



MAYORS WELLNESS CAMPAIGN

2021 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 0 (lowest score) to 2 (highest score) for a total score of 42. MWC towns that submitted a Healthy Town application last year will receive 2 bonus points on their 2020 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 33-42.
- **Healthy Town to Watch** - awarded to municipalities with a score of 23-32.
- **Healthy Town Up-and-Coming** - awarded to municipalities with a score of 13- 22.

Awardees receive indoor/outdoor signage for their town hall, are promoted in the media through press releases and a wide-spread social media campaign, featured in an article for the New Jersey State League of Municipalities magazine and on the Quality Institute's website (www.njhcqi.org), and highlighted in our newsletter to over 1,000 government, industry, and community leaders across New Jersey. We will also provide you with a media template containing press release language and social media posts to help you highlight your designation on your town's platforms.

MWC Healthy Town Applications must be submitted online by 5 pm January 14th, 2022.

MWC Healthy Town Designation Rubric

Category	Sub-category	Score (0-2)			Total Points
		0	1	2	

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: Reputable data sources were used, including but not limited to: <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 • Social Determinants of Health 	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. Steering Committee 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.	
	D. Did the committee meet regularly in 2021?	Committee did not meet regularly.	Committee met but not with regularity.	Committee had regularly scheduled meetings.	

	E. Social Determinants of Health (SDOH) Does the town consider SDOH in their programming and show evidence of efforts to address the SDOH affecting their community?	No programs aimed towards SDOH.	Some programs effect SDOH.	All programs incorporate SDOH.	
	F. Goal 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.	
	G. Implementation of MWC Programs 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.	

II. Programming

Health Equity and Leadership	A. Population Did the program address a diverse population of individuals? (Ex. youth, senior, community, employer, varying geographic locations, socioeconomic status, race, 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. Content of MWC Programs 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.	
	C. 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	D. 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	E. Participation Pledge Did the mayor sign the MWC Participation Pledge within the calendar year of 2021?	No Participation Pledge signed.	Participation Pledge signed within last 5 years.	Participation Pledge signed this year.	

	F. Community Involvement Did the MWC committee partner with community stakeholders to create and host programming.	Community was not involved in the program.	Community was somewhat involved.	Community was very involved in planning and executing.	
	G. COVID-19 Response Was programming adjusted to reflect the changing needs of the community due to the pandemic?	No changes were made.	Some programs and content were adjusted based on emerging needs.	The MWC was used to respond to several emerging needs.	

III. Collaboration with the Quality Institute and the MWC
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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? Does the town attend Quality Institute MWC events (webinars, town hall meetings etc.)?	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.	
	C. Utilization of MWC Toolkit & Resources How well were MWC resources and tools utilized to reduce health disparities and define program success?	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.	

IV. Evaluation

Measurement and Data Sharing	A. Feedback Did the town collect feedback for self-evaluation? Did the town share program outcomes with residents in the community?	No method in place for self-evaluation and feedback is inadequate.	Evaluation method in place but is not consistently utilized or shared.	Metrics established to evaluate programming. Results shared with others.	
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	<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.	
Commitment to Sustainability	<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.	
	Applicant submitted Healthy Town application last year:				+2 points

Total Points: /