



# MAYORS WELLNESS CAMPAIGN

## 2024 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 44. MWC towns that submitted a Healthy Town application last year will receive 2 bonus points on their 2024 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 34-46.
- **Healthy Town to Watch** - awarded to municipalities with a score of 24-33.
- **Healthy Town Up-and-Coming** - awarded to municipalities with a score of 14- 23.

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](http://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 17, 2025.

MWC Healthy Town Designation Rubric					
Category	Sub-category	Score (0-2)			Total Points
		0	1	2	
<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> Reputable data sources were used, including but not limited to: <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>• County Community Health Needs Assessments</li> <li>• Local <a href="#">Community Health Needs Assessment</a></li> <li>• <a href="#">Social Determinants of Health</a></li> <li>• Focus groups, townhall meetings, or community surveys</li> <li>• <a href="#">City Health Dashboard</a></li> <li>• <a href="#">CDC Places</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. Identification of Areas of Concern</b> Do identified areas of health and wellness concern reflect research of community health needs?	No areas reflect the community health needs research.	Some areas reflect the community health needs research.	Most areas reflect the community health needs research.	
	<b>D. Steering Committee</b> Do multiple organizations, stakeholders, and departments collaborate in discussion and execution of the MWC programs?	Committee only has municipal representation.	Committee incorporated input from few other sources.	Committee has strong and diverse steering community presence.	
	<b>E.</b> Did the committee meet regularly in 2024?	Committee did not meet regularly.	Committee met but not with regularity.	Committee had regularly scheduled meetings.	
	<b>F.</b> Does the committee include diverse representation that reflects the community?	No, or unable to determine based on the response.	Committee includes some diverse representation.	Committee is diverse and represents most or all demographics.	
	<b>G. Social Determinants of Health (SDOH)</b> 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.	
	<b>H. Goal</b> Did the town set clear overall health goals to accomplish through their individual programs?	Town did not set health goals.	Town set some vague or broad goals.	Town set clear, reasonable, and appropriate health goals.	

## II. Programming

<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, race, ethnicity, religious background)	Program did not address a diverse population.	Program had some diversity in populations served.	Program was purposefully inclusive and addressed diverse populations of individuals.	
	<b>B. Underserved Residents</b> Did the programs attempt to address the needs of underserved residents in the community?	No programs attempted to address the needs of underserved residents.	Some programs attempted to address the needs of underserved residents.	Some programs attempted to address the needs of underserved residents.	

	<p><b>C. Content of MWC Programs</b> Was the programming innovative, interesting, and varied? Did it address multiple wellness topics (Prevention/screenings, walkability, nutrition, mental health)?</p>	A singular topic was address.	Some wellness topics were addressed.	A wide range of wellness topics were addressed.	
<b>Procurement of Resources</b>	<p><b>D. Funding and Resources</b> Were funds and community resources efficiently utilized? Were local sponsors and businesses involved?</p>	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>	<p><b>E. Community Involvement</b> Did the MWC committee partner with community stakeholders to create and host programing?</p>	Community was not involved in the program.	Community was somewhat involved.	Community was very involved in planning and executing.	
	<p><b>F. Health Experts</b> Did the MWC utilize health experts to create and host quality programing?</p>	Health experts were not involved in the program.	Health experts were somewhat involved.	Health experts were very involved in planning and executing.	

<b>III. Collaboration with the Quality Institute and the MWC</b>
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<b>Collaboration</b>	<p><b>A. Participation Pledge</b> Did the mayor sign the MWC Participation Pledge within the calendar year of 2024?</p>	No Participation Pledge signed.	Participation Pledge signed within last 5 years.	Participation Pledge signed this year.	
	<p><b>B. 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? Does the town attend Quality Institute MWC events (webinars, town hall meetings etc.)?</p>	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 educational opportunities.	
	<p><b>C. 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?</p>	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>D. Utilization of MWC Toolkit &amp; Resources</b> How well were MWC resources and tools 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?</p>	<p>No method in place for self-evaluation and feedback is inadequate.</p>	<p>Evaluation method in place but does not help understand the impact of the program.</p>	<p>Metrics established to evaluate programming. Results utilized to improve programs.</p>	
	<p><b>B.</b> Did the town utilize this information to drive program improvement?</p>	<p>No feedback collected or no changes were made based on the feedback.</p>	<p>A plan is in place to use the feedback.</p>	<p>Program changes have been made based on the feedback.</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:**