

COMMUNITY BENEFIT PROGRAM

Aspirus Medford Hospital & Clinics is dedicated to improving our community service and focusing continuously on meeting the changing health care needs of our community. It is with this ambition that I am writing to you regarding a new opportunity for your agency to benefit from our Community Benefit Program.

The following community health needs were identified through our Community Health Improvement Plan process:

Community Health Need	Prioritization
Alcohol and Drug Use	Primary
Mental Health	Primary
Nutrition and Healthy Foods	Primary
Physical Activity	Secondary
Healthy Growth and Development	Secondary
Injury and Violence Prevention	Secondary
Tobacco Use and Exposure	Secondary
Chronic Disease Prevention and Management	Tertiary
Communicable Diseases	Tertiary
Environmental and Occupational Health	Tertiary
Reproductive and Sexual Health	Tertiary

Aspirus Medford Hospital & Clinics is responding to these identified community health needs through a series of steps that we collectively refer to as our “implementation strategy.” Included in this strategy is the establishment of a community benefit program in which community agencies and members can apply for funding for programs and initiatives that have a direct impact on a community health need.

A Community Benefit is a program or activity that provides treatment or promotes health and healing that is:

- Responsive to identified health priorities determined in collaboration with community stakeholders;
- Focused on persons who are poor, disenfranchised or located in an area with disproportionate unmet health-related needs;
- Integrated into the facility’s strategic planning and budgeting process;
- Planned and implemented with program objectives and measurable outcomes that are beneficial to community stakeholders; and
- Effective in reducing the burden of government or other community efforts.

Community benefits also include charity care and the un-reimbursed costs of Medicaid and other means-tested government-funded insurance programs for the indigent, as well as health professions education, research, efforts to build upon the community’s capacity and the costs associated with community benefit operations.

Aspirus Medford Hospital & Clinics will accept applications for program support on an ongoing basis throughout the year. For your convenience, , the application is attached.

Please return completed applications to:

Aspirus Medford Hospital & Clinics
Attn: Community Benefit Program
135 S. Gibson St.
Medford, WI 54451

We are excited to help your agency make a positive impact on the health needs of our community!



How will you track/measure and report back to Aspirus Medford the impact of the program/activity so that Aspirus Medford knows that a health factor or outcome within its community has been improved? How will the impact be measured (Pre/Post Test, Participation, Knowledge Gained, Behavior Change, Quantitative Data, etc.)?

Please outline all the expectations for:

1. Aspirus Medford
2. What is managed by your organization
3. The duties/contributions of other anticipated partners involved in the project

Total Estimated Cost: \$ _____

<input type="checkbox"/> Handouts	\$ _____	<input type="checkbox"/> Booth Rental	\$ _____
<input type="checkbox"/> Supplies Used	\$ _____	<input type="checkbox"/> Equipment	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Other: _____	\$ _____

Program Site:

- Community
 Hospital
 Business
 Other: _____

Size of Population Served:

- | | | | | | |
|---------------------------------------|--------------------------------|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0 – 10 | <input type="checkbox"/> 31-40 | <input type="checkbox"/> 76-100 | <input type="checkbox"/> 151-175 | <input type="checkbox"/> 301-400 | <input type="checkbox"/> 1,000-1,500 |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> 101-125 | <input type="checkbox"/> 176-200 | <input type="checkbox"/> 401-500 | <input type="checkbox"/> 1,501-2,000 |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 126-150 | <input type="checkbox"/> 201-300 | <input type="checkbox"/> 501-1,000 | <input type="checkbox"/> 2,001+ |
| <input type="checkbox"/> Other: _____ | | | | | |

Additional Sources of Funding and Community Partners:

Source: _____	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____

Is there any additional revenue or awareness that Aspirus Medford will gain if Aspirus Medford provides the funding and/or other duties as requested? Please explain. Yes No

Is someone from the Aspirus Medford organization actively involved with the program or agency requesting the sponsorship funding? Please name that person(s). _____

Please provide any additional information, brochures, web site, etc., that will help explain your request.