



Masonicare Health Center

22 Masonic Avenue

Wallingford, CT 06492

2017 Community Health Needs Assessment and Implementation Plan For Hospital Services

Adopted by the Board of Directors August 29, 2017



Public comments on Masonicare Health Center's 2017 Community Health Needs Assessment and Implementation Plan for Hospital Services are requested. Please provide any feedback to Masonicare Health Center via written correspondence to the address above (Attention: CFO), telephone calls to the Masonicare HELPLINE (888-679-9997), or electronic correspondence (see "Live Chat" on Masonicare.org).

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INTRODUCTION

The Masonicare Health Center (“MHC”) provides a variety of services to the senior population (age 60 and older) in the greater Wallingford/ Meriden Connecticut area. These services include a Skilled Nursing Facility, Independent and Assisted Living Apartments, and certain Geriatric Hospital Services (geriatric acute medical inpatient services, geriatric inpatient psychiatric services, outpatient clinic services). The Community Health Needs Assessment is required for licensed hospital facilities pursuant to Section 501(r) of the Internal Revenue Code, and thus relates only to the provision of Geriatric Hospital Services by Masonicare Health Center. The overall purpose of a community health needs assessment is to identify potential barriers to accessing healthcare (financial and/or others), identify ways to prevent illness, and identify social, behavioral, environmental and/or other factors that influence health. With MHC’s limited hospital services for the geriatric population only, the focus of the assessment is more targeted than for a typical acute care hospital.

The services provided to the senior population by MHC include: a 366-bed skilled nursing facility [~70% of revenues] providing long-term and rehabilitation services; 86-unit residential care home, 93-unit independent living apartments & other services [~10% of revenues]; and a geriatric hospital facility [~20% of revenues] providing geriatric medical psychiatric services (29-beds licensed and available), geriatric acute care hospital services exclusive of emergency services (62-beds licensed with 30-beds available) and limited hospital outpatient services. Of the geriatric hospital services, over 98% of patient revenues come from Medicare, Commercial and Medicaid sources- with less than 2% of patient revenues coming from Private Pay/Self-Pay sources; this geriatric hospital Private Pay/Self Pay revenue represents less than 0.5% of overall MHC facility revenues. To that end, MHC has a Financial Assistance Policy for Hospital Services that allows the provision of health care services to individuals who otherwise would not be able to afford to pay for their care.

Utilization levels of MHC’s services are *approximately* as follows:

	Skilled Nursing	Assisted & Independent Living	Geriatric Medical Psychiatric	Geriatric Medical Acute Care	TOTAL Geriatric Hospital Services	Grand Total
Beds/Units	366	179	29	30	59	604
	60.5%	29.6%			9.8%	100.0%
Patient Days	130,000	63,000	9,500	4,000	13,500	206,500
	63.0%	30.5%			6.5%	100.0%
Discharges			850	700	1,550	

Of the geriatric hospital discharges, the majority relate to just a few diagnoses areas. For geriatric medical psychiatric services, over 90% of discharges relate to three diagnosis areas- degenerative nervous system disorders (~38%), psychosis (~31%) and organic disturbances (~22%). For geriatric acute care hospital services, over 70% of discharges relate to three diagnosis areas- respiratory (~37%), kidney & urinary tract (~20%) and heart conditions (~15%). These diagnosis areas are among the most frequent chronic health conditions for the overall senior population.

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DEFINITION OF COMMUNITY SERVED

The community served by MHC's Geriatric Hospital Services (geriatric acute medical inpatient services, geriatric inpatient psychiatric services, outpatient clinic services) is the senior population (age 60 and older) in the Wallingford (06492) Connecticut and Meriden (06450-06451) Connecticut area. This is the geographic area most commonly served by MHC's Hospital unit. Many of the individuals served by the geriatric hospital facility come from the larger senior care environment at MHC, with the geriatric hospital services only a small component of MHC's overall operations. With MHC's limited hospital services for the geriatric population only, the definition of the community served is more targeted than for a typical acute care hospital.



Connecticut Towns

A collaborative team from the community was identified to ensure that the definition of "community served" would include medically underserved, low income and minority populations- as well as to insure that any and all subsets of the senior population (caregivers, family members, community members, employees of agencies serving seniors) would be included.

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PROCESS AND METHODS TO CONDUCT THE ASSESSMENT

The process and methods to conduct the assessment by the collaborative team is outlined below. The timeline for the process of the performance of the Assessment, the development of the related Implementation Plan and the adoption of the Implementation Plan by the Board of Directors (with the relevant milestones) follows:



Members of the collaborative team included the Masonicare Community Services Department, the Director of the Wallingford Health Department, the Executive Director of the Wallingford Senior Center, and the Executive Director of the Wallingford YMCA. The Director of the Wallingford Health Department provided invaluable input into the development of the survey questions based on first-hand knowledge of the Wallingford community and the matters addressed by the Health Department, assisted in the identification of and access to appropriate locations for survey administration, and supported the survey process and data accumulation and reporting by providing the services of a Health Department intern for many weeks. The Executive Director of the Wallingford Senior Center provided invaluable input into the development of the survey questions based on first-hand knowledge of the Wallingford community and items noted during Senior Center activities, and assisted in the identification of and access to appropriate survey locations for survey administration (including the Meriden Senior Center). The Executive Director of the Wallingford YMCA provided invaluable input into the development of the survey questions based on first-hand knowledge of the Wallingford community and items noted during the YMCA's "Senior Slippers" events, and assisted in the identification of appropriate survey locations for survey administration.

The collaborative team determined that an assessment questionnaire would be the best method for the collection of information. Questions for the assessment questionnaire were designed, and took into consideration feedback from local agencies, senior residents, focus groups and community employees. Questions also considered information extracted from evaluation forms received from participants of

the Masonicare “Lunch and Learn” programs held as part of the implementation plan for the prior Community Health Needs Assessment. *The Community Health Questionnaire utilized is included in the Appendix.*

Locations for administration of the assessment questionnaire included consideration of the definition of the “community served” described above, and were held at the following facilities and locations. The major targeted population at each of these locations is also noted.

- Wallingford Senior Center (06492)- Medically underserved and Minority
- Wallingford Public Library (06492)- Medically underserved
- Silver Pond Senior Apartments (06492)- Medically underserved and Low income
- Meriden Senior Center (06541)- Medically underserved and Minority
- Casa Boricua De Meriden, Inc. (06541)- Medically underserved, Low income and Minority
- Westfield Shopping Mall (06451)- Medically underserved, Low income and Minority
- Masonicare Health Center (06492)- Medically underserved, Low income and Minority
- Masonicare Medical Office Building (06492)- Medically underserved
- Community Health Fair (held at Masonicare)- Medically underserved, Low income and Minority
- Wallingford Senior Picnic (held at Masonicare)- Medically underserved, Low income and Minority
- Wallingford Dunkin Donuts (06492) & Meriden Dunkin Donuts (06450)- Medically underserved

These locations provide excellent coverage for the collection of information of information for the “community served” by MHC’s Hospital unit (the senior population age 60 and older) in the Wallingford and Meriden area, and include that any and all subsets of the senior population (caregivers, family members, community members, employees of agencies serving seniors). With many of the individuals served by the geriatric hospital facility coming from the larger senior care environment at MHC (with the geriatric hospital services only a small component of MHC’s overall operations), there are multiple Masonicare locations included in the survey administration.

With MHC’s limited hospital services for the geriatric population only, the process and methods to conduct the assessment is more targeted than for a typical acute care hospital. The geriatric population primarily has medical insurance coverage provided through the Medicare program- such coverage for US citizens is age based and does not consider income levels or ethnicity. Notwithstanding this, all survey locations were identified to target the medically-underserved population, with specific locations identified to target minority and/or low income populations. Key statistics for the community served related to minority and low income populations are as follows:

Town	% of Population					
	White	Hispanic	Black	All Other	Total	< Poverty Level
Wallingford	86.1%	7.9%	1.3%	4.7%	100.0%	4.7%
Meriden	60.2%	26.6%	10.2%	3.0%	100.0%	14.6%

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SOLICITATION OF INPUT FROM THE COMMUNITY

The Director of the Wallingford Health Department, the Director of the Wallingford Senior Center and the Director of the Wallingford YMCA assisted in the identification of and access to appropriate locations for survey administration, and provided invaluable input into the development of the survey questions based on first-hand knowledge of the community served by MHC's geriatric hospital services- the senior population (age 60 and older) in the Wallingford/ Meriden Connecticut area. With MHC's limited hospital services for the geriatric population only, the solicitation of input from the community is more targeted than for a typical acute care hospital.

All of the locations for the administration of the assessment questionnaire are open to the public, the events were free, and all of the locations and events are places where members of the "community served" frequent. Timing of the assessment questionnaire was carefully considered, with strategic consideration given for times of heavy senior traffic. For example, a representative was present at the Westfield Shopping Mall during the designated early morning "walking hours", popular with seniors- the Wallingford Health Department was able to obtain special permission for the privilege to have a representative present with the typical \$1,000 fee waived. Another example of strategic timing for the assessment questionnaire was visiting Dunkin Donuts shops in the mornings when there are formalized senior coffee groups that meet daily.

In an effort to reach the minority population in Meriden and Wallingford, a representative visited the senior centers in the towns and the major local shopping mall, as well as Casa Boricua De Meriden. Casa Boricua De Meriden serves disadvantaged members of the Latino community with case management, translation, educational and employment resources, referrals to health and legal assistance, and access to an onsite computer lab. Casa Boricua De Meriden staff assisted with the information gathering by translating the assessment tool, making introductions and helping the representative communicate with their seniors.

Significant assistance in the collection of questionnaire responses and the data accumulation & reporting came from the Wallingford Department of Health graduate intern. Completed survey responses were received from 201 survey participants (up from 173 respondents).

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PRIORITIZED DESCRIPTION OF SIGNIFICANT NEEDS

The assessment questionnaire was designed in such a way as to ask respondents to prioritize the “most important, 2nd most important and 3rd most important **UNMET** needs.” Masonicare leadership (in conjunction with the collaborative team) reviewed the prioritization for reasonableness, and discussed which items were appropriate for MHC follow-up. Items considered included the severity of the need, the urgency of the need and the importance of the need to the community. Based on the survey, there were three significant needs identified. There were no substantial differences in the prioritized responses based on the survey location (and the corresponding major targeted population for that location). With MHC’s limited hospital services for the geriatric population only, the significant health needs identified are not as broad as for a typical acute care hospital.

Significant Need #1- Access to wellness, disease prevention and ongoing healthcare services. This need is being addressed by MHC.

MHC is continually working with local acute care hospitals, local skilled nursing facilities and local physicians to be the location of choice for seniors who need the geriatric Hospital services provided. Masonicare promotes the availability of its services through various media outlets (television and radio advertisement, social media, the Masonicare website), as well as through statewide outreach programs and the toll-free Help-Line. MHC is a frequent participant in events promoting healthcare services at the local senior centers, and meetings are held periodically with representatives from the local Health Department and Housing Authority.

Significant Need #2- Difficulty understanding Medicare/Medicare Part D. This need is being addressed by MHC.

Through its Community Services program, Masonicare continues to provide assistance through a “Choices” certified counselor for Medicare program questions. In addition, Financial Services personnel are available to assist with questions that patients or prospective patients may have regarding Medicare insurance coverage options and applicability for services offered by MHC.

Significant Need #3- Difficulty understanding age-related illnesses. This need is being addressed by MHC.

MHC has a robust educational program that continues to provide education to seniors on various aspects of age-related illnesses.

Other Needs- The remainder of the needs identified by the assessment questionnaire was not determined to be “significant”.

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RESOURCES AVAILABLE TO ADDRESS SIGNIFICANT NEEDS

There are several other healthcare organizations in the nearby communities that are working to meet the wellness, disease prevention and healthcare needs of the area (a subset of which is the senior population in the Wallingford/Meriden area), including a long-term specialty care hospital [Gaylord Hospital] several traditional acute care hospitals [MidState Medical Center (Meriden CT), Yale-New Haven Hospital (New Haven CT), Hartford Hospital (Hartford CT) and Saint Francis Hospital and Medical Center (Hartford CT)].

The Masonicare Community Services Department is responsible for the coordination of all community based activities. Responsibilities include and resources available are as follows: coordination of appropriate personnel for health screenings (with the appropriate skills) for such sessions (including the costs of travel and other incidentals), as well as the space for such screenings if performed on campus; coordination of appropriate personnel (with the appropriate skills, including nursing, social work, counseling, psychology, others) for such sessions (including the costs of travel and other incidentals), as well as the space for such meetings; coordination of the certified “Choices” counselors to educate seniors (including the costs of travel and other incidentals); coordination of appropriate clinical and/or other expert professionals (including the costs of travel and other incidentals) as well as invited community experts for educational programs, as well as covering the cost of meals (when the meal is provided as a part of the session).

The Masonicare Financial Services Department is responsible for the coordination of all billing and collection efforts for hospital services. Financial Services personnel are trained to handle inquiries concerning financial assistance; for those who apply and qualify for care under the Financial Assistance Policy for Hospital Services, all services provided will be funded by MHC in accordance with the policy. For questions that patient or prospective patients may have regarding Medicare insurance coverage options and applicability for the services offered, Financial services personnel are trained to handle inquiries concerning Medicare coverage questions.

Also, Masonicare operates the Masonicare HELPLINE (888-679-9997) and operates “Live Chat” electronic information communications (www.masonicare.org)- that are available to the public to enable questions (including questions about the Medicare program) to be routed to the appropriate personnel to provide assistance. Such services can provide help with a broad range of questions about senior healthcare and retirement living, and can provide assistance in locating and utilizing services, agencies and programs available in Connecticut that benefit seniors.

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EVALUATION OF ACTIONS TAKEN SINCE LAST ASSESSMENT

Based on the prior Community Health Needs Assessment performed, Masonicare has expanded the role of the Community Services department with increased visibility and focus on health screenings, Medicare “Choices” informational sessions, and “Lunch and Learn” educational programs. Comments received from the evaluations completed at the end of an educational session will continue to be monitored to ensure that program offerings are meaningful and to provide other useful feedback. The continued interest in and success of these screenings and educational programs are indicative that the actions taken since the last assessment have been successful.

During fiscal year 2017 the Community Services Department was expanded with the addition a full-time Community Services Representative.

With the distribution of the 2017 Community Health Needs Assessment, the public will be asked to provide feedback to MHC on the assessment via written correspondence, electronic correspondence, telephone calls to the HELPLINE or other means. There were no comments received on the prior Community Health Needs Assessment and Implementation Plan for Hospital Services from the community served.

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IMPLEMENTATION PLANS

[Including Resources to be Committed and Planned Collaborations]

The three significant needs identified (with specifics of the Implementation Plan, Resources to be Committed and Planned Collaboration) are detailed below. With MHC's limited hospital services for the geriatric population only, the significant health needs identified are not as broad as for a typical acute care hospital. As the area population continues to age, there constantly are new individuals who become a member of the senior population which MHC serves- accordingly, there are always new people in the community who likely will age into having the same needs.

#1- Access to wellness, disease prevention and ongoing healthcare services. Masonicare works collaboratively with many organizations to improve access healthcare access, including Area Agencies on Aging of CT, Wallingford Community Resource Alliance, LeadingAge CT, Connecticut Chapter of Alzheimer's Association, and the Greater New Haven Chamber of Commerce. There are several other healthcare organizations in the community that are working to meet the wellness, disease prevention and healthcare needs of the area (a subset of which is the senior population), including a long-term specialty care hospital [Gaylord Hospital] several traditional acute care hospitals [MidState Medical Center (Meriden CT), Yale-New Haven Hospital (New Haven CT), Hartford Hospital (Hartford CT) and Saint Francis Hospital and Medical Center (Hartford CT)].

Implementation Plan: (a) For the general population, Masonicare will provide periodic blood pressure screenings, hearing screenings and balance screenings, free of charge, at senior health fairs held throughout the State; the impact of such actions will be evaluated by monitoring the level of participation at such screenings. (b) For those in the community who require the hospital services provided by MHC but may have financial constraints, MHC has a Financial Assistance Policy for Hospital Services which specifically identifies how a patient or prospective patient can qualify for financial assistance (to qualifying individuals who are unable to pay their cost of medically necessary care or who are facing catastrophic costs associated with their medical care); the impact of such actions will be evaluated by monitoring the number of inquiries for Financial Assistance received. (c) For those in the community dealing with Alzheimer's disease, Masonicare will actively promote and participate in many community support groups (Caregivers, Family Members, and Grief/ Bereavement); the impact of such actions will be evaluated by monitoring the level of time spent by Masonicare employees on such activities. Masonicare will also make its facilities available free of charge to other community organizations as needed.

Resources to be Committed: (a) For the medical screenings, Masonicare provides appropriate personnel (with the appropriate skills) for such sessions (including the costs of travel and other

incidentals), as well as the space for such screenings if performed on campus. (b) For those who apply and qualify for care under the Financial Assistance Policy for Hospital Services, all services provided will be funded by MHC in accordance with the policy. Financial services personnel are trained to handle inquiries concerning financial assistance. (c) For the community support groups, Masonicare provides appropriate personnel (with the appropriate skills, including nursing, social work, counseling, psychology, others) for such sessions (including the costs of travel and other incidentals), as well as the space for such meetings.

Planned Collaboration: (a) For the medical screenings, Masonicare collaborates with various state and local agencies and departments in the provision of services at various health fairs held throughout the year. (b) Not Applicable. (c) In addition to collaborating with the Alzheimer’s Association community support groups, Masonicare works with the Commission on Aging, the Area Agency on Aging. Ongoing collaboration will also continue with the Wallingford Health Department, the Wallingford Senior Center and the Wallingford YMCA to focus on continued overall improvement in the community.

#2- Difficulty understanding Medicare/Medicare Part D. Masonicare works collaboratively to provide educational assistance through “Choices” certified counselors for Medicare program questions (Medicare Advantage plans, Medicare Part D Prescription Drug plans, Traditional Medicare).

Implementation Plan: (a) For the general population, Masonicare will provide “Choices” certified counselors to answer Medicare program questions (Medicare Advantage plans, Medicare Part D Prescription Drug plans, Traditional Medicare); these counselors are trained through the State of Connecticut Department on Aging. The impact of such actions will be evaluated by monitoring the number of counselling sessions and the number of attendees at such sessions. (b) For those in the community who require the hospital services provided by MHC but may have financial constraints, Financial services personnel are available to assist with questions that patients or prospective patients may have regarding Medicare insurance coverage options and applicability for the services offered; the impact of such actions will be evaluated by monitoring the number of inquiries received.

Resources to be Committed: (a) For Medicare program education, Masonicare provides certified “Choices” counselors to educate seniors (including the costs of travel and other incidentals). (b) For questions that patient or prospective patients may have regarding Medicare insurance coverage options and applicability for the services offered, Financial services personnel are trained to handle inquiries concerning Medicare coverage questions.

Also, Masonicare operates the Masonicare HELPLINE (888-679-9997) and operates “Live Chat” electronic information communications (www.masonicare.org)- that are available to the public to enable questions (including questions about the Medicare program) to be routed to the appropriate personnel to provide assistance. Such services can provide help with a broad range of questions about senior healthcare and retirement living, and can provide assistance in locating and utilizing services, agencies and programs available in Connecticut that benefit seniors.

Planned Collaboration: (a) For Medicare program education, Masonicare collaborates with the State of Connecticut Department on Aging for certification of “Choices” counselors, and collaborates with many

local senior centers, libraries and other community centers to provide the educational forums. In addition, Medicare education is often a topic covered in conjunction with the health fairs where the afore-mentioned medical screenings occur.

#3- Difficulty understanding age-related illnesses. Masonicare works collaboratively to provide educational outreach programs to area libraries, senior centers and other community centers through its “Lunch and Learn” Educational Programs.

Implementation Plan: Masonicare will provide periodic ‘Lunch and Learn’ educational programs, free of charge, at area libraries, senior centers and other community centers throughout the State; the impact of such actions will be evaluated by monitoring the level of participation at such screenings. Requested topics often are identified as part of the post-program evaluations in addition to ongoing conversations with community leaders. The impact of the ongoing educational outreach efforts will be evaluated by monitoring the number of programs offered and the level of participation at such sessions.

Free to participants, topics covered have historically included: LSVT Big & Loud program (stroke and Parkinson’s disease), Diabetes, Be Your Own Healthcare Advocate, Wellness for Women, Home Safety, Older Adults & Medicine Safety, Living Alone for Seniors- the Good News, Shopping & Cooking for One of Two, Healthy Hearing As We Age, The Aging Eye, Computer Safety for Seniors, Understanding Healthcare Jargon, Senior Medicare Fraud, Digestive Health, Healing Sounds, The Upside of Downsizing for Seniors, Shingles Treatment & Prevention, Dementia- How to Be A Friend, First Aid for Seniors, How to Talk to Your Doctor, Rehab Options for the Community, Brain Health/ Mind Fitness, Congestive Heart Failure, Keeping your Mind Sharp, and Avoiding Trips/ Slips/ Falls. Topics are added based on program evaluations and discussion with community leaders, with new topic such as Gentle Flex & Stretch and Health and Connecticut’s Power of Attorney Law- More Power, More Responsibility being added to the program line-up.

Resources to be Committed: Masonicare provides the clinical and/or other expert professionals (including the costs of travel and other incidentals), and coordinates invited community experts to either enhance the educational program or provide expertise in an area where Masonicare does not have the expertise. Masonicare helps to cover the cost of meals (when the meal is provided as a part of the session).

Planned Collaboration: Masonicare collaborates with many local senior centers, libraries and other community centers to provide the educational forums. In addition, Masonicare collaborates with other community experts to enhance the educational program or to provide needed expertise.

MASONICARE'S MISSION-VISION-VALUES

Our Mission

The mission of Masonicare is to enhance quality of life of seniors through exceptional care.

Our Vision

Through an engaged workforce and committed leadership, Masonicare will continue its century-long focus on providing innovative, quality-driven senior care services in the place seniors call home.

Our Values

How we see ourselves- Our work ethic is rooted in moral principles that reflect integrity, trust and personally responsible conduct.

How we treat others- We treat every person with dignity, respect, kindness and compassion.

What we do every day- We provide support and service with the utmost competence and quality to the highest professional standards.

2017 Community Health Questionnaire

Community Collaboration: Masonicare, Wallingford; Senior Center, Wallingford Health Department; Wallingford YMCA

Masonicare is collecting information through this short questionnaire in order to better understand the communities that we serve. Please read each question carefully and respond honestly. At the end of the survey on the back of this page you will have a chance to give us any additional feedback. Please take the time to write your thoughts about Masonicare and the needs of your community.

1. Please check the categories that describe you best:

- | | |
|---|--|
| <input type="checkbox"/> Caregiver for person age 60 & older | <input type="checkbox"/> Employee of agency that serves individuals age 60 & older |
| <input type="checkbox"/> Family member of person age 60 & older | |
| <input type="checkbox"/> Community member age 60 & older | <input type="checkbox"/> Other (please specify) _____ |

2. Please tell us what city, state and zip code you live in?

3. Do you use (check one):

- | | |
|--|--|
| <input type="checkbox"/> Masonicare Services | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Silver Sneakers |
| <input type="checkbox"/> Health Department (or other municipality services not listed) | |

In your opinion, what is the most important, 2nd most important and 3rd most important UNMET needs of residents age 60 and over in your community? Please ONLY pick one answer per column, so that there are only three needs selected.

List of Common Needs	Most Important	2 nd Most Important	3 rd Most Important
1. Access to wellness, disease prevention, and ongoing healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty understanding Medicare/Medicare Part D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Difficulty understanding age-related illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Homecare for those with limitation in their daily activities of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adequate social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of Common Needs <i>(continued)</i>	Most Important	2 nd Most Important	3 rd Most Important
7. Information and/or assistance in obtaining benefits and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Interior and exterior home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Transportation for those who no longer drive and/or are unable to use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix A

Collaborative Community Health Questionnaire

We welcome any additional comments you may have about your responses or in general about the needs of older adults in your community. Your responses are extremely valuable to us.

Thank you! If you have any questions, please feel free to contact:

Audrey Grove,
 Director, Community Services
 Masonicare Community Services

Phone: (203) 679-6907
 Fax: (203) 679-6660
 Email: agrove@masonicare.org

STEERING COMMITTEE

Members of the collaborative team included the Masonicare Community Services Department, the Director of the Wallingford Health Department, the Executive Director of the Wallingford Senior Center, and the Executive Director of the Wallingford YMCA.

Masonicare Community Services Department

Carl Anderson, Vice President
Audrey Grove, Director
Amy Foreman, Representative

Town of Wallingford, Department of Health

Eloise Hazelwood, Director of Health
Alexis Steele, Graduate Intern

Wallingford Senior Center

William Viola Jr., Executive Director

Wallingford Family YMCA

Sean Doherty, Executive Director