

### **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!



## Aspirus - Medford Community Benefit Funding Request Form

Name of Program/Event:

Start Date of Event:

End Date of Event:

**Contact Person Information**

Name:

Address:

Phone Number:

E-mail Address:

**Community Health Need Addressed:**

Primary	Secondary	Tertiary
<input type="checkbox"/> Alcohol and Drug Use	<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Chronic Disease Prevention & Management
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Healthy Growth & Development	<input type="checkbox"/> Communicable Diseases
<input type="checkbox"/> Nutrition & Healthy Foods	<input type="checkbox"/> Injury and Violence Prevention	<input type="checkbox"/> Environmental & Occupational Health
	<input type="checkbox"/> Tobacco Use & Exposure	
<input type="checkbox"/> Other:		

How was this need demonstrated?

Sponsoring AMHC Department or Organization:

Target Population:

Total Estimated Cost: \$ \_\_\_\_\_

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

Program Site:

- |                                    |                                   |                                   |                                 |
|------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> Hospital | <input type="checkbox"/> Business | <input type="checkbox"/> Other: |
|------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|

Number of Persons Served:

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

Additional Sources of Funding: Various business and community donations throughout town.

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

If this is more than a one-time event, how will funding this project be sustainable after Community Benefit Funding is exhausted?

List Any Community Partners:

Additional Information:



**For Aspirus - Medford Staff Only:**

**Employees' Time Spent In Preparation For and During Actual Event**

<b>Name:</b>	<b>Dept:</b>	<b>Time (Hrs):</b>
<b>Name:</b>	<b>Dept:</b>	<b>Time (Hrs):</b>
<b>Name:</b>	<b>Dept:</b>	<b>Time (Hrs):</b>
<b>Name:</b>	<b>Dept:</b>	<b>Time (Hrs):</b>
<b>Name:</b>	<b>Dept:</b>	<b>Time (Hrs):</b>
<b>Name:</b>	<b>Dept:</b>	<b>Time (Hrs):</b>

**Community Benefit Request Scoring**  
For Community Benefit Committee Completion Only

**Does this Request Meet the Criteria for Community Benefit:** ☐ Yes ☐ No

**Target Population(s)/Communities:** Will the intervention fit the needs and characteristic of the people and communities we have identified?

**1                  2                  3                  4                  5                  6                  7                  8                  9                  10**

**Number of People:** How many people will be helped by this intervention?

**1                  2                  3                  4                  5                  6                  7                  8                  9                  10**  
(0-10)      (11-25)      (26-50)      (51-100)      (101-150)      (151-200)      (201-350)      (351-500)      (501-1,000)      (1,001+)

**Estimated Effectiveness/Efficiency?** Is there a record to date on the selected approach? Are there adequate resources to implement this intervention strategy?

**1                  2                  3                  4                  5                  6                  7                  8                  9                  10**

**Existing Efforts:** Who else is working on this? What is our role? Is it meaningful? How can we best complement/enhance an existing effort?

**1                  2                  3                  4                  5                  6                  7                  8                  9                  10**

**Degree of Controversy:** Is this intervention acceptable to the community? Will this intervention offend important constituents?

**1                  2                  3                  4                  5                  6                  7                  8                  9                  10**

**Additional Considerations:**

**Final Community Benefit Score (Out of 50):** \_\_\_\_\_

**Approval Status:** ☐ Approved  
☐ Denied  
☐ Deferred