiative</a></li> <li>Local Community Health Needs Assessment</li> <li><a href="#">Social Determinants of Health</a></li> </ul>	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.	
	<b>C. Data Sharing</b> Were the results of the research conducted shared with community partners or members of the MWC	No data was shared with partners.	Some data was shared with partners.	Most data was shared with partners.	

	Committee? Are health assessments shared with community partners?				
	<b>D. Steering Committee</b> Do multiple organizations, stakeholders, and departments collaborate in discussion and execution of the MWC programs?	Town only had singular planner in program.	Town incorporated input from few other sources.	Town has strong and diverse steering committee presence.	
<b>Measurement and Data Sharing</b>	<b>E. Goal</b> Did the town set clear health goals to accomplish through their programs?	Town did not set health goals.	Town set some vague or broad goals.	Town set clear, reasonable, and appropriate health goals.	
	<b>F. Implementation of MWC Programs</b> Does program content reflect the research of community health needs and goals?	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.	

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

	<b>D. Communication and Outreach</b> 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.	
<b>Procurement of Resources</b>	<b>E. Funding and Resources</b> 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.	
<b>Collaboration</b>	<b>F. Participation Pledge</b> Did the mayor sign the MWC Participation Pledge within the calendar year of 2019?	No Participation Pledge signed.	Participation Pledge signed within last 5 years.	Participation Pledge signed this year.	
	<b>G. Community Involvement</b> 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

<b>Collaboration</b>	<b>A. Relationship with the Quality Institute's MWC</b> 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>B. Promotion &amp; Engagement</b> 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><b>C. Utilization of MWC Toolkit &amp; Resources</b> 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>	<p>No MWC tools were incorporated into programming.</p>	<p>Some MWC tools were incorporated into programming.</p>	<p>MWC tools and program ideas were extensively utilized and were enhanced to meet town's needs.</p>	
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<b>IV. Evaluation</b>
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<p><b>Measurement and Data Sharing</b></p>	<p><b>A. Feedback</b> Did the town collect feedback for self-evaluation? Did the town share program outcomes with residents in the community?</p>	<p>No method in place for self-evaluation and feedback is inadequate.</p>	<p>Method in place but is not consistently utilized or shared.</p>	<p>Metrics established to evaluate programming. Results shared with others.</p>	
	<p><b>B. Health Goals and Behaviors</b> Has there been any progress on achieving health goals? Did the local MWC promote healthy behaviors?</p>	<p>No attempts to meet health goals have been made with programming.</p>	<p>Program has been crafted to address health goals, and modest progress has been made.</p>	<p>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>	
<p><b>Commitment to Sustainability</b></p>	<p><b>C. Sustainability</b> 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>	<p>No lasting effects of Campaign apparent.</p>	<p>Campaign consists of one-time events rather than programs that encourage lifestyle change or increase in health literacy.</p>	<p>Campaign has had positive impact on community and tangible change in individual behavior and attitude has been noted.</p>	
	<p><b>D. Future Goals</b> Does the town have future goals in mind?</p>	<p>Town did not report future-oriented goals.</p>	<p>Town has set vague future goals.</p>	<p>Town has clear, realistic, and relevant future goals.</p>	
	<p><b>Applicant submitted Healthy Town application last year:</b></p>				<p>+2 points</p>

Total Points: /60