**2023 New Jersey Healthy Town Designation Application Questions**

**DO NOT SUBMIT -WORKING DOCUMENT ONLY**

Municipality (official name):

County:

Population Size:

Primary Contact Information

Mayor’s Name:

Email:

Phone Number:

Secondary Contact Information

Additional Contact Person’s Name:

Contact’s Role:

Email:

Phone Number:

Latest Date MWC Participation Pledge was signed:

Social Media Information - Respond “N/A” if you do not utilize these platforms.

Facebook:

Twitter:

Instagram:

Municipal Website:

1. The MWC recommends completing a local needs assessment to get the facts about your town’s health to ensure that your programming addresses the greatest health needs and challenges in your community. Describe your town’s process for collecting facts and information about community needs. If you do not complete a needs assessment, please respond “N/A”.
2. What are the top 3 areas of health and wellness that are of greatest concern to your community? How did you identify these areas of health and wellness?
3. Describe the members of your MWC Committee and how they collaborate to create town programming. Include whether any residents serve on your MWC Committee and how often your committee meets. If you do not have a MWC committee, please respond “N/A”. (No more than 100 words.)
4. Does your committee have diverse representation that reflects the demographics of your community? Describe.
5. Use the MWC Activity Form to provide information about up to 10 of your activities: For each program, identify:
* the health goal(s) of the program,
* area of social determinants of health (SDOH) addressed (for more information on SDOH, visit: https://health.gov/healthypeople/priority-areas/social-determinants-health),
* target populations,
* sponsoring or partner organizations (Indicate if health experts were involved in programs. For example, did you partner with a health system, nutritionist, medical professional, personal trainer in order to provide program?),
* cost, if any, to participate,
* attendance,
* how programs were evaluated.

If a category does not apply to your event, respond “N/A”. Download the MWC Activities form here.

1. Which programs were based off the MWC Toolkit, MWC Handbook, or another resource provided to you by the Quality Institute? Please list. If none, respond “N/A”.
2. Describe how your MWC activities are funded. Provide details on whether programs are run by municipal staff or volunteers.
3. How does your MWC address the specific health needs of underserved residents in your community?
4. Approximately how many people participated in MWC programs in 2023.
5. Describe how you evaluated the effectiveness of your activities and programs. (No more than 500 words.)
6. What feedback did you receive from your evaluation(s)? How did you utilize this feedback? Feel free to attach any surveys or other evaluation tools. (No more than 500 words.)
7. What are the future goals of your MWC? What areas of health and wellness do you plan to address in 2024? (No more than 250 words.)
8. Please note any successful programs or initiatives your MWC engaged in that you would recommend to other municipalities.
9. What would you like to see from us (specific tools, more resources, policy briefs, speakers, connections to other towns/state leaders/health experts, health topic information)? Do you have any suggestions?
10. Optional: Attach up to five additional documents that you feel would supplement your application (flyers, pictures, testimonials from residents etc.).

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

For more information regarding the MWC or your application, please contact Julie DeSimone, Director of Community Health, at jdesimone@njhcqi.org or 609-452-5980.