

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 healthrelated 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!



Request Type:
□Community Benefit Program
\square Memorial Member Association

Aspirus - Medford Community Benefit Funding Request Form

Name of Program/Event:								
Total Amount Requested:	\$	Funds Needed By (Date):						
Start Date of Event:		End Date of Ex	vent:					
Contact Person/Organization Information								
Contact Name:								
Sponsoring Organization:								
	ot 501c3 u	inder the Internal Revenue Code	? □Yes □No					
Address:			Tes Ento					
Phone Number:								
E-mail Address:								
E-man Address.								
		Community Health Need Add	ressed:					
Primary		Secondary	Tertiary					
☐ Alcohol & Drug Use		Physical Activity	☐ Chronic Disease Prevention & Management					
☐ Mental Health		Healthy Growth & Development	☐ Communicable Diseases					
□ Nutrition & Healthy Foods		Injury & Violence Prevention	☐ Environmental & Occupational Health					
Truthion & Healthy 1 oods		Tobacco Use & Exposure	Environmental & Occupational Teatth					
Other:		Tobacco Osc & Exposure						
□ Other.								
		Program Information						
Please provide a summary of	? tha	1 rogram imormation						
activity/program.	the							
How is this need demonstrate	ed?							
How is this funding request h	nealth-							
related?								
How/why is this health service	ce of							
high value and/or how does i								
promote health and wellness	for a							
healthier lifestyle within Asp	irus							
Medford's service area?								
How will it benefit those who								
currently aren't practicing h	ealthy							
habits? Is this program recurring?		No. One Time Frant						
is this program recurring.		□No; One Time Event						
		☐Yes; Explain how will funding for this project be sustained after						
Community Benefit Funding is exhausted:								
Has this activity been trialed		No Voc Commons of Do	oul4o.					
elsewhere? What were the re		□No □Yes; Summary of Re	esuits:					
	csuits:							
Demographics of Target Population (Ages, Conder, et	·							
Population (Ages, Gender, et What is the geographic area								
supported by the								
program/funding?								
How are you reaching out for	r							
people to join your event/program?								
- · ·								



How will you track/measu						
report back to Aspirus Mo						
the impact of the program	•					
so that Aspirus Medford k						
that a health factor or out						
within its community has	been					
improved? How will the i	impact be					
measured (Pre/Post Test,						
Participation, Knowledge	Gained,					
Behavior Change, Quanti	tative					
Data, etc.)?						
Please outline all the expe	ctations					
for:						
1. Aspirus Medford						
2. What is managed	l by your					
organization						
3. The duties/contri	butions of					
other anticipated	partners					
involved in the pr	roject					
Total Estimated Cost: \$						
☐ Handouts		\$	☐ Booth Ren	tal	\$	
☐ Supplies Used	-	\$	 ☐ Equipmen	t	\$	_
☐ Other:	-	\$	_ □ Other:	-	\$	_
□ Other		Ψ	_ = Other		Ψ	_
Drogram Citat						
Program Site:		IT 94 - 1	☐ Business	□04b		
□ Community	البا	Hospital	□ Business	□Other	r :	
Cine of Domulation Coursel						
Size of Population Served		□ = < 100	□ 454 455	T 201 400	T 1 000 1 500	
	□ 31-40	□ 76-100 □	☐ 151-175 ☐	□ 301-400	□ 1,000-1,500	
	□ 41-50	□ 101-12 5	□ 176-200	401-500	\Box 1,501-2,000	
□ 21-30	□ 51-75	□ 126-150	201-300	501-1,000	□ 2,001 +	
□Other:						
			_			
Additional Sources of Fun	nding and (Community Partners:				
Source:	8	v		\$		
Source:				\$		
Source:				\$		
				тт		
Is there any additional rev		rananasa that Asnimus	Medford will	□Yes □No		
	venue or av	vareness mai Asbirns				
gain if Aspirus Medford p						
gain if Aspirus Medford p	provides the					
requested? Please explain.	orovides the	e funding and/or othe	r duties as			
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