2025

Nashoba Associated Boards of Health
Your COMMUNITY, Your CHOICE since 1931

COMMUNITY HEALTH NEEDS ASSESSMENT

crescendo
Prepared by Crescendo Consulting Group

Contents

Executive Summary

The Nashoba Associated Boards of Health (NABH) has been serving communities in the Nashoba Valley and North Central region of Massachusetts since 1931. While offices are physically located in the Town of Ayer, NABH serves as the Board of Health Agent for fifteen-member towns and the community of Devens, providing environmental and public health services to the district.

In 2025, recognizing the shifting conditions taking place within the district, NABH contracted with Crescendo Consulting Group (Crescendo) to conduct a comprehensive community health needs assessment centered on the health needs of their member communities. The process involved a community survey (1,349 responses), 12 in-person focus groups, and 31 one-on-one interviews between July and October 2025. Crescendo also analyzed secondary data pulled from archival data sets from the U.S. Census Bureau American Community Survey, Housing and Urban Development, and the Massachusetts Secretary of States Office, among other sources.

On November 20, Crescendo presented the results to NABH board of health members and select community partners. Session ranked the list of needs according to magnitude, severity, and feasibility. See page 93 for a description of the Hanlon Method used in the prioritization and Appendix B for the Prioritization Presentation. The following table represents the list of needs in rank order because of this meeting. Lower scores are associated with a higher need.

RANK	Need	Score
1	Youth mental health	8.9
2	Isolation and loneliness, especially among older adults	9.3
3	Aging population: long-term care; aging in place	9.4
4	Chronic disease: High blood pressure, cholesterol, obesity	9.8
5	Stress on emergency room and trauma services	9.9
6	Affordable childcare	10.1
7	Cost-burdened households	10.6
8	Worsening healthcare system (overstressed)	11.3
9	Lack of conveniently located providers	11.8
10	Complexity of insurance	11.9
11	Lack of social cohesion in more rural towns	12.4
12	Access to quality education for youth	12.5
13	Negative impact from the current political climate	13.1
14	Lack of population growth; younger families	13.9

NABH intends to distribute this report as broadly as possible and use the information to guide programs, projects and partnerships aimed at addressing the region's highest-priority health issues. We also hope our municipalities can use the disaggregated data found in the Appendix to inform projects, strategy, and funding at the town level.

Introduction

The Nashoba Valley Region and surrounding North Central MA communities are known for their deep agricultural roots, abundant natural resources, and small-town charm. The fifteen towns in the Nashoba Associated Boards of Health (NABH) service area straddle Middlesex and Worcester counties, and twelve of these towns meet 'rural' status.

While the region is rich with natural beauty and close-knit communities, social determinants of health, including healthcare access, social and community context, economic stability, and the built environment profoundly influence health outcomes in these towns.

Our region lost its local community hospital in 2024, and the ripple effects of this closure continue even as community partners step up to close the most obvious gaps. We recognized the importance of evaluating where things stand now in the wake of this closure, and on the heels of the COVID-19 pandemic, which shifted the world immensely in many ways. While other needs assessments have included subsets of our towns, these assessments also encompass demographically dissimilar communities and use mixed methods that make it difficult to synthesize the information comprehensively for the health district. We are pleased to present this community health assessment report, as researched and written by the incredible team at Crescendo Consulting Group, as a comprehensive dive into the community health needs and how those needs may affect the health and health outcomes of the residents in the district.

This community health assessment was a labor of love, and involved many, many hands working in tandem to reach deep into our communities and tap into the perspectives of the people we serve- our residents. We cannot fully express our gratitude to our community partners who helped us get the word out about surveys and focus groups, hosted in-person events, and weighed in on community health priorities. We are also grateful to our Equity Champions, four community members hired to help us make the process accessible and elevate the voices of marginalized folks across the health district. Lastly, we are indebted to our research partner, Crescendo Consulting Group, for approaching our communities with such sensitivity and care while bringing their expertise and depth of knowledge to this process over the past 6+ months. It takes a village, and we are deeply grateful for ours!

We want to be clear: the culmination of this needs assessment process does not represent an end to the work, but rather a beginning. While enacting change is undeniably challenging, our region is shaped by committed residents and organizations who care deeply about their community and strive to build a more vibrant, healthier future for all. We hope that you enjoy reading this report and we encourage you to participate in the work ahead to improve a broad spectrum of health and wellness outcomes for our communities.

Special thanks to Bridgette Pontbriand Photography for the beautiful photos used throughout this report.

About Nashoba Associated Boards of Health

History

Nashoba Associated Boards of Health (NABH) was established in 1931 under a grant from the Commonwealth Fund of New York, and the guidance of the Harvard University of Public Health. The agency provides public health services to member communities in North Central Massachusetts and the Nashoba Valley, in partnership with each community's local Board of Health. The original fourteen towns in the Association banded together to provide the services needed they could not afford to independently offer. The towns have grown and developed over the last 90 years, however, remain essentially rural, isolated and/or financially unable to support the unique public health needs presented.

Home Health services were added in the sixties when the Medicare program was signed into law to provide health coverage and increased financial security for older Americans who were not well served in an insurance market characterized by employment-linked group coverage. Hospice services were added in the eighties when Congress included a provision to create the Medicare hospice benefit. With the addition of Home Health and Hospice services, the name *Nashoba Nursing Service & Hospice (NNS&H)* was adopted to help distinguish the different facets of the agency. *NNS&H closed in August 2023.*

Fast forward to the present day, and the agency is divided into two divisions, each focusing on different, complementary areas of public health. NABH is comprised of the Environmental and Public Health Nursing divisions.

Nashoba Associated Boards of Health (NABH) serves as the Board of Health Agent for 15 member towns and the community of Devens, providing environmental and public health services to the district. We are proud to be one of the first regional public health departments in Massachusetts.

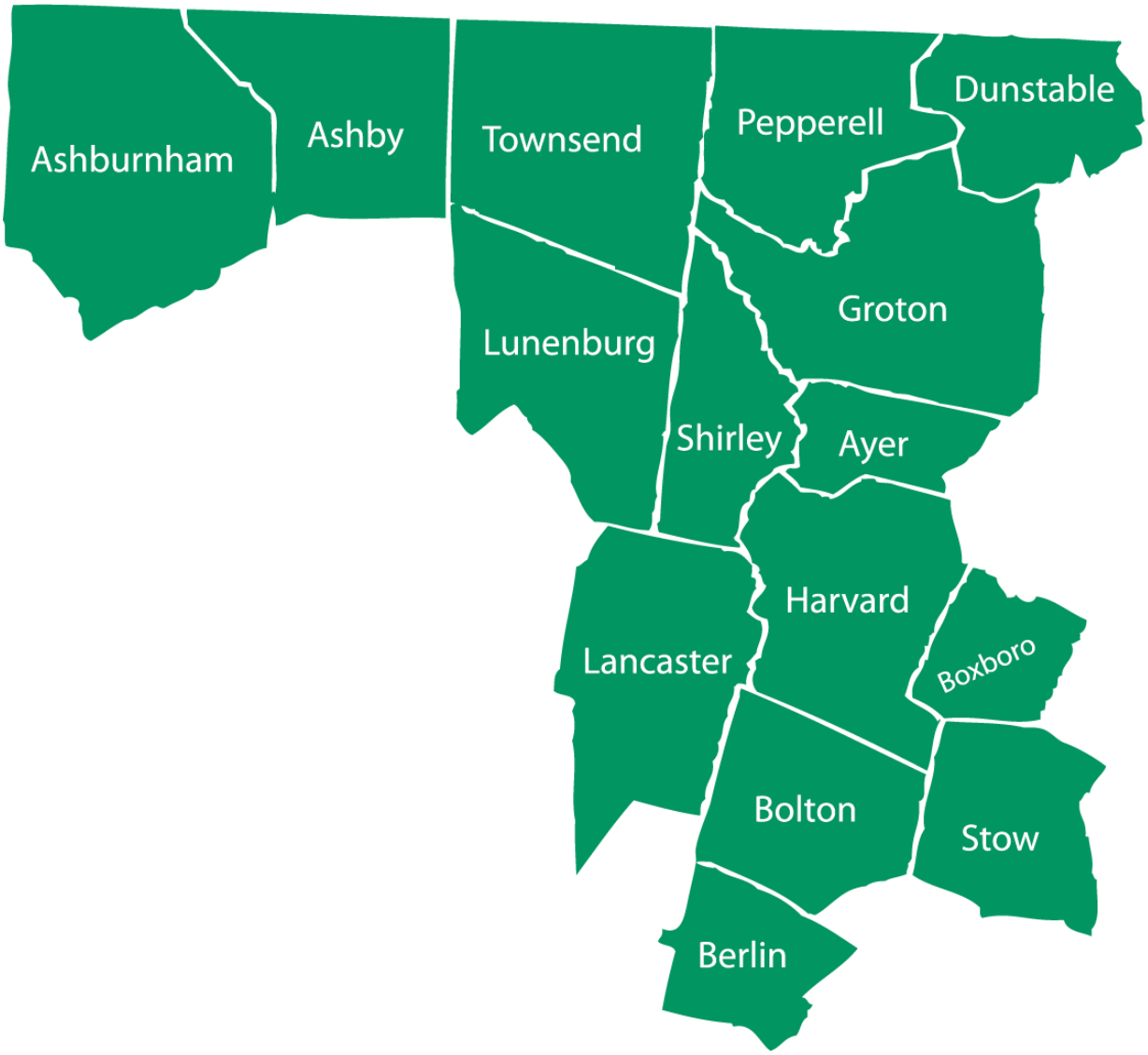
Mission Statement

NABH provides public health services to member communities in North Central Massachusetts, in partnership with each community's local Board of Health. We are dedicated to serving all our community residents of any age, particularly the underserved and at-risk. Our goal is to promote healthy people, healthy families, and a healthy environment through compassionate care, education, enforcement, and prevention.

Members and Service Area

As shown in Exhibit 1, there are fifteen North Central Massachusetts towns who are members of the Association. Member towns include Ashburnham, Ashby, Ayer, Berlin, Bolton, Boxborough, Dunstable, Groton, Harvard, Lancaster, Lunenburg, Pepperell, Shirley, Stow, Townsend, and the community of Devens.

EXHIBIT 1: NASHOBA ASSOCIATED BOARDS OF HEALTH MEMBER TOWNS



Source: NABH website

Methodology

Secondary Data

These data provide a critical insight into the demographics of the NABH service area, social drivers of health, health outcomes, and behavioral health-related measures, among others. The data was mainly collected from the U.S. Census Bureau American Community Survey, the United States Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, National Provider Identifier Registry, and other state and national databases. Source citations are provided for all secondary sources.

Qualitative Data

Research included 31 one-on-one stakeholder interviews, 12 focus groups, reaching a total of 74 community members through community engagement. The primary qualitative data was collected between July and September of 2025.

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included one-on-one key informant interviews and focus groups. Key informant interviews included individuals who work closely with populations that may have unique or significant health needs. Key informant interviews were conducted virtually.

Focus groups were conducted in person and virtually. Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one key informant interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members.

Content and thematic analyses[1] were conducted using ATLAS.ti software to extrapolate the strengths, community context, root causes, and action areas of the community.

> **Strengths** are assets within the community that can serve as resources to address the needs identified.
>
> **Community context** includes factors that allow for a deeper understanding of the community so that needs and their root causes are addressed in a way that is responsive to the culture and identity of the community.

[1] Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. https://doi.org/10.1111/nhs.12048

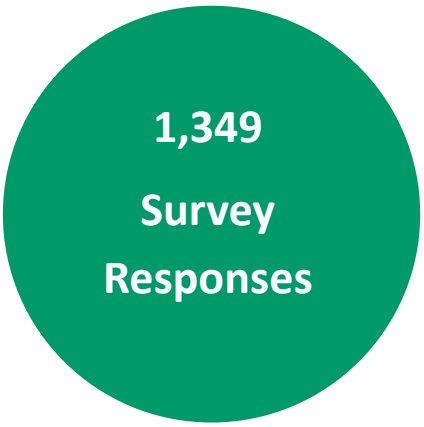
Root Causes are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

Action Areas are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

These four concepts are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, systemic considerations, community need root causes, and action areas identified throughout the data.

Community Survey

A survey was conducted via SurveyMonkey and paper copies in English, Spanish, Portuguese, and Haitian-Creole to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. Survey data collection efforts were supplemented by a UMass Lowell student who conducted in-person outreach in the towns of Lancaster and Shirley. The survey was open between July 30, 2025, and October 7, 2025.



The questionnaire included closed-end, need-specific questions and demographic questions. Invitations to participate were distributed by partners through channels including Nashoba partners, websites, social media, flyers, and email listservs among other methods.

There were 1,349 valid survey responses from community members within the Nashoba Associated Boards of Health service area included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, such as how questions were worded or ordered.

Full survey results can be found in Appendix D: Community Survey.

Access Audit

A Crescendo Consulting Group team member made thirteen calls to NABH area service providers during the week of August 25, 2025. The purpose of these calls is to understand practical access to care issues perceived by health service consumers. Calls were used to determine ability to accept new patients or clients, expected waiting times to receive services, and to provide referrals, among other criteria.

Needs Prioritization Process

The needs prioritization is a critical final step in the Community Health Needs Assessment process. Crescendo presented the quantitative and qualitative research results to the NABH Board and select partners on November 20, 2025. Session participants then voted on the list of needs according to magnitude, severity, and feasibility. Crescendo Consulting Group used a modified Hanlon Method to score the voting and identify the top priorities in NABH's service area. A full list of needs and a complete description of the process is provided on page 92.

Data limitations

Secondary data sources are often large-scale efforts that take time to collect, clean, and analyze data prior to publication. Due to the time required between data collection and publication, many of these sources publish data collected up to 18 to 24 months before publication. Therefore, while this report was published in 2025, many data sources cited herein are dated in prior years. Data available from rural areas can also be limited due to small numbers.

Qualitative data collection efforts can be affected by the rurality in the regions where data collection efforts were conducted. Participation is also often limited to those who choose to or can engage, which may not reflect the experiences of everyone in a community.

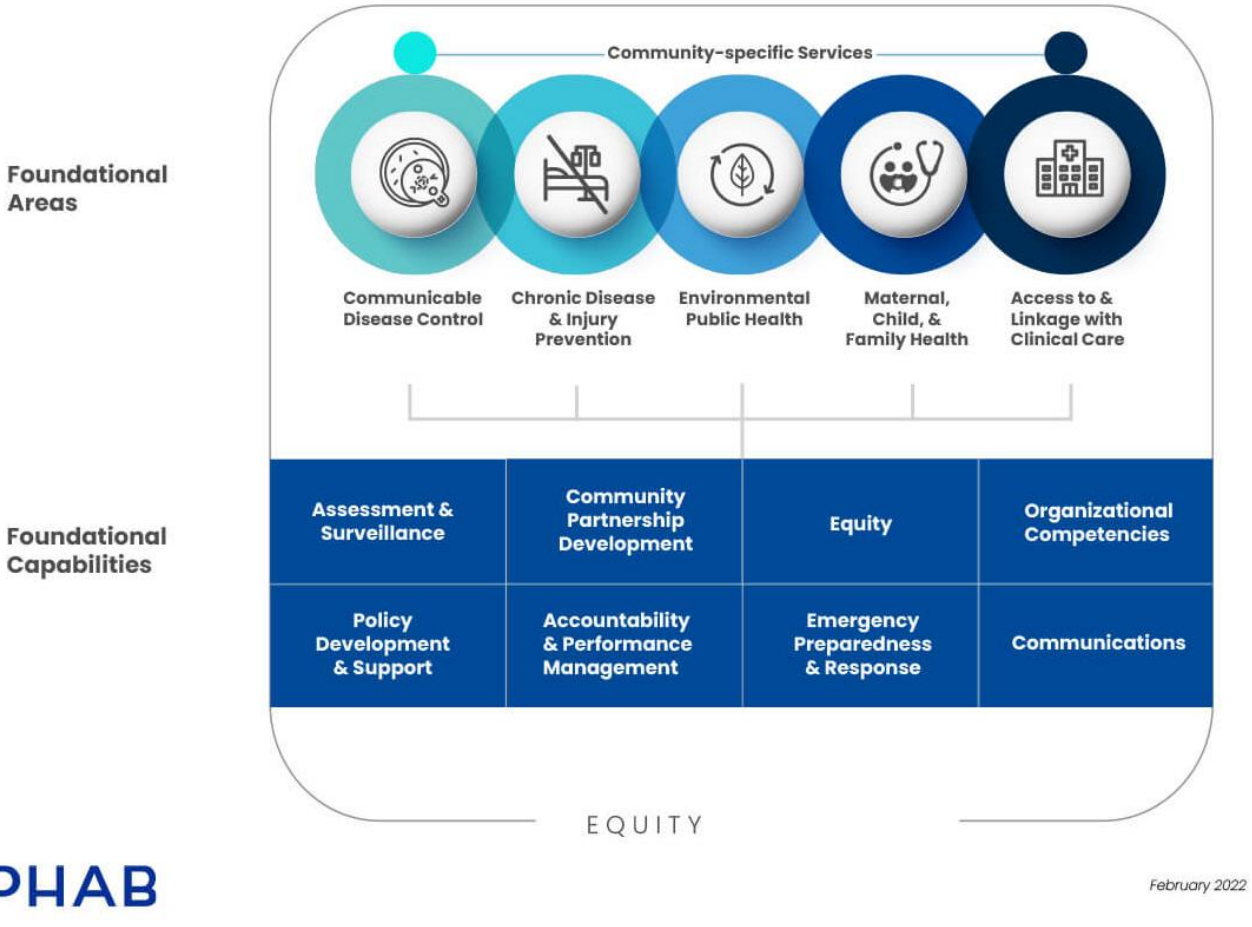
While the community survey served as a practical tool for capturing insights from individuals across Nashoba Associated Boards of Health service area, this was not a random sample. Findings should not be interpreted as representative of the full population. Additionally, sample sizes of demographic subpopulations are too small to be representative of their respective subgroupings. Differences in responses have not been tested for statistical significance as part of this assessment.

Foundational Public Health Services

As part of the State Action for Public Health Excellence (SAPHE) program, the Massachusetts Department of Public Health's Office of Local and Regional Health (OLRH) is adopting the FPHS framework for Massachusetts' local public health system. This framework sets a minimum level of services that should be available in every community. The next version of Performance Standards for Local Public Health based on Massachusetts laws and regulations will include the FPHS framework with guidance and support to be offered by OLRH to local public health in adopting the FPHS framework.[2] Centered on equity, which is also a foundational capability, the FPHS is shown in five foundational areas.

Exhibit 2 illustrates the eight foundational capabilities including the necessary skills to effectively support programming and services in the five foundational areas.

EXHIBIT 2: FOUNDATIONAL PUBLIC HEALTH SERVICES



Source: Public Health Accreditation Board

[2] Massachusetts OHHS, Office of Local and Regional Health, Performance Standards for Local Public Health. Accessed December, 2025: Foundational Public Health Services (FPHS) for local public health | Mass.gov

Social Drivers of Health

Healthy People 2030 sets data-driven national objectives to improve health and well-being of communities across the United States. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion.

Healthcare access and quality measures include health insurance, number of providers, specialty care, or distance one must drive to get to medical appointments. **Neighborhood and built environments** include health and safety measures that describe the places where people are born, live, learn, work, play, worship, and age. **Social and community context** focuses on the social supports people need to thrive live safety, discrimination, and affordability of things needed for daily living. **Economic stability** leans a little deeper into measures for affordable housing, food, and employment. **Education access and quality** measures the pillars that are needed to fully participate in society such as educational attainment and outcomes.

The identified needs of the CHNA use similar language to the Healthy People 2030 objectives and indicators. For more information about Healthy People 2030, please visit https://odphp.health.gov/healthypeople.[3]

How to Read This Report

This CHNA aims to give a holistic depiction of the health and well-being of those living within the NABH service area. Each section includes summary data from the primary and secondary quantitative and qualitative data. There is a full set of secondary quantitative data tables in Appendix A that includes data beyond what was highlighted in the report. While the report aims to be comprehensive, it is not an exhaustive list of all the challenges and data for the region.

[3] ODPHP, n.d. Social Determinants of Health.

Secondary Data Findings

Demographics

The 15 towns and the community of Devens that are included in this assessment represent a diverse mix of small rural towns and more densely populated communities across northern Massachusetts. Population size ranges from fewer than 3,200 residents to over 11,500, with distinct demographic characteristics across the region.

Overall, the region's population is expected to grow, even while the population of the State of Massachusetts is expected to decline modestly. Two of the 15 towns are expected to show modest decreases in population while the remaining are expected to increase in percent changes in population growth by 2029 with Berlin topping that growth projections at +11.2% change as shown in Exhibit 3.

EXHIBIT 3: PROJECTED PERCENT CHANGE IN POPULATION, 2013 TO 2023 AND 2023 TO 2029

	Total Population (2013)	Total Population (2023)	Percent Change (2013-2023)	Total Population (2029)	Percent Change (2023-2029)
Ashby	3,114	3,188	2.40%	3,246	1.80%
Dunstable	3,255	3,375	3.70%	3,453	2.30%
Berlin	2,886	3,311	14.70%	3,681	11.20%
Boxborough	5,048	5,468	8.30%	5,904	8.00%
Bolton	4,967	5,698	14.70%	6,259	9.80%
Ashburnham	6,119	6,357	3.90%	6,566	3.30%
Shirley	7,435	7,017	-5.60%	6,866	-2.20%
Harvard	6,540	6,881	5.20%	7,095	3.10%
Stow	6,737	7,109	5.50%	7,409	4.20%
Lancaster	7,989	8,470	6.00%	8,465	-0.10%
Townsend	9,037	9,052	0.20%	9,094	0.50%
Ayer	7,585	8,491	11.90%	9,162	7.90%
Groton	10,842	11,265	3.90%	11,576	2.80%
Pepperell	11,645	11,656	0.10%	11,715	0.50%
Lunenburg	10,549	11,804	11.90%	12,719	7.80%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Age distribution varies widely. Some towns have a larger share of older adults, while others have more children and younger families. The percentage of residents under age 18 ranges from 12.5% to 27.7%, and the share of residents age 65 and older ranges from 13.9% to 30.4%. Some municipalities saw the median age of residents increase by double digits between 2013 and 2023, while others saw the median age decline.

EXHIBIT4: MEDIAN AGE PERCENT CHANGE, 2013 TO 2023

	Median Age (2013)	Median Age (2023)	Percent Change (2013-2023)
Harvard	45.6	42.2	-7.5%
Groton	43.6	40.4	-7.3%
Ayer	42.5	39.6	-6.8%
Dunstable	44.2	41.6	-5.9%
Bolton	43.1	41.2	-4.4%
Lunenburg	44.2	42.4	-4.1%
Ashburnham	42.4	41.3	-2.6%
Boxborough	43.7	42.8	-2.1%
Pepperell	43.1	42.6	-1.2%
Massachusetts	39.2	40.0	2.0%
Townsend	41.1	42.0	2.2%
United States	37.3	38.7	3.8%
Stow	42.2	44.8	6.2%
Berlin	45.5	50.4	10.8%
Lancaster	38.3	42.7	11.5%
Ashby	44.8	50.2	12.1%
Shirley	39.0	44.3	13.6%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Racial and ethnic composition differs across communities. In some municipalities, the population is predominantly White, while others are more racially and ethnically diverse. The proportion of municipalities where residents identify as white averages 84.7% with ranges from 68.0% to 94.9%.

EXHIBIT 5: POPULATION BY RACE [4], 2023

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other	Two or More Races
United States	63.4%	12.4%	0.9%	5.8%	0.2%	6.6%	10.7%
Massachusetts	70.7%	7.0%	0.2%	7.1%	0.0%	5.4%	9.5%
Ashburnham	87.6%	0.8%	0.2%	4.5%	0.0%	1.1%	5.8%
Ashby	94.9%	0.0%	0.0%	0.4%	0.0%	0.0%	4.7%
Ayer	74.1%	4.2%	0.1%	4.5%	0.0%	4.5%	12.6%
Berlin	90.3%	1.9%	0.0%	2.2%	0.0%	0.8%	4.9%
Bolton	84.5%	0.2%	0.7%	5.5%	0.0%	1.9%	7.3%
Boxborough	68.0%	8.5%	0.0%	18.0%	0.0%	1.0%	4.5%
Dunstable	91.0%	1.2%	0.0%	2.3%	0.0%	0.1%	5.3%
Groton	84.9%	1.0%	0.0%	6.0%	0.0%	0.6%	7.4%
Harvard	81.0%	6.1%	0.4%	5.2%	0.0%	0.0%	7.4%
Lancaster	86.0%	4.9%	0.2%	0.2%	0.0%	1.9%	6.8%
Lunenburg	87.0%	2.1%	0.0%	3.4%	0.0%	3.7%	3.8%
Pepperell	86.5%	2.7%	0.0%	5.7%	0.0%	0.5%	4.6%
Shirley	82.4%	6.6%	0.0%	2.5%	0.2%	5.0%	3.2%
Stow	83.5%	3.2%	0.0%	5.4%	0.0%	3.4%	4.6%
Townsend	88.3%	3%	0%	3.3%	0%	1.1%	4.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[4] Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population, or the group who reported only one race. https://www.census.gov/glossary/?term=Race+alone

Language diversity is also a consideration. In certain towns, a few residents speak a language other than English at home. The percentage of households where English is the only language spoken at home averages 89.4%, ranging from 76.0% in Boxborough to 95.9% in Ashby.

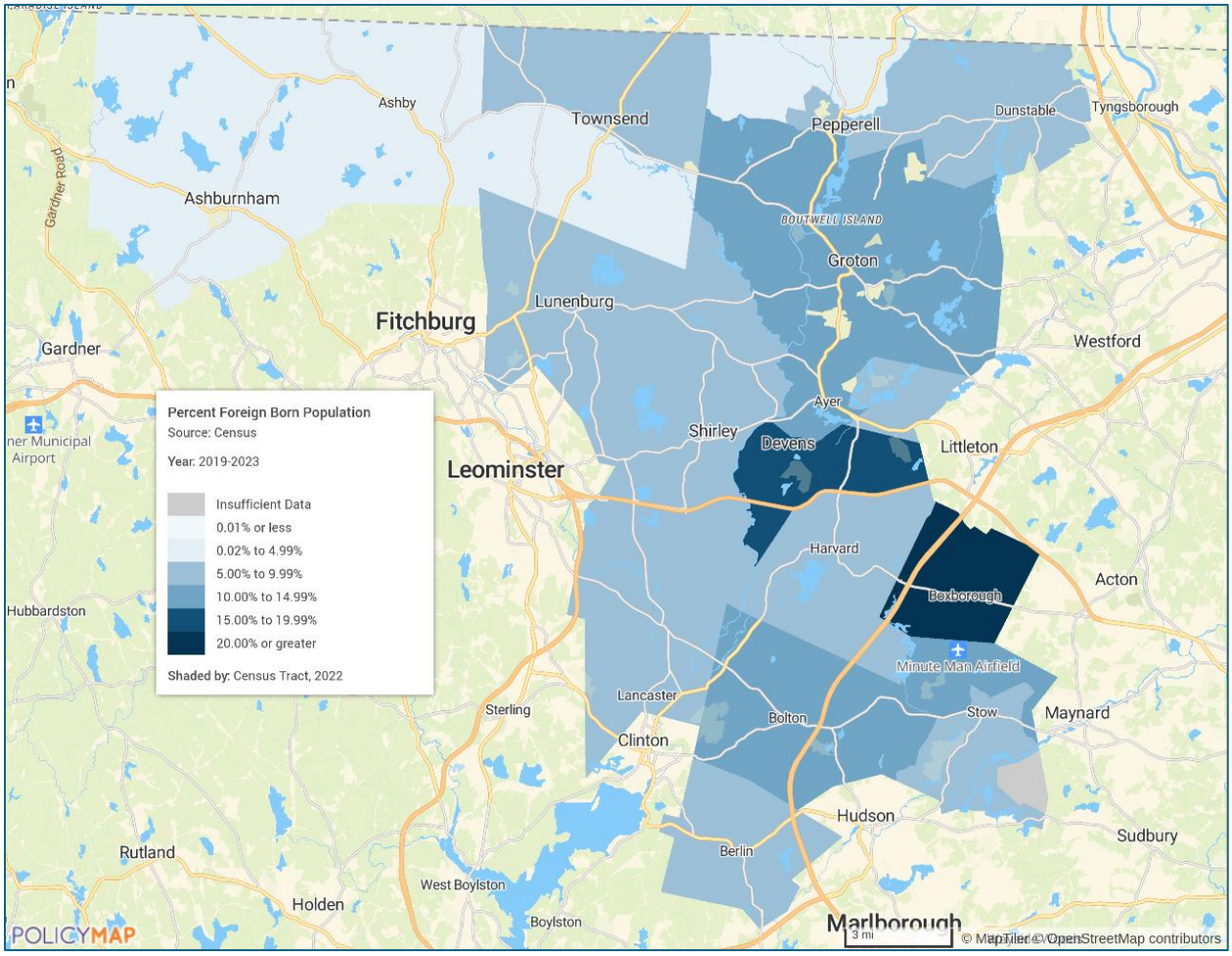
EXHIBIT 6: LANGUAGE SPOKEN AT HOME, 2023

	English Only	Spanish	Asian-Pacific Islander	Other Indo-European	Other
United States	78.0%	13.4%	3.5%	3.8%	1.2%
Massachusetts	75.2%	9.6%	4.4%	9.2%	1.6%
Ashburnham	97.6%	0.7%	0.0%	1.7%	0.0%
Ashby	95.9%	0.6%	0.1%	2.6%	0.8%
Ayer	88.5%	4.8%	2.2%	2.4%	2.1%
Berlin	91.3%	0.8%	1.5%	6.5%	0.0%
Bolton	90.4%	1.2%	3.8%	4.5%	0.1%
Boxborough	76.0%	1.4%	9.3%	9.9%	3.4%
Dunstable	92.1%	1.2%	1.4%	4.6%	0.7%
Groton	89.6%	1.8%	2.2%	5.8%	0.6%
Harvard	82.3%	10.3%	2.7%	4.4%	0.3%
Lancaster	87.9%	6.8%	0.3%	4.4%	0.6%
Lunenburg	89.0%	3.6%	2.9%	3.8%	0.6%
Pepperell	90.2%	1.8%	4.7%	2.9%	0.4%
Shirley	88.1%	6.4%	1.5%	3.8%	0.2%
Stow	88.8%	0.9%	4.7%	5.4%	0.2%
Townsend	92.9%	1.2%	2.5%	3.1%	0.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

In some communities, the share of residents who were born outside the United States varies across the region, ranging from 0.5% to 7.9%, contributing to cultural diversity and multilingual needs.

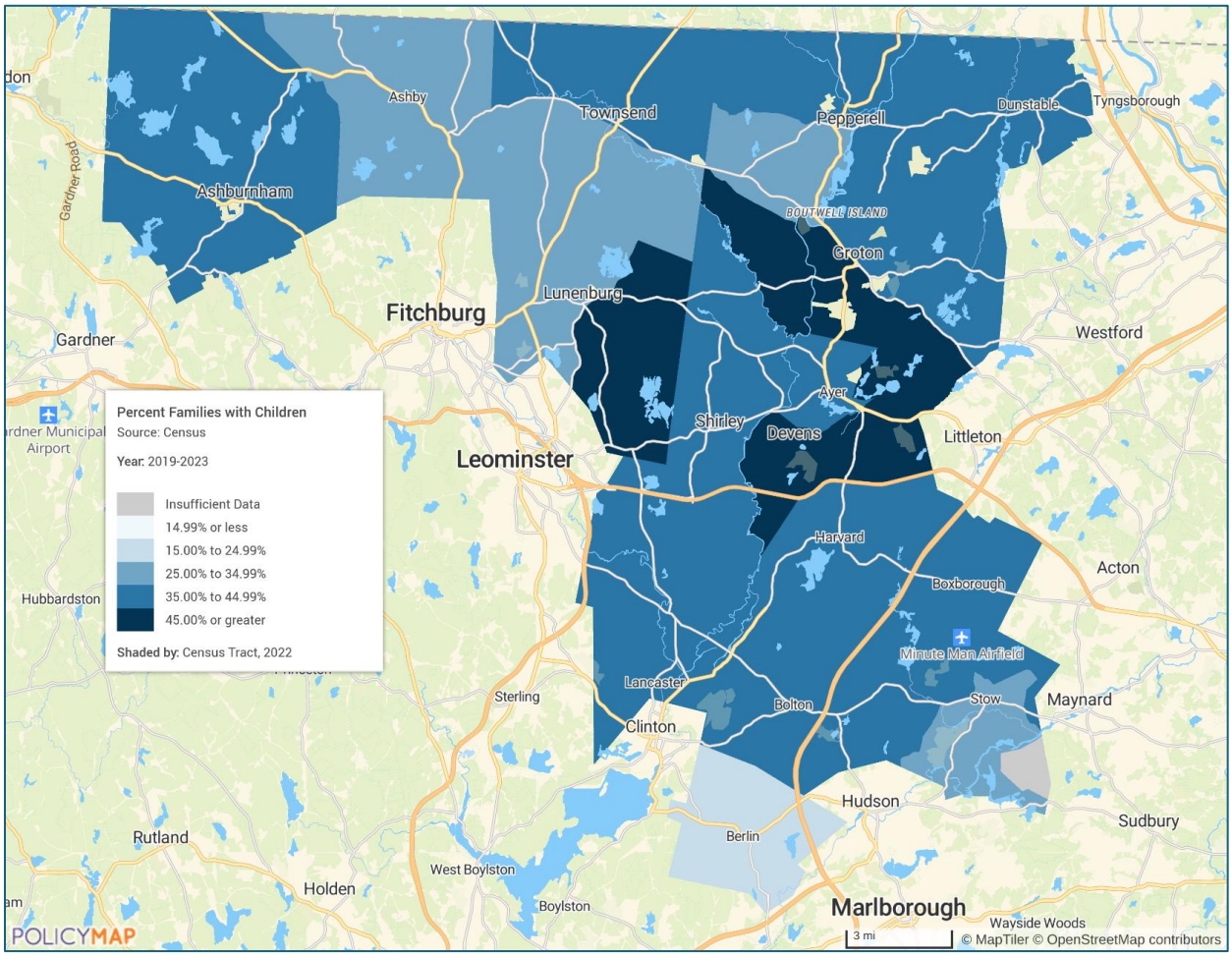
EXHIBIT 7: PERCENT OF POPULATION THAT IS FOREIGN-BORN, 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Household structure varies by town. Some municipalities are more likely to have families with children than others. For example, in Berlin, about 1 in 7 families have children, while in Ayer and Groton, nearly 1 in 2 families have children. These patterns can influence housing needs, social support structures, and the type of healthcare needed.

EXHIBIT 8: PERCENT OF HOUSEHOLDS WITH CHILDREN, 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Disability status also varies throughout the region. The percentage of residents living with a disability range from 4.3% to 18.2%, which may affect mobility, transportation, and access to care in certain areas. Below describes the population living with a disability by type by municipality. This information can assist healthcare providers and municipal planners alike in planning for the accommodation needed for their patients and residents. This is particularly important in planning to accommodate older residents who are likely to live with more than one type of disability.

EXHIBIT 9: POPULATION LIVING WITH DISABILITY BY TYPE, 2023

	Vision Difficulty	Hearing Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Independent Living Difficulty
United States	2.4%	3.6%	5.1%	6.3%	4.5%
Massachusetts	1.9%	3.1%	5.1%	5.4%	4.5%
Ashburnham	0.4%	3.7%	2.6%	3.0%	1.5%
Ashby	0.3%	1.7%	1.6%	4.5%	2.6%
Ayer	3.9%	2.5%	6.0%	6.6%	5.2%
Berlin	3.7%	6.9%	4.7%	8.3%	6.7%
Bolton	0.8%	1.7%	0.8%	1.5%	0.9%
Boxborough	0.0%	2.7%	1.8%	1.1%	0.6%
Dunstable	0.6%	3.1%	4.0%	1.2%	3.0%
Groton	1.2%	1.7%	3.1%	3.2%	2.2%
Harvard	1.4%	1.5%	2.4%	2.2%	2.2%
Lancaster	1.6%	2.8%	2.9%	5.1%	3.9%
Lunenburg	1.9%	3.1%	5.2%	5.0%	3.3%
Pepperell	4.7%	4.3%	4.2%	3.1%	3.0%
Shirley	2.2%	7.0%	5.7%	4.2%	4.6%
Stow	1.2%	4.4%	3.8%	3.0%	2.2%
Townsend	1.3%	3.2%	4.5%	4.6%	2.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

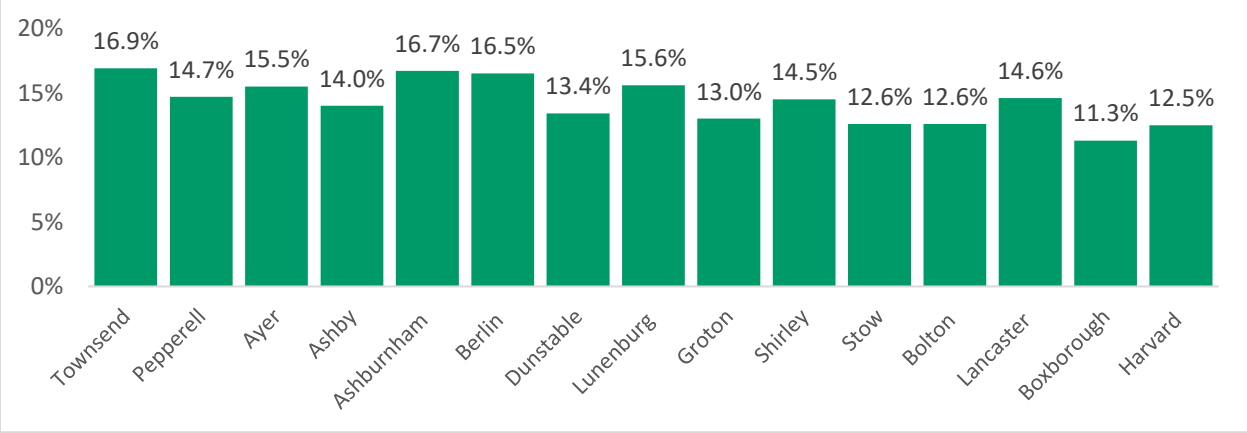
Together, these characteristics highlight the demographic diversity of the region. Understanding these differences can help ensure that programs and services are tailored to meet the unique needs of each community.

Health Outcomes

Health outcomes can be viewed as a 'report card' for how well the community and its support systems and environment are working to get, and keep, the community members. These are not part of the social determinants of health, but a measure of the overall health of a community. Both physical and behavioral health outcomes are discussed below.

Exhibit 10 depicts the percentage of individuals who have self-reported poor mental health for 14 or more days in the past 30 days. Within the NABH service area, on average, over 1 in 10 (14.3%) of adults report poor mental health.

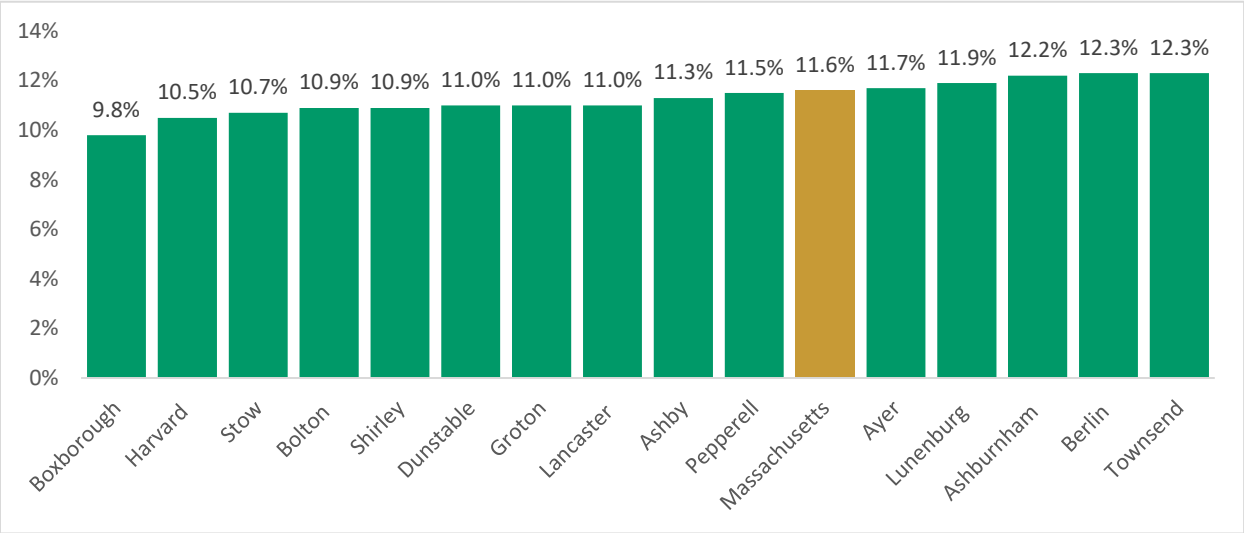
EXHIBIT 10: SELF-RATED POOR MENTAL HEALTH AMONG ADULTS, 2022



Source: CDC BRFSS Places 2022

In the NABH service area, about one in ten (11.3%) of adults reported having been diagnosed having asthma by a provider, with rates ranging from 9.8% to 12.3%. Asthma is influenced by environmental, genetic, and lifestyle factors, which can be influenced by allergens, pollutants, obesity, and occupational exposures. Individuals living with asthma can avoid allergens and other pollutants, regularly visit provider to maintain care and medications, and receive required vaccinations to help prevent or manage asthma.[5]

EXHIBIT 11: CHRONIC DISEASE AMONG ADULTS, ASTHMA, 2022

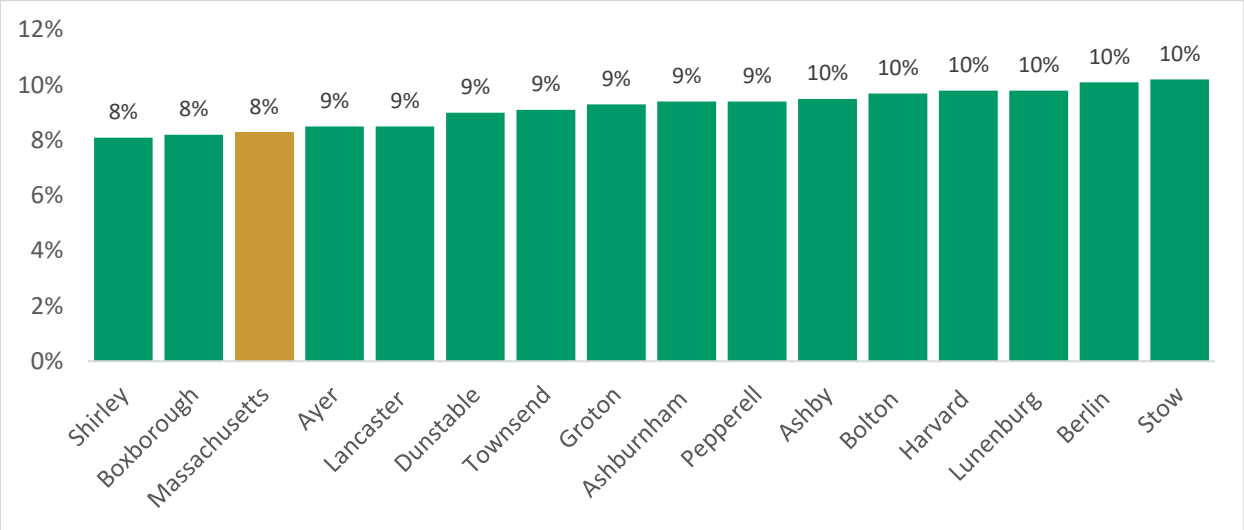


Source: CDC BRFSS Places 2022

[5] CDC, About Asthma. https://www.cdc.gov/asthma/about/index.html

Approximately 1 in 10 adults in the NABH service area have been diagnosed with cancer, not including melanoma cancer. Cancer risk increases with factors like tobacco use, alcohol use, physical inactivity, or family history. To reduce the risk of cancer, individuals can minimize harmful environmental exposures, get regular screenings, limit their alcohol consumption, and maintain healthy body weight. In addition, the HPV and hepatitis B vaccine can help to reduce the risk of cancer.[6]

EXHIBIT 12: CHRONIC DISEASE AMONG ADULTS, CANCER (EXCEPT SKIN CANCER), 2022



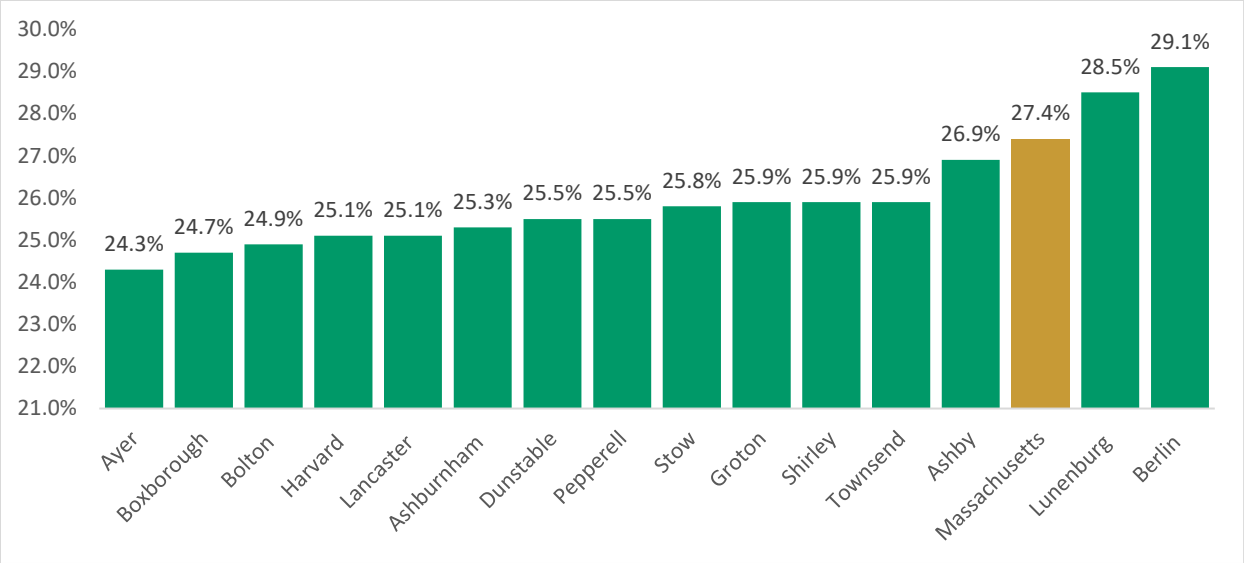
Source: CDC BRFSS Places 2022

[6] CDC, Preventing Cancer. https://www.cdc.gov/cancer/prevention/index.html

High blood pressure is diagnosed by consistently having a reading of 130/80 mmHg and it usually does not have symptoms. Individuals with high blood pressure risk damage to their heart, brain, kidneys, and eyes over time. No matter what someone's age, everyone can take steps to keep blood pressure in a healthy range. This could include lifestyle changes as well as taking blood pressure medications.[7]

On average, about one in five or 26% of residents within the NABH service have been told by a doctor they have high blood pressure. This is lower than the national average of 1 in 3 or 32.7%.

EXHIBIT 13: CHRONIC DISEASE AMONG ADULTS, HIGH BLOOD PRESSURE, 2022

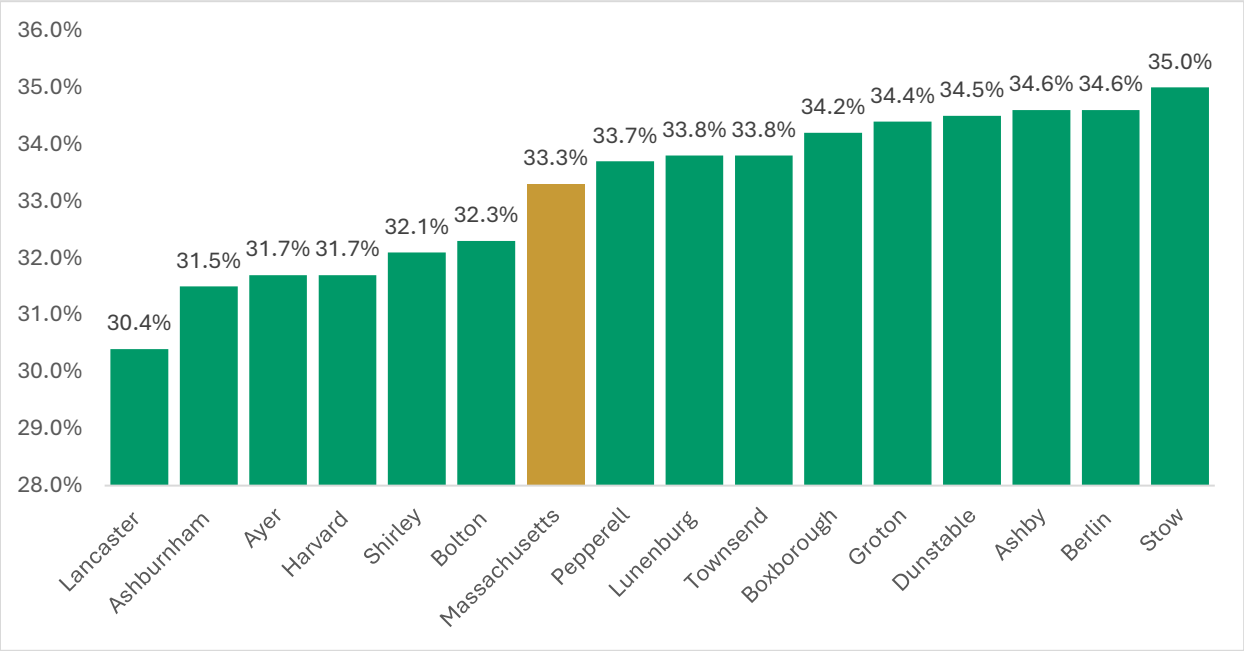


Source: CDC BRFSS Places 2022

There are three types of cholesterol, low-density lipoprotein (LDL), high-density lipoprotein (HLD), and triglycerides. High cholesterol is determined when there are high amounts to total cholesterol as measured through a blood test. High cholesterol increases the risk for heart disease and stroke and is often treated and managed by choosing foods lower in saturated and trans fats and maintaining a healthy weight and taking medications. Regular screening can help diagnose high cholesterol and help patients reduce their risks.[8] On average about 1 in 3 people living in the NABH service area have been told by a healthcare provider they have high cholesterol in 2022.

[7] CDC, About High Blood Pressure. https://www.cdc.gov/high-blood-pressure/about/index.html
[8] CDC, About Cholesterol. https://www.cdc.gov/cholesterol/about/index.html

EXHIBIT 14: CHRONIC HEART DISEASE AMONG ADULTS, HIGH CHOLESTEROL, 2022



Source: CDC BRFSS Places 2022

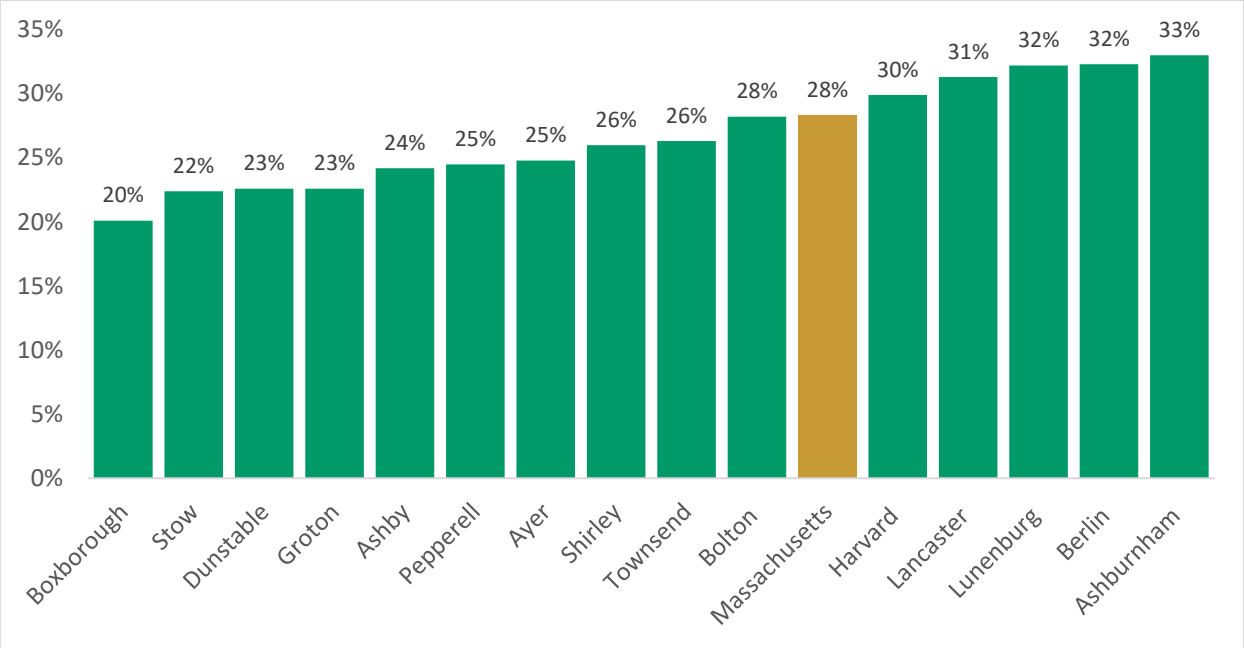
Obesity is a common, serious, and costly chronic disease. A person is considered obese if their body mass index (BMI) is greater than 30. BMI calculators consider a person's height, weight, and age and are just one measure of a person's overall health.[9] Obesity can lead to numerous other health conditions such as high blood pressure, type 2 diabetes, heart disease, and certain types of cancers. Children with obesity are more likely to be obese as adults.[10] Risk factors for obesity include lack of physical activity, unhealthy diet that contains too much added sugars and not enough fruit and vegetables, lack of sleep, and too much screen time.[11]

There are several ways a person's environment can influence their ability to maintain a healthy weight. Some examples include access to healthy affordable food, safe places for physical activity, community designs that support walking and biking to work, economic stability, and more.

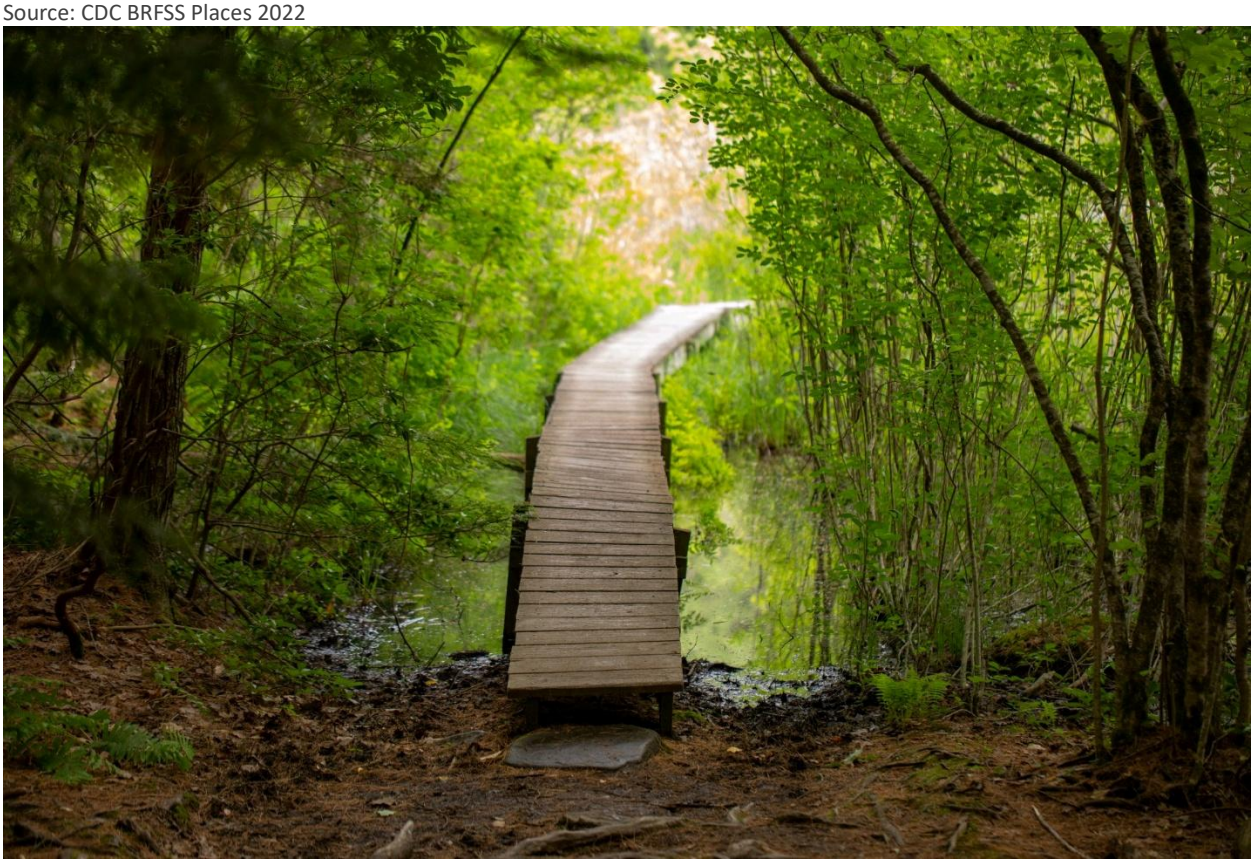
[9] CDC, Adult BMI Categories. https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html
[10] CDC, About Obesity. https://www.cdc.gov/obesity/php/about/index.html
11 CDC, Risk Factors for Obesity. https://www.cdc.gov/obesity/risk-factors/risk-factors.html

Across the NABH service area, about one in four adults (25%) have been told by a doctor that they are obese. This is slightly lower than the state and the nation where one in three adults have been diagnosed as obese.

EXHIBIT 15: HEALTH BEHAVIORS AMONG ADULTS, OBESITY, 2022



Source: CDC BRFSS Places 2022



Healthcare Access and Quality

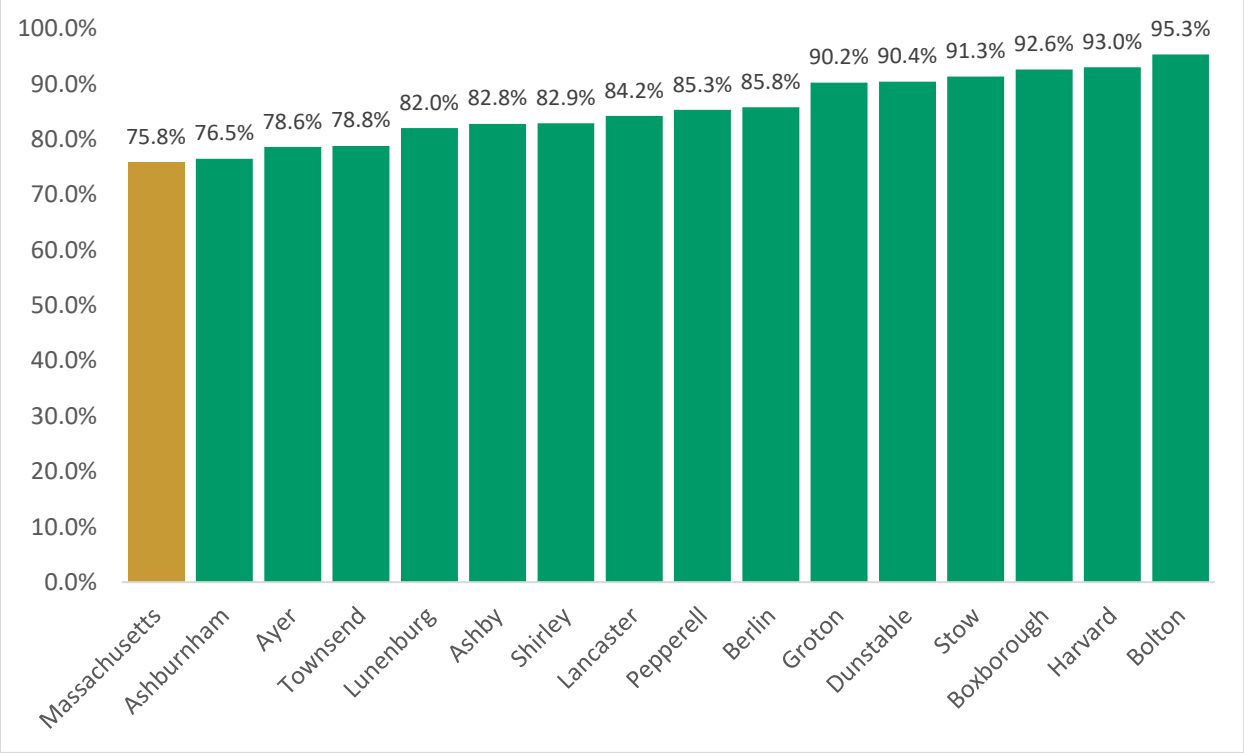
Health Care Access and Quality is one of the five social drivers of health. Health care access and quality can impact a person's health outcomes and overall well-being by influencing the availability, effectiveness, and safety of health services. Vulnerable populations often face barriers to high-quality health care due to socioeconomic disparities, insurance gaps, and limited availability or access to providers among other factors.

ODPHP, n.d. Health Care Access and Quality.

Insurance coverage typically falls into four categories: private insurance, public insurance, both, or the uninsured. It is important to note that insurance coverage does not always guarantee healthcare access since not all providers accept all forms of insurance. This impact is especially felt by those insured by publicly funded plans.

Private insurance coverage includes plans provided through an employer or union, direct-purchase plans, TRICARE or other military plans. The towns served in the NABH service area all have more individuals covered by private health insurance than Massachusetts as a whole, ranging from 77% to 95%.

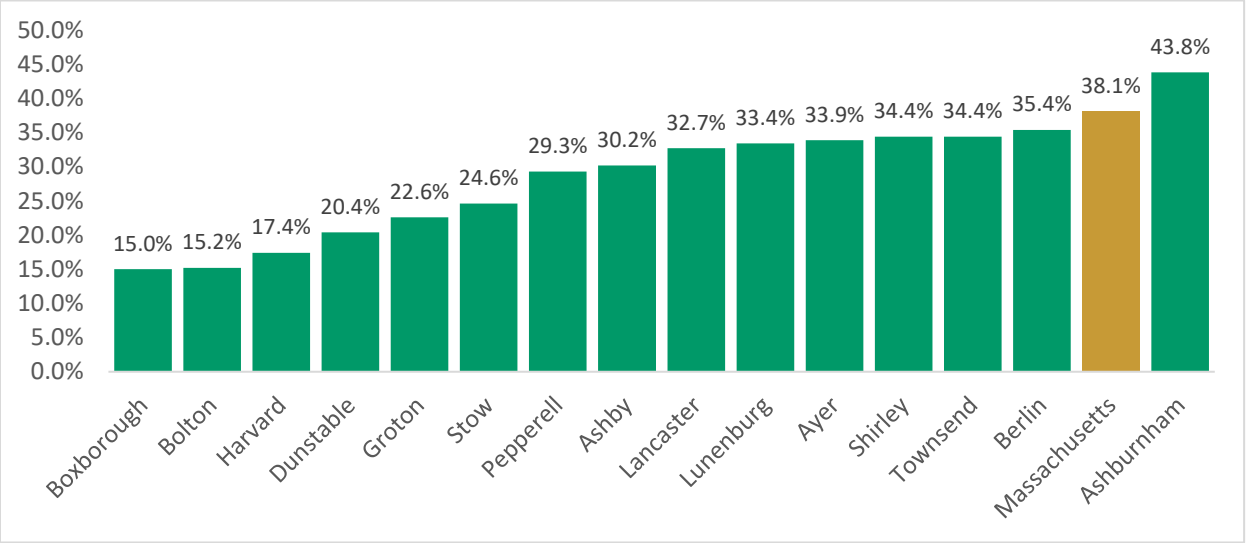
EXHIBIT 16: PERCENT POPULATION WITH PRIVATE HEALTH INSURANCE



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-Year Estimates

Public insurance includes coverage from Medicare, Medicaid, and VA Health Care. Fewer residents within the NABH service are publicly insured on average (28.2%) than in the state of Massachusetts (38%).

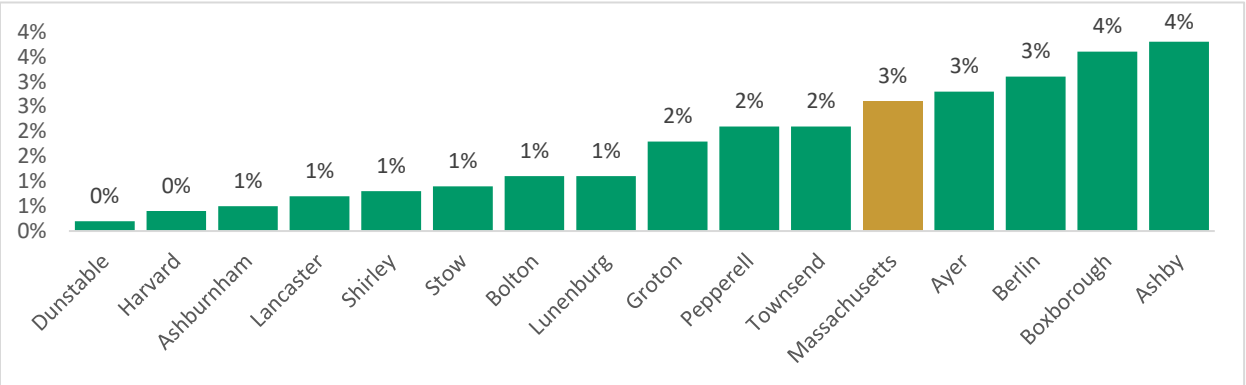
EXHIBIT 17: PERCENT POPULATION WITH PUBLIC HEALTH INSURANCE



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-Year Estimates

Individuals who are uninsured do not have coverage from either public or private health care insurance. There are few individuals within the NABH service area who do not have some sort of insurance coverage, about 1.7% on average.

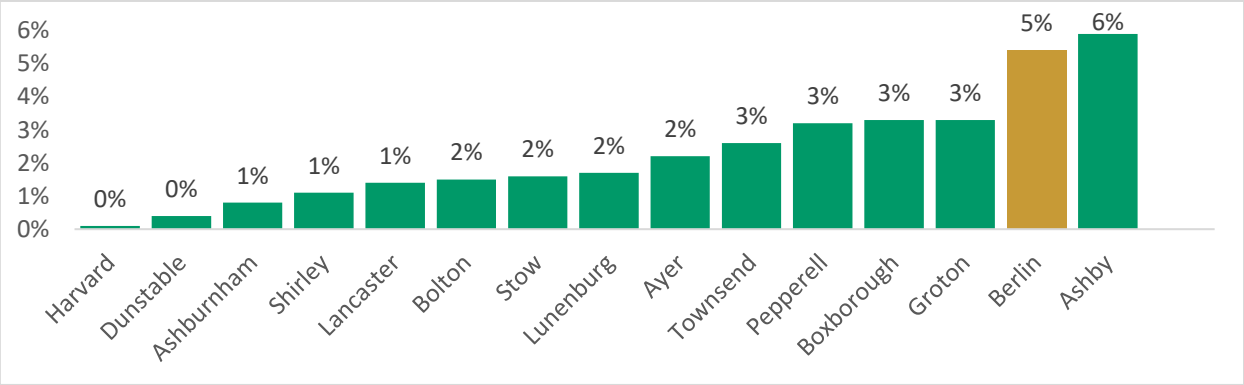
EXHIBIT 18: UNINSURED POPULATION



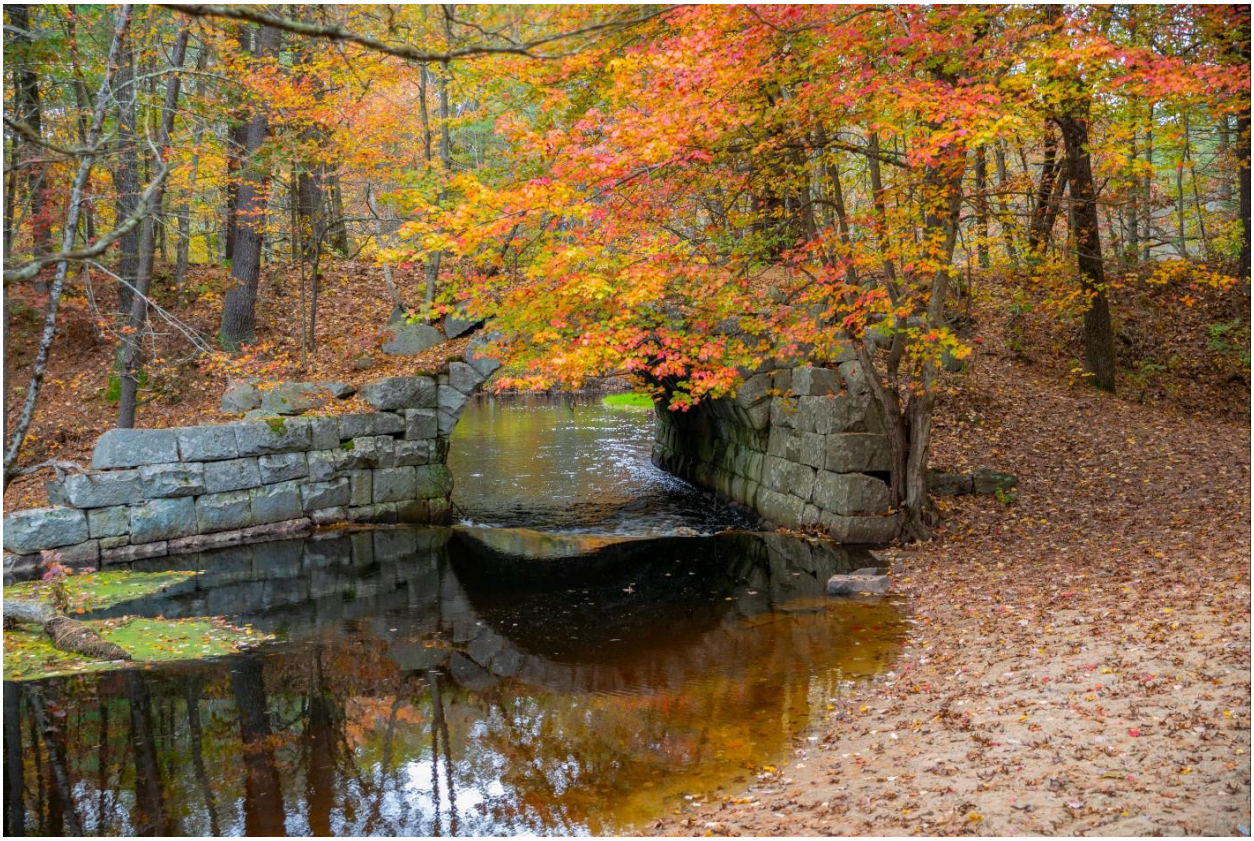
Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

On average, there is a low rate of individuals without any form of health insurance among those between the ages of 19 to 64. This could point to either mostly employed individuals or also highlight the impact of Medicare eligibility upon turning 65.

EXHIBIT 19: UNINSURED POPULATION, AGE 16-94



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



The health care provider ratio represents the number of individuals for every one provider. The higher the ratio, the more people each individual provider needs to potentially serve. No data (ND) is displayed when there are no providers registered through NPI in that town.

It is important to keep in mind that not all providers practice full time or accept all insurances. Access to providers can be further influenced by transportation, employment, and family support.

EXHIBIT 20: HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2025

	Primary Care Physician	Primary Care Nurse Practitioner	Dentist	Mental Health Provider	Pediatrician	Obstetrics Gynecology OBGYN	Midwife and Doula
United States	734: 1	922: 1	1,351: 1	465: 1	681: 1	2,861: 1	7,026: 1
Massachusetts	535: 1	759: 1	973: 1	239: 1	353: 1	2,532: 1	4,110: 1
Ashburnham	3,179: 1	6,357: 1	6,357: 1	530: 1	ND	ND	ND
Ashby	ND	ND	ND	797: 1	ND	ND	1,613: 1
Ayer	1,213: 1	1,698: 1	8,491: 1	943: 1	ND	4,356: 1	ND
Berlin	1,656: 1	ND	ND	1,104: 1	ND	ND	ND
Bolton	950: 1	5,698: 1	1,140: 1	570: 1	ND	ND	ND
Boxborough	ND	5,468: 1	ND	781: 1	ND	ND	2,901: 1
Dunstable	ND	ND	ND	1,125: 1	ND	ND	ND
Groton	1,229: 1	886: 1	828: 1	488: 1	699: 1	2,493: 1	8,725: 1
Harvard	405: 1	1,376: 1	6,881: 1	246: 1	1521: 1	ND	1,556: 1
Lancaster	2,823: 1	4,235: 1	2,118: 1	1,694: 1	ND	ND	3,867: 1
Lunenburg	1,967: 1	3,935: 1	1,476: 1	1,686: 1	ND	ND	ND
Pepperell	1,457: 1	1,166: 1	2,331: 1	3,885: 1	ND	ND	ND
Shirley	7,017: 1	1,754: 1	2,339: 1	1,002: 1	ND	ND	ND
Stow	7,109: 1	ND	3,555: 1	1,422: 1	ND	ND	3,393: 1
Townsend	1,810: 1	9,052: 1	3,017: 1	1,006: 1	ND	ND	2,305: 1

Source: National Plan & Provider Enumeration System NPI, 2022. https: //www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination

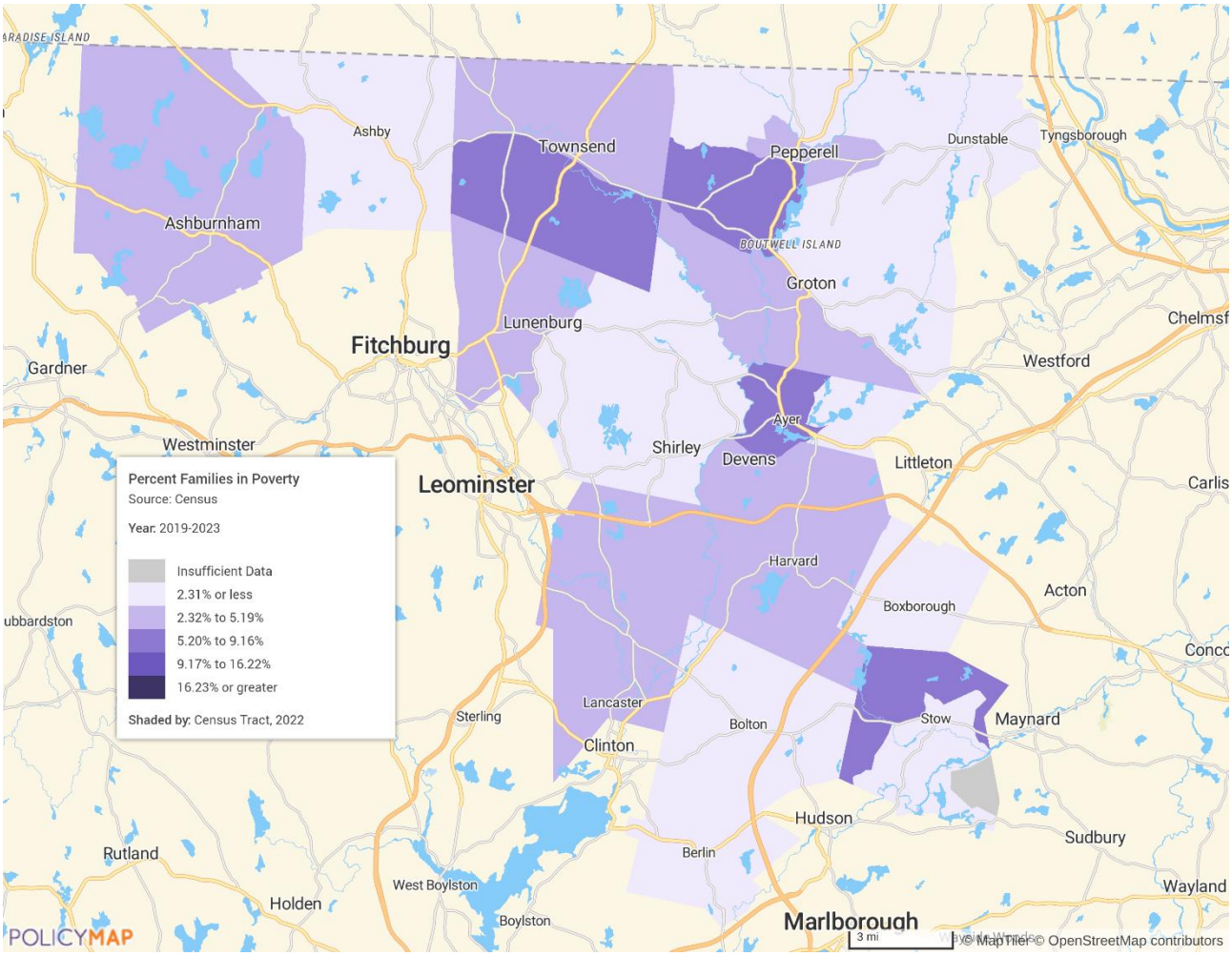
Economic Stability

Economic stability is one of the five social drivers of health. It includes the support people need to find and keep good jobs. This includes reducing barriers to gainful employment and a balanced, healthy lifestyle. Measures include reducing workplace injuries and increasing access to high-quality childcare and job training.

ODPHP, n.d. Economic Stability.

The map in Exhibit 21 reflects the percentage of families in each town within the NABH service area living in poverty based on 5-year estimates between 2019 and 2023. This section includes greater detail on the economic conditions for those who live here.

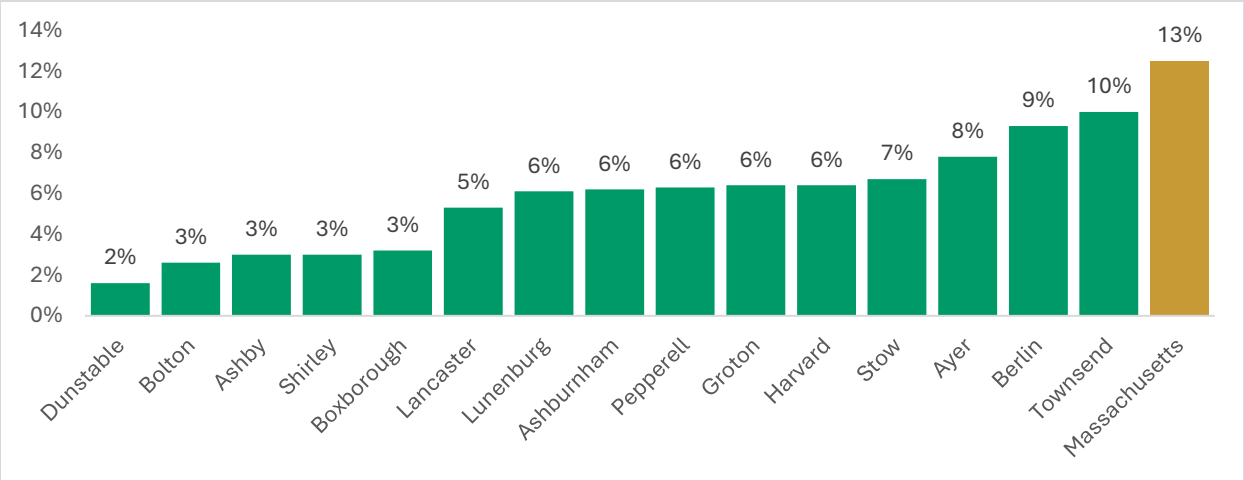
EXHIBIT 21: PERCENT OF FAMILIES LIVING IN POVERTY, 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 5-Year Estimates

Exhibit 22 shows the percentage of households with annual incomes below the federal poverty threshold, as defined by the U.S. Census Bureau. Threshold can vary by household size and is updated each year to reflect inflation. This measure is calculated by dividing the number of households below the poverty level by the total number of households, providing insight into the economic stability and financial vulnerability of residents in a community.

EXHIBIT 22: PERCENT OF HOUSEHOLDS BELOW POVERTY LEVEL, 2023



Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

As seen in Exhibit 23, not everyone within each municipality experienced the same growth in economic opportunity between 2010 and 2023. While eight of the 15 municipalities saw decreases in the percentage of households below the federal poverty level, seven saw increases in the percentage of households below the federal poverty level, two with triple digit percentage increases.

It is interesting to compare Exhibit 23 and Exhibit 24. In only three towns the decrease in households below poverty are in the same towns that saw an increase in median household income above the state (Shirley, Dunstable and Ayer). Most towns saw their median household income increase below the state average, and a select few of those saw the largest increase in households below the poverty level.

EXHIBIT 23: PERCENT OF HOUSEHOLDS BELOW POVERTY LEVEL PERCENT CHANGE, 2013-2023

	Total Households Below Poverty Level (2013)	Total Households Below Poverty Level (2023)	Percent Change (2013-2023)
Shirley	12.9%	3.0%	-76.7%
Lancaster	10.0%	5.3%	-47.0%
Bolton	4.5%	2.6%	-42.2%
Ashburnham	10.4%	6.2%	-40.4%
Ashby	4.7%	3.0%	-36.2%
Dunstable	2.2%	1.6%	-27.3%
Lunenburg	8.3%	6.1%	-26.5%
Ayer	9.1%	7.8%	-14.3%
Massachusetts	11.8%	10.9%	-7.6%
Pepperell	5.9%	6.3%	6.8%
Boxborough	2.7%	3.2%	18.5%
Townsend	8.4%	10.0%	19.0%
Groton	5.1%	6.4%	25.5%
Stow	4.3%	6.7%	55.8%
Harvard	3.9%	6.4%	64.1%
Berlin	2.4%	9.3%	287.5%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Between 2010 and 2023, every municipality saw increases in median household income. Dunstable and Shirley had the biggest jumps, while Berlin saw the slowest growth. This trend mirrors the percentage changes of households living in poverty.

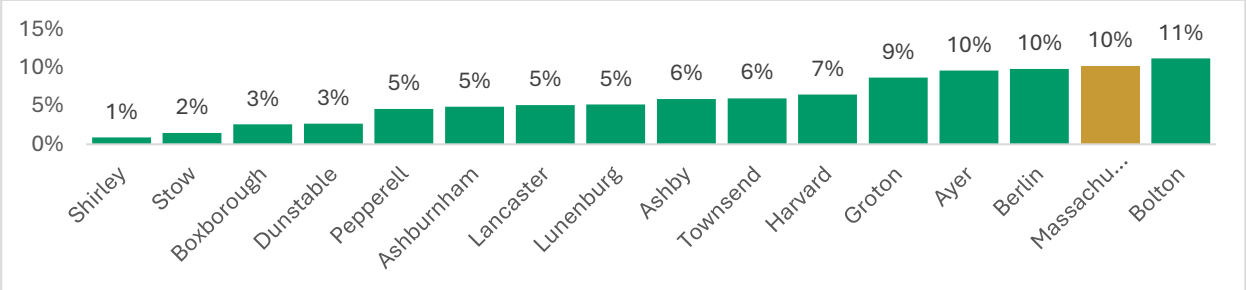
EXHIBIT 24: MEDIAN HOUSEHOLD INCOME, PERCENT CHANGE 2013-2023

	Median Household Income (2013)	Median Household Income (2023)	Percent Change (2013-2023)
Shirley	$65,882	$121,875	85.0%
Ayer	$60,345	$105,047	74.1%
Dunstable	$119,022	$202,379	70.0%
Lancaster	$77,575	$130,444	68.1%
Groton	$117,127	$189,180	61.5%
Pepperell	$81,193	$126,976	56.4%
Stow	$115,714	$177,862	53.7%
Massachusetts	**$66,866**	**$101,341**	**51.5%**
Townsend	$80,162	$120,238	50.0%
Boxborough	$101,502	$151,000	48.8%
Harvard	$137,500	$200,688	46.0%
Lunenburg	$76,063	$109,753	44.3%
Ashburnham	$83,532	$115,420	38.2%
Bolton	$146,029	$198,475	35.9%
Ashby	$82,778	$110,536	33.5%
Berlin	$95,962	$122,411	27.6%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

In Massachusetts, 10.2% of adults 65 and older live in poverty, yet half that percentage (5.7%) of adults 65 and older live in poverty in the NABH service area on average. In fact, every town within the NABH service area, and in the State of Massachusetts have a lower percentage of adults over the age of 65 living in poverty than in the U.S. on average except Bolton.

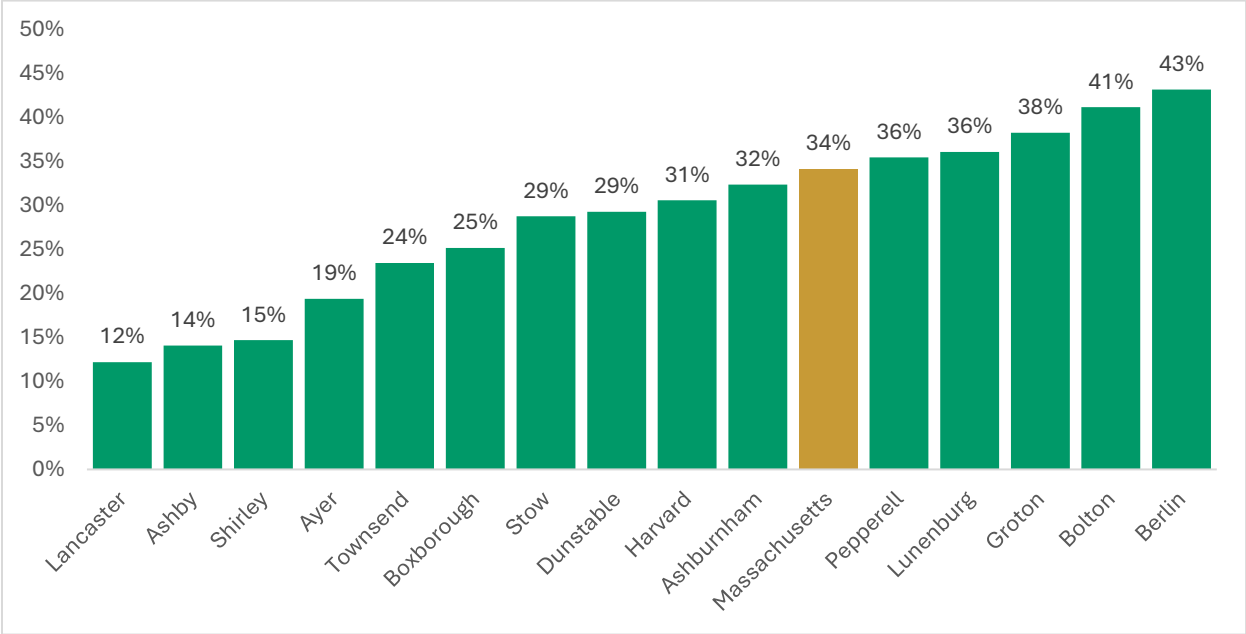
EXHIBIT 25: PERCENTAGE OF POPULATION OVER 65 LIVING IN POVERTY, 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-Year Estimates

On average, nearly 1 in 3 low-income households (28.3%) in the NABH service area are severely cost burdened, compared to 34.2% of low-income households in the state of Massachusetts. A severely cost-burdened household spends 50% or more of their monthly income on housing costs. Low-income households are defined as making up to 80% of the US Housing and Urban Development Area Median Family Income that is calculated for reach region.[12]

EXHIBIT 26: PERCENT OF LOW-INCOME HOUSEHOLDS SEVERELY COST BURDENED, 2023

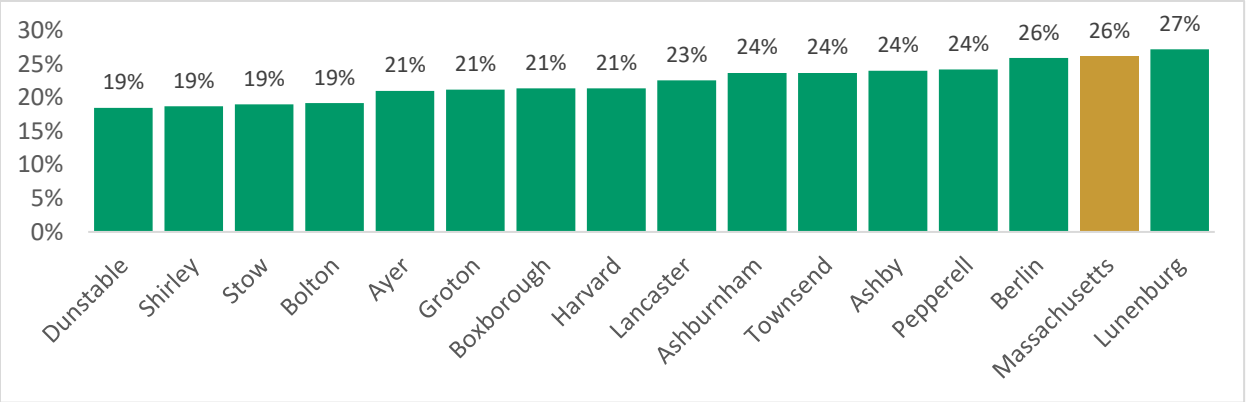


Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

12 HUD Comprehensive Housing Affordability Strategy, https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html .

For homeowners, housing costs include monthly mortgage payments, property taxes, insurance, utilities, fuels, repairs and upkeep, and any associated fees. Homeowners paying 30% or more of their monthly income on housing costs are considered cost burdened.[13]

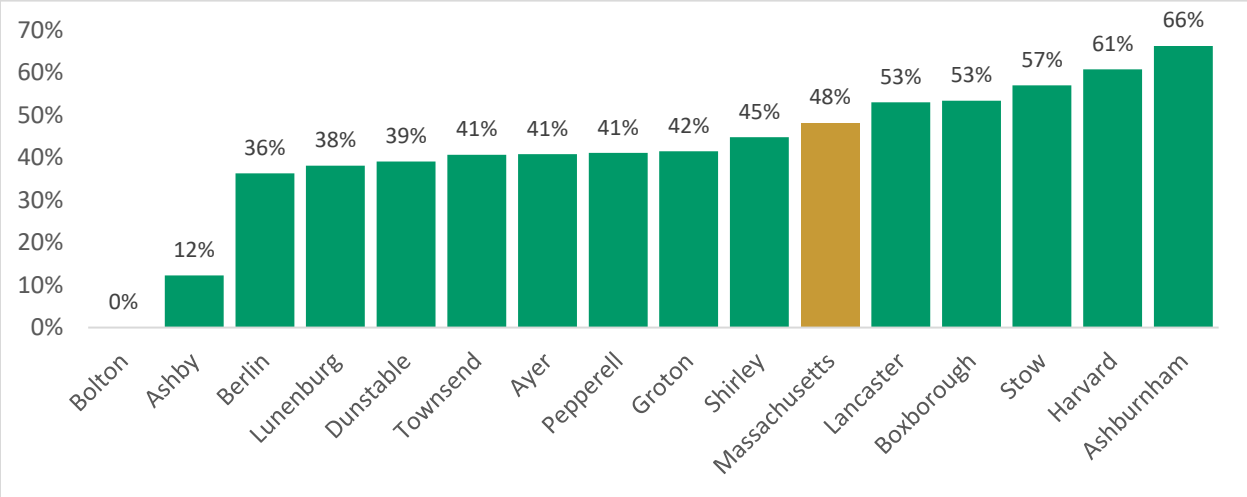
EXHIBIT 27: COST BURDENED HOMEOWNERS, 2023



Sources: HUD Comprehensive Housing Affordability Strategy, 2017-2021.

For renters, housing costs include rent and utilities. Renters spending 30% or more of their household income on housing costs are considered cost burdened.[14] As shown in Exhibit 28, an average of 41.7% of renter-occupied households are cost burdened in the NABH service area, which is on par with renters across the United States. While there are more towns with a lower percentage of cost burdened renters in the NABH service area than in Massachusetts, there are still five towns where over 50% of their renter households are considered cost burdened.

EXHIBIT 28: COST BURDENED RENTERS, 2023

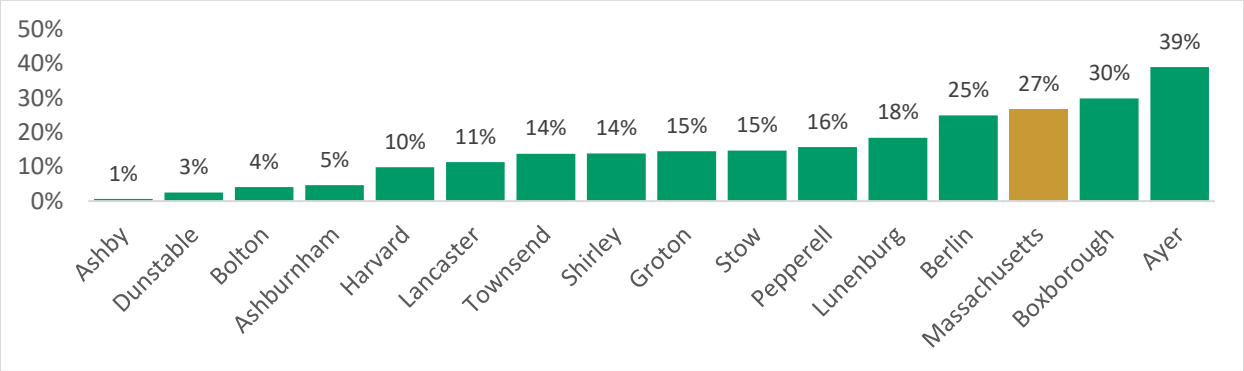


Sources: HUD Comprehensive Housing Affordability Strategy, 2017-2021.

13 Custom Tabulations of American Community Survey (ACS) 5-year estimates. Comprehensive Housing Affordability Strategy (CHAS).
14 Custom Tabulations of American Community Survey (ACS) 5-year estimates. Comprehensive Housing Affordability Strategy (CHAS).

Rental units are often located in multi-unit housing, which is any housing with two or more separate living quarters (i.e., duplex, apartment, etc.). On average within the entire NABH service area, approximately 15.3% of multi-unit housing units are available. There is a wide range in the percentage of multi-unit housing in the towns throughout the NABH service area ranging from less than 1% to 39%.

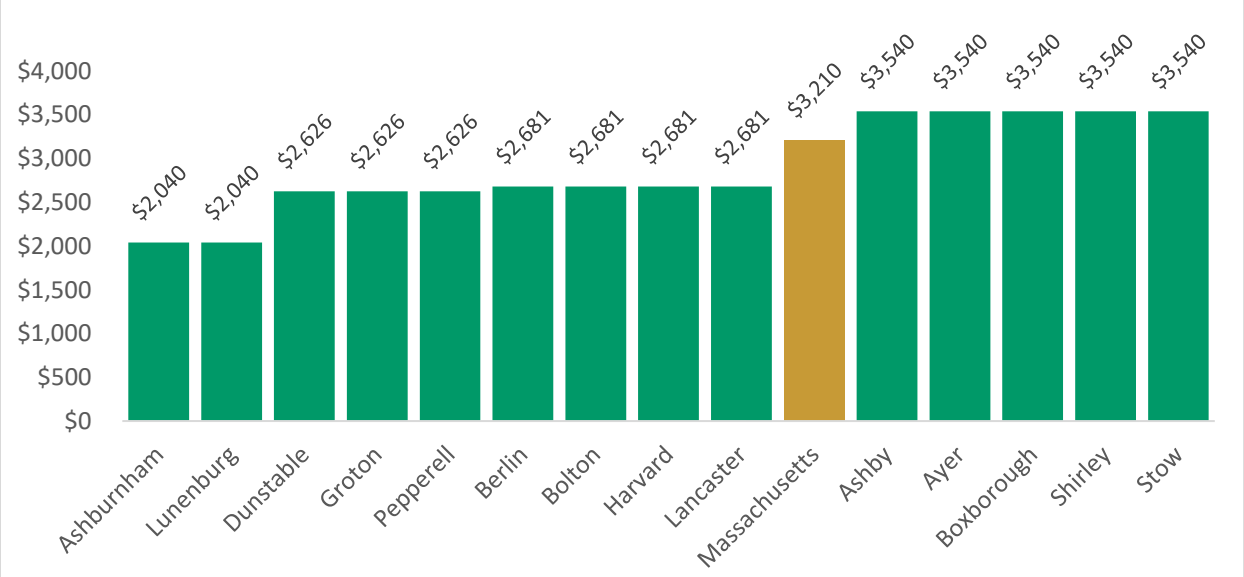
EXHIBIT 29: MULTI-UNIT HOUSING UNITS, 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Fair Market Rent (FMR) is a measure from the U.S. Department of Housing and Urban Development (HUD). Fair Market Rent (FMR) estimates the monthly cost of renting a typical, non-luxury home, including both rent and essential utilities like water, electricity, and heating. HUD updates these estimates each year using data from recent movers to reflect current local housing market conditions. For a four-bedroom rental unit in the NABH service area, the average FMR is $2,928 and ranges from $2,040 to $3,540 a month. As shown in Exhibit 30, most fair market rent in the NABH service area is below the states.

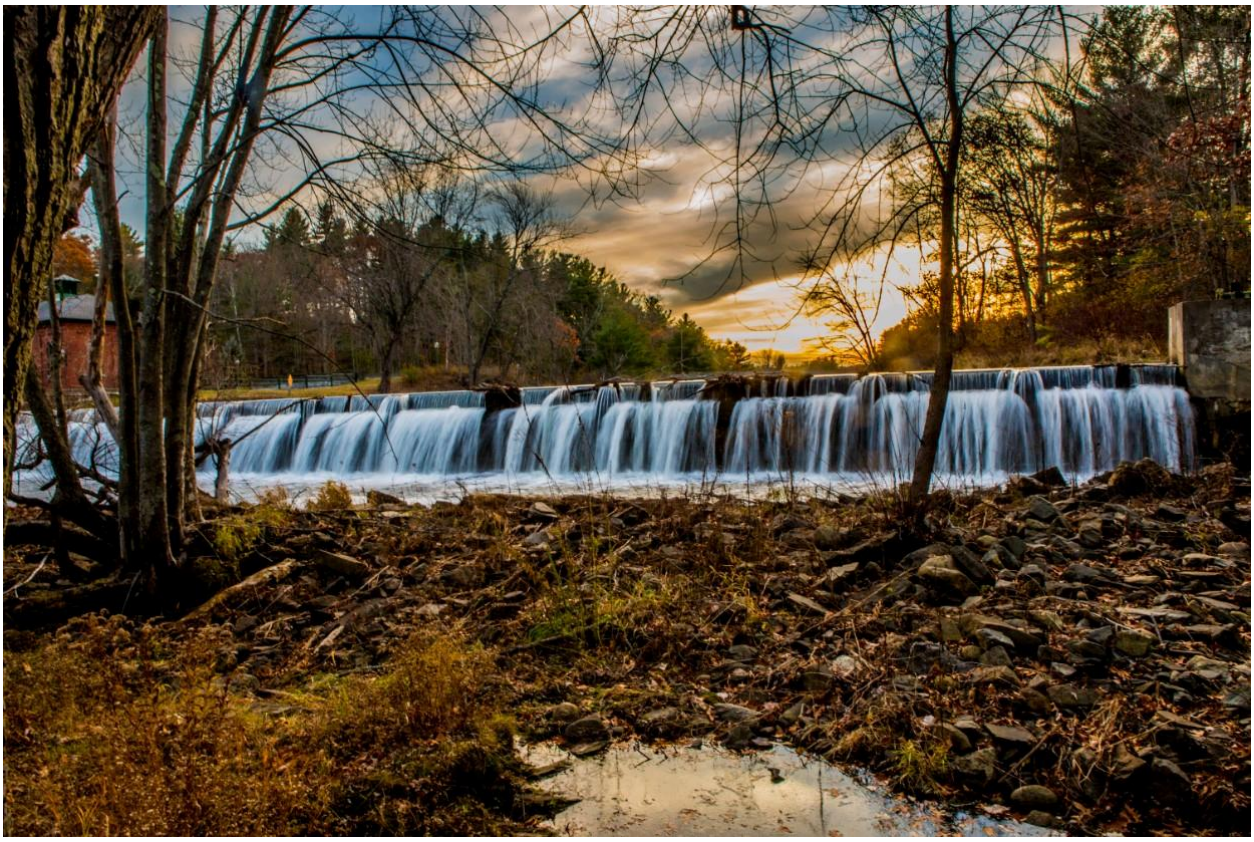
EXHIBIT 30: FAIR MARKET RENT, 2023



Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

With limited supply of affordable housing, restricted access to credit for those with limited income or poor credit histories, current mortgage rates above 6% (November 2025), and stagnant income growth, it can be challenging for renters to become homeowners and participate in the wealth-building and tax incentives that come with homeownership.[15]

In addition, housing stock's age, type, and availability are intricately woven into the next social driver of health—the neighborhood and built environment.



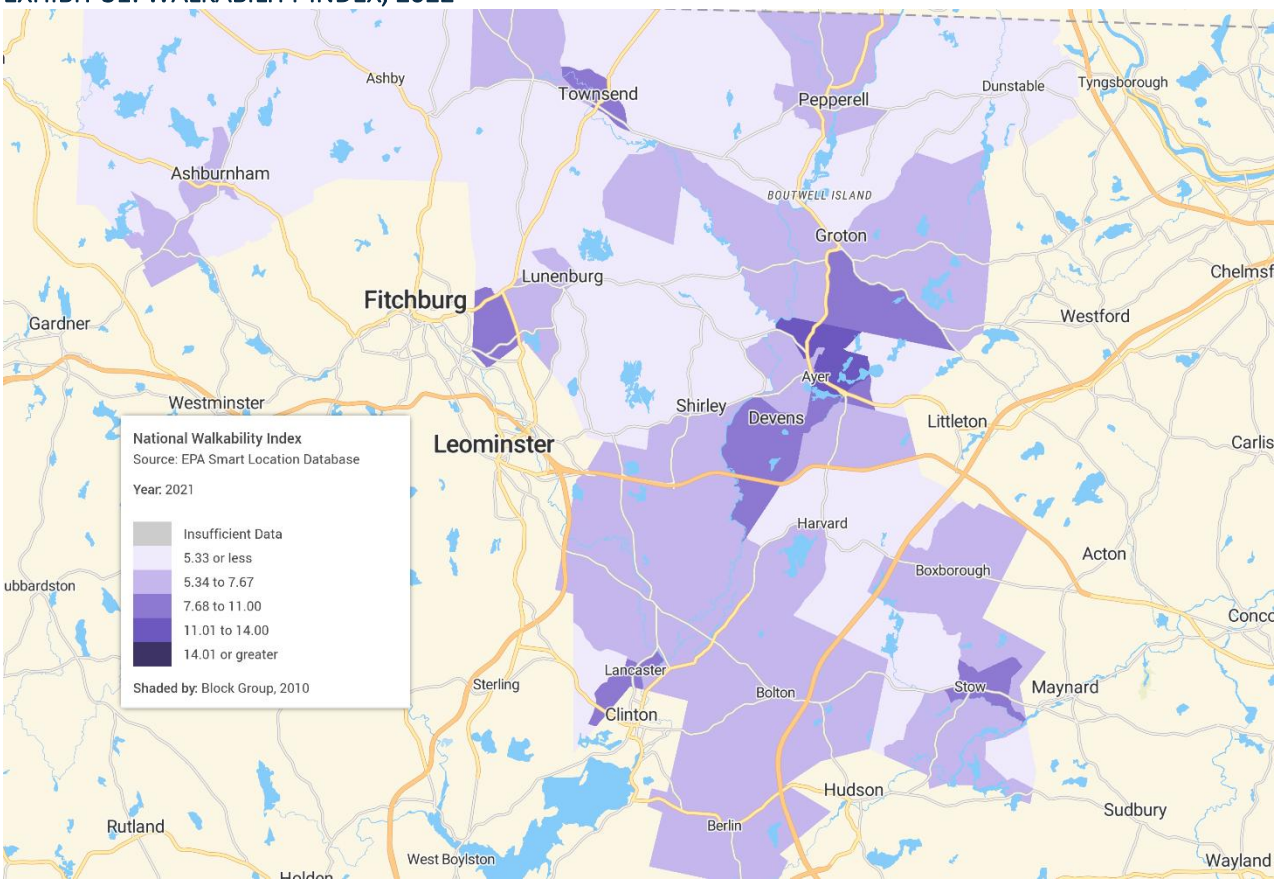
15 Habitat for Humanity, "How does homeownership contribute to wealth building?" https://www.habitat.org/our-work/impact/research-series-how-does-homeownership-contribute-to-wealth-building

Neighborhood and Built Environment

> The neighborhood and built environment play a crucial role in shaping residents' health and quality of life. This domain includes access to transportation, availability of healthy foods, safe places to walk or bike, and other infrastructure features of the community such as air, water, and housing quality. These factors can either enable healthy lifestyles or create barriers – often with the greatest impact on vulnerable or low-income populations.
>
> ODPHP, n.d. Neighborhood and Built Environment.

While the NABH service area has ample woods trails, the National Walkability Index identifies areas that may encourage walking as a mode of daily transportation. This index is comprised of four ranked measures: intersection density, distance to the nearest transit stop, employment diversity, and employment and housing diversity. More walkable areas are associated with darker purple shades on the map below. Not one town scores very high on the walkability index, indicating the need for personal vehicles to access resources for daily living in the region.

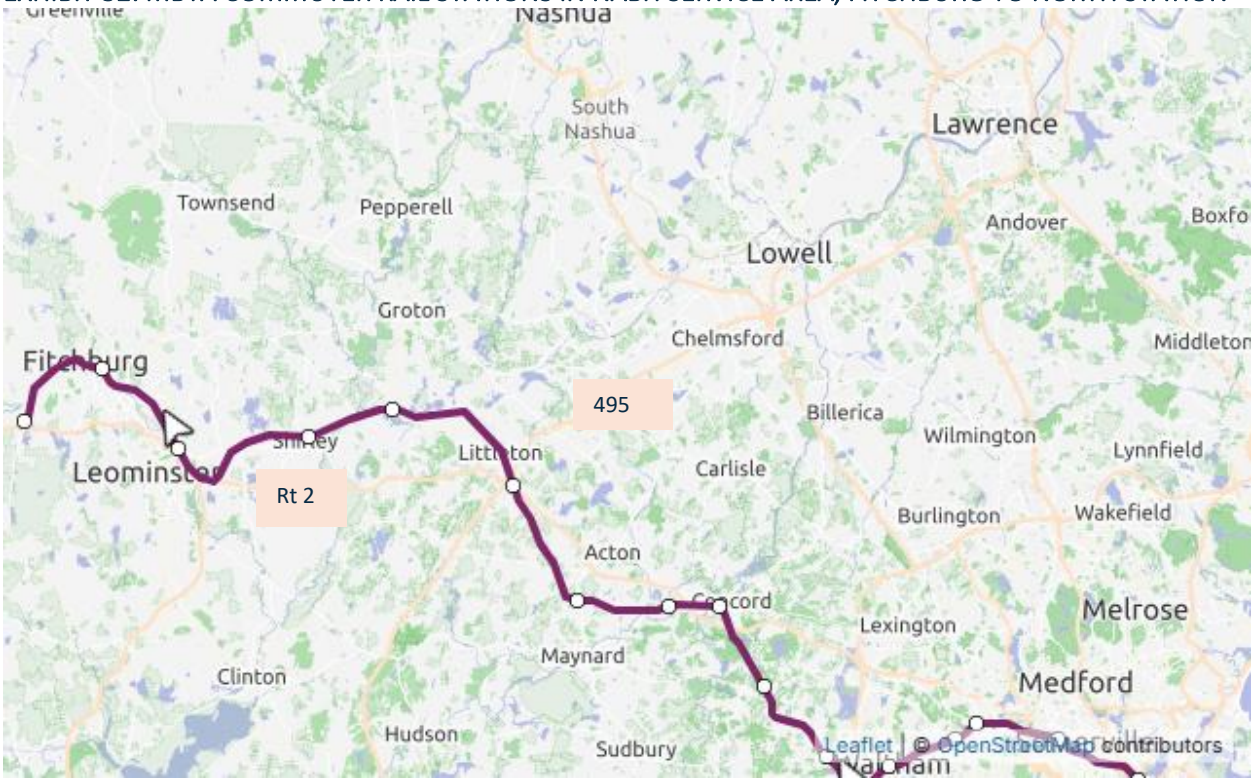
EXHIBIT 31: WALKABILITY INDEX, 2022



Source: EPA Smart Location Database, National Walkability Index, 2022

The NABH region is located along Route 2 corridor, just west of interstate 495, serviced by an MBTA Commuter Rail that runs between Fitchburg and North Station, Boston.

EXHIBIT 32: MBTA COMMUTER RAIL STATIONS IN NABH SERVICE AREA, FITCHBURG TO NORTH STATION



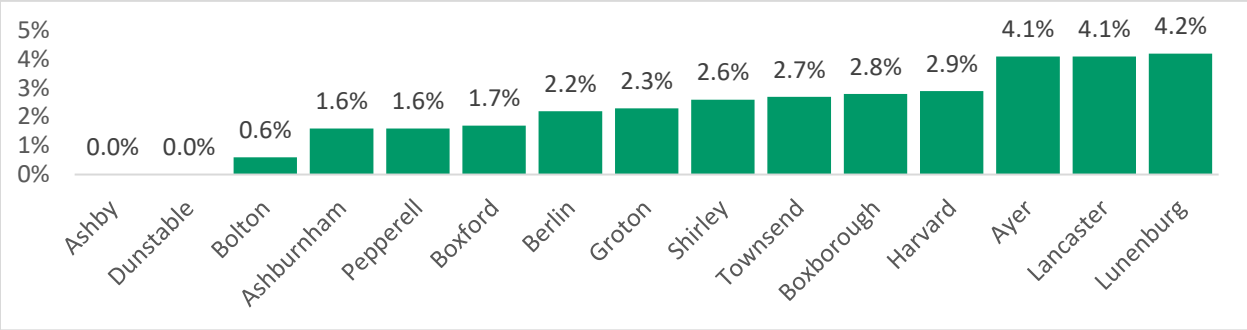
Source: Massachusetts Bary Transportation Authority, www.mbta.com

The Montachusett Regional Transit Authority (MART) includes regular loops between Fitchburg and Leominster, with reduced fares for those 60 and older, those with a disability students, Medicare recipients, and veterans. MART also offers On-Demand Taxi services in Ayer, Devens, Lancaster, and Shirley called "MART Connects" that will take passengers up to 20 miles to and from their pickup location if booked at least one day in advance. Many Councils on Aging in the region provide transportation to their townspeople who are older adults and those with disabilities.

For those who can drive or have access to a personal vehicle, the region's strategic location and access to public transit allows residents to access resources clustered in more populated or urban areas like Fitchburg, Leominster, Concord, and Boston. Some communities within the region have transportation services for older adults offered through their Nashoba Neighbors (serving Berlin, Bolton, and Lancaster) or Groton Neighbors organizations. For those who cannot drive or do not own a vehicle, they often experience the "Last Mile Problem," defined as the lack of travel services from the nearest public transportation node to a home or office.[16]

[16] Hai Wang, Amedeo Odoni (2014) Approximating the Performance of a "Last Mile" Transportation System. Transportation Science 50(2):659-675.

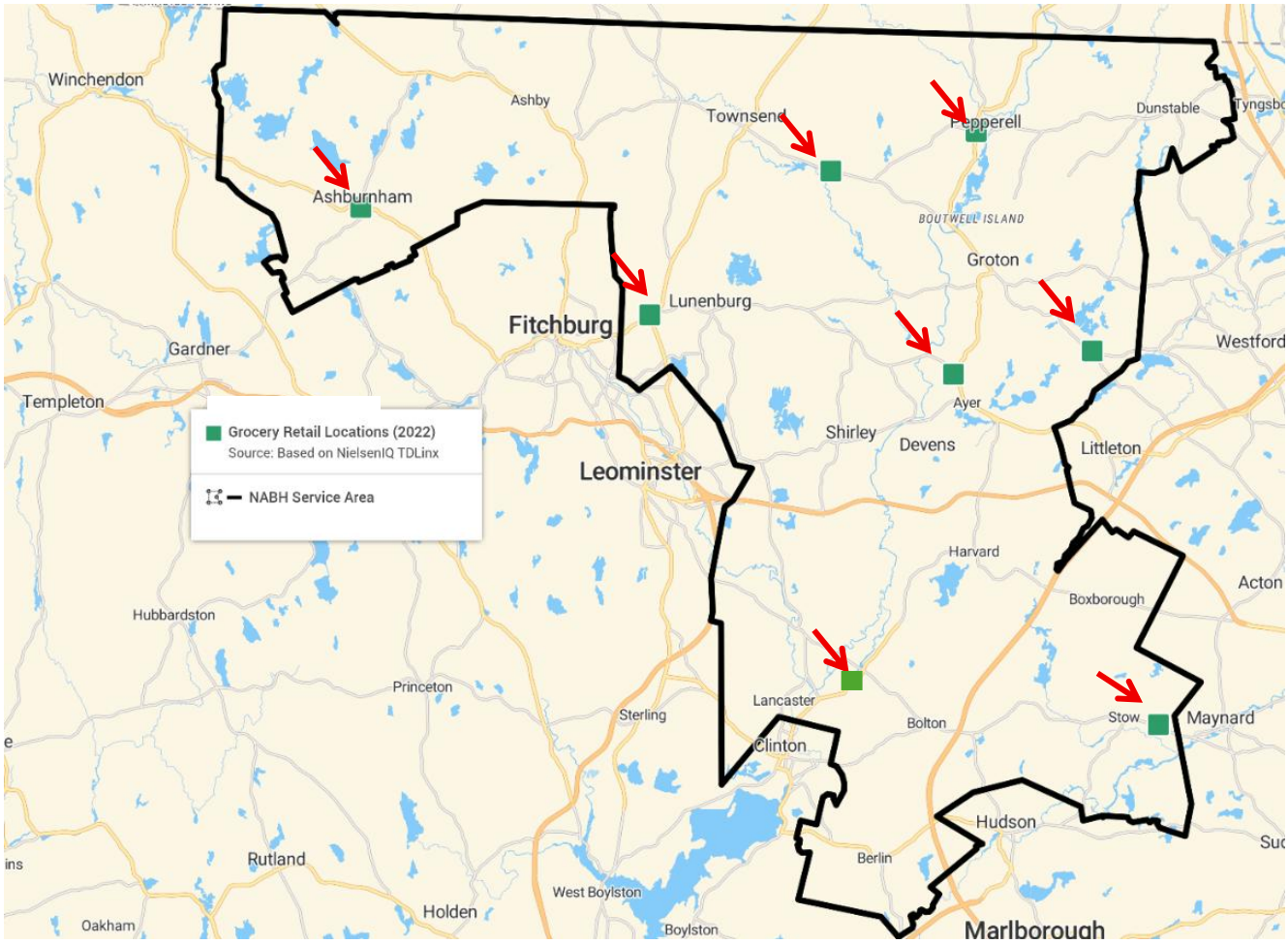
EXHIBIT 33: NO VEHICLE AVAILABLE PER OCCUPIED HOUSING UNIT



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Transportation is a key resource in the ability to access affordable, healthy foods. As shown by the green squares in Exhibit 34, not every town within the NABH service area has a full-service grocery store. While there are several grocery stores in communities immediately surrounding the region, residents in towns without a full-service grocery store often must drive greater distances or purchase food from local convenience stores.

EXHIBIT 34: FULL-SERVICE GROCERY STORE LOCATIONS WITHIN THE NABH SERVICE AREA, 2022.

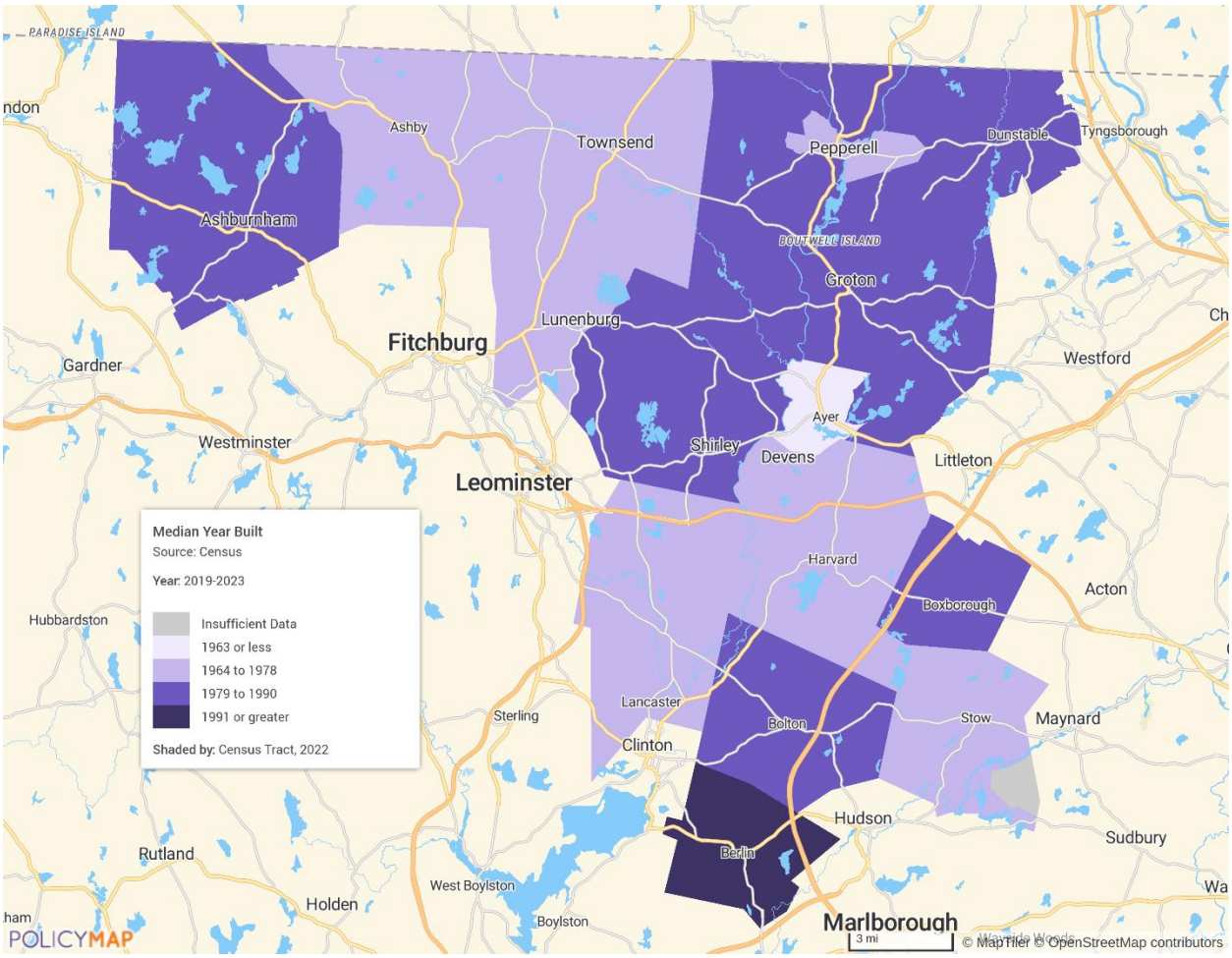


Source: NielsenIQ TDLinx Data, 2022, https: //www.nielsen.com/us/en/

In addition to transportation infrastructure and access to affordable healthy food, housing quality and safety is a major consideration in the built environment.

The age of housing stock represents the median year in which a home was built. Towns shown in lighter shades of purple show median supply of older housing stock and darker purple regions represent newer median supply of housing stock. Towns with census tracts that include median age of the housing stock that was built before 1978 are depicted by the lighter two purple shades (Ashby, Townsend, Pepperell, Ayer, Devens region, Harvard, Lancaster, Lunenburg, and Stow). Older housing stock can indicate aging infrastructure and higher maintenance needs, and the likely presence of lead paint, while newer homes often reflect recent growth and investment in a community. Areas with an older housing stock may face greater challenges related to housing quality, energy efficiency, and affordability.

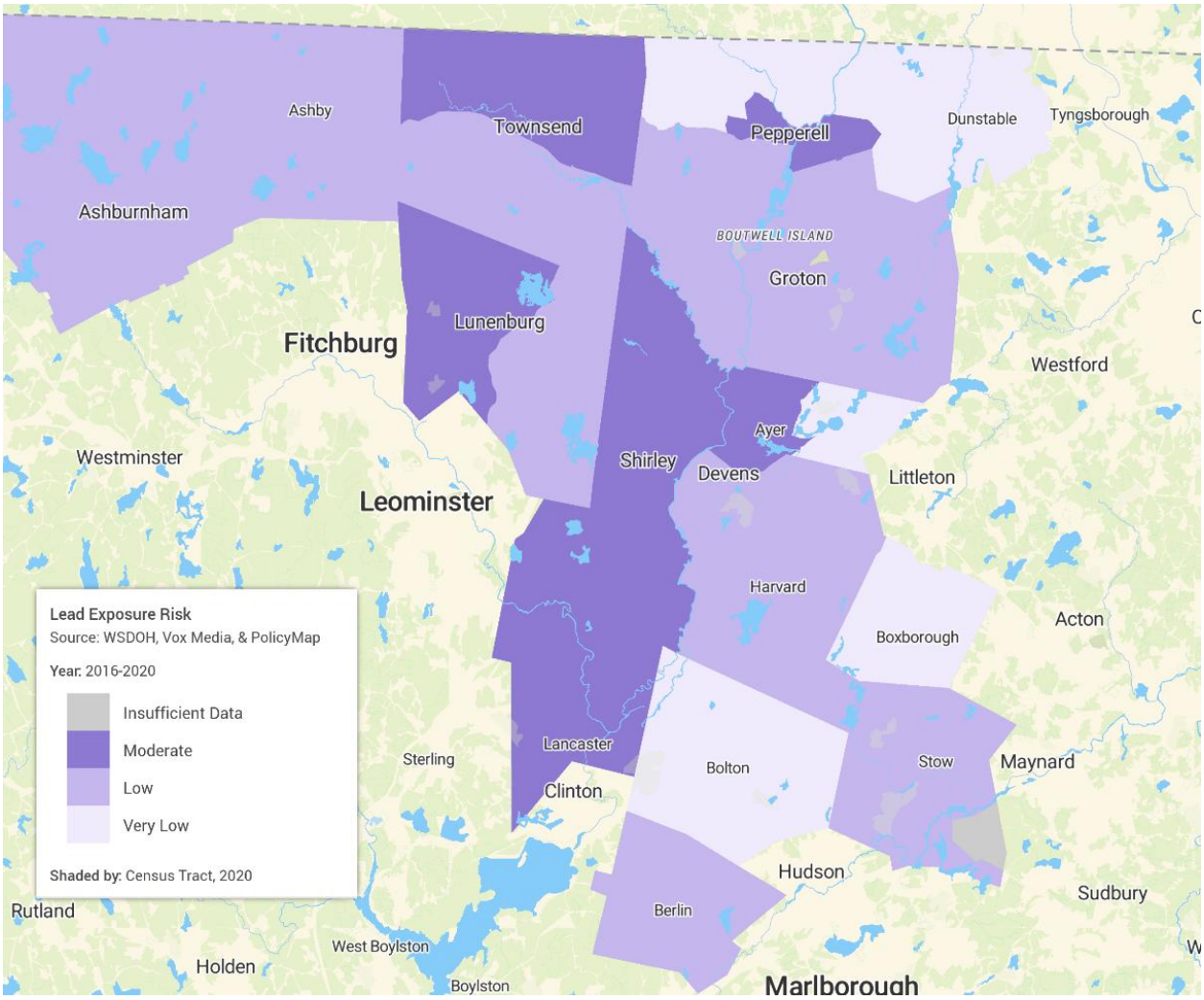
EXHIBIT 35: MEDIAN YEAR BUILT 1938-2021



PolicyMap. (n.d.). Estimated median year a housing unit was built, as of 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved August 27, 2025, from http: //www.policymap.com

Risk of lead exposure estimates the likelihood that residents—particularly children—are exposed to lead hazards based on housing age, poverty levels, and other community factors that would create barriers to lead mitigation efforts. Areas with higher risk scores often have older housing stock and greater socioeconomic vulnerability, placing residents at increased risk for lead poisoning and related health impacts. Reducing lead exposure is critical to preventing lifelong developmental, neurological, and behavioral effects, especially among young children.

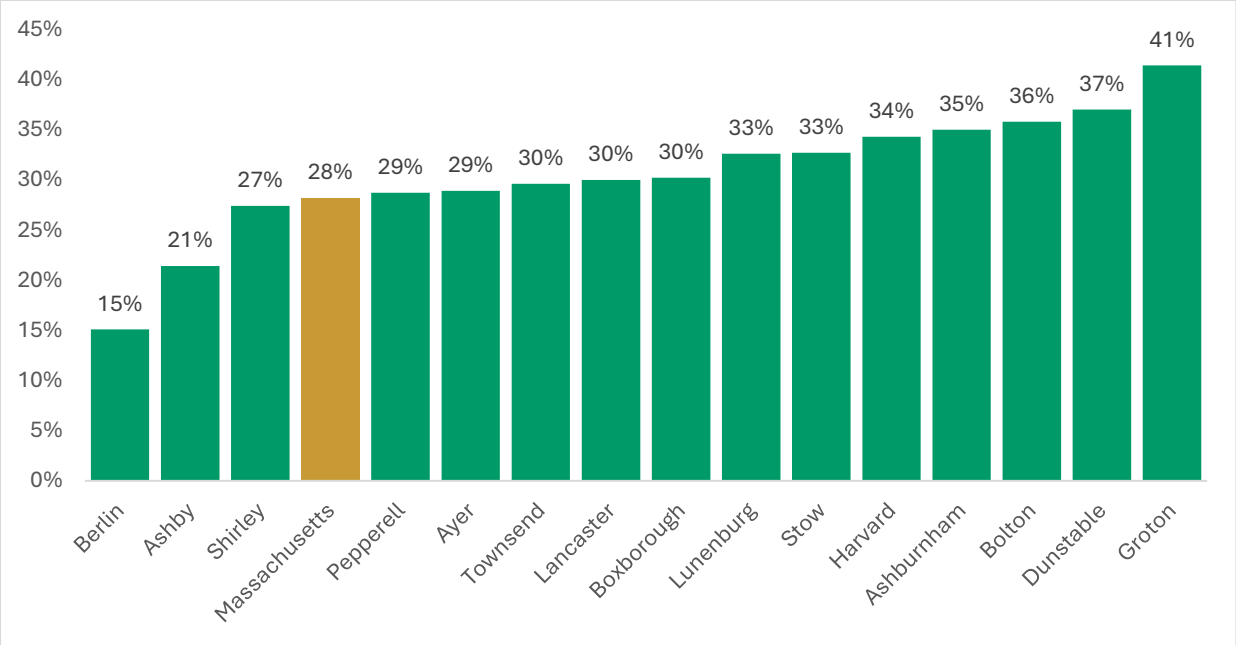
EXHIBIT 36: RISK OF LEAD EXPOSURE 2016-2020



PolicyMap. (n.d.). Risk of lead exposure in 2016-2020 [Map based on data from WSDOH, Vox Media, & PolicyMap: Vox Media worked with the Washington State Department of Health to apply their lead risk index nationally. PolicyMap replicated Vox's analysis in SQL Server and applied suppressions.

Households with children include households with anyone "under 18 years old that is a son or daughter by birth, marriage (a stepchild), or adoption." In the NABH service area, an average of 1 in 3 households have children ranging from 15% of households with children in Berlin to 41% in Groton.

EXHIBIT 37: HOUSEHOLDS WITH CHILDREN, 2023



Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

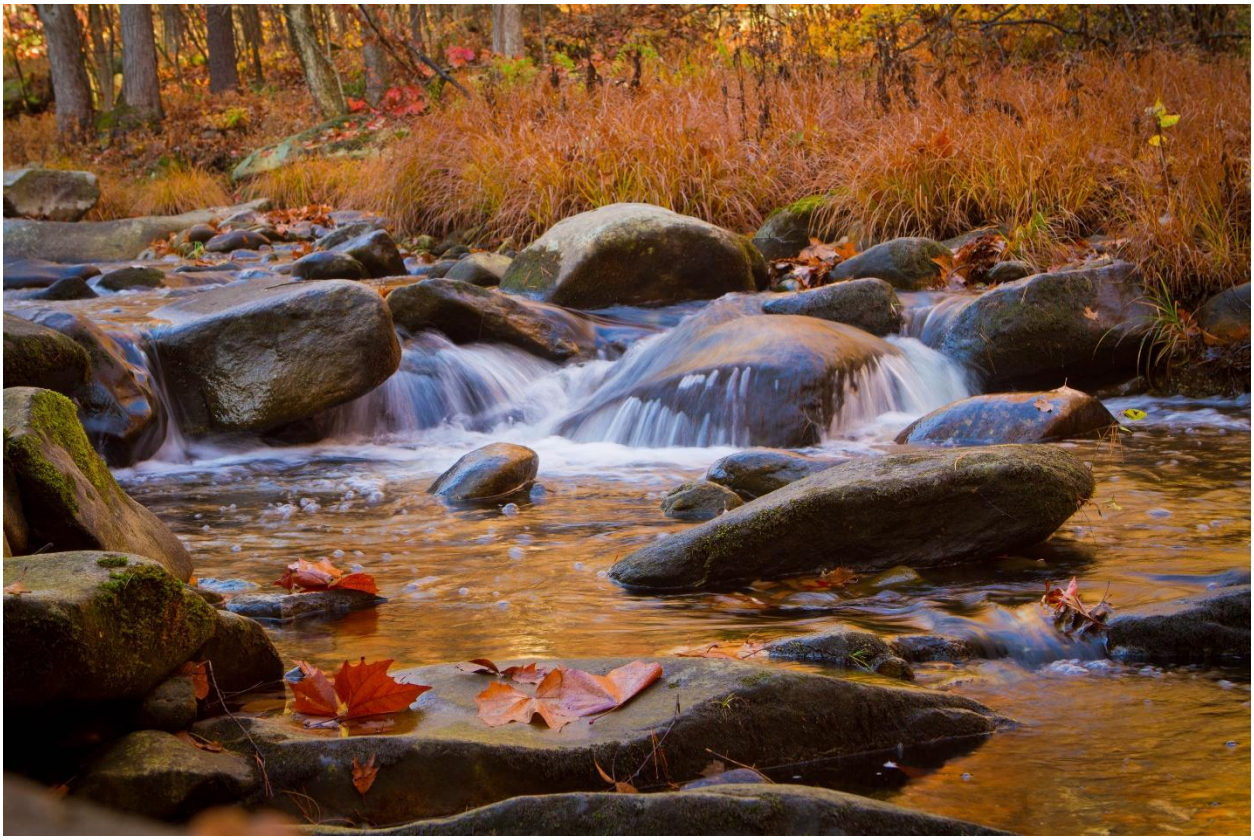
Another measure to consider for neighborhood and built environment is water quality. There are two major sources of drinking water in the district communities: water derived from a public water supply or from a well on private property.

Public water supply systems deliver water to 25 or more people for more than 60 days or have 15 or more service connections. Public water supplies can be municipally or privately owned; an example of a municipally owned system might be a town or a city water supply which serves residents in that town or city. Examples of privately owned public water supplies include condominiums, office buildings, or manufactured home communities which provide water to just their individual populations. In both situations these water supplies are regulated by the Massachusetts Department of Environmental Protection and operated by licensed water operators who must follow MassDEP drinking water regulations, which includes water testing. Information on MassDEP's involvement with public water supplies can be found at the following link: https://www.mass.gov/drinking-water-health-safety.

Public water suppliers are required to publish a consumer confidence report, an annual report on the water quality of their system and provide the information to their customers. If an individual has questions regarding the quality of the water they receive from their public water supply, they can contact the public water supplier.

Many residents in the district receive their drinking water from an on-site well (private well). The owner of a private well is responsible for the operation and maintenance of their well and determining if the water from the well is potable (safe for human consumption). There are many resources to help understand the water quality requirements and information on which water quality parameters should be tested and at what frequency. Information can be found our website https://www.nashoba.org/resources or at the MassDEP website https://www.mass.gov/private-wells.

The Board of Health can help answer residents' questions they may have regarding their water supply (public or private) or direct them to the local or State department who can answer their questions.



Education Access and Quality

Education access and quality is one of the five social drivers of health domains. Attaining higher levels of education is aligned with better health and longer lives. The foundation for academic achievement is laid early in quality educational opportunities for our youngest residents.

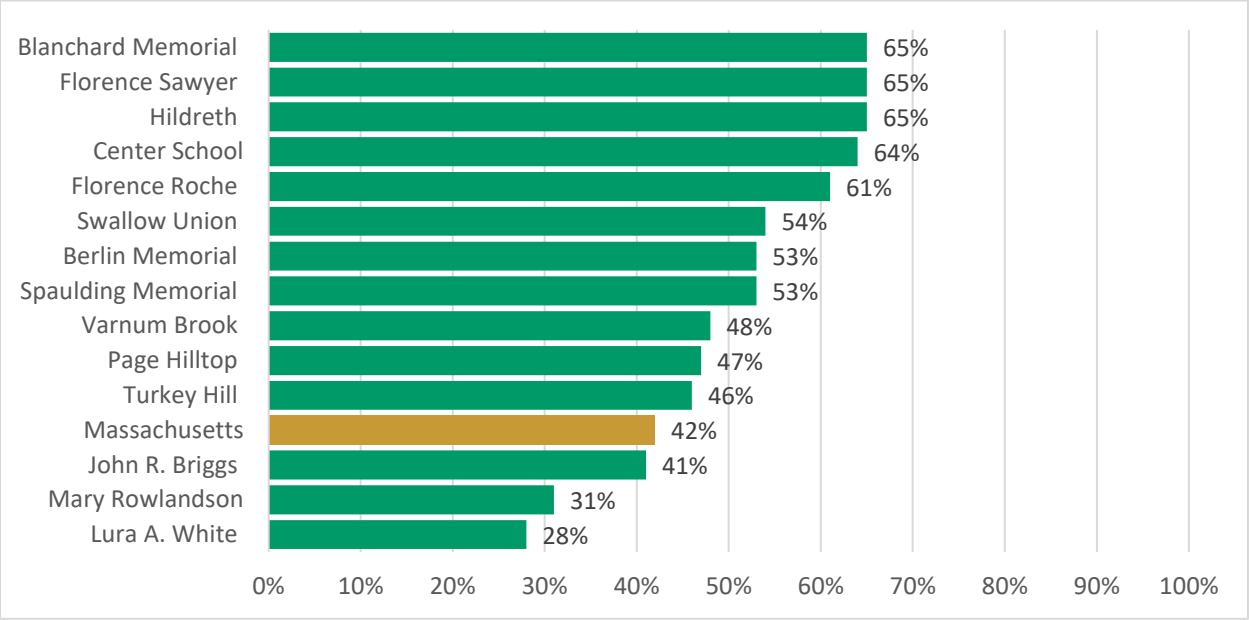
ODPHP, n.d. Education Access and Quality.

One key measure of education access and quality is reading by the end of third grade. According to research by the Annie E. Casey Foundation, the ability to read by the end of third grade is critical to a child's success in school, life-long earning potential, and their ability to contribute to the nation's economy and its security.[17] Higher academic performance is often associated with an increased likelihood of understanding health information, higher levels of positive health behaviors, and community investment in schools.[18] Lower test scores are often linked to higher rates of youth risk behaviors, such as physical inactivity, tobacco use, and unhealthy eating.[19]

As shown in Exhibit 38 and Exhibit 39 on the next page, the scores of the percentage of third grade students who met or exceeded expectations in English Language Arts and Math in September of 2025 varies within the NABH service area with almost all schools exceeding the state average.

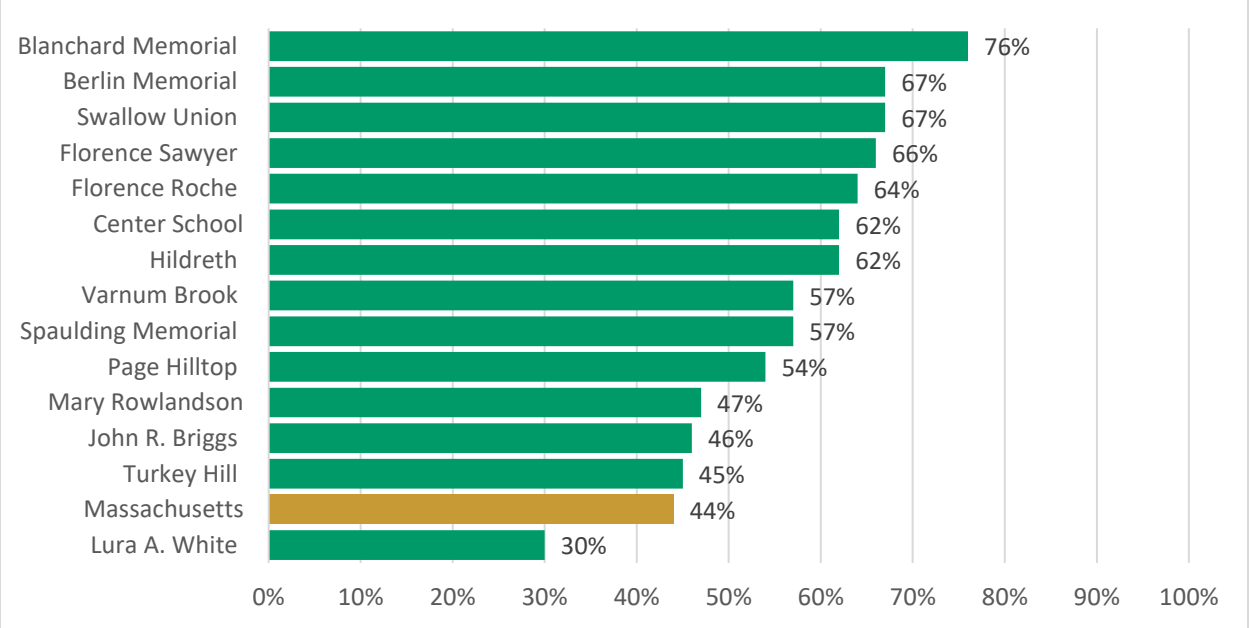
[17] Early Warning! Why Reading by the End of Third Grade Matters, A KIDS COUNT Special Report from the Annie E. Casey Foundation, 2010, https://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters .
[18] CDC. Health Disparities. Adolescent and School Health. https://www.cdc.gov/healthy-youth/health-disparities/index.html
[19] CDC. Healthy Schools. Health and Academics. https://www.cdc.gov/healthy-schools/health-academics/index.html

EXHIBIT 38: THIRD GRADE MASSACHUSETTS COMPREHENSIVE ASSESSMENT SYSTEM, PERCENT OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS IN ENGLISH LANGUAGE ARTS, SEPTEMBER 2025



Source: Massachusetts Department of Elementary and Secondary Education, School District Profile 2025 Massachusetts Comprehensive Assessment System Achievement Results, https: //profiles.doe.mass.edu/.

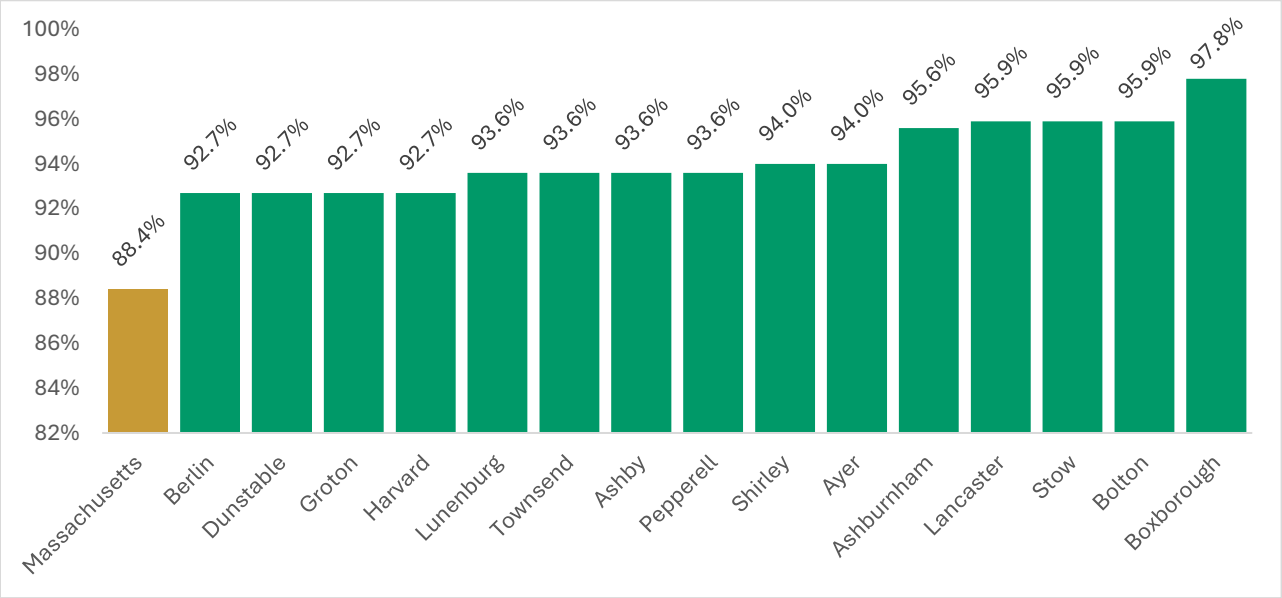
EXHIBIT 39: THIRD GRADE MASSACHUSETTS COMPREHENSIVE ASSESSMENT SYSTEM, PERCENT OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS IN MATH, SEPTEMBER 2025



Source: Massachusetts Department of Elementary and Secondary Education, School District Profile 2025 Massachusetts Comprehensive Assessment System Achievement Results, https: //profiles.doe.mass.edu/.

High school graduation is a key driver of health since it is associated with improved employment opportunities, higher lifetime earnings, and a reduced risk of chronic disease.[20] Students who do not graduate from high school are more likely to experience poverty and report worse health outcomes.[21] In the NABH service area, all regions had high school graduation rates that surpassed the state average high school graduation rate, ranging between 92.7% of four-year high school students to 97.8%.

EXHIBIT 40: HIGH SCHOOL GRADUATION RATES, 2024

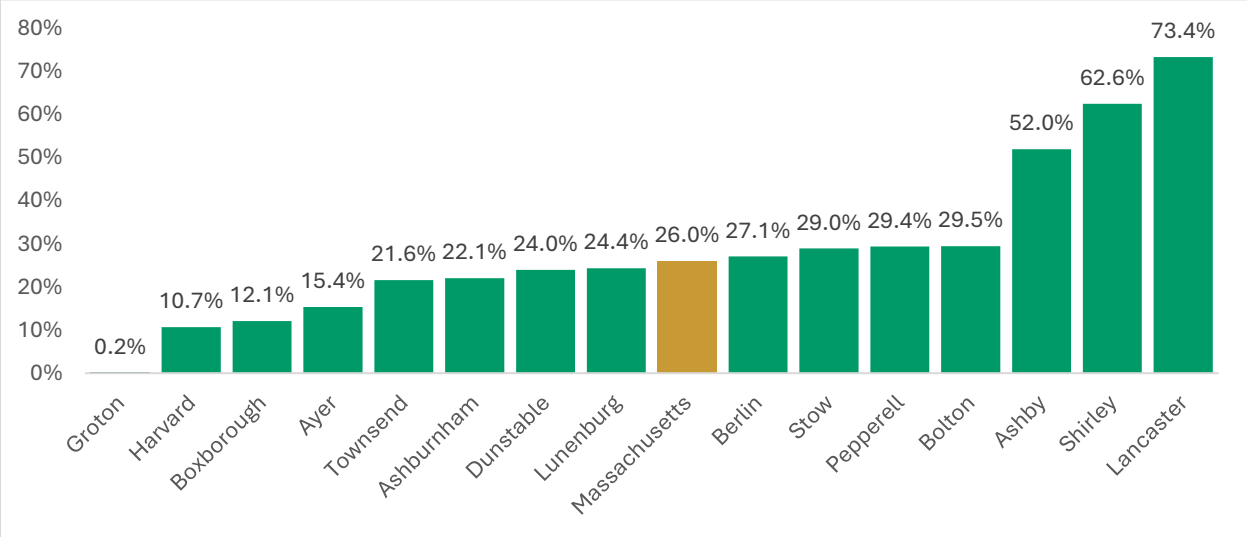


Sources: Massachusetts Department of Education. 2024 Graduation Rates for All Students 4-Year Graduation Rate. (2024)

20 U.S. Department of Health and Human Services. Healthy People 2030. High School Graduation. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation
21 U.S. Department of Health and Human Services. Healthy People 2030. High School Graduation. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation

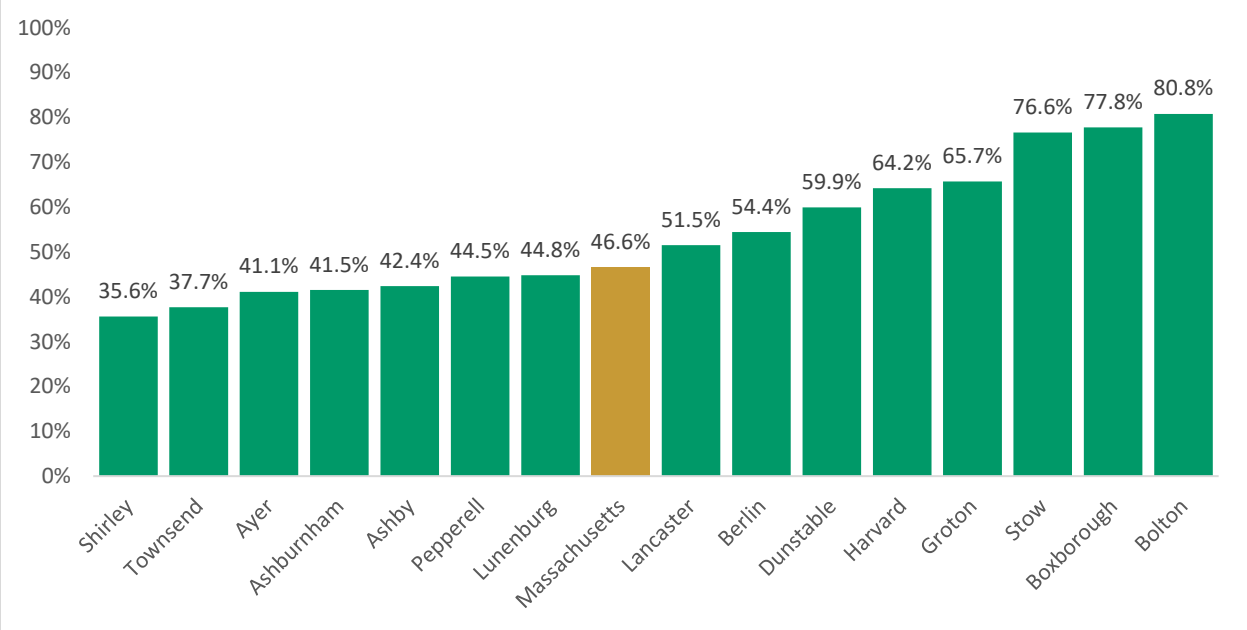
The relative growth of undergraduate educational attainment between 2009-2013 and 2019-2023 is seen in the percent change in Exhibit 41. On average, the percentage of people 25 years or older with a bachelor's degree or higher increased 28.7% across the NABH service area, slightly above the 26.0% increase across the state of Massachusetts.

EXHIBIT 41: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE 2013-2023



Sources: U.S. Census Bureau American Community Survey 2009-2013 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 42: POPULATION WITH A BACHELOR'S DEGREE 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

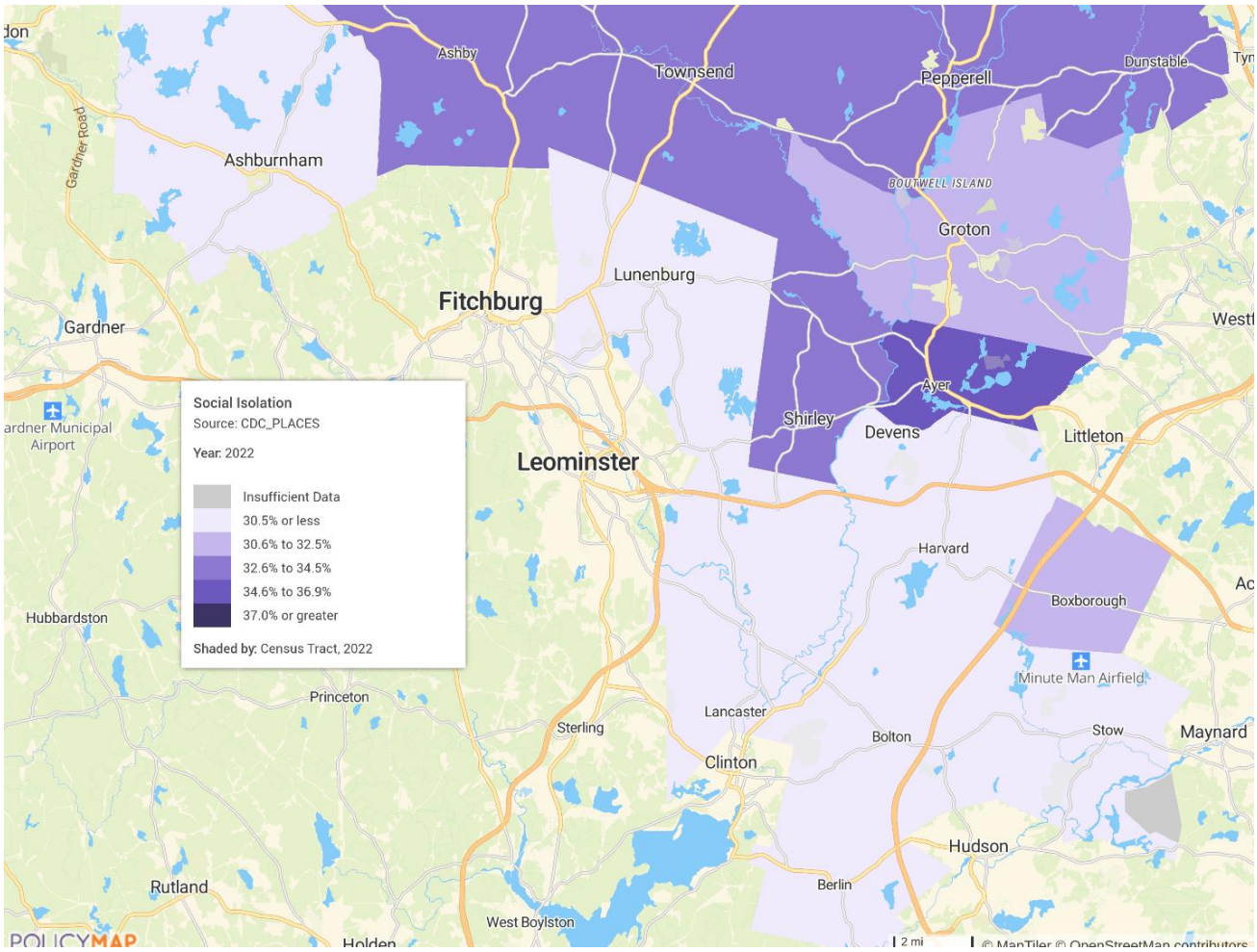
Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. Many people face challenges and dangers they can't control — like unsafe neighborhoods, discrimination or trouble affording the things they need.

U.S. Department of Health and Human Services. Healthy People 2030.

Social isolation is not having relationships, contact with, or support from others. Loneliness is the feeling of being alone, disconnected, or not close to others. Social isolation and loneliness put a person at risk of developing serious mental and physical health conditions.[22]

EXHIBIT 43: SOCIAL ISOLATION, 2022

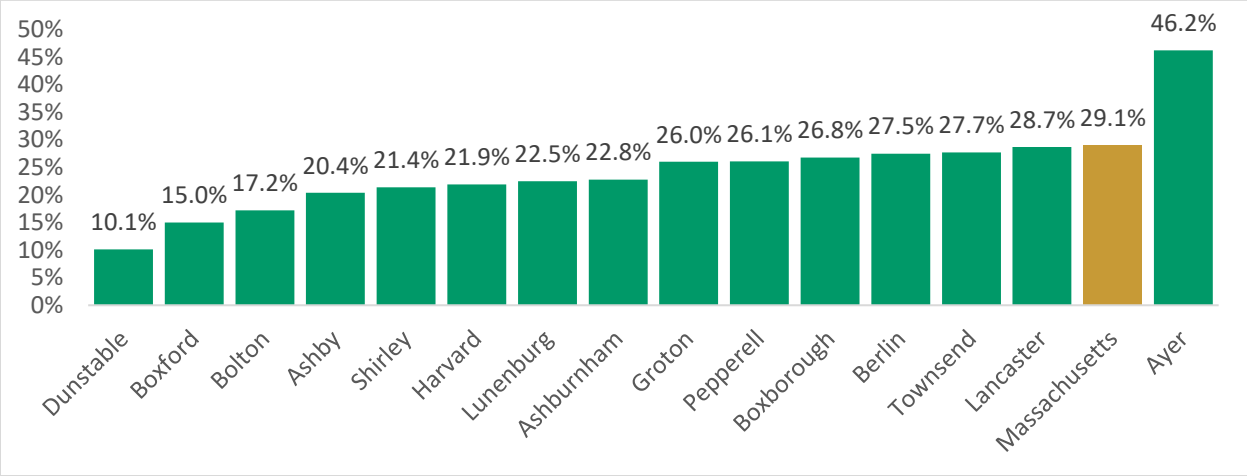


Source: CDC Places, 2022

[22] CDC. (2024). Health Effects of Social Isolation and Loneliness. Health Effects of Social Isolation and Loneliness | Social Connection | CDC

As shown in Exhibit 44, Ayer has the highest percentage of people age 65 and over living alone, and is also one of the darkest regions on the map in Exhibit 43, showing areas where residents reported feeling socially isolated.

EXHIBIT 44: PEOPLE AGE 65 AND OVER AND LIVE ALONE



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

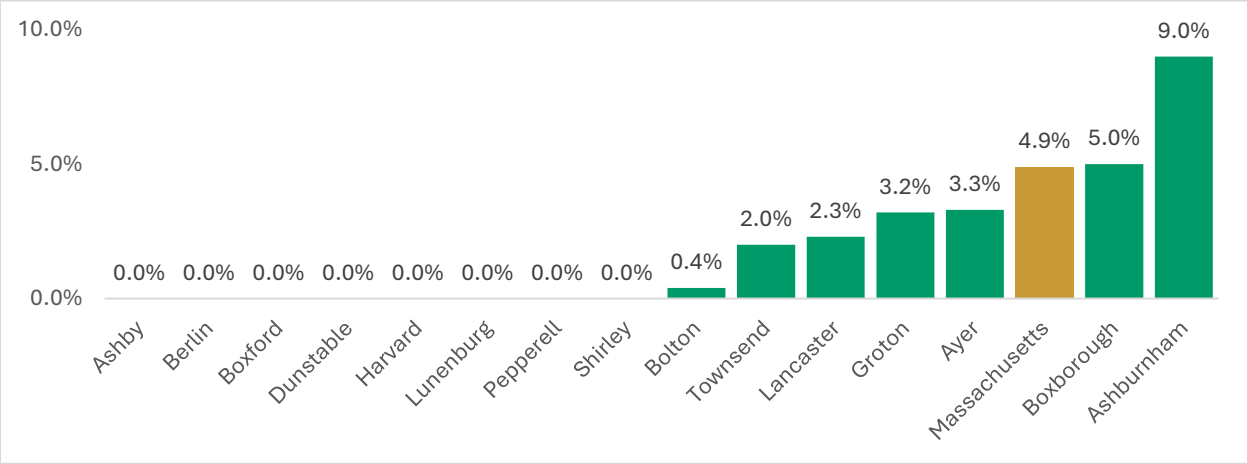
Social and community context can include providing supportive loving environments that make adolescents feel supported, increased opportunities to read to young children, and bullying prevention, especially of transgender students.[23]

Disconnected youth are defined as those who are youth aged 16 to 19 and are not enrolled in school and do not have a job. Young adults who are not in school or working represent untapped potential for our nation and our neighborhoods. Oftentimes, disconnected youth are heavily represented in rural areas and small towns and are at risk of experiencing a lifetime of higher poverty rates than those who are in school or working.[24]

23 Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context.

[24] American Youth Policy Forum. (n.d.) https://aypf.org/youth-populations/opportunity-youth/

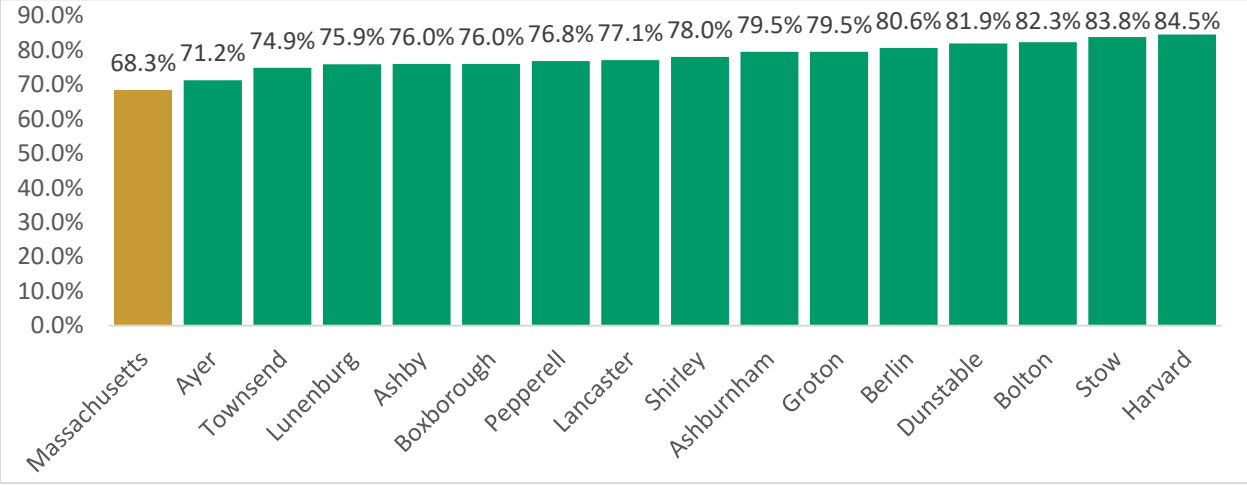
EXHIBIT 45: PERCENT OF DISCONNECTED YOUTH, 2023



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Another measure of social and community connection is voter participation rates. Voting holds elected officials accountable, helps to ensure your tax dollars are spent responsibly and impacts laws and policies that affect your everyday life such as health and public safety, education, recreation, economic development, and tenant's rights.[25] Exhibit 46 shows the percentage of registered voters who cast a ballot in the Massachusetts 2024 State general election.

EXHIBIT 46: 2024 STATE BALLOT VOTER PARTICIPATION RATES



Source: Massachusetts Secretary of State Elections Division, Early and Maile Voting Statistics, 2024 https: //www.sec.state.ma.us/divisions/elections/research-and-statistics/early-voting-statistics.htm

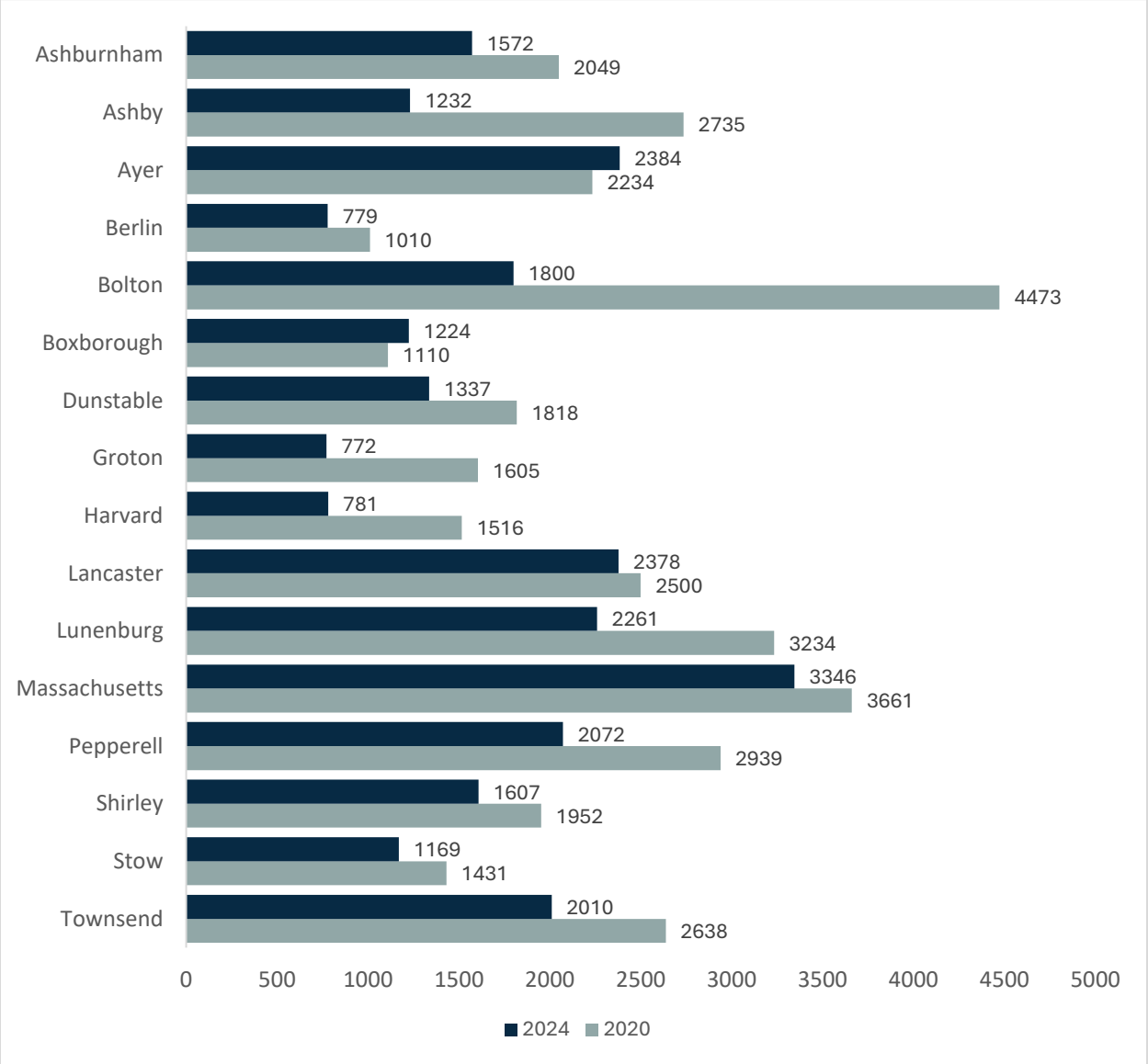
The crime rate indicator reflects the total number of reported offenses per 100,000 residents and is a standard measure of community safety.[26] Crimes include both crimes against people (i.e., murder, sex offenses, assaults, human trafficking, etc.) and crimes against society (i.e., drug

25 Southern Poverty Law Center, A life-changing habit: Five reasons why you should vote in every election, May 2024 https://www.splcenter.org/resources/hopewatch/five-reasons-vote-every-election/
26 CDC. Social and Community Context. https://www.cdc.gov/prepyourhealth/discussionguides/community.htm

crimes, gambling, prostitution, animal cruelty, etc.).[27] This data is voluntarily reported by local law enforcement, but is not a requirement.

As show in Exhibit 47 on the next page, between 2020 and 2024, most areas experienced notable declines in crime rates, in some cases cutting reported incidents by half or more. Only two towns of the 15 experienced lower crime rates in 2024 compared to crime rates during the COVID-19 pandemic in 2020. Overall, Massachusetts also recorded a modest decline of 8.6% between 2020 and 2024.

EXHIBIT 47: CRIME RATE PER 100,000 POPULATION

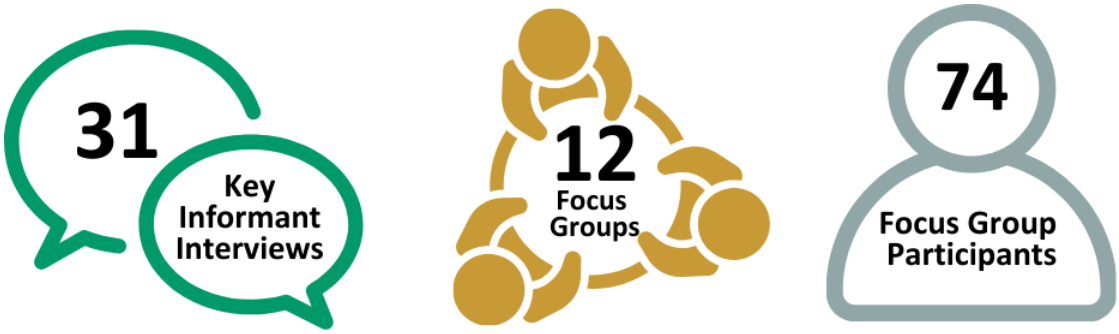


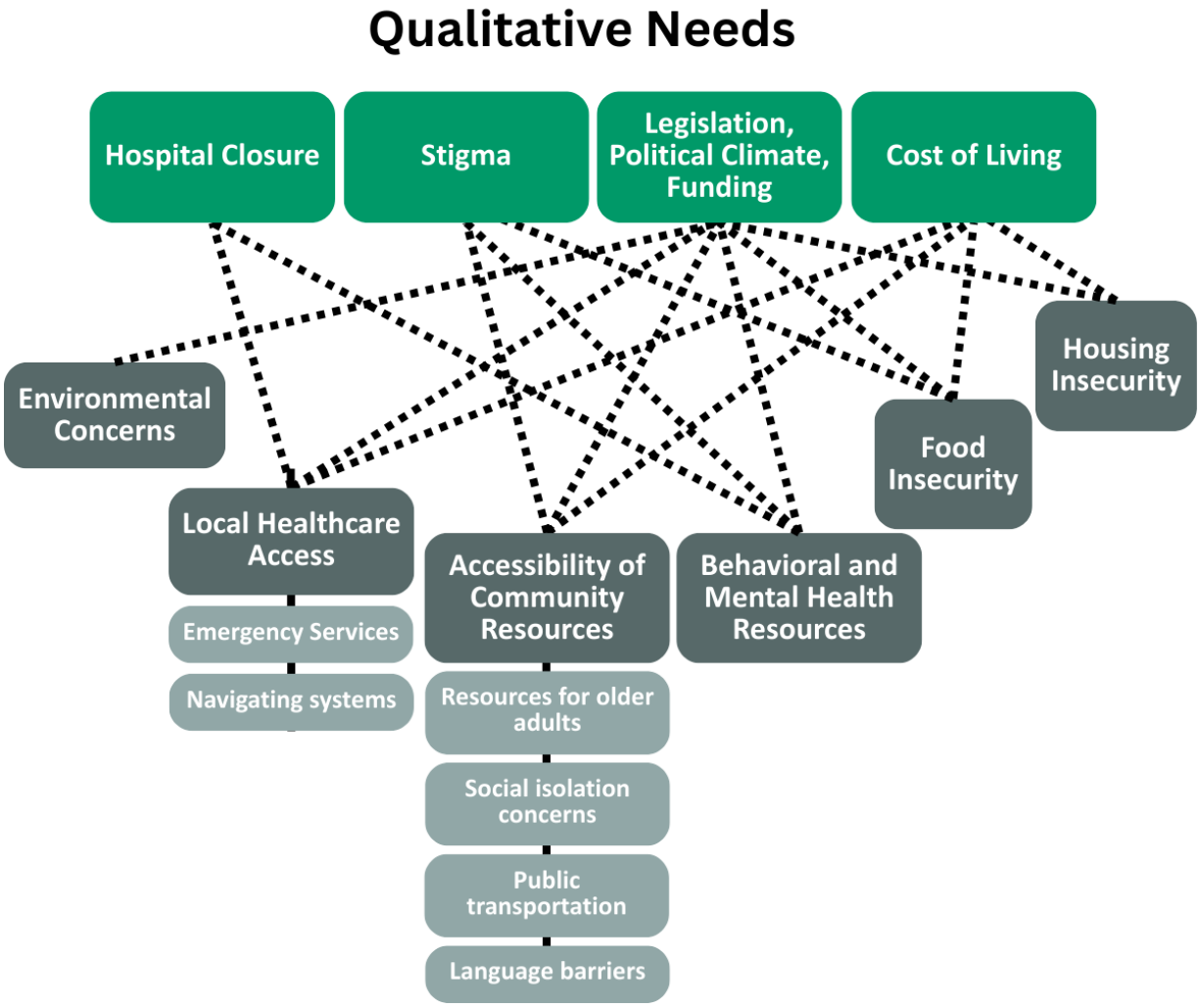
Source: Massachusetts Crime Statistics, Crime Overview 2023-2024

27 Massachusetts Crime Statistics. https://ma.beyond2020.com/ma_tops

Qualitative Data Findings

Overview





Strengths

Strengths are assets within the community that can serve as resources to address the needs identified.

Tight-Knit Community

A sense of community and willingness to collaborate are strong assets that can be used to work toward common goals. Throughout focus group discussions and key informant interviews, participants described communities with people who care about each other and who come together to address bipartisan issues and assistance when crises occur in the community. Many community members highlighted valuable resources such as their local library, which offers various beneficial programs. Participants often described how community members and organizations work together to ensure that community members' needs are met.

> *"People here really do look out for one another, what challenges they're facing. They're not shy about offering a ride or including them. There's a strong commitment to community, but people have to be willing to participate."*
>
> - **Community Member, Key Informant**

Local Resources

Community members noted the various resources that are available in their respective towns, often recognizing libraries as being rich in resources, as well as a robust Council on Aging in one area, and strong school systems. Across the service area, many community members noted that they value the local farms that provide fresh food. Some noted that nearby Boston has a plethora of resources, including healthcare specialists, and many community members mentioned their senior centers, churches, and food banks that work hard to ensure community needs are met. Older adults shared that they value the option to volunteer their time in exchange for property tax reductions.[28]

> *"Another thing about reaching people who have extra needs – we have a wonderful senior center here in the library and […] a local food bank which provides the clothes closet for people that tries to maintain a list and connections with people who have ongoing needs, but I don't know if it's enough because I don't know the numbers in our town on how many people have daily needs or weekly needs […]."*
>
> - **Community Member, Focus Group**

Beautiful Natural Environment

Along with the community-driven resources, participants also shared the benefits of the natural resources in the area. They enjoy living in a beautiful rural area with access to lakes, farmlands and animals, trails for accessing wooded areas, plenty of trees, and value the intentional preservation of natural resources.

[28] Commonwealth of Massachusetts. *Highly Recommended: Tax Work Off.* https://www.mass.gov/info-details/highly-recommended-tax-work-off

Community Context

Community context allows for a deeper understanding of the community so that needs and their root causes are addressed in a way that is responsive to the culture and identity of the community.

Diverse Community

Diversity in a community encompasses not only racial and ethnic diversity, but also socioeconomic, age, military experience, religious, and cultural differences among various groups.[29] It can lead to a variety of perspectives and innovative ideas that can be beneficial for a community, but it can also lead to health disparities if these differences are not considered. Community members described the various types of diversity that exists throughout the service area, such as socioeconomic status, and individuals who are immigrants or migrants. In some communities, there are populations who speak different languages, indicating a need for services and resources that are available in those populations' languages.

> *"There's an economic split in town – those that are working class, and then you have those that are making six figures or more, and that really causes a split. If [multi-generational residents] were faced with buying a home, they wouldn't be able to afford it."*
>
> - **Community Member, Key Informant**

[29] Servaes et al., 2022.

Location

> *"Access to public transportation – nothing's really available. There might be public transportation in another county, but we're in a different county so the counties don't share."*
>
> - **Community Member, Key Informant**

There are 15 towns and the community of Devens in the Nashoba Associated Boards of Health (NABH) service area. Some towns are more rural than others, which impacts their needs differently than those that are more suburban or closer to urban centers. The differing socioeconomic layout of certain towns impacts how many and what resources are available in an area, with residents of smaller towns often having to seek resources and jobs that are outside of their community. Participants noted the impact that location has on emergency situations, transportation options, and resource allocation. They also noted the social implications for their locations. Living in a small community can strengthen the social bonds that allow for effective collaboration to reach common goals and create an increased risk for social isolation when neighbors live so far apart and there is nowhere to socialize.

Root Causes

Root Causes are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

Hospital Closure

Participants repeatedly expressed concerns related to the closure of Nashoba Valley Medical Center. They noted that some populations are more impacted than others, including older adults, people on fixed or low incomes, people with transportation barriers, and those in towns that were closer to the hospital. There were many participants who described feeling a loss of trust in policymakers and described issues resulting from the hospital closure such as long waits in the emergency room, difficulties finding new providers, and traveling long distances for healthcare.

"Nashoba Hospital closed and this has created a lot of overflows to [local hospital], which means long waits in the emergency room. The ambulance is out of commission for longer periods because it takes more time to drive to [local hospital]. People rely on more urgent care centers that have popped up. We do have a few primary care providers but they're not in [town]; they're around."

Stigma

Community members described the impact of stigma on individual choices, noting that the tight-knit small town communities can make people feel like nothing is anonymous. This impacts whether people feel comfortable accessing behavioral health services or food resources. Participants explained that there is a generational difference among older adults when it comes to the perception of receiving various types of support, which may come from pride or shame. When

considering mental health support, participants noted that this stigma may drive residents' preference to speak with a priest or pastor instead of a therapist.

> *"A lot of it is about pride and asking for help because that's the barrier to a lot of people who could and should take advantage of a food pantry, but they don't. Many see it as a stigma. […] I have some clients who don't want anyone to know they're using the pantry, so they come in early hours to pick up. A lot of times, new clients come in and they're desperate and they're so apologetic that they're taking advantage of the pantry and it's reassuring them that that's why we're here."*
>
> - **Community Member, Key Informant**

Legislation and Political Climate

Participants described how the political climate affects individuals and communities in the service area. Immigrants and populations that do not speak English are experiencing fear when accessing services, which participants connected to the political climate. Participants themselves repeatedly talked about being afraid and worried; one community member described feeling powerless about the impact of politics. Another shared that there is an "overwhelming lack of concern by policymakers." Participants described frustration with government, perceived a lack of progress or decision making, and expressed lack of knowledge about legislative changes and how it impacts them.

Impacts of Political Climate:

- Fear, stress, and uncertainty
- Fractured trust in government leadership
- Funding barriers for impactful programs and services

Funding for Providing and Receiving Services

Participants in key informant interviews and focus groups repeatedly noted the impact that the political climate is having on local resources, particularly in relation to funding for safety net programs. Participants described various services and programs that have been affected by budget cuts, such as low subsidies for developers to build market rate housing, operate food pantries, expand diversity efforts, and provide education and healthcare services.

> *"With everything happening on federal level – I have Medicare and supplemental plan – I'm scared to make a change. I don't want my social security record to be flagged in any way, and I don't know if my anxiety is validated or not."*
>
> - **Community Member, Focus Group**

Cost of Living

Participants repeatedly discussed how the increased cost of living and rising inflation is impacting their lives. Community members are often forced to make decisions between paying for housing, prescription medication, or food. They noted that some community members have had to move because they are unable to find affordable housing. Many older adults and individuals who are on fixed incomes would prefer to stay in the town that they know and care about, but financial barriers sometimes force them to leave. Inadequate insurance and healthcare costs add to community members' financial burden.

Cost of living impacts...

- **Food security**
- **Housing security**, including the ability to pay utility bills
- **Access to medical care,** including co-pays and emergency services
- **Access to affordable childcare**

"I think people are really struggling financially right now. […] They're people who were probably at risk through their whole life, but many of them also have held down good, working class, livable wage jobs, and are now really struggling because changes in healthcare, changes in benefits, just the cost of living, has risen so much in the last four to five years. […] People are coming in with, 'I'm going to be evicted', or 'I have this thing, this health condition that I just can't manage.'"

- **Community Member, Key Informant**

Action Areas

Action Areas are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

Local Healthcare Access

Community members repeatedly shared concerns about the impact of the hospital closure on emergency medical services, with one participant noting that the length of time from receiving a 911 call to an individual arriving in the hospital via ambulance doubled and even tripled for residents depending on their location. In some cases, individuals drive to Boston for healthcare, particularly if they need specialty care, which can mean missing a full day of school for children who need those services or a full day of work for parents. For older adults, many participants expressed a need for in-home and long-term care facilities to meet their growing needs.

> *"Nashoba Valley Medical Center was a beloved community hospital. Nobody wants to go to the hospital, but you knew you were going to your 'home' hospital, and now I am going to [external hospital]. If my husband doesn't drive, how's he going to get out there to visit me? People were so afraid. They were delaying calling 911 because they were afraid, which made their situation worse by the time a first responder did show up."*
>
> - **Community Member, Key Informant**

Need for Emergency Medical Services

Participants reported that the closure of Nashoba Valley Medical Center has both increased ambulances' run time and strained local emergency rooms resources. They shared that there is a lack of advanced life support trucks, and when they get tied up on long rides, this can delay emergency care for other community members. Some towns in the service area do not have an urgent care facility, which requires community members to travel longer distances for care. Other barriers identified include a lack of awareness of urgent care facilities external to their community and hesitancy about sharing personal medical information with providers and systems they are unfamiliar with. Individuals who have limited access to transportation may be unable to access emergency care that is outside of their immediate area.

> *"EMS is probably the system that's at a crisis point here because of the hospital closure. They closed Nashoba nursing services and that was a huge number of services, and no company came in and picked up all those visits. So now you have EMS who is truly holding the bag. What used to be a 20 to 30 minute round trip, now they get a call, they have to drive them to Emerson which is a good 40 to 50 minutes away and that's an hour and a half round trip or you're going to Worcester, so you're doubling, tripling your transport times…. Their ambulances are getting more constant use, they need more staff, they pay more overtime; it's a huge burden on all the towns."*
>
> - **Community Member, Key Informant**

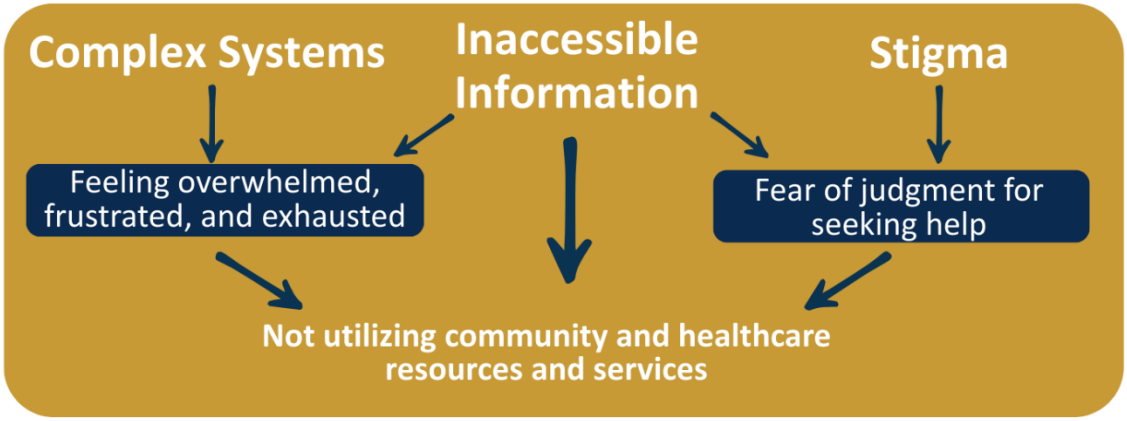
Navigating Complex, Confusing Systems

Participants shared how frustrated they are by the complexity of the healthcare system they must navigate to get care from a new provider. Participants shared examples of struggling to find a provider who takes their insurance, accessing their images, transferring health information to a new provider, and obtaining referrals, among other barriers. It was noted that community members are sometimes foregoing medical care because they feel overwhelmed by the system.

> *"I think trying to figure out what doctors are covered by what insurance. People designed their life around proximity to the hospital so when that disappeared and peoples financial situation changed, and Medicare stuff is on the horizon, they're trying to navigate that – we see people photocopying, faxing docs to sign up for things, send claims in, and navigating bureaucracy and they're always exhausted by it and we might see people multiple times faxing multiple things for a single project."*
>
> - **Community Member, Key Informant**

Accessibility of Community Resources

Some towns in the NABH service area are comprised mostly of older adults, which participants noted is a population that often does not use social media or smart phones. Participants connected this to low awareness levels about available services and resources. Information that is shared digitally may not be accessible to older adults who have limited technology skills, and some are not interested in learning how to use technology, instead preferring printed materials. They also identified stigma as a barrier that prevents community members from accessing services that would benefit their health. These barriers work together to prevent individuals from accessing resources in the community.



Trusted, Local Resources and Services for Older Adults

Community members in various towns noted that there is a lack of opportunities for intergenerational interactions, with many people noting that older adults yearn for more community interaction. Social isolation is a serious concern that was repeatedly discussed. In communities that lack senior centers, participants also expressed interest in a physical location that community members can use for in-person socializing, navigating resources, and accessing information.

Social Activities to Address Social Isolation and Loneliness

Social isolation was repeatedly cited as a concern for older adults in the NABH service area, though some key informants noted that some older adults are isolated because they choose to age in place, but do not access the related support for aging in place. The lack of transportation in rural communities can further contribute to the feeling of isolation for individuals who are already at risk, such as those with mobility challenges. Though it was acknowledged that different resources, such as churches, are working to address social isolation, participants explained that deep loneliness can stem after close friends or spouses pass away, which may indicate the need for a more therapeutic approach.

> *"I'm connecting with the older adults who recognize that they need to get out and realize mental health is important. Others email and they're riddled with anxiety or agoraphobia, the fear of going out.... I see a direct correlation between leaving the house and better mental health."*
>
> - **Community Member, Key Informant**

Language Barriers

There are populations throughout the service area that speak languages other than English and who need resources and services to be available in their language. Community members explained that services are primarily offered by English-speaking Caucasians, which makes it difficult to find resources in a variety of languages and cultural representation, despite efforts to use translation tools. It was also noted that low levels of literacy, regardless of the language, is a concern. They connected low levels of literacy and language barriers to community members experiencing low awareness about events and information in the community.

Public Transportation

Physical access, including transportation, was one of the top barriers that community members spoke about when discussing access to resources and services, especially healthcare. Though community members acknowledged the Montachusett Regional Transit Authority (MART) bus[30], which is currently free, as an asset, they noted that travel between towns can be improved. Some mentioned that transportation to and parking at the train station is needed. Infrastructure was also discussed, with some expressing concern about increased traffic safety, as well as the need for sidewalks.

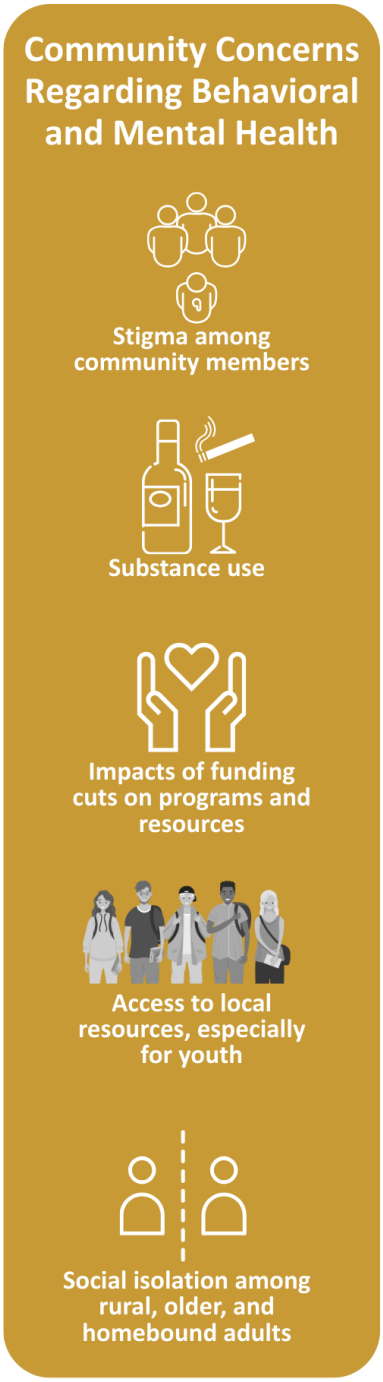
> *"Transportation is one of the things – two years ago I had a stroke, and I can't drive anywhere and I'm dependent on my wife and now we have someone who brings me back and forth.*
>
> *Transportation is one of the needs in this town. If I want to go downtown a mile away - I have to walk, there's no sidewalks, there's not a way to get somewhere. If you don't have a car, a bike, a moped, you're not getting anywhere. There's no transportation."*
>
> - **Community Member, Focus Group**

[30] Many changes were underway in MART services at the time this report was being written, mainly a decline in routes due to lack of ridership and funding. Check with MART for updates: https://www.mrta.us/

Behavioral and Mental Health Resources and Services

Community members shared concern about the lack of mental and behavioral health services available in the service area. They also shared concerns about the lack of support available for youth, and many participants connected the stress of the rising cost of living to an increase in serious mental health concerns. Participants discussed the impacts of the opioid crisis on their community and repeatedly described the stigma that often accompanies asking for help or accessing treatment.

> *"Mostly it's the challenges of finding the right therapist in network that's not six months out. It's going to be a big mess in a year because people can't get the help, they need in the right amount of time. I think it's going to impact a lot of lives and we're going to see a real shift in statistics too for suicide. You can't ask somebody who's struggling to wait six months to get help."*
>
> - **Community Member, Key Informant**



Environmental Concerns

A variety of concerns about environmental issues were shared by participants. Community members with well water expressed concern regarding high levels of per- and polyfluoroalkyls, known as PFAS, which are toxic chemicals that break down very slowly over time in the environment.[31] PFAS can cause various health problems, including decreased fertility, developmental delays in children, increased risk of some cancers, and other issues.[32]

There is also concern regarding the process for trash disposal in some areas and the impact it may have on pollution in the area. Participants also expressed concern around the use of pesticides and insecticides on community members' health.

[31] PFAS Explained | US EPA, 2025. https://www.epa.gov/pfas/pfas-explained
[32] US EPA, 2025.https://www.epa.gov/pfas/our-current-understanding-human-health-and-environmental-risks-pfas

Housing Insecurity

Participants noted the increase in housing costs since the COVID-19 pandemic, concern regarding the low vacancy rates, and low housing stock. In some instances, individuals are being forced to choose which basic needs they can afford and are foregoing maintenance for their house as a result. Young adults are also struggling to afford housing. This impacts housing stability, with some community members couch surfing or living in their vehicles. Many community members cited a need for affordable senior housing. In other instances, housing wait lists are years-long in some areas, forcing people to move outside of their community, which exacerbates the lack of access to public transportation. Participants noted that individuals from other areas who have high incomes are purchasing houses, pricing out long-term residents and increasing taxes in the area, which increase housing insecurity, particularly among those on a fixed income.

> *"The other big thing in the community is the aging population. I think we're up to 30% seniors. There's a lot of old families in town that have just been here forever. I know for sure that a lot of them living on their fixed income – they struggle a lot because they want to stay in this town because this is what they know, and this is where they were raised. But they are also having a lot of difficulty keeping up with the rise and the property tax – that's actually a huge, huge thing."*
>
> - **Community Member, Key Informant**

Food Insecurity

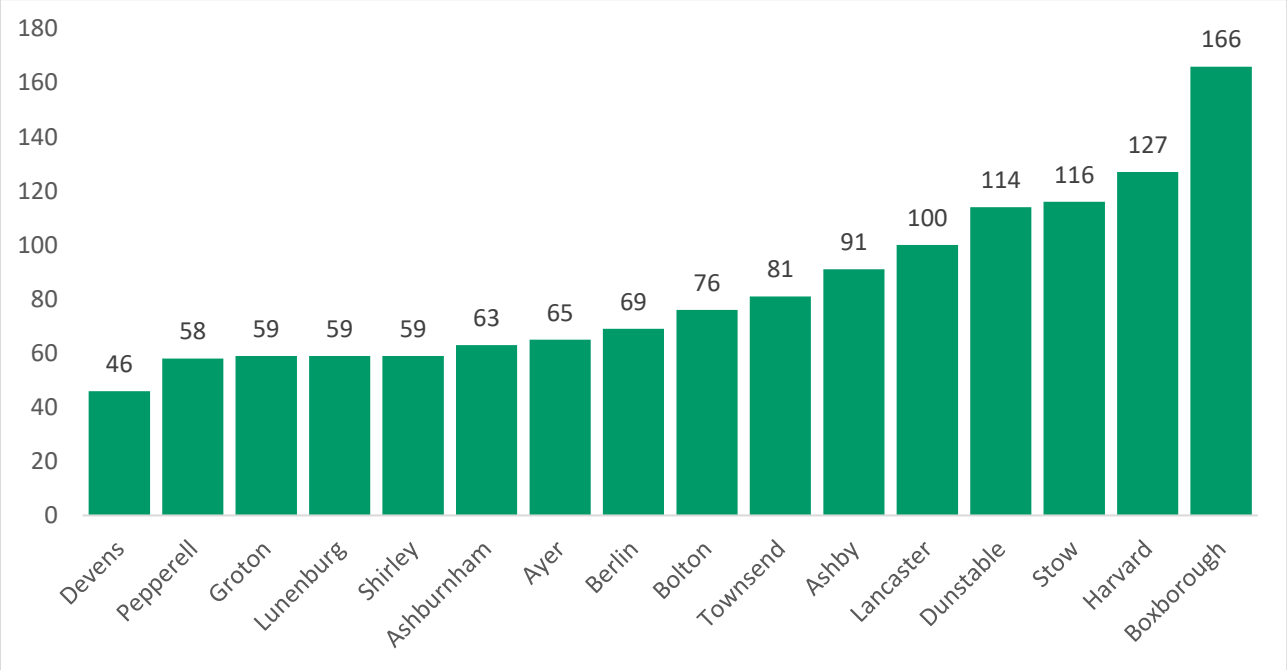
Though participants acknowledged that there are some partnerships and programs in place to help those with food insecurity, participants also explained that the rising cost of living is impacting residents' ability to access fresh, nutritious food. There was also concern about proposed cuts to food banks across the country impacting local services, which some noted would also have an impact on food delivery services for those who are homebound or lack access to transportation. Food deserts exist in some areas throughout the service area, which forces some community members to purchase food from gas stations and convenience stores, which often carry highly processed food and have limited fresh food options.

> *"Quality food access, especially when we're getting things cut left and right, like SNAP. […] I know that there's a lot of security issues with running an EBT card over the phone. I'm sure that's all for good reason, but at the end of the day, that means people are not able to get their groceries delivered, and they're sending whoever they can – a good Samaritan – down to the corner store because they feel badly asking someone to run all the way down to Hannaford's or Shaw's, and then you end up with staples in your house that are more from gas stations, not good quality food."*
>
> - **Community Member, Key Informant**

Survey Findings

Respondent Demographics

EXHIBIT 48: NUMBER OF SURVEY RESPONDENTS BY TOWN



As shown in Exhibit 49, among survey responses (n=1,349), nearly three in four respondents (74.0%) identified as female, most respondents (94.0%) identified as White, a little over two in five respondents (45.6%) were ages 65 or older, and one in five respondents (20.5%) were ages 55 to 64.

EXHIBIT 49: RESPONDENTS DEMOGRAPHICS

	RESPONSE
GENDER	
Man/ Male	23.4%
Woman/ Female	74.0%
Two-sprit	0.3%
Gender queer	0.1%
Non-binary	0.4%
I don't understand the question	0.8%
Other	1.0%
ETHNICITY	
American Indian or Alaska Native	0.3%
Asian or Asian American	2.6%
Black or African American	0.7%

	RESPONSE
Hispanic or Latino	1.9%
Middle Eastern or North African	0.7%
White	94.0%
Another race	0.8%
Other	2.4%
AGE	
Under 18	0.1%
18-24	0.9%
25-34	4.0%
35-44	13.3%
45-54	15.5%
55-64	20.6%
65+	45.6%

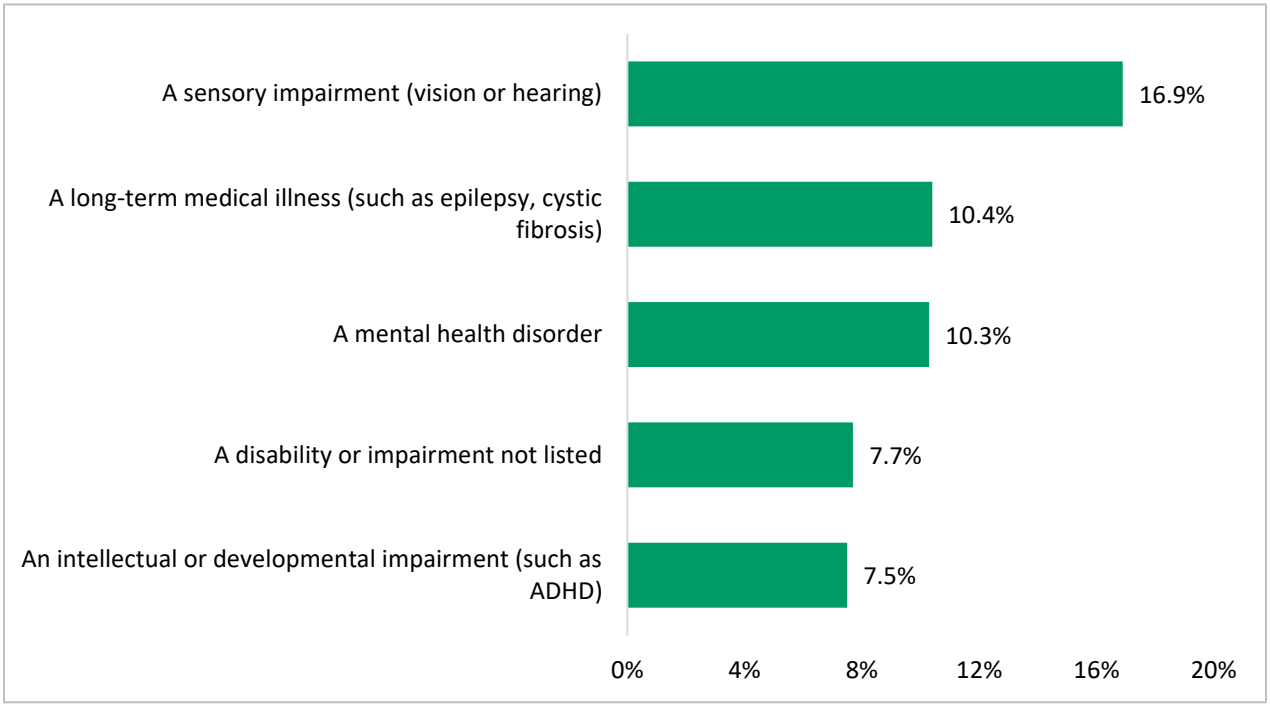
As shown in Exhibit 50, about one in three respondents (34.4%) reported have annual income over $150,000, and one in five respondents (20.2%) reported annual income between $100,000 and $150,000. About one in three respondents (33.4%) reported having bachelor's degree, and just under two in five respondents (36.8%) reported having master's degree.

EXHIBIT 50: RESPONDENTS INCOME AND EDUCATION

	RESPONSE
INCOME	
Under $15,000	1.1%
Between $15,000 and $29,999	3.7%
Between $30,000 and $49,999	8.0%
Between $50,000 and $74,999	10.3%
Between $75,000 and $99,999	12.4%
Between $100,000 and $150,000	20.2%
Over $150,000	34.4%
Unknown	9.9%
EDUCATION	
Less than a high school diploma	0.2%
High school degree or equivalent (such as GED/HiSET)	5.0%
Some college, no degree	10.4%
Associate's degree	6.1%
Bachelor's degree	33.4%
Master's degree	36.8%
Professional or doctorate (such as MD, DDS, DVM, PhD)	8.0%

As shown in Exhibit 51, when asked about disability among respondents, about one in six respondents (16.9%) reported having a sensory impairment, followed disabilities such as long-term medical illness (10.4%), mental health disorder (10.3%), disability or impairment that is not listed in the options (7.7%), and an intellectual or developmental impairment (7.5%).

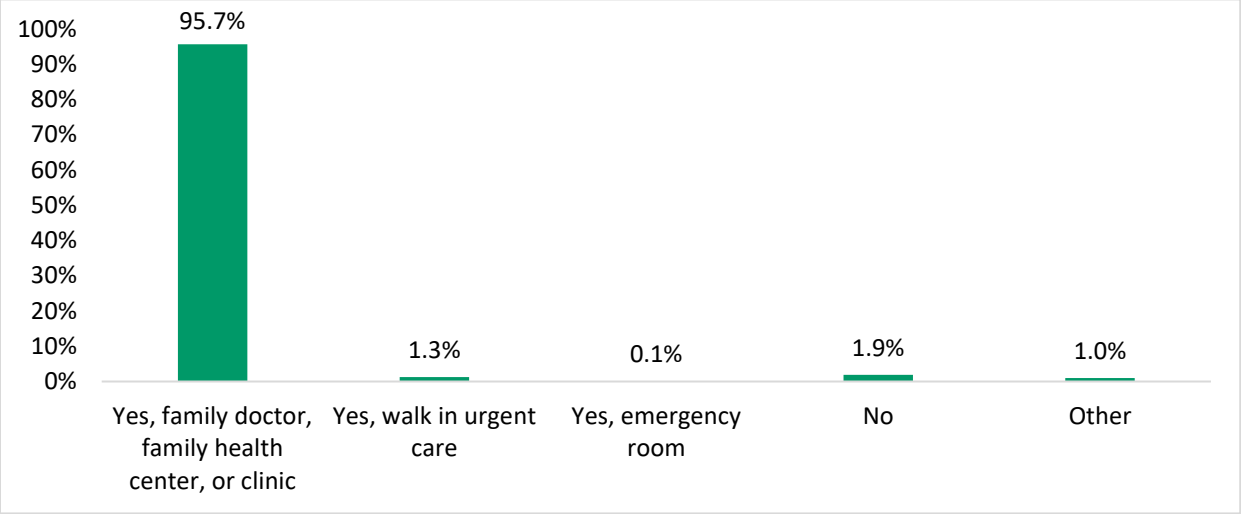
EXHIBIT 51: DO YOU HAVE ANY OF THE FOLLOWING DISABILITIES / ABILITIES?



Access to Health Care

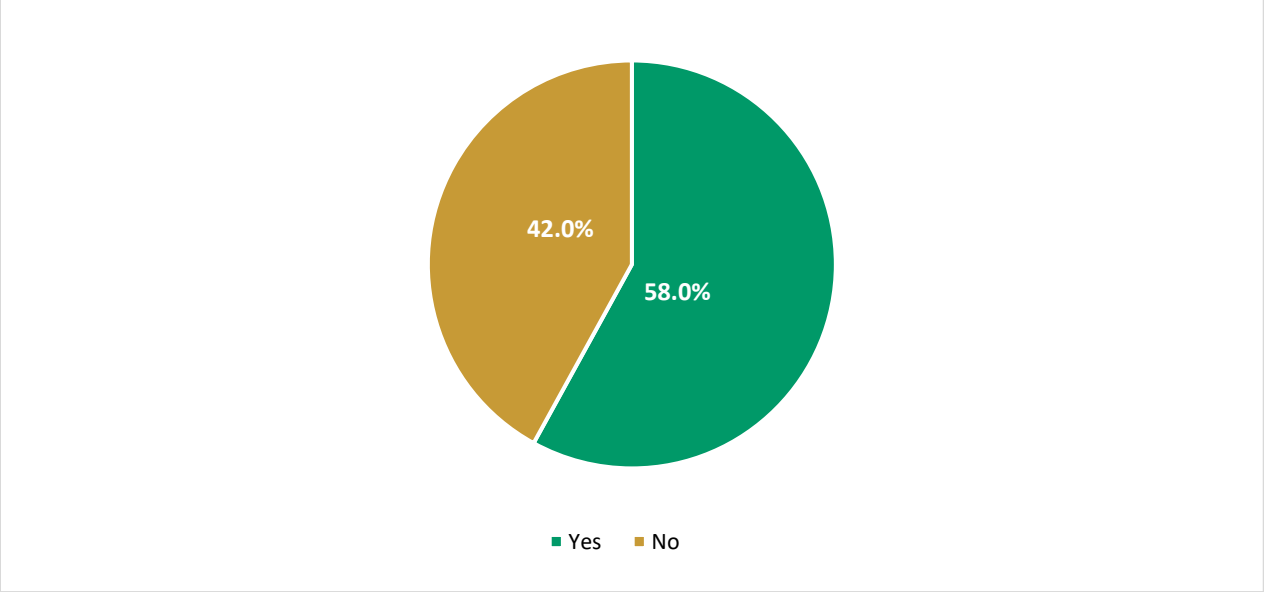
As shown in Exhibit 52, when asked about routine care, most of the respondents (95.7%) reported having a primary care provider through a family doctor, health center, or clinic. A small percentage of respondents (2.4%) reported using walk in urgent care, emergency room, or other resources for care, while some reported not having a primary care provider (1.9%).

EXHIBIT 52: DO YOU HAVE A FAMILY DOCTOR OR A PLACE WHERE YOU GO FOR ROUTINE CARE?



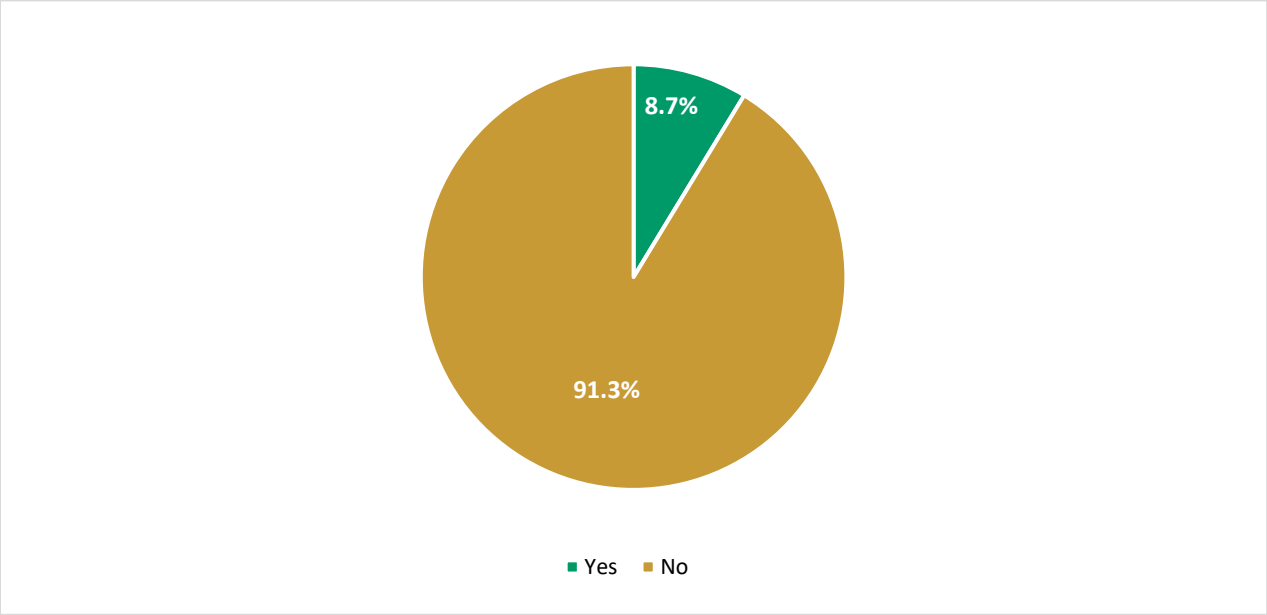
As shown in Exhibit 53, respondents who receive a vaccination to protect against COVID-19 in the past year is almost split in half, with a little more than half respondents (58.0%) received COVID-19 vaccine, and 42.0% respondent not receive COVID-19 vaccine.

EXHIBIT 53: IN THE PAST YEAR, DID YOU RECEIVE A VACCINATION (SHOT) TO PROTECT AGAINST COVID-19 INFECTION?



As shown in Exhibit 54, almost one in ten respondents (8.7%) reported there were one or more occasions when they needed medical care but could not get it in the past year.

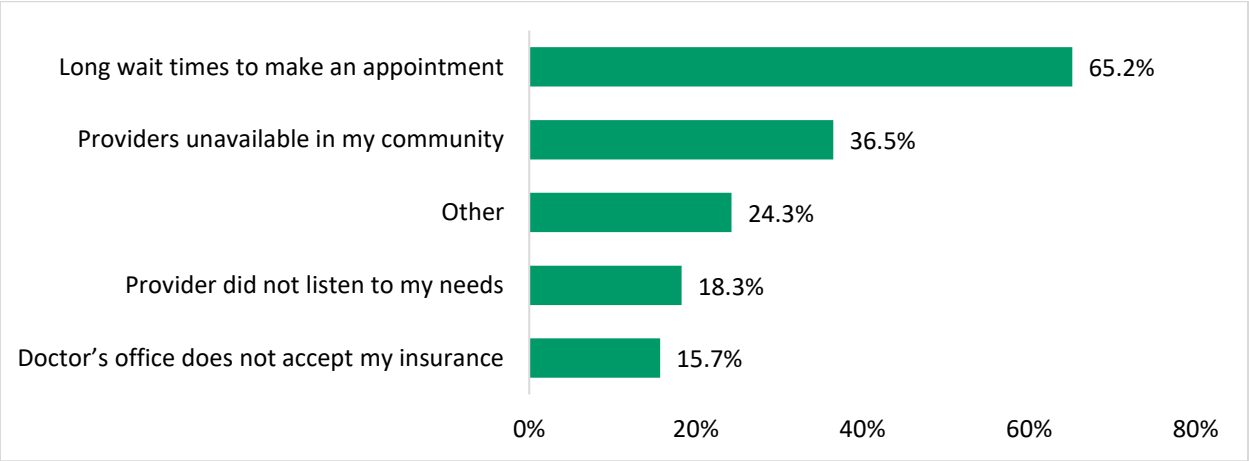
EXHIBIT 54: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MEDICAL CARE BUT COULD NOT GET IT?



Response: Yes=117, No=1,232

The reasons given for not being able to access medical care are shown in Exhibit 55. “Other” reasons provided (24.3%) included as “emergency room overwhelmed”, “lived outside of the hospital service area”, “Nashoba valley med center closed”, or “no urgent care nearby”.

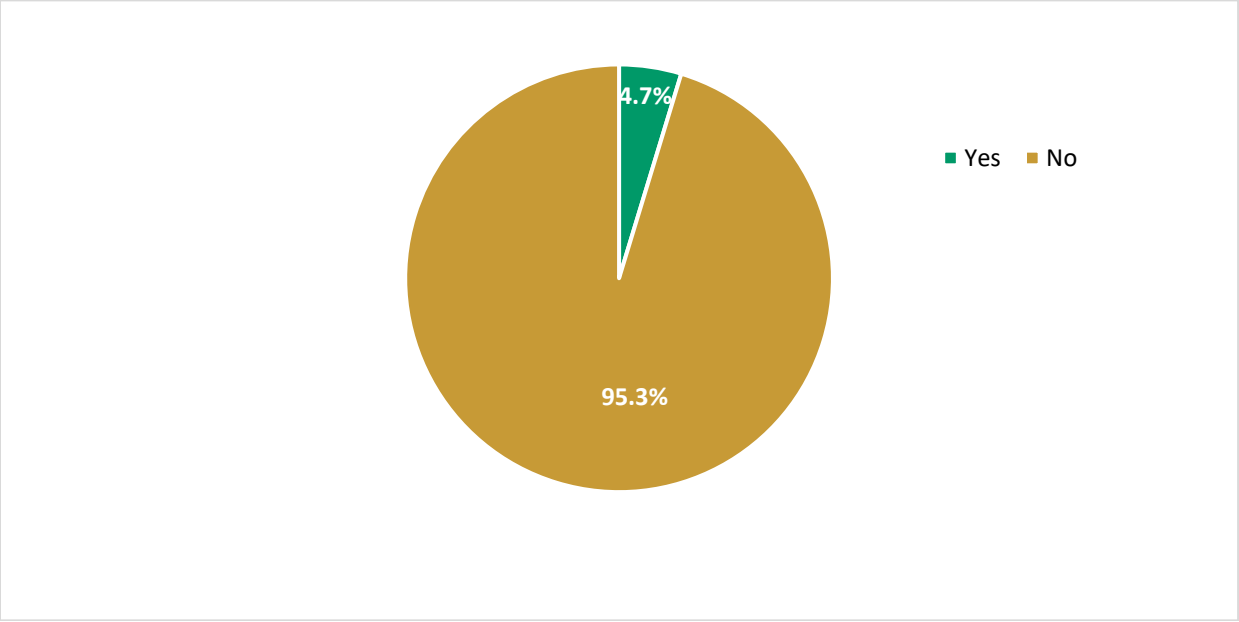
EXHIBIT 55: WHAT KEPT YOU FROM ACCESSING MEDICAL CARE WHEN YOU NEEDED IT?



Response: Yes=117, No=1,232

As shown in Exhibit 56, 4.7% of respondents reported there were one or more occasions when they needed mental health or substance use services but could not get it in the past year.

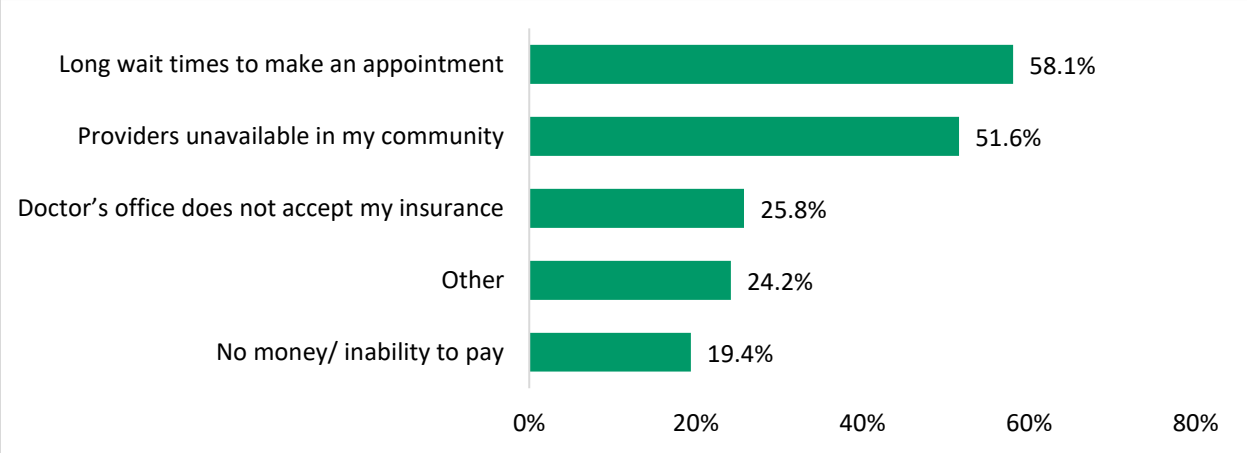
EXHIBIT 56: IN THE PAST YEAR, HAS THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MENTAL HEALTH OR SUBSTANCE USE SERVICES BUT COULD NOT ACCESS IT?



Response: Yes=63, No=1,275; No response=11

The reasons given for not being able to access mental health or substance use services are shown in Exhibit 57. “Other” reasons (24.2%) provided included, “not accepting new patients”, “provider did not call back”, or “not ill enough for inpatients.”

EXHIBIT 57: WHAT PREENTED YOU FROM ACCESSING MENTAL HEALTH OR SUBSTANCE USE SERVICES WHEN YOU NEEDED IT?



Response: Yes=63, No=1,275; No response=11

Community Health Needs

As shown in Exhibit 58, when asked about Social Drivers of Health-related issues within the community, a little under three in five respondents (55.6%) identified access to safe, affordable housing as needing high focus or much more focus. Other services that were identified as needing either high focus or much more focus included affordable, quality childcare (47.1%), livable wage job opportunities (44.3%), access to quality education for youth (43.2%), and access to affordable, nutritious food (41.2%).

EXHIBIT 58: ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF SOCIAL DRIVERS OF HEALTH REALTED ISSUES NEEDS FOCUS IN YOUR COMMUNITY?

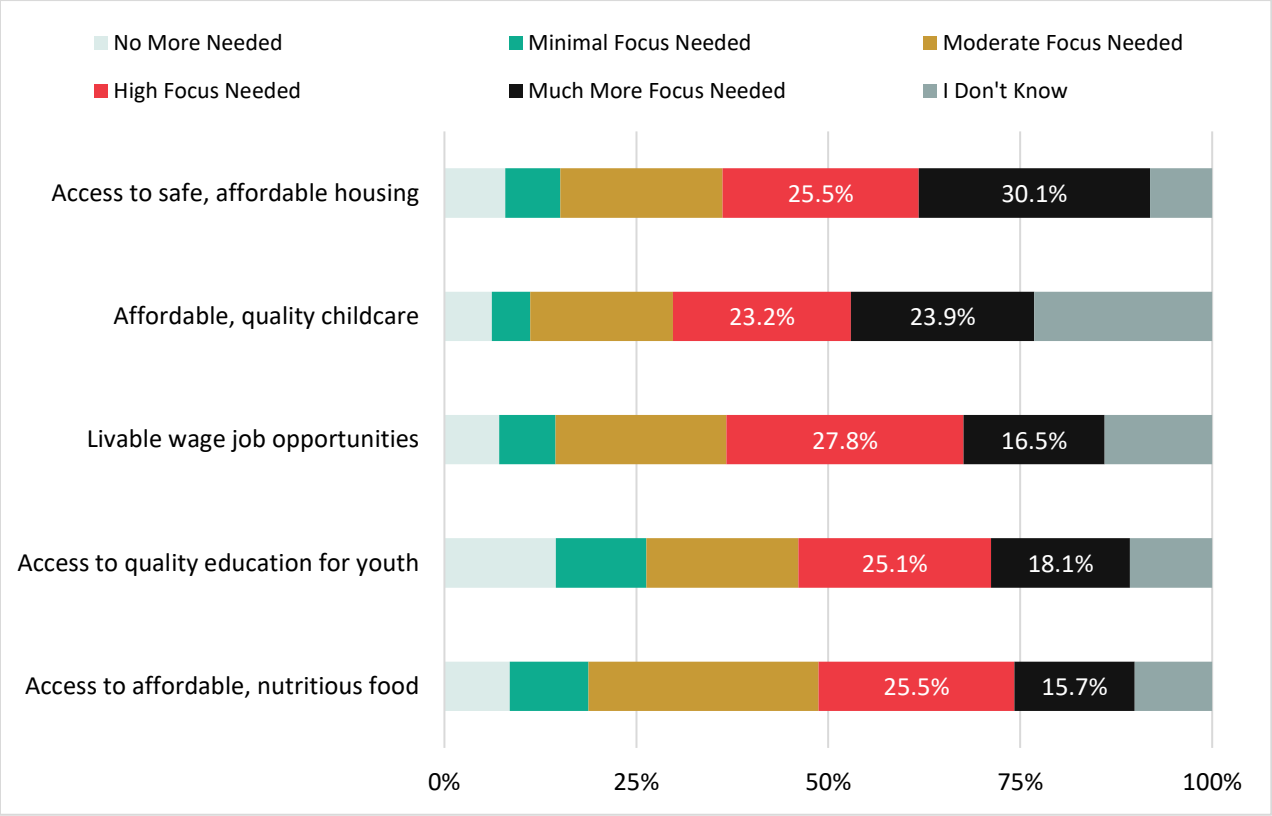


EXHIBIT 59: HIGH FOCUS AND MUCH MORE FOCUS IS NEEDED-ACCESS TO SAFE, AFFORDABLE HOUSING BY MUNICIPALITY

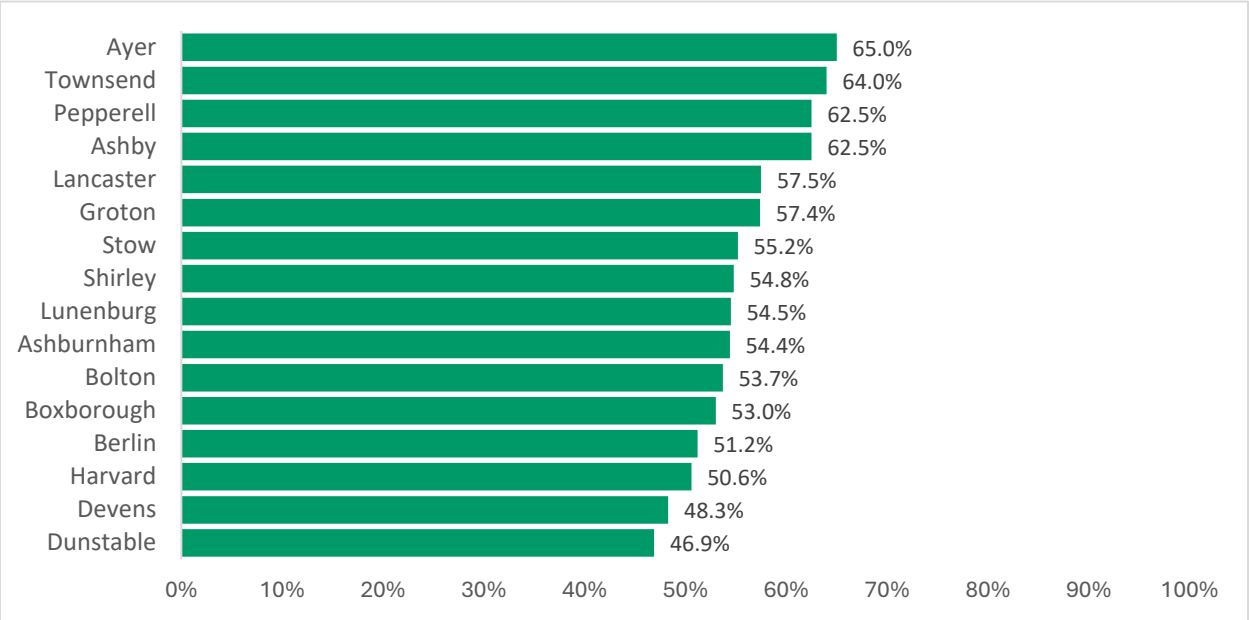


EXHIBIT 60: HIGH FOCUS AND MUCH MORE FOCUS IS NEEDED-AFFORDABLE, QUALITY CHILDCARE BY MUNICIPALITY

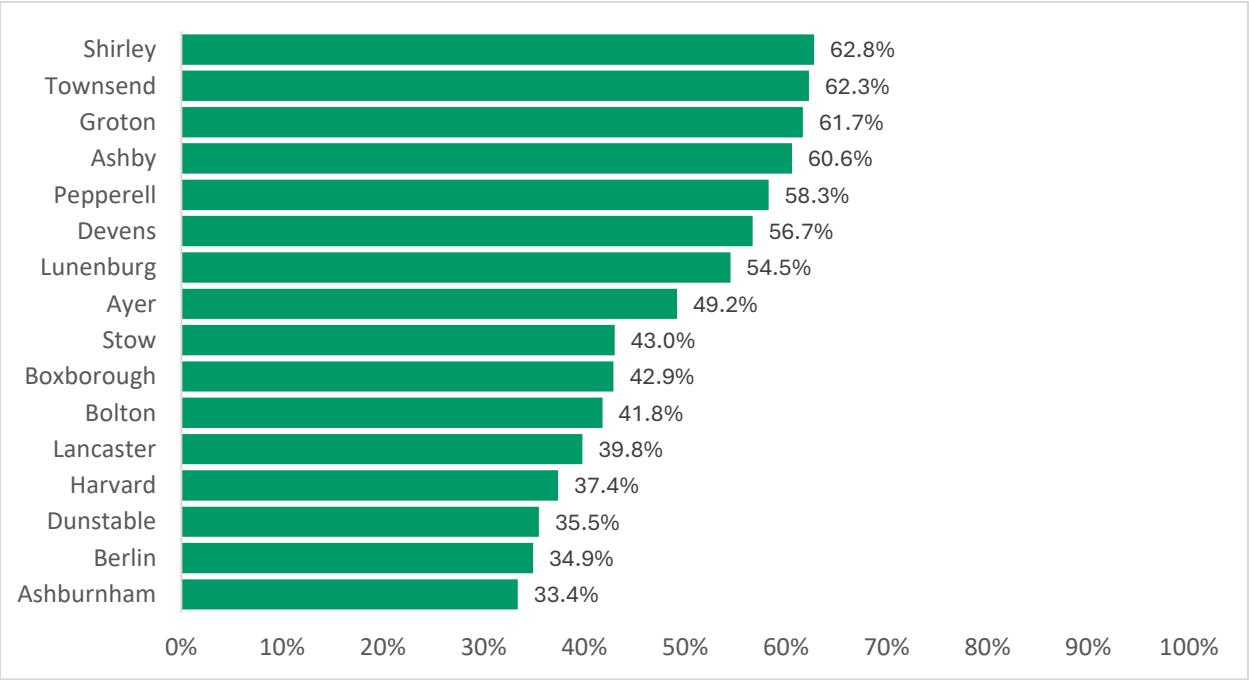
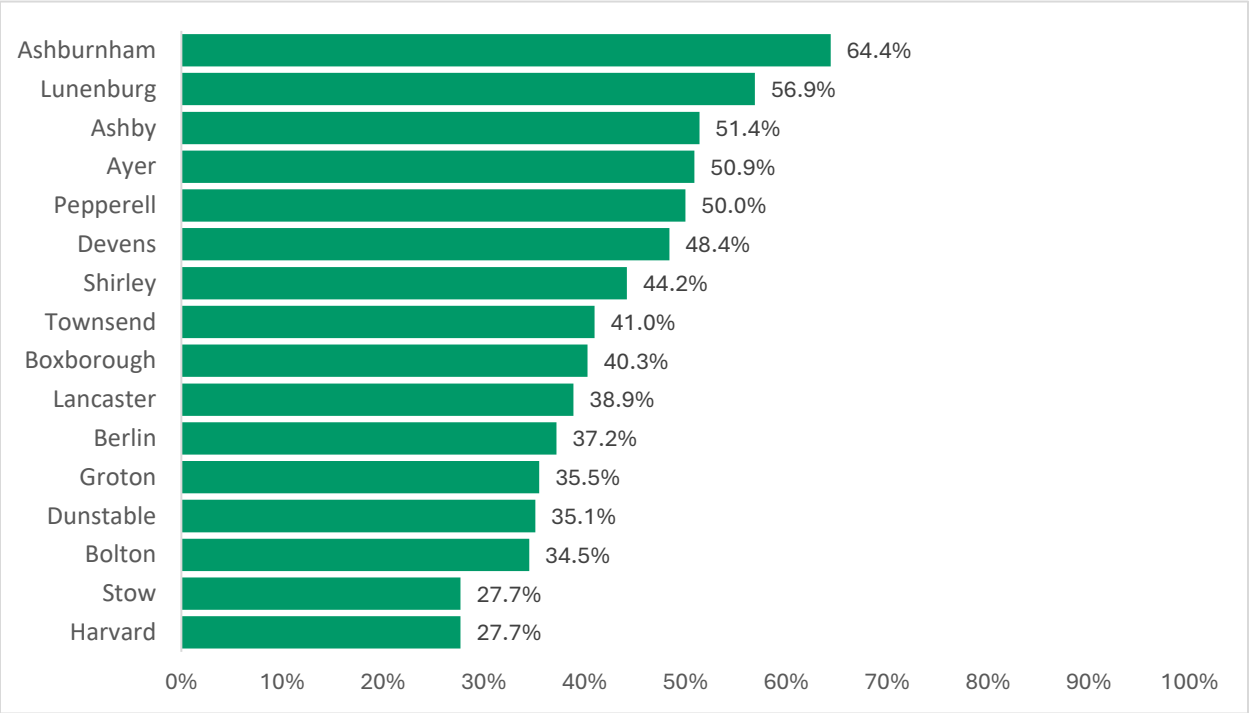


EXHIBIT 61: HIGH FOCUS AND MUCH MORE FOCUS IS NEEDED-ACCESS TO AFFORDABLE, NUTRITIOUS FOOD BY MUNICIPALITY



As shown in Exhibit 62, when asked about health programs services within the community, more than half of respondents (57.4%) identified affordable prescription medications as needing either high focus or much more focus. Other programs or services that were identified as needing high or much more focus included crisis or emergency care programs for mental health issues (54.7%), emergency and trauma services (53.5%), programs to help supply and protect environmental resources (49.6%), and specialist services (47.1%).

EXHIBIT 62: ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE HEALTH PROGRAM SERVICES ISSUES NEEDS FOCUS IN YOUR COMMUNITY?

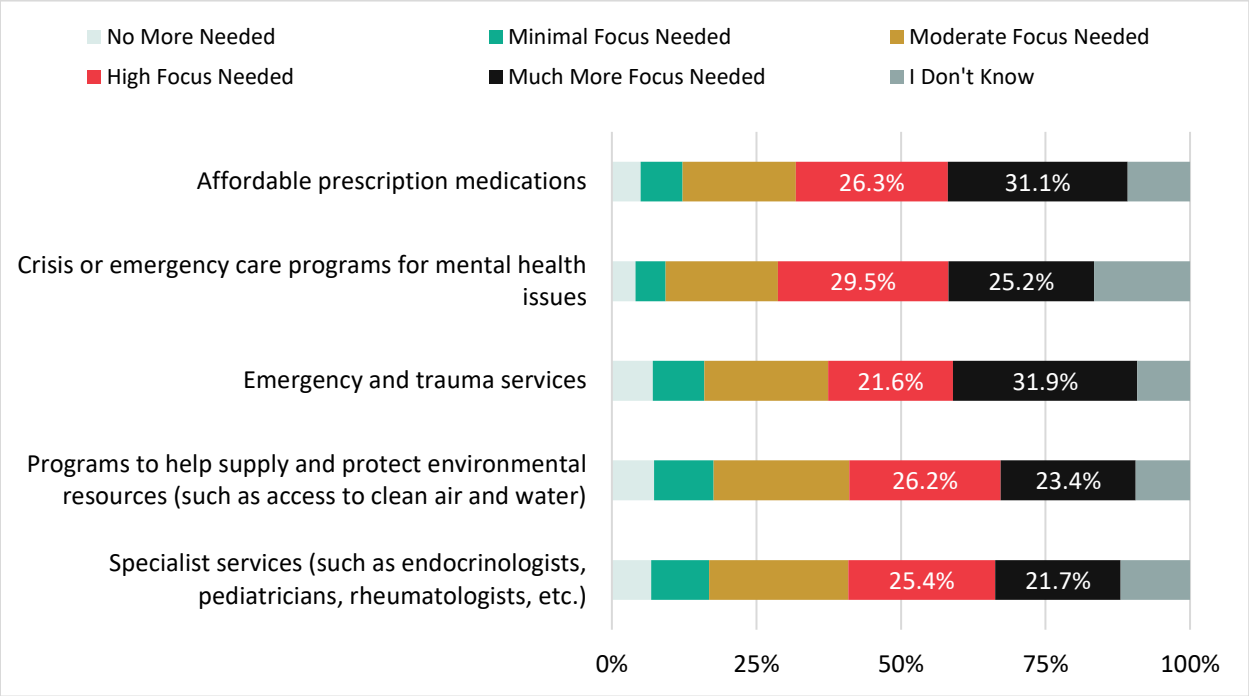


EXHIBIT 63: HIGH FOCUS AND MUCH MORE FOCUS IS NEEDED-EMERGENCY CARE AND TRAUMA SERVICES BY MUNICIPALITY

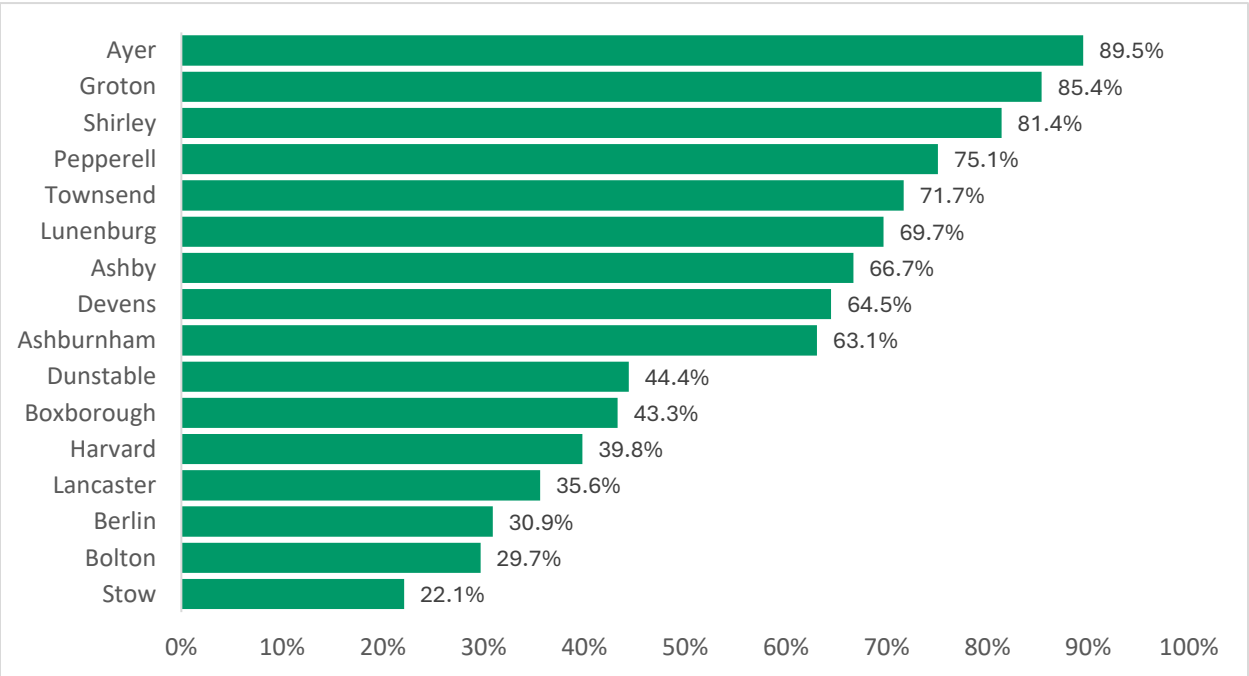


EXHIBIT 64: HIGH FOCUS AND MUCH MORE FOCUS IS NEEDED-PROGRAMS TO HELP SUPPLY AND PROTECT ENVIRONMENTAL RESOURCES BY MUNICIPALITY

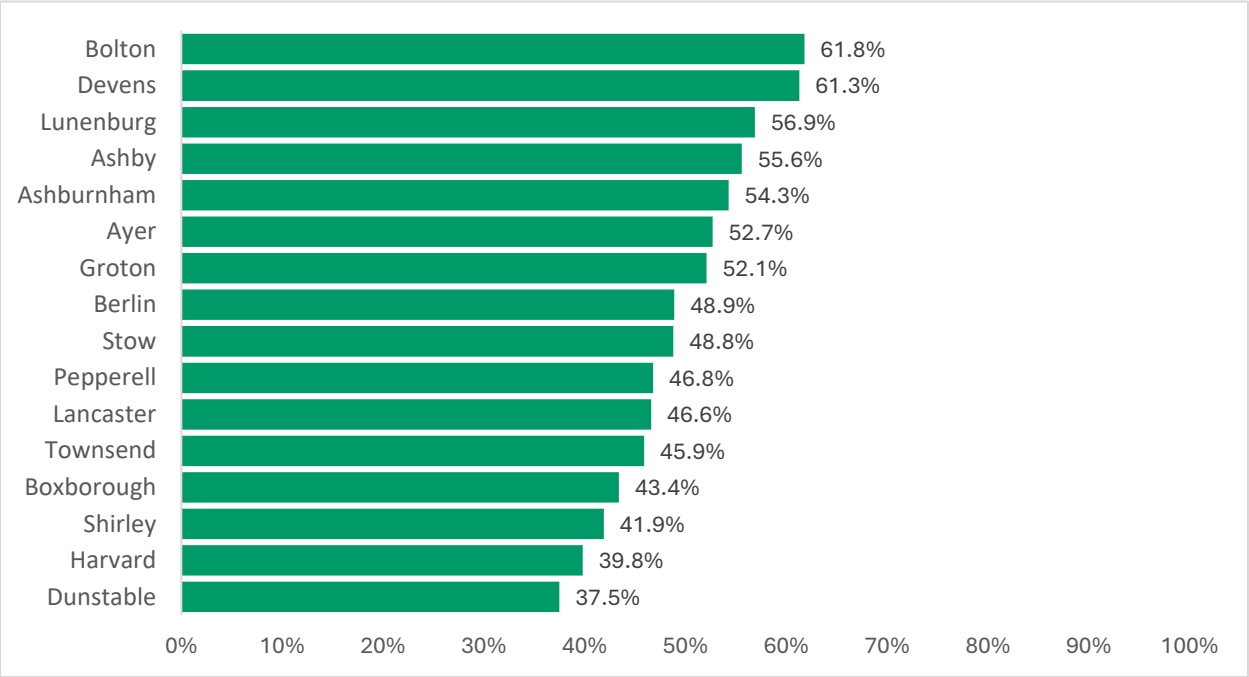


Exhibit 65 reflects feedback on older adult related issues. Nearly two in three respondents (63.9%) identified a need for different choices of long-term care apart from nursing facilities for older adults. Other programs or services identified as needing high or much more focus included services for people living with dementia or memory needs (58.2%), affordable housing for older adults (57.6%), health care services (43.5%), and day programs for older adults (40.6%).

EXHIBIT 65: ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE OLDER ADULTS (55+) ISSUES NEEDS FOCUS IN YOUR COMMUNITY?

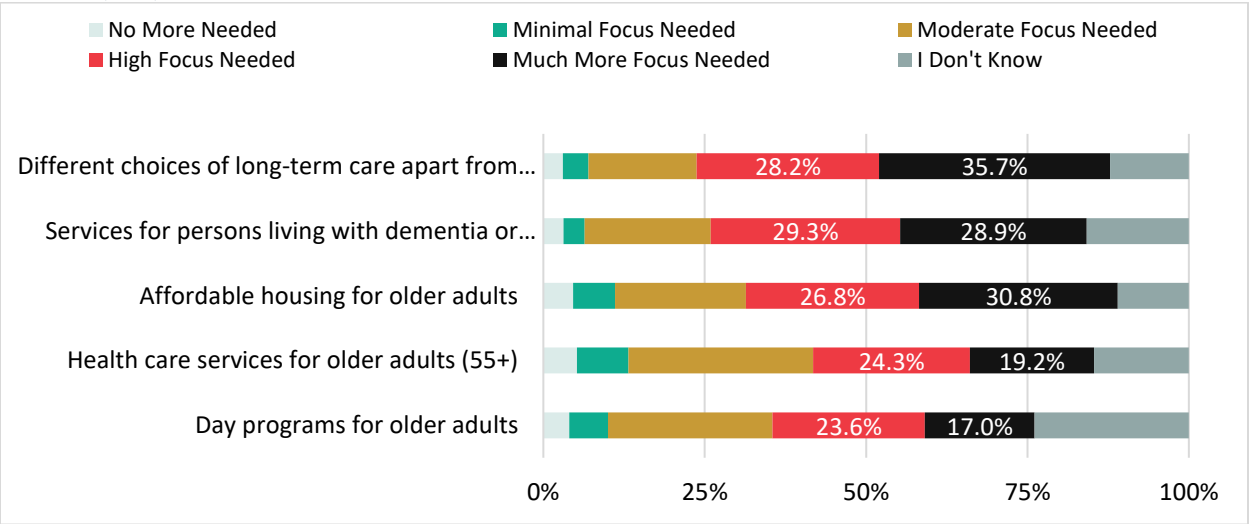


EXHIBIT 66: HIGH FOCUS AND MUCH MORE FOCUS NEEDED-DIFFERENT CHOICES OF LONG-TERM CARE APART FROM NURSING FACILITIES FOR OLDER ADULTS BY MUNICIPALITY

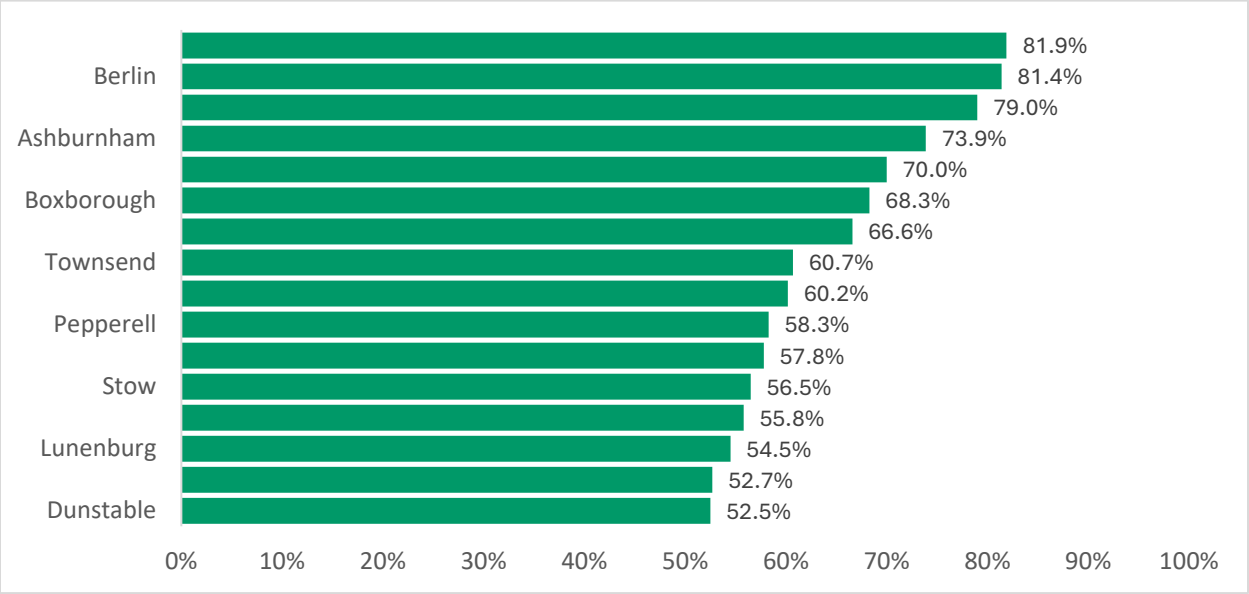


Exhibit 67 asked about behavioral and mental health-related issues. A little under three in five respondents (59.7%) identified counseling services for youth or children for mental health conditions such as depression, anxiety, and others as needing high or much more focus. Other top programs or services identified as needing much more focus included counseling services for adults for mental health conditions such depression, anxiety and other (54.8%), inpatient mental health beds (43.5%), programs to help drug and other substance use (41.9%), and support services for people with developmental disabilities (41.6%).

EXHIBIT 67: ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE BEHAVIROAL AND MENTAL HEALTH ISSUES NEEDS FOCUS IN YOUR COMMUNITY

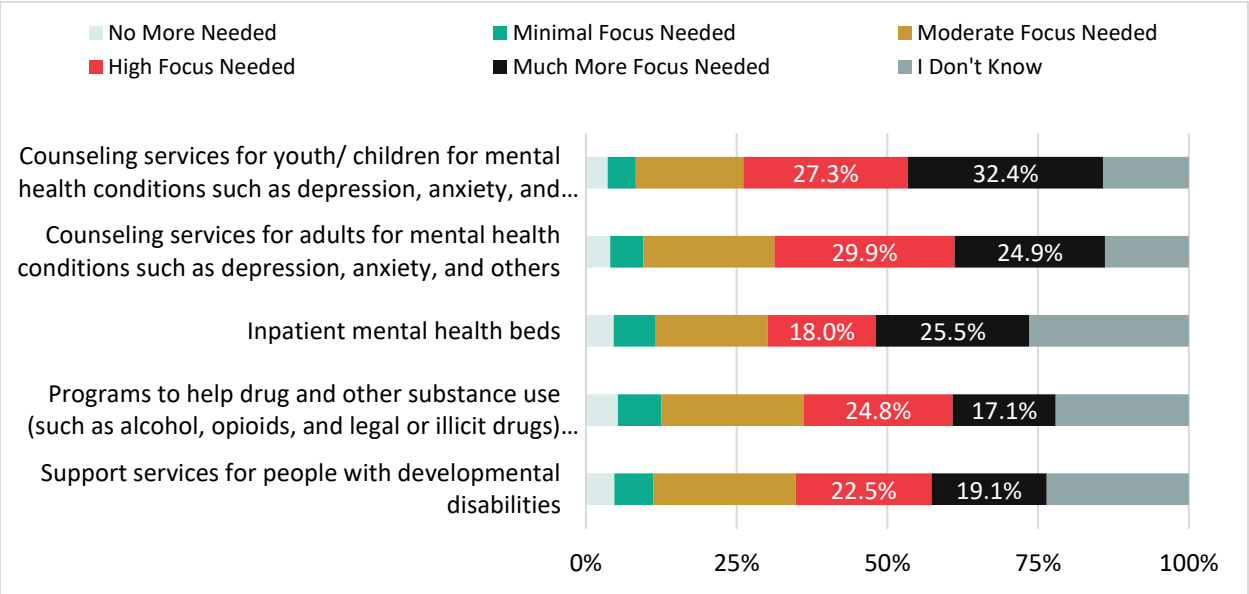
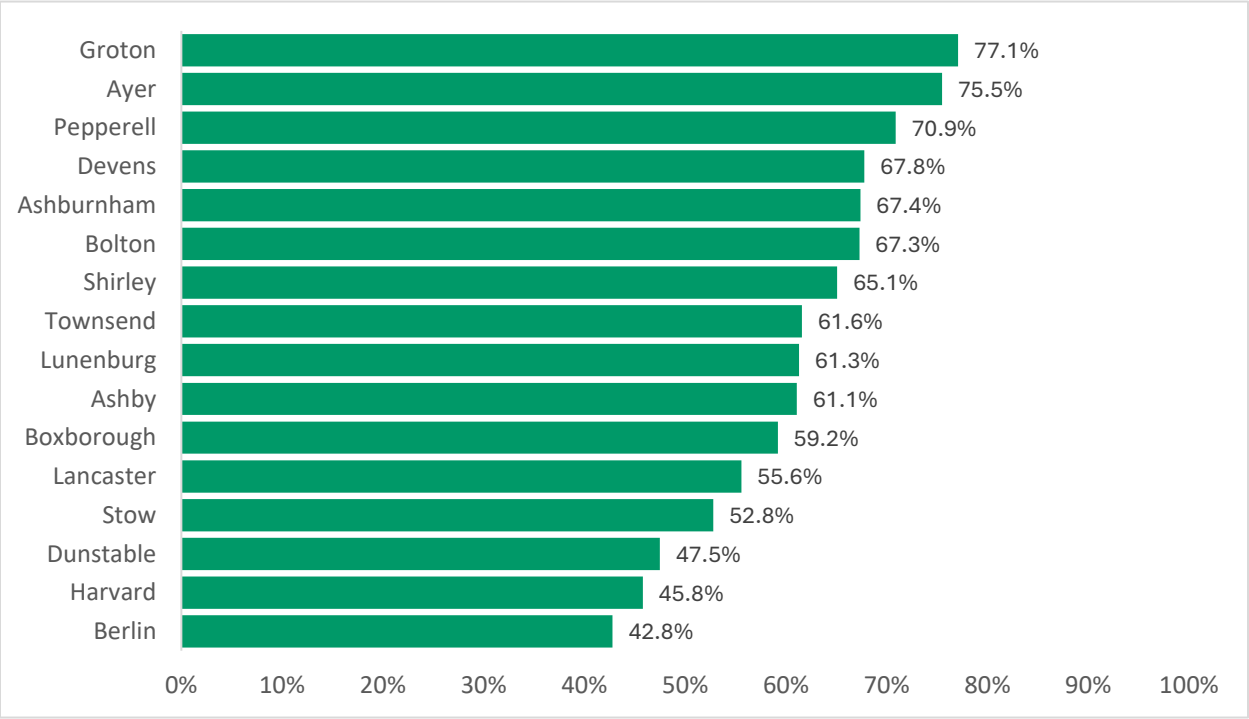
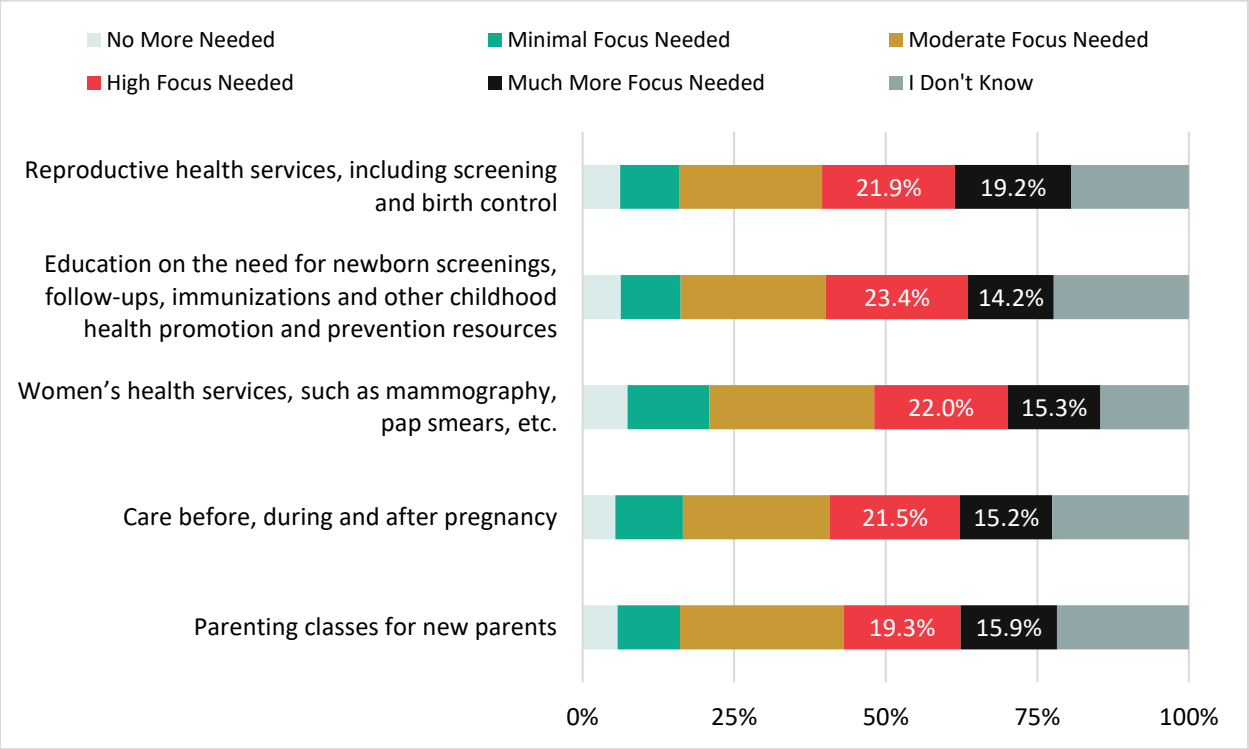


EXHIBIT 68: HIGH FOCUS AND MUCH MORE FOCUS IS NEEDED-COUNSELING SERVICES FOR YOUTH/CHILDREN FOR MENTAL HEALTH CONDITIONS BY MUNICIPALITY



As shown in Exhibit 69, when asked about maternal, child, and family services within the community, a little over two in five respondents (41.1%) identified reproductive health services, including screening and birth control identified needing high or much more focus. Other programs or services identified as needing more focus included education on the need for newborn screenings, follow-ups, immunizations and other childhood health promotion and prevention resources (37.6%), women's health services, such as mammography, pap smears, etc. (37.3%), care before, during, and after pregnancy (36.7%), and parenting classes for new parents (35.2%).

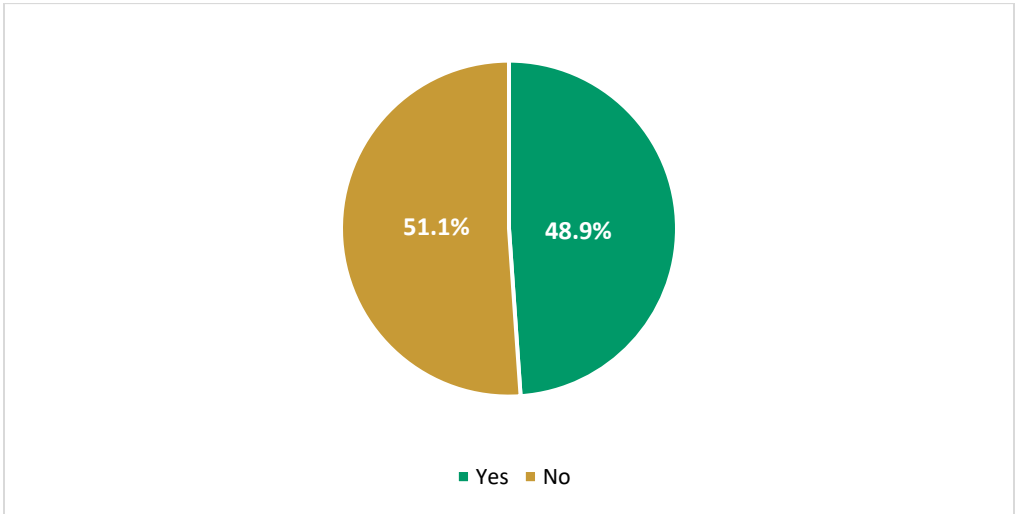
EXHIBIT 69: ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE MATERNAL, CHILDREN AND FAMILY SERVICES ISSUES NEEDS FOCUS IN YOUR COMMUNITY?



COVID-19

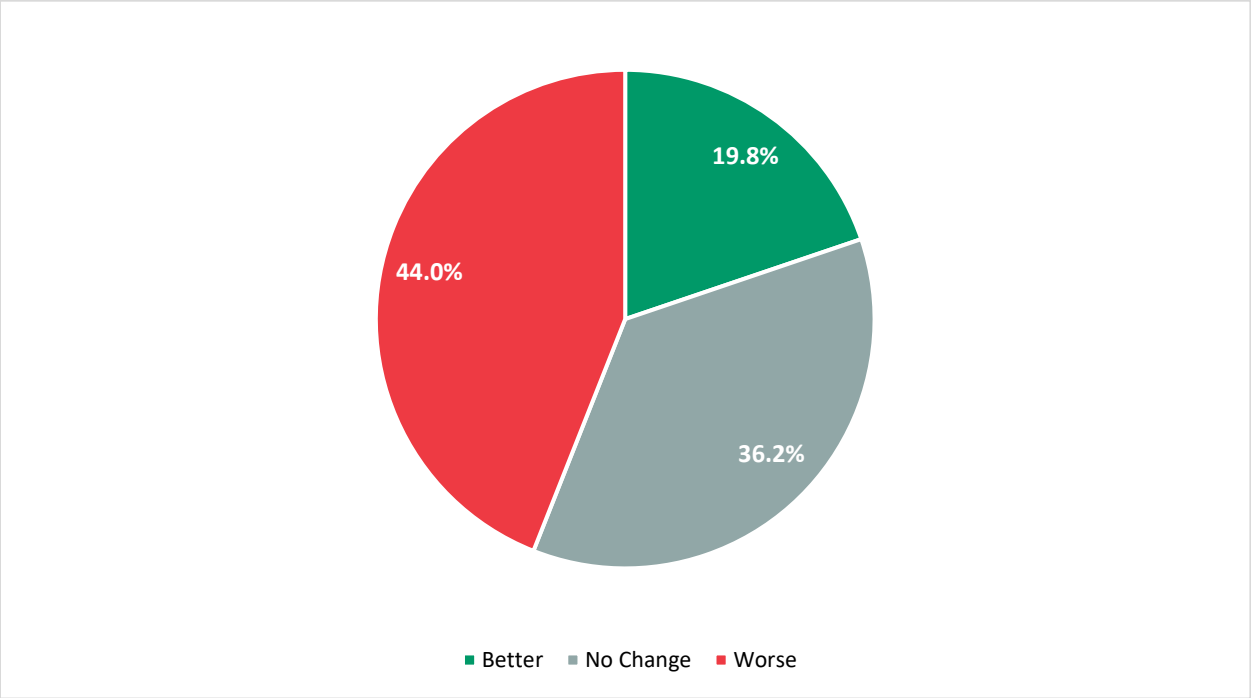
As shown in Exhibit 70, respondents are almost evenly split when asking about contracted COVID-19 within the last year, with a slight majority respondents (51.1%) responded "No".

EXHIBIT 70: HAVE YOU OR SOMEONE YOU KNOW CONTRACTED COVID-19 WITHIN THE LAST YEAR?



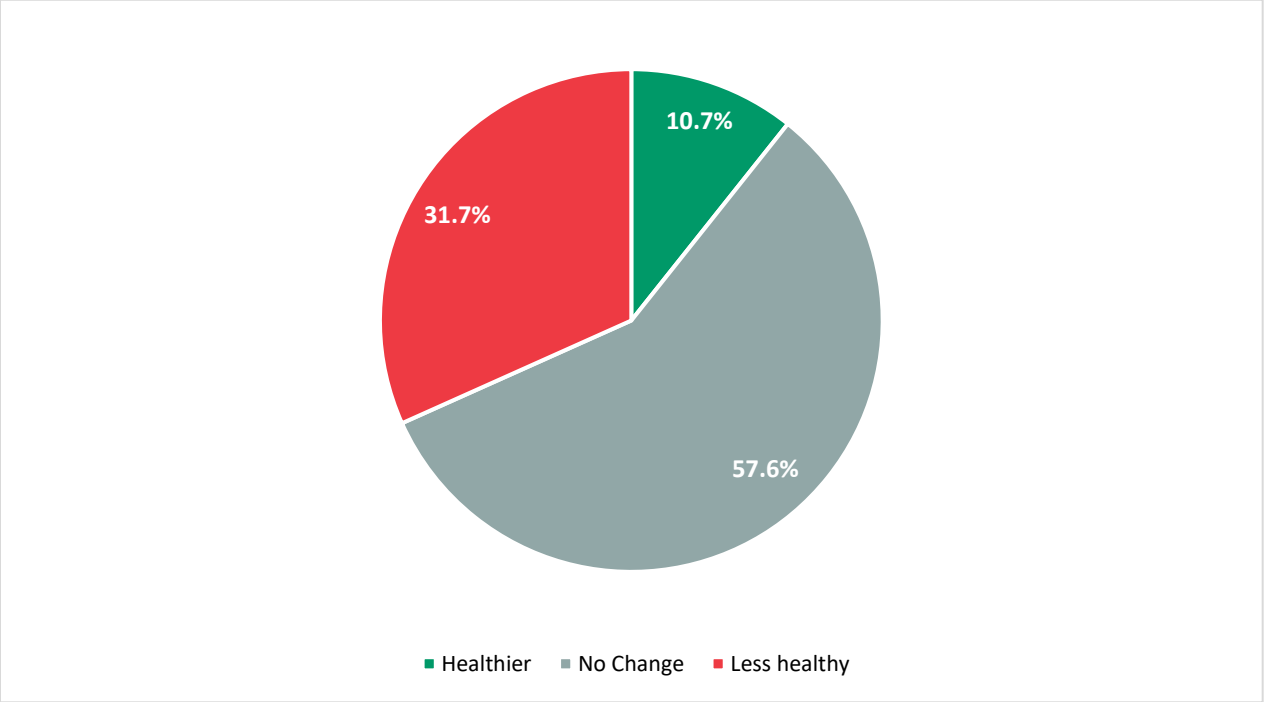
As shown in Exhibit 71, when asked about public health and healthcare services today compared to pre-COVID, more than two in five respondents (44.0%) reported that the public health and health care services are worse now compared to pre-COVID pandemic levels, a little under two in five respondents (36.2%) reported no change, and a little under one in five respondents (19.8%) reported the public health and healthcare services are better compared to pre-COVID levels.

EXHIBIT 71: WHEN THINKING ABOUT THE LEVEL OF PUBLIC HEALTH AND HEALTHCARE SERVICES THAT EXIST TODAY COMPARED TO PRE-COVID-19 PANDEMIC LEVELS, DO YOU FEEL PUBLIC HEALTH AND HEALTHCARE SRVICES ARE:



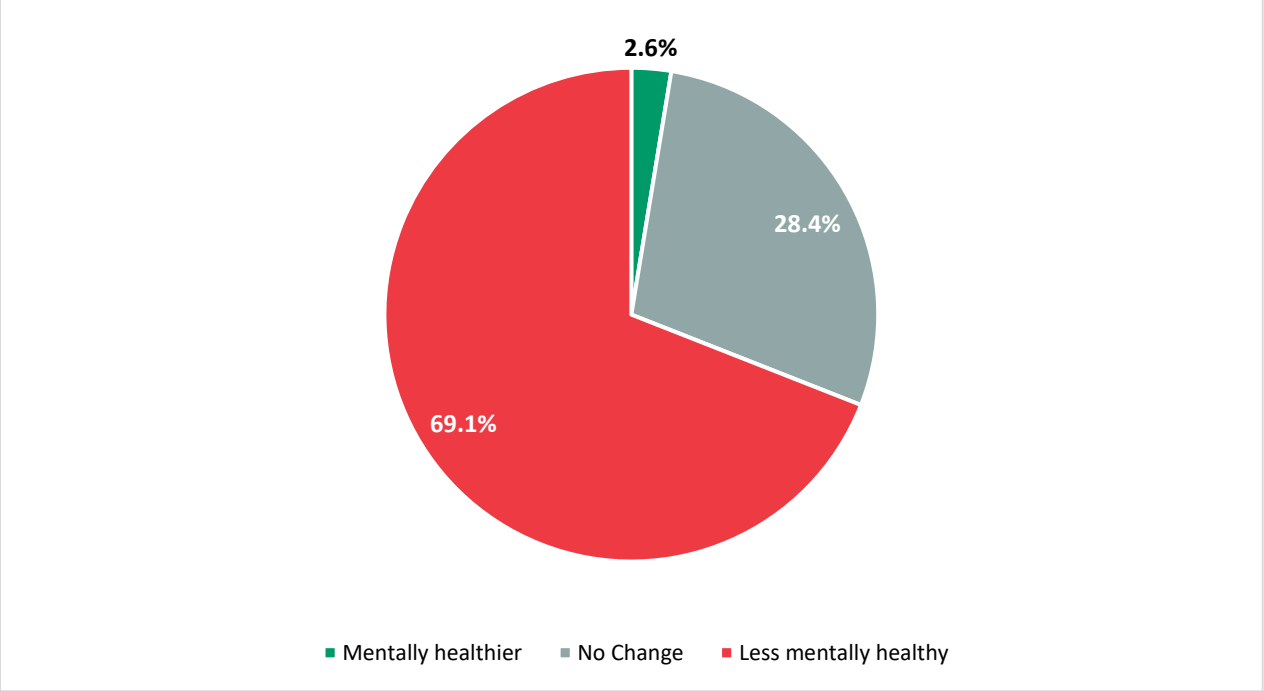
As shown in Exhibit 72, when asked about physical health today compared to pre-COVID, more than two in five respondents (57.6%) reported no change in overall physical health between today and pre-COVID. Nearly one in three respondents (31.7%) reported the physical health is worse compared to pre-COVID, and a little over one in ten respondents (10.7%) reported that physical health is better now compared to pre-COVID.

EXHIBIT 72: WHEN THINKING ABOUT THE OVERALL PHYSICAL HEALTH OF YOUR COMMUNITY THAT EXISTS TODAY COMPARED TO PRE-COVID-19 PANDEMIC LEVLES, DO YOU FEEL PEOPLE ARE:



As shown in Exhibit 73, when asked about overall mental health today compared to pre-COVID, nearly seven out of ten respondents (69.1%) reported that the mental health of their community today is worse compared to pre-COVID. A little under one third of respondents (28.4%) reported no change, and only small portion of respondents (2.6%) reported mental health of their community today is better compared to pre-COVID.

EXHIBIT 73: WHEN THINKING ABOUT THE OVERALL MENTAL HEALTH OF YOUR COMMUNITY THAT EXISTS TODAY COMPARED TO PRE-COVID-19 PANDEMIC LEVELS, DO YOU FEEL PEOPLE ARE:



Social Connectedness

Exhibit 74 asked respondents about community-related statements. More than two in five respondents (54.8%) 'agree' or 'strongly agree' with the statement "I strive to contribute to the health of my community". Conversely, 1 in 3 respondents (32.3%) disagreed or strongly disagreed that their neighbors would help them stay healthy compared to only 1 in 5 (26.4%) shared the same sentiment.

When it comes to the perception of everyone in their community having access to the care and services they need, 43% disagreed or strongly disagreed, compared to only 12% who agreed or strongly agreed. Exhibit 75 and Exhibit 76 provide these two responses by town.

EXHIBIT 74: THINKING ABOUT COMMUNITY HEALTH, PLEASE RATE EACH COMMUNITY STATEMENT BELOW ON A SCALE OF 1 TO 5

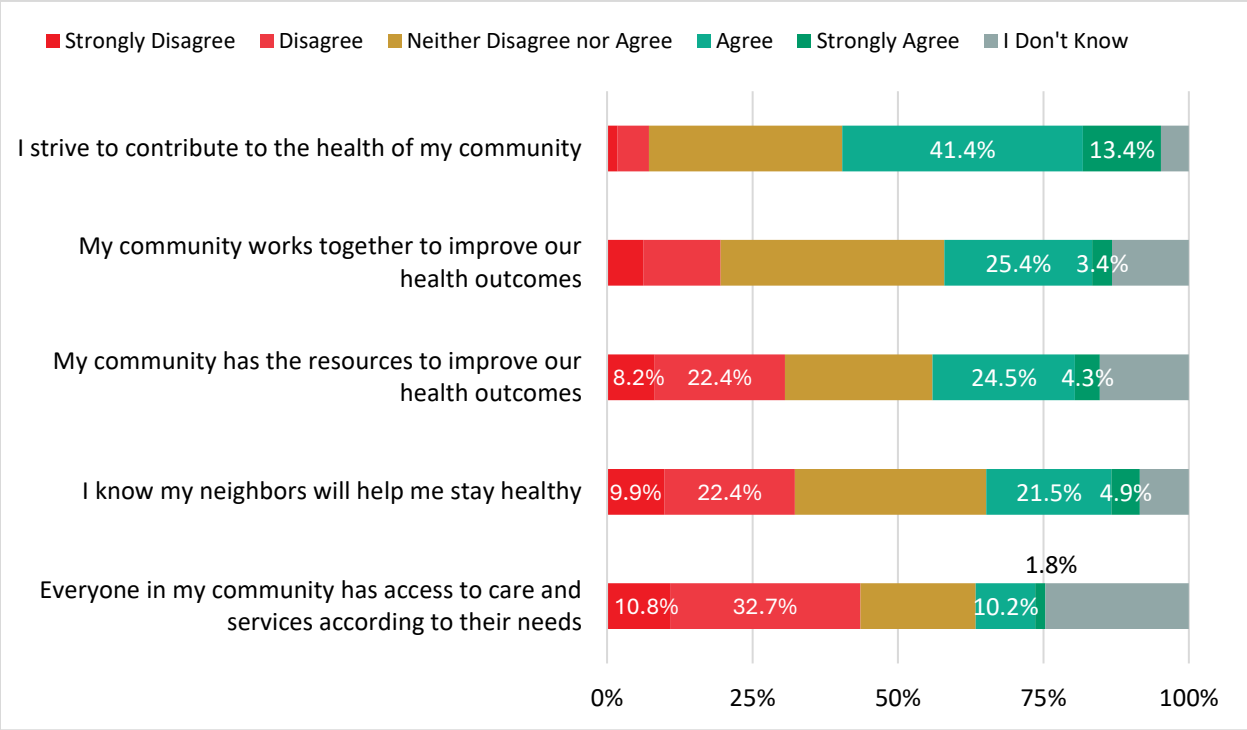


EXHIBIT 75: SRONGLY DISAGREE AND DISAGREE-I KNOW MY NEIGHBORS WILL HELP ME STAY HEALTHY BY MUNICIPALITY

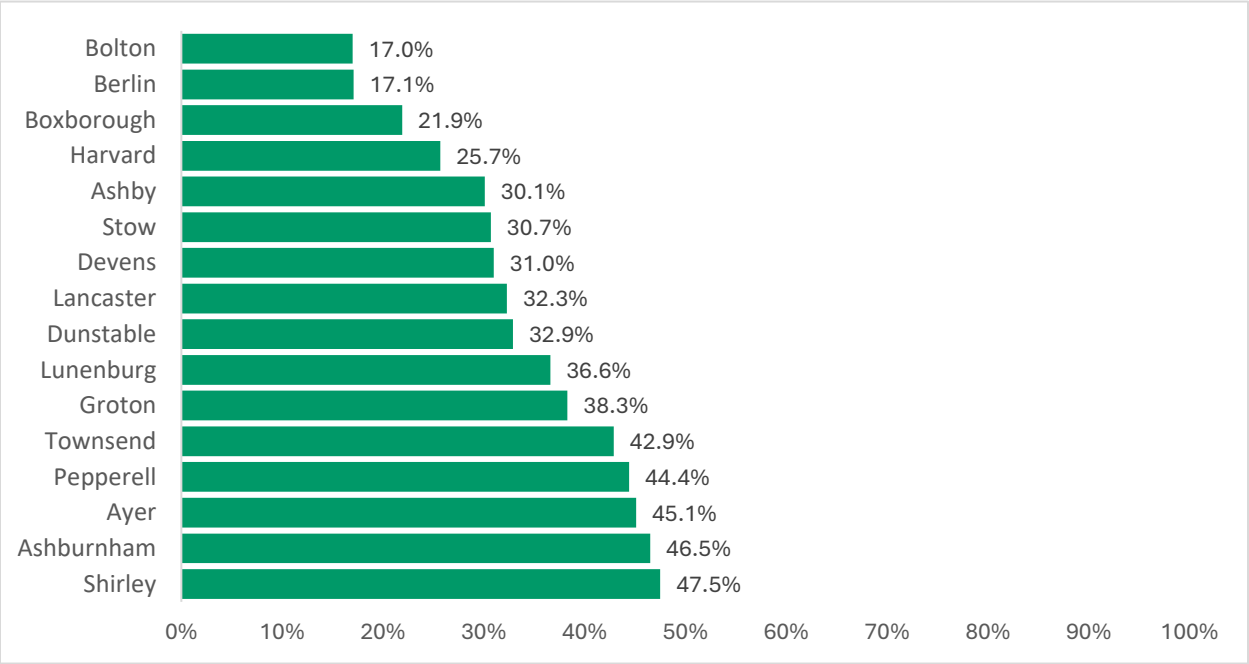
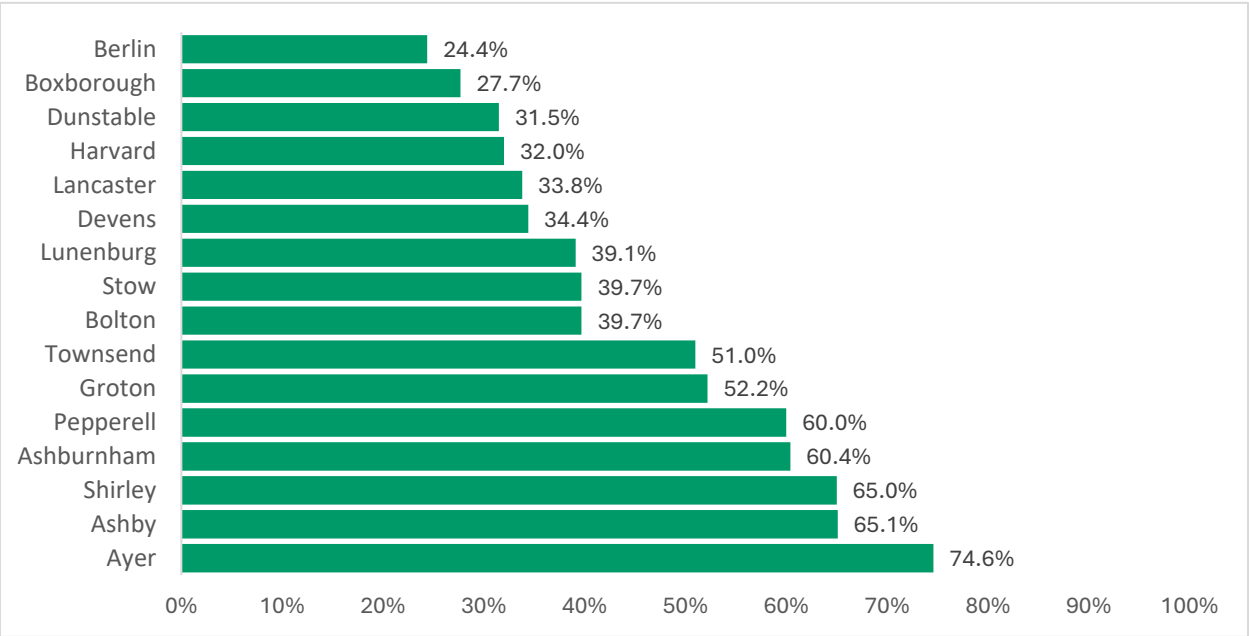
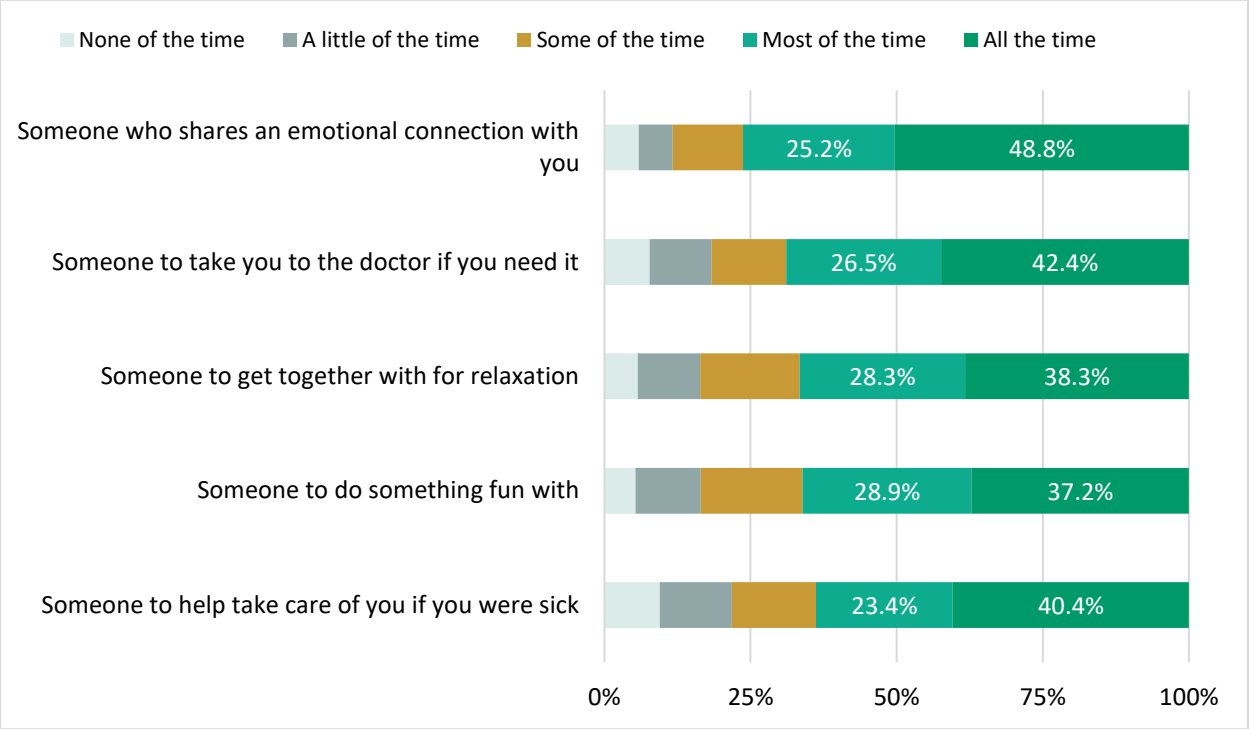


EXHIBIT 76: SRONGLY DISAGREE AND DISAGREE-EVERYONE IN MY COMMUNITY HAS ACCESS TO CARE AND SERVICES ACCORDING TO THEIR NEEDS BY MUNICIPALITY



As shown in Exhibit 77, when respondents were asked about social support availability, nearly three in four respondents (74.0%) reported in someone who shares an emotional connection with them in “most of the time” or “all the time”. This was followed by “Someone to take you to doctor if you needed I” (68.9%), “Someone to get together with for relaxation” (66.6%), “someone to do something fun with” (66.1%), and “Someone to help take care of you if you were sick” (63.8%).

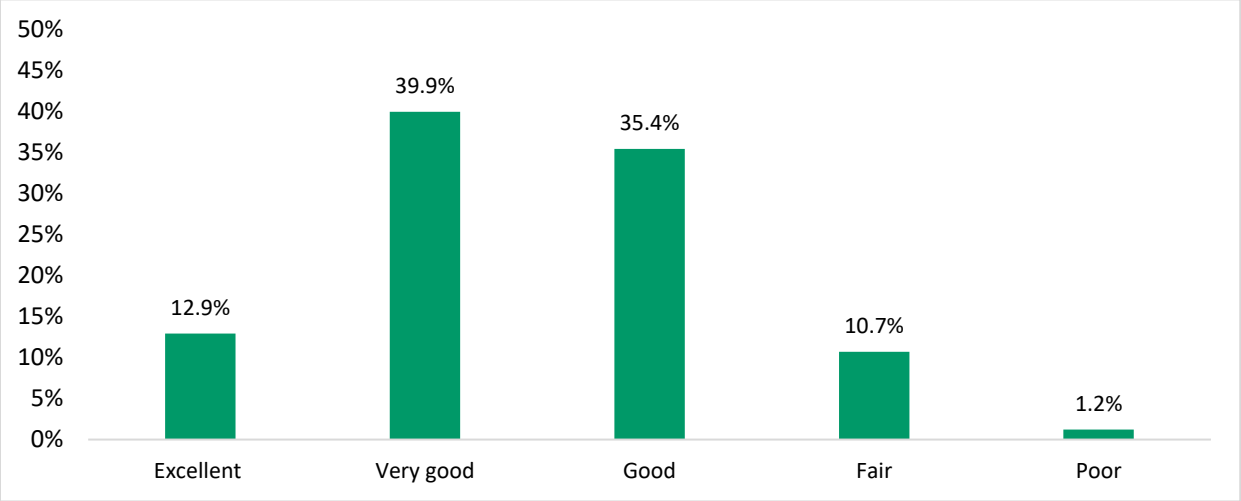
EXHIBIT 77: PEOPLE SOMETIMES LOOK TO OTHERS FOR COMPANIONSHIP, FRIENDSHIP, ASSISTANCE, OR OTHER TYPES OF SUPPORT. HOW OFTEN IS EACH OF THE FOLLOWING TYPES OF SOCIAL SUPPORT AVAILABLE TO YOUR IF YOU NEED IT?



Health Status

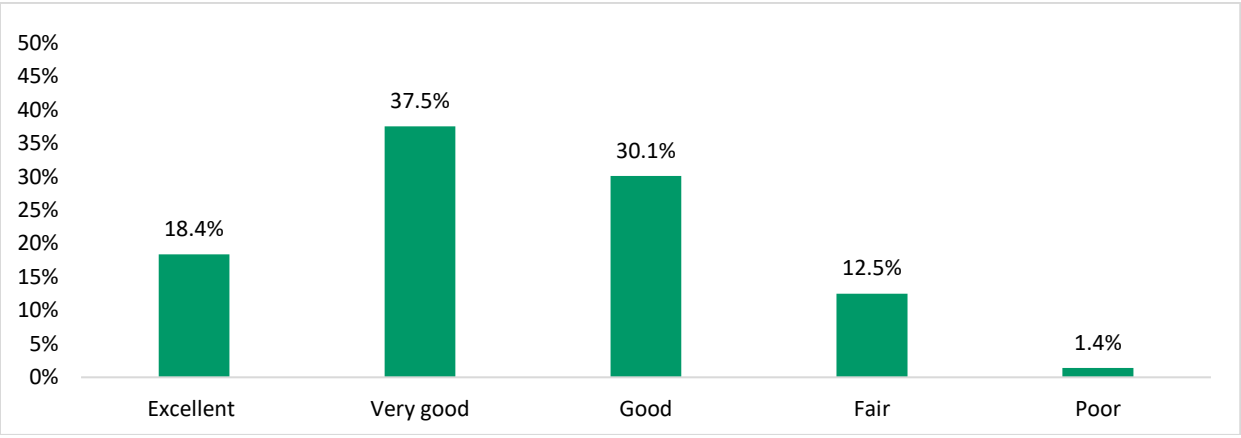
As shown in Exhibit 78, a little under one in five respondents (12.9%) reported their physical health as 'excellent'. Three in four respondents reported their physical health as either 'very good' (39.9%) or 'good' (35.4%). A little over one in ten respondents reported their physical health as 'fair' (10.7%) or poor (1.2%).

EXHIBIT 78: HOW WOULD YOU RATE YOUR PHYSICAL HEALTH?



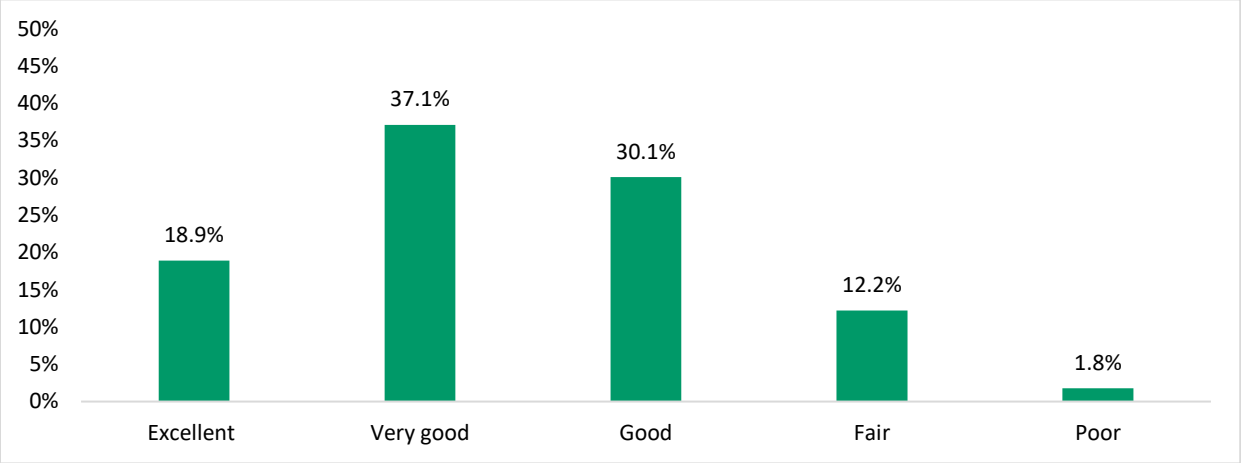
As shown in Exhibit 79, a little under one in five respondents (18.4%) reported their mental health as 'excellent'. Less than three in four respondents reported their mental health as either 'very good' (37.5%) or 'good' (30.1%). A little over one in ten respondents reported their physical health as 'fair' (12.5%) or poor (1.4%).

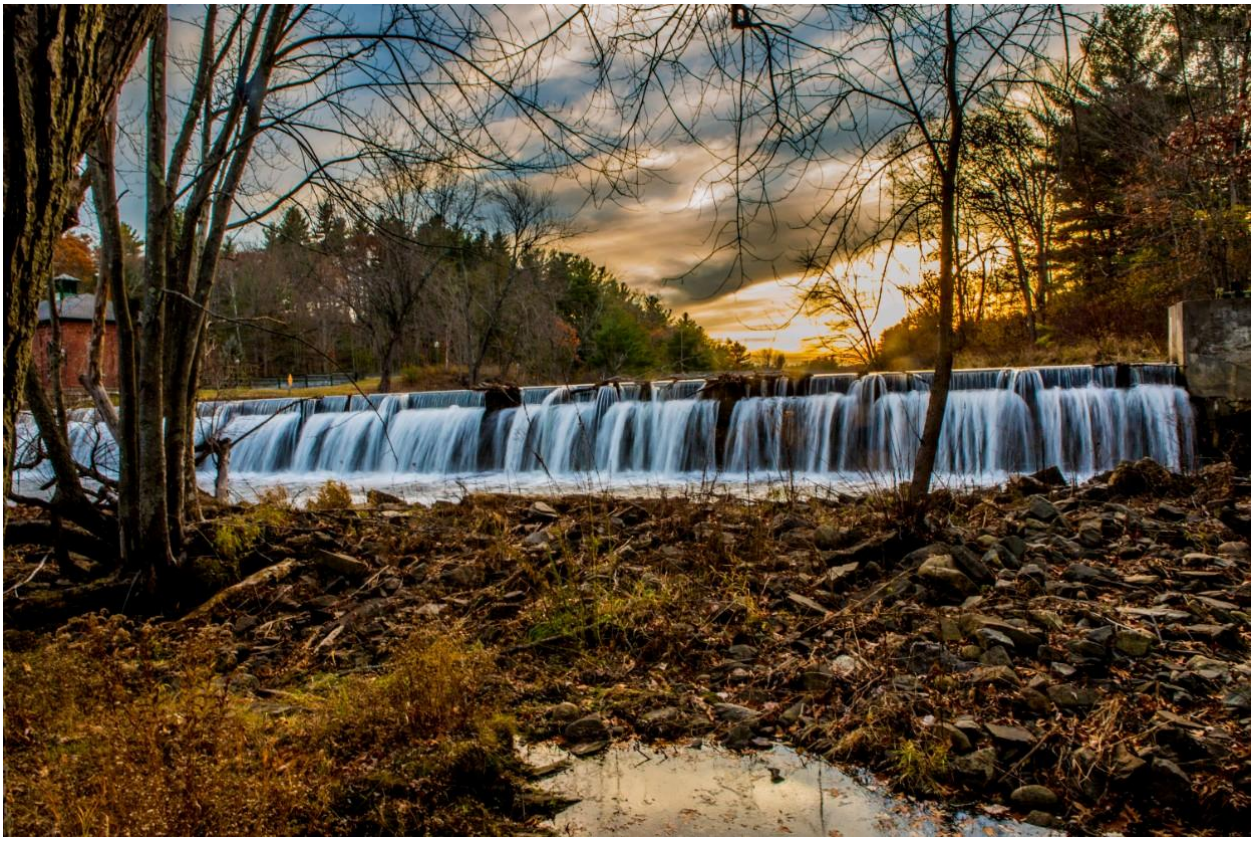
EXHIBIT 79: HOW WOULD YOU RATE YOUR MENTAL HEALTH?



As shown in Exhibit 80, a little under one in five respondents (18.9%) reported their emotional and spiritual health as 'excellent'. Less than three in four respondents reported their emotional and spiritual health as either 'very good' (37.1%) or 'good' (30.1%). A little over one in ten respondents reported their emotional and spiritual health as 'fair' (12.2%) or poor (1.8%).

EXHIBIT 80: HOW WOULD YOU RATE YOUR EMOTIONAL AND SPIRITUAL HEALTH?





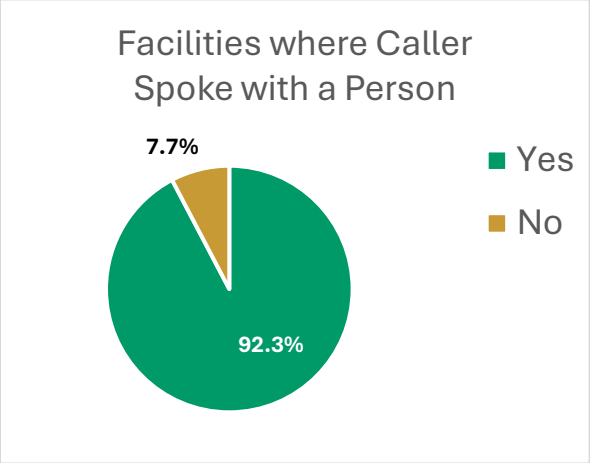
Access Audit

Purpose

This phone-based access audit was conducted to assess how easily residents of Nashoba Associated Boards of Health service area can reach and utilize healthcare and social services. Rather than evaluating individual facilities, the audit focused on understanding real-world access experiences and identifying barriers that community members may face when seeking care. The findings provide meaningful insights into existing gaps, variations in service delivery, and opportunities to improve access across the county.

Overview of Methods

Thirteen health and social service facilities were included in the audit, spanning primary care, behavioral health, specialty care, and community-based resources. Organizations were included in the access audit if they were mentioned by community residents in focus groups, funders of the CHA, or are organizations that provide services that were identified as challenging to access during the research.



Key areas of inquiry included:

- Ability to reach a live person.
- Availability of appointments for new patients
- Quality of information and referrals provided.
- Inquiry into caller needs.
- Language accessibility

Facilities Included:

- **Community Health Connections**
- **Community Health Link Leominster**
- **Advocates (CBHC)**
- **Clinical & Support Options (CSO)**
- **Vinfen (CBHC)**
- **Nashoba Neighbors**
- **Groton Neighbors**
- **Loaves & Fishes**

- **Emerson Health Urgent Care (Littleton)**
- **Immediate Care Pepperell**
- **Acton Medical Associates**
- **Emerson Health Group**
- **Nashoba Valley Medical Center Campus Laboratory**

Phone calls were conducted at various times during standard business hours during the week of August 25th. Of the 13 facilities contacted, the caller successfully spoke with a staff member at 12. In three of those cases, the staff answered directly, while others required navigating automated systems or leaving messages. At facilities where direct contact was not made, callers encountered automated phone trees or voicemail systems. Helpful information, such as available providers, wait times, and referrals to other providers if the organization was not accepting new patients or clients, was obtained from 10 of the facilities overall. One facility was not available at the time of call, but caller was able to leave a voicemail with information. The facility did not call back.

Key Findings

Ability of facilities to accept new patients

The ability of facilities to accept new patients varied significantly. While most facilities reported that they were accepting new patients, the wait times for appointments differed greatly depending on the services needed. Some facilities offered appointments within the same day for laboratory or urgent care services; however, wait times for primary care providers and more specialized care required multiple week-long waits.

Ability of facilities to answer questions and to refer a caller elsewhere when the desired services are unavailable.

The ability to provide referrals or alternative options when services were unavailable varied among the facilities contacted. Some facilities were able to suggest other community organizations that offer additional services. This approach ensures continuity of care and minimizes the burden on the caller. In other cases, facilities provided only general guidance about their own services without offering specific referrals or additional resources. Some facilities required callers to independently navigate referral systems or insurance processes, creating potential barriers for those seeking immediate care.

How staff inquiries help to determine prospective patient's needs

The extent to which staff members inquired about the caller's needs varied across facilities. In some cases, staff asked detailed questions about the caller's insurance coverage and the specific nature of their healthcare or social needs. This approach demonstrated a patient-centered commitment to understanding and addressing individual needs before scheduling appointments. However, in other instances, staff provided basic information without asking follow-up questions, which limited their ability to fully address the caller's concerns. In certain cases, the focus was placed on procedural steps, such as setting up accounts or obtaining referrals, rather than engaging in the caller's specific circumstances. Standardized practices for staff engagement would improve the ability to meet prospective patient needs effectively.

Ease of speaking with a person

The ease of speaking with a staff member differed across facilities. While some facilities had no phone trees, allowing for direct and immediate access to staff, others required callers to navigate lengthy automated systems. For example, one facility's phone tree took several minutes and multiple steps before connecting the caller to the appropriate department. Many of the phone tree systems did offer to repeat the options, making it easier to recall and decide which department was the most fitting. Three of the facilities had phone trees that were available in Spanish. Facilities with simpler phone systems provide better overall experience for callers, emphasizing the importance of simple, intuitive and efficient navigation systems.

Language Offerings

Facilities across the region primarily provided services in English and Spanish. Some facilities included Spanish as an alternative language option in their phone systems, and some employed bilingual staff or interpreters to assist non-English-speaking callers. These efforts ensure that Spanish-speaking individuals can access the services they need effectively. However, facilities did not offer language options beyond Spanish, indicating a potential area for improvement in serving a more linguistically diverse population.

Summary of Implications

These findings highlight several system-level challenges that impact access to care in the Nashoba Valley. Inconsistent phone navigation systems and long waiting times for appointments create barriers for individuals with urgent needs or limited resources. Uneven referral practices and limited staff engagement reduce the quality of initial interactions and may prevent residents from connecting to appropriate services. Additionally, while Spanish-language access is available at some facilities, the lack of multilingual support fails to reflect the county's full linguistic diversity.

At the same time, the audit revealed promising practices that can serve as models for improvement. Several facilities provided compassionate, patient-centered support, including clear referrals and proactive questions that helped identify caller needs. The availability of Spanish-language options demonstrates a baseline commitment to language access. These positive examples point to local capacity and readiness for shared learning and system-wide improvement. Moving forward, these insights can help inform collective strategies to create a more equitable and accessible system of care for all residents.

Prioritized Needs

Needs Prioritization

The needs prioritization process is a critical step in finalizing the Community Health Needs Assessment. A prioritization session was conducted on November 20, 2025, with 14 community leaders casting votes. This session was facilitated by Crescendo Consulting Group. The meeting consisted of a data presentation, roundtable discussion of the data, community needs, and prioritization voting.

During the roundtable discussions topics included the magnitude and severity of the community need, potential barriers to addressing the needs, and what would happen if the community need were not addressed in NABH's service area. Following this discussion, all participants were asked to rank each of the community needs on a scale for magnitude, severity, and feasibility. Using a modified Hanlon Method, a priority score was assigned to each community need. Click here (Gudie-to-Prioritization-Techniques.pdf) to learn more about the Hanlon Method.

The results are provided below in Exhibit 81. The following table represents the list of needs in rank order because of this meeting. Lower scores are associated with a higher need.

See Appendix B for the Needs Prioritization PowerPoint presentation.

EXHIBIT 81: COMPLETE LIST OF IDENTIFIED NEEDS

RANK	Need	Score
1	Youth mental health	8.9
2	Isolation and loneliness, especially among older adults	9.3
3	Aging population: long-term care; aging in place	9.4
4	Chronic disease: High blood pressure, cholesterol, obesity	9.8
5	Stress on emergency room and trauma services	9.9
6	Affordable childcare	10.1
7	Cost-burdened households	10.6
8	Worsening healthcare system (overstressed)	11.3
9	Lack of conveniently located providers	11.8
10	Complexity of insurance	11.9
11	Lack of social cohesion in more rural towns	12.4
12	Access to quality education for youth	12.5
13	Negative impact from the current political climate	13.1
14	Lack of population growth; younger families	13.9

Appendix A: Secondary Data Tables

Demographics

EXHIBIT 82: HOUSEHOLD CHARACTERISTICS & MINORITY STATUS, 2023

	Population Under 18	Population 65 and Over	Living with a Disability[33]	Ability to Speak English Less than Very Well	Minority Population [34]	Single Parent Households
United States	22.2%	16.8%	12.8%	8.4%	41.8%	24.8%
Massachusetts	19.6%	17.5%	12.0%	9.7%	32.2%	23.3%
Ashburnham	21.6%	18.9%	8.7%	0.0%	14.8%	19.5%
Ashby	15.7%	20.3%	7.8%	0.0%	5.8%	1.2%
Ayer	20.6%	15.0%	15.4%	4.5%	28.0%	33.6%
Berlin	12.5%	30.4%	18.2%	1.5%	10.0%	38.6%
Bolton	26.0%	14.6%	4.5%	1.8%	16.1%	2.7%
Boxborough	18.7%	13.9%	4.3%	6.4%	32.4%	7.3%
Dunstable	21.3%	14.4%	8.7%	1.0%	10.0%	3.6%
Groton	27.7%	16.0%	7.1%	2.3%	15.7%	15.4%
Harvard	22.1%	14.2%	5.3%	6.6%	22.3%	1.9%
Lancaster	17.8%	19.6%	9.3%	2.9%	18.0%	7.8%
Lunenburg	23.2%	16.8%	12.7%	3.4%	15.7%	25.2%
Pepperell	19.7%	16.9%	12.6%	3.4%	14.8%	18.0%
Shirley	15.6%	19.3%	11.5%	2.4%	20.7%	12.7%
Stow	22.4%	18.5%	9.4%	3.1%	16.9%	14.1%
Townsend	21.0%	16.4%	10.8%	1.5%	12.7%	14.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[33] The percentage of civilian noninstitutionalized population living with a disability. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements.

[34] The percentage of Black, Indigenous, and People of Color.

EXHIBIT 83: PROJECTED PERCENT CHANGE IN POPULATION, 2013 TO 2023 AND 2023 TO 2029

	Total Population (2013)	Total Population (2023)	Percent Change (2013-2023)	Total Population (2029)	Percent Change (2023-2029)
Shirley	7,435	7,017	-5.60%	6,866	-2.2%
Lancaster	7,989	8,470	6.00%	8,465	-0.1%
Townsend	9,037	9,052	0.20%	9,094	0.5%
Pepperell	11,645	11,656	0.10%	11,715	0.5%
Ashby	3,114	3,188	2.40%	3,246	1.8%
Dunstable	3,255	3,375	3.70%	3,453	2.3%
Groton	10,842	11,265	3.90%	11,576	2.8%
Harvard	6,540	6,881	5.20%	7,095	3.1%
Ashburnham	6,119	6,357	3.90%	6,566	3.3%
Stow	6,737	7,109	5.50%	7,409	4.2%
Lunenburg	10,549	11,804	11.90%	12,719	7.8%
Ayer	7,585	8,491	11.90%	9,162	7.9%
Boxborough	5,048	5,468	8.30%	5,904	8.0%
Bolton	4,967	5,698	14.70%	6,259	9.8%
Berlin	2,886	3,311	14.70%	3,681	11.2%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT84: MEDIAN AGE PERCENT CHANGE, 2013 TO 2023

	Median Age (2013)	Median Age (2023)	Percent Change (2013-2023)
Harvard	45.6	42.2	-7.5%
Groton	43.6	40.4	-7.3%
Ayer	42.5	39.6	-6.8%
Dunstable	44.2	41.6	-5.9%
Bolton	43.1	41.2	-4.4%
Lunenburg	44.2	42.4	-4.1%
Ashburnham	42.4	41.3	-2.6%
Boxborough	43.7	42.8	-2.1%
Pepperell	43.1	42.6	-1.2%
Massachusetts	39.2	40.0	2.0%
Townsend	41.1	42.0	2.2%
United States	37.3	38.7	3.8%
Stow	42.2	44.8	6.2%
Berlin	45.5	50.4	10.8%
Lancaster	38.3	42.7	11.5%
Ashby	44.8	50.2	12.1%
Shirley	39.0	44.3	13.6%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 85: POPULATION BY AGE GROUP, 2023

	Age Under 18	Age 18 to 64	Age 65 and Over
United States	22.2%	61.0%	16.8%
Massachusetts	19.6%	63.0%	17.5%
Ashburnham	21.6%	59.5%	18.9%
Ashby	15.7%	64.0%	20.3%
Ayer	20.6%	64.4%	15.0%
Berlin	12.5%	57.1%	30.4%
Bolton	26.0%	59.5%	14.6%
Boxborough	18.7%	67.3%	13.9%
Dunstable	21.3%	64.3%	14.4%
Groton	27.7%	56.2%	16.0%
Harvard	22.1%	63.7%	14.2%
Lancaster	17.8%	62.6%	19.6%
Lunenburg	23.2%	60.1%	16.8%
Pepperell	19.7%	63.4%	16.9%
Shirley	15.6%	65.2%	19.3%
Stow	22.4%	59.1%	18.5%
Townsend	21.0%	62.6%	16.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 86: POPULATION AGE 19 AND UNDER, 2023

	Age Under 5	Age 5 to 9	Age 10 to 14	Age 15 to 19
United States	5.7%	6.0%	6.5%	6.6%
Massachusetts	5.0%	5.2%	5.7%	6.5%
Ashburnham	2.5%	3.5%	9.2%	9.4%
Ashby	2.5%	3.7%	6.4%	4.0%
Ayer	4.7%	6.1%	5.0%	6.7%
Berlin	2.3%	4.0%	4.1%	2.2%
Bolton	6.9%	8.0%	7.5%	5.5%
Boxborough	1.4%	7.4%	6.5%	7.4%
Dunstable	4.4%	4.2%	6.7%	10.5%
Groton	4.3%	6.9%	10.9%	7.5%
Harvard	7.8%	5.5%	4.3%	6.4%
Lancaster	3.8%	5.0%	4.8%	6.2%
Lunenburg	4.8%	7.0%	6.4%	6.5%
Pepperell	6.2%	5.2%	4.7%	8.1%
Shirley	3.8%	4.7%	4.8%	2.6%
Stow	3.5%	6.1%	7.3%	7.9%
Townsend	5.2%	6.8%	5.5%	5.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 87: POPULATION AGE 20 AND OVER, 2023

	Age 20 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 59	Age 60 to 64	Age 65 to 74	Age 75 to 84	Age Over 85
United States	6.5%	13.7%	13.1%	12.3%	6.4%	6.4%	10.0%	4.9%	1.9%
Massachusetts	6.8%	14.1%	12.9%	12.6%	7.0%	6.8%	10.3%	4.9%	2.2%
Ashburnham	7.4%	8.8%	12.0%	10.9%	7.9%	9.4%	11.9%	5.9%	1.1%
Ashby	4.8%	8.8%	12.0%	15.1%	11.8%	10.5%	14.6%	4.8%	0.9%
Ayer	7.5%	12.4%	14.3%	8.9%	10.5%	9.0%	9.3%	3.8%	1.8%
Berlin	4.5%	13.9%	12.2%	11.8%	8.5%	6.1%	17.9%	9.0%	3.6%
Bolton	2.9%	9.7%	13.0%	16.1%	9.3%	6.5%	11.2%	2.5%	0.8%
Boxborough	8.6%	8.7%	13.5%	10.9%	15.5%	6.2%	9.9%	3.8%	0.2%
Dunstable	6.2%	8.4%	12.8%	16.3%	8.1%	8.1%	11.6%	2.3%	0.5%
Groton	6.5%	7.6%	13.0%	12.1%	7.6%	7.7%	9.7%	5.0%	1.3%
Harvard	3.9%	8.4%	15.5%	18.1%	8.5%	7.3%	8.3%	4.7%	1.2%
Lancaster	6.4%	13.8%	13.4%	12.6%	7.6%	6.9%	11.1%	6.2%	2.2%
Lunenburg	4.0%	11.0%	14.3%	11.4%	6.7%	11.2%	9.9%	5.9%	1.0%
Pepperell	3.6%	13.3%	11.4%	14.4%	7.2%	9.0%	13.3%	2.4%	1.1%
Shirley	2.9%	13.9%	19.0%	11.1%	7.6%	10.3%	10.7%	3.1%	5.4%
Stow	3.0%	11.1%	11.4%	13.0%	12.0%	6.2%	11.5%	4.4%	2.6%
Townsend	5.8%	11.0%	13.8%	13.5%	9.6%	6.9%	11.7%	3.5%	1.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 88: POPULATION BY RACE [1], 2023

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other	Two or More Races
United States	63.4%	12.4%	0.9%	5.8%	0.2%	6.6%	10.7%
Massachusetts	70.7%	7.0%	0.2%	7.1%	0.0%	5.4%	9.5%
Ashburnham	87.6%	0.8%	0.2%	4.5%	0.0%	1.1%	5.8%
Ashby	94.9%	0.0%	0.0%	0.4%	0.0%	0.0%	4.7%
Ayer	74.1%	4.2%	0.1%	4.5%	0.0%	4.5%	12.6%
Berlin	90.3%	1.9%	0.0%	2.2%	0.0%	0.8%	4.9%
Bolton	84.5%	0.2%	0.7%	5.5%	0.0%	1.9%	7.3%
Boxborough	68.0%	8.5%	0.0%	18.0%	0.0%	1.0%	4.5%
Dunstable	91.0%	1.2%	0.0%	2.3%	0.0%	0.1%	5.3%
Groton	84.9%	1.0%	0.0%	6.0%	0.0%	0.6%	7.4%
Harvard	81.0%	6.1%	0.4%	5.2%	0.0%	0.0%	7.4%
Lancaster	86.0%	4.9%	0.2%	0.2%	0.0%	1.9%	6.8%
Lunenburg	87.0%	2.1%	0.0%	3.4%	0.0%	3.7%	3.8%
Pepperell	86.5%	2.7%	0.0%	5.7%	0.0%	0.5%	4.6%
Shirley	82.4%	6.6%	0.0%	2.5%	0.2%	5.0%	3.2%
Stow	83.5%	3.2%	0.0%	5.4%	0.0%	3.4%	4.6%
Townsend	88.3%	3%	0%	3.3%	0%	1.1%	4.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

1 Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population, or the group who reported only one race. https://www.census.gov/glossary/?term=Race+alone

EXHIBIT 89: POPULATION BY ETHNICITY, 2023

	Hispanic or Latino
United States	19.0%
Massachusetts	12.9%
Ashburnham	4.6%
Ashby	3.5%
Ayer	14.6%
Berlin	2.9%
Bolton	5.3%
Boxborough	0.7%
Dunstable	5.0%
Groton	3.9%
Harvard	9.3%
Lancaster	9.8%
Lunenburg	6.7%
Pepperell	3.5%
Shirley	9.2%
Stow	2.6%
Townsend	3.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 90: POPULATION BY SEX, 2023

	Female	Male
United States	50.5%	49.5%
Massachusetts	51.1%	48.9%
Ashburnham	48.4%	51.6%
Ashby	50.6%	49.4%
Ayer	51.3%	48.7%
Berlin	51.3%	48.7%
Bolton	51.2%	48.8%
Boxborough	53.1%	46.9%
Dunstable	48.5%	51.5%
Groton	49.4%	50.6%
Harvard	45.2%	54.8%
Lancaster	45.7%	54.3%
Lunenburg	49.1%	50.9%
Pepperell	51.7%	48.3%
Shirley	38.2%	61.8%
Stow	47.7%	52.3%
Townsend	50.9%	49.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 91: LANGUAGE SPOKEN AT HOME, 2023

	English Only	Spanish	Asian-Pacific Islander	Other Indo-European	Other
United States	78.0%	13.4%	3.5%	3.8%	1.2%
Massachusetts	75.2%	9.6%	4.4%	9.2%	1.6%
Ashburnham	97.6%	0.7%	0.0%	1.7%	0.0%
Ashby	95.9%	0.6%	0.1%	2.6%	0.8%
Ayer	88.5%	4.8%	2.2%	2.4%	2.1%
Berlin	91.3%	0.8%	1.5%	6.5%	0.0%
Bolton	90.4%	1.2%	3.8%	4.5%	0.1%
Boxborough	76.0%	1.4%	9.3%	9.9%	3.4%
Dunstable	92.1%	1.2%	1.4%	4.6%	0.7%
Groton	89.6%	1.8%	2.2%	5.8%	0.6%
Harvard	82.3%	10.3%	2.7%	4.4%	0.3%
Lancaster	87.9%	6.8%	0.3%	4.4%	0.6%
Lunenburg	89.0%	3.6%	2.9%	3.8%	0.6%
Pepperell	90.2%	1.8%	4.7%	2.9%	0.4%
Shirley	88.1%	6.4%	1.5%	3.8%	0.2%
Stow	88.8%	0.9%	4.7%	5.4%	0.2%
Townsend	92.9%	1.2%	2.5%	3.1%	0.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 92: FOREIGN-BORN POPULATION, 2023

	Naturalized US Citizen	Not US Citizen
United States	7.3%	6.6%
Massachusetts	9.6%	8.0%
Ashburnham	1.6%	1.7%
Ashby	3.3%	0.5%
Ayer	5.4%	2.9%
Berlin	5.1%	1.8%
Bolton	10.2%	1.8%
Boxborough	17.6%	7.9%
Dunstable	5.0%	1.0%
Groton	6.2%	5.0%
Harvard	6.5%	3.7%
Lancaster	4.8%	1.9%
Lunenburg	6.1%	1.1%
Pepperell	3.9%	4.5%
Shirley	4.3%	2.9%
Stow	4.5%	5.4%
Townsend	4.2%	0.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 93: POPULATION LIVING WITH DISABILITY BY AGE, 2023

	Age Under 5	Age 5 to 17	Age 18 to 34	Age 35 to 64	Age 65 to 74	Age 75 and Ove
United States	0.7%	6.1%	7.7%	12.4%	24.0%	46.5%
Massachusetts	0.7%	6.4%	7.3%	10.6%	20.3%	45.2%
Ashburnham	0.0%	7.6%	6.5%	5.0%	15.5%	30.4%
Ashby	0.0%	0.0%	3.2%	6.8%	17.6%	25.3%
Ayer	0.0%	11.0%	14.0%	13.9%	20.5%	52.9%
Berlin	0.0%	3.9%	3.3%	13.4%	27.0%	57.7%
Bolton	0.0%	1.6%	1.6%	4.3%	4.5%	46.3%
Boxborough	0.0%	2.6%	2.3%	2.1%	17.3%	16.1%
Dunstable	0.0%	5.9%	9.3%	8.3%	11.0%	30.2%
Groton	0.0%	4.0%	6.1%	3.7%	11.9%	45.0%
Harvard	0.0%	2.7%	1.3%	5.7%	12.2%	30.4%
Lancaster	0.0%	7.7%	2.8%	6.7%	20.6%	40.6%
Lunenburg	0.0%	3.8%	2.7%	15.5%	19.8%	42.1%
Pepperell	0.0%	14.6%	7.0%	13.3%	13.6%	51.3%
Shirley	0.0%	8.2%	8.7%	7.4%	18.3%	60.1%
Stow	0.0%	1.9%	4.1%	9.1%	13.5%	42.5%
Townsend	0.0%	6.0%	7.2%	10.7%	20.1%	31.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 94: POPULATION LIVING WITH DISABILITY BY TYPE, 2023

	Vision Difficulty	Hearing Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Independent Living Difficulty
United States	2.4%	3.6%	5.1%	6.3%	4.5%
Massachusetts	1.9%	3.1%	5.1%	5.4%	4.5%
Ashburnham	0.4%	3.7%	2.6%	3.0%	1.5%
Ashby	0.3%	1.7%	1.6%	4.5%	2.6%
Ayer	3.9%	2.5%	6.0%	6.6%	5.2%
Berlin	3.7%	6.9%	4.7%	8.3%	6.7%
Bolton	0.8%	1.7%	0.8%	1.5%	0.9%
Boxborough	0.0%	2.7%	1.8%	1.1%	0.6%
Dunstable	0.6%	3.1%	4.0%	1.2%	3.0%
Groton	1.2%	1.7%	3.1%	3.2%	2.2%
Harvard	1.4%	1.5%	2.4%	2.2%	2.2%
Lancaster	1.6%	2.8%	2.9%	5.1%	3.9%
Lunenburg	1.9%	3.1%	5.2%	5.0%	3.3%
Pepperell	4.7%	4.3%	4.2%	3.1%	3.0%
Shirley	2.2%	7.0%	5.7%	4.2%	4.6%
Stow	1.2%	4.4%	3.8%	3.0%	2.2%
Townsend	1.3%	3.2%	4.5%	4.6%	2.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 95: POPULATION LIVING WITH DISABILITY BY RACE, 2023

	White	Asian	Two or More Races	Some Other	Black or African American	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander
United States	13.9%	7.9%	10.9%	10.0%	14.5%	15.7%	12.7%
Massachusetts	12.5%	6.4%	11.4%	12.4%	13.6%	18.3%	16.6%
Ashburnham	9.2%	0.0%	7.8%	0.0%	25.0%	0.0%	ND
Ashby	7.9%	0.0%	6.7%	ND	ND	ND	ND
Ayer	14.9%	2.4%	25.6%	15.5%	7.3%	100.0%	ND
Berlin	19.7%	0.0%	0.0%	0.0%	29.0%	ND	ND
Bolton	4.6%	2.9%	0.0%	0.0%	10.0%	69.2%	ND
Boxborough	5.1%	4.5%	0.0%	0.0%	0.0%	ND	ND
Dunstable	6.7%	13.9%	37.8%	0.0%	17.1%	ND	ND
Groton	7.5%	0.0%	8.9%	20.9%	17.5%	ND	ND
Harvard	6.9%	4.7%	1.2%	ND	0.0%	ND	ND
Lancaster	11.7%	0.0%	0.0%	0.0%	0.0%	0.0%	ND
Lunenburg	11.3%	52.9%	9.6%	15.7%	8.7%	ND	ND
Pepperell	12.3%	4.1%	20.3%	0.0%	29.6%	ND	ND
Shirley	15.2%	0.0%	0.0%	0.0%	5.4%	ND	0.0%
Stow	11.3%	0.0%	0.6%	0.4%	0.0%	ND	ND
Townsend	11.2%	0.0%	19.2%	9.8%	0.0%	ND	ND

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 96: POPULATION LIVING WITH DISABILITY BY ETHNICITY, 2023

	Hispanic or Latino
United States	9.9%
Massachusetts	12.9%
Ashburnham	12.7%
Ashby	5.4%
Ayer	15.5%
Berlin	0.0%
Bolton	4.0%
Boxborough	0.0%
Dunstable	40.0%
Groton	0.0%
Harvard	5.5%
Lancaster	12.2%
Lunenburg	10.9%
Pepperell	9.7%
Shirley	0.0%
Stow	0.5%
Townsend	11.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Health Outcomes and Behaviors

EXHIBIT 97: CHRONIC DISEASE AMONG ADULTS, 2022 (CONTINUED ON NEXT PAGE)

	Asthma	Arthritis	Cancer (except skin)	Chronic Kidney Disease (2021)	Chronic Obstructive Pulmonary Disease	Diabetes
United States	9.9%	26.6%	8.2%	3.1%	6.8%	8.4%
Massachusetts	11.6%	25.8%	8.3%	2.7%	6.1%	9.2%
Ashburnham	12.2%	29.3%	9.4%	2.3%	6.9%	ND
Ashby	11.3%	25.9%	9.5%	2.5%	5.4%	ND
Ayer	11.7%	25.1%	8.5%	2.4%	6.0%	ND
Berlin	12.3%	31.5%	10.1%	2.8%	8.2%	ND
Bolton	10.9%	25.7%	9.7%	2.3%	4.1%	ND
Boxborough	9.8%	21.8%	8.2%	2.3%	3.8%	ND
Dunstable	11.0%	24.0%	9.0%	2.4%	4.9%	ND
Groton	11.0%	24.2%	9.3%	2.4%	4.6%	ND
Harvard	10.5%	27.6%	9.8%	2.2%	5.3%	ND
Lancaster	11.0%	25.2%	8.5%	2.4%	5.4%	ND
Lunenburg	11.9%	29.5%	9.8%	2.8%	6.5%	ND
Pepperell	11.5%	26.1%	9.4%	2.4%	5.7%	ND
Shirley	10.9%	24.1%	8.1%	2.4%	5.7%	ND
Stow	10.7%	25.5%	10.2%	2.5%	4.6%	ND
Townsend	12.3%	27.3%	9.1%	2.4%	7.2%	ND

Source: CDC BRFSS Places 2022; Surveillance - United States Diabetes Surveillance System, n.d.

EXHIBIT 98: CHRONIC DISEASE AMONG ADULTS, 2022 (CONTINUED)

	Coronary Heart Disease	High Blood Pressure (2021)	High Cholesterol (2021)	Stroke
United States	6.8%	32.7%	36.4%	3.6%
Massachusetts	6.5%	27.4%	33.3%	3.1%
Ashburnham	6.8%	25.3%	31.5%	3.1%
Ashby	6.2%	26.9%	34.6%	2.7%
Ayer	6.3%	24.3%	31.7%	3.0%
Berlin	7.7%	29.1%	34.6%	3.5%
Bolton	5.1%	24.9%	32.3%	2.2%
Boxborough	5.0%	24.7%	34.2%	2.2%
Dunstable	5.4%	25.5%	34.5%	2.4%
Groton	5.5%	25.9%	34.4%	2.4%
Harvard	6.5%	25.1%	31.7%	2.8%
Lancaster	6.0%	25.1%	30.4%	2.7%
Lunenburg	6.8%	28.5%	33.8%	3.0%
Pepperell	6.1%	25.5%	33.7%	2.8%
Shirley	6.1%	25.9%	32.1%	2.8%
Stow	5.8%	25.8%	35.0%	2.4%
Townsend	6.8%	25.9%	33.8%	3.2%

Source: CDC BRFSS Places 2022

EXHIBIT 99: LEADING CAUSES OF DEATH (RATE PER 100,000 PEOPLE), 2021

	Cancer	Heart Disease	COVID-19	Accidental Injuries	Chronic Lower Respiratory Disease	Stroke	Alzheimer's Disease	Diabetes	Kidney Disease	Chronic Liver Disease
United States	182.4	209.6	125.6	67.8	42.9	49.1	36.0	31.1	16.4	17.0
Massachusetts	178.4	171.0	69.7	66.2	34.6	32.6	22.3	22.0	17.5	13.3

Source: CDC WONDER Causes of Death, 2021. https: //wonder.cdc.gov/

EXHIBIT 100: QUALITY OF LIFE AMONG ADULTS, 2022

	Suicide Death Rate per 100,000 (2023)	Poor Mental Health Among Adults	Poor Physical Health Among Adults	Fair or Poor General Health Among Adults	Diagnosed Depression Among Adults
United States	14.1	15.8%	12.7%	17.9%	20.7%
Massachusetts	8.6	16.2%	11.6%	14.9%	23.5%
Ashburnham	ND	16.7%	12.1%	13.9%	24.8%
Ashby	ND	14.0%	9.8%	10.8%	24.8%
Ayer	ND	15.5%	10.9%	13.3%	24.9%
Berlin	ND	16.5%	13.2%	15.5%	24.4%
Bolton	ND	12.6%	8.6%	8.5%	22.0%
Boxborough	ND	11.3%	7.8%	8.9%	20.7%
Dunstable	ND	13.4%	9.2%	10.4%	24.0%
Groton	ND	13.0%	8.8%	9.8%	23.8%
Harvard	ND	12.5%	10.0%	11.3%	20.2%
Lancaster	ND	14.6%	10.3%	12.1%	21.6%
Lunenburg	ND	15.6%	11.7%	13.1%	24.0%
Pepperell	ND	14.7%	10.1%	11.5%	25.1%
Shirley	ND	14.5%	10.4%	13.0%	23.1%
Stow	ND	12.6%	8.8%	9.7%	22.9%
Townsend	ND	16.9%	12.0%	14.7%	26.9%

Source: CDC Wonder Cause of Death 2023; CDC BRFSS Places 2022

EXHIBIT 101: HEALTH BEHAVIORS AMONG ADULTS, 2022

	Obesity	Regular Smoking	Binge Drinking
United States	33.3%	12.9%	16.6%
Massachusetts	28.3%	11.6%	18.4%
Ashburnham	33.0%	14.3%	18.7%
Ashby	24.2%	8.8%	19.2%
Ayer	24.8%	11.0%	18.6%
Berlin	32.3%	14.9%	17.7%
Bolton	28.2%	7.8%	19.1%
Boxborough	20.1%	5.9%	17.6%
Dunstable	22.6%	8.6%	19.2%
Groton	22.6%	7.2%	18.6%
Harvard	29.9%	9.5%	18.0%
Lancaster	31.3%	11.3%	20.3%
Lunenburg	32.2%	12.8%	18.1%
Pepperell	24.5%	10.1%	18.8%
Shirley	26.0%	11.2%	19.9%
Stow	22.4%	7.4%	17.7%
Townsend	26.3%	13.2%	18.4%

Source: CDC BRFSS Places 2022

EXHIBIT 102: SUBSTANCE-RELATED ER VISIT RATE PER 100,000 PEOPLE, 2024

	Any Substance-Related ER Visit	Opioid-Related ER Visits
United States, Adults Aged 26 to 44 Years (2022)	3,265.0	495.0
Massachusetts	1,598.4	135.5
Ashburnham	876.1	SD[1]
Ashby	579.5	SD
Ayer	2,088.9	123.0
Berlin	993.7	SD
Bolton	613.9	0.0
Boxborough	416.4	0.0
Dunstable	754.0	SD
Groton	774.5	SD
Harvard	629.9	SD
Lancaster	945.9	SD
Lunenburg	826.4	SD
Pepperell	576.9	SD
Shirley	1,261.1	111.6
Stow	560.7	SD
Townsend	690.3	81.6

Source: *Workbook: BSAS_Dashboard_Phase_3_ER_Visits*, n.d.; Substance Abuse and Mental Health Services Administration, 2023, https: //library.samhsa.gov/sites/default/files/pep23-07-03-001.pdf

EXHIBIT 103: MARIJUANA USE AMONG ADULTS, 2019-2020

	Male	Female
Number of Participants	1,317	3,366
Never Used	31%	31%
Used More than 12 Months Ago	35%	33%
Weekly User	6%	5%
Daily / Almost Daily User	13%	13%

Source: Findings from the International Cannabis Policy Study, 2019 and 2020 Kim et al. (2022)
. https: //masscannabiscontrol.com/wp-content/uploads/2022/09/International-Cannabis-Policy-Study-2019-2020.pdf

[1] Data suppressed for cities, towns, or counties with ER visit counts of 1-4 due to the high variability of rates with small numbers.

EXHIBIT 104: SUBSTANCE USE AMONG HIGH SCHOOL YOUTH, 2023

	Drinking Alcohol in Past 30 Days	Ever Using Electronic Vapor Products	Using Marijuana in Past 30 Days	Ever Using Someone Else's Prescription Drugs
United States	22.7%	36.2%	15.8%	12.2%
Massachusetts	22.4%	31.5%	18.6%	6.7%
9th Grade	13.5%	23.1%	11.0%	6.1%
10th Grade	15.8%	23.4%	14.8%	6.8%
11th Grade	26.9%	33.8%	20.3%	6.7%
12th Grade	34.5%	45.1%	29.0%	7.3%

Source: Massachusetts Statewide Youth Risk Behavior Survey Reports, 2023; *Youth Online: High School YRBS - United States 2021 Results | DASH | CDC*, n.d.

Healthcare Access and Quality

According to Healthy People 2030, access to care as "the timely use of personal health services to achieve the best possible health outcomes." Improving access to healthcare supports early detection, treatment, and prevention of diseases, which can reduce disability and improve overall health. However, many individuals encounter barriers—such as cost, transportation, or provider shortages—that limit their ability to receive necessary care, increasing the risk of poor health outcomes and widening health disparities.[2]

EXHIBIT 105: HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2025

	Primary Care Physician	Primary Care Nurse Practitioner	Dentist	Mental Health Provider	Pediatrician	Obstetrics Gynecology OBGYN	Midwife and Doula
United States	734: 1	922: 1	1,351: 1	465: 1	681: 1	2,861: 1	7,026: 1
Massachusetts	535: 1	759: 1	973: 1	239: 1	353: 1	2,532: 1	4,110: 1
Ashburnham	3,179: 1	6,357: 1	6,357: 1	530: 1	ND	ND	ND
Ashby				797: 1	ND	ND	1,613: 1
Ayer	1,213: 1	1,698: 1	8491: 1	943: 1	ND	4,356: 1	ND
Berlin	1,656: 1			1,104: 1	ND	ND	ND
Bolton	950: 1	5,698: 1	1140: 1	570: 1	ND	ND	ND
Boxborough	ND	5,468: 1	ND	781: 1	ND	ND	2,901: 1
Dunstable	ND	ND	ND	1,125: 1	ND	ND	ND
Groton	1,229: 1	886: 1	828: 1	488: 1	699: 1	2,493: 1	8,725: 1
Harvard	405: 1	1,376: 1	6881: 1	246: 1	1521: 1	ND	1,556: 1
Lancaster	2,823: 1	4,235: 1	2118: 1	1,694: 1		ND	3,867: 1
Lunenburg	1,967: 1	3,935: 1	1476: 1	1,686: 1	ND	ND	ND
Pepperell	1,457: 1	1,166: 1	2331: 1	3,885: 1	ND	ND	ND
Shirley	7,017: 1	1,754: 1	2339: 1	1,002: 1	ND	ND	ND
Stow	7,109: 1	ND	3555: 1	1,422: 1	ND	ND	3,393: 1
Townsend	1,810: 1	9,052: 1	3017: 1	1,006: 1	ND	ND	2,305: 1

Sources: National Plan & Provider Enumeration System NPI, 2025. https: //www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination

[2] U.S. Department of Health and Human Services, Healthy People 2030. Access to Health Services. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services#:~:text=The%20National%20Academies%20of%20Sciences,to%20needed%20health%20care%20services%2C

EXHIBIT 106: UNINSURED POPULATION BY AGE

	Uninsured Population	Age Under 6 without Health Insurance	Age 6 to 18 without Health Insurance	Age 19 to 64 without Health Insurance	Age 65 and Over without Health Insurance
United States	8.4%	4.5%	5.8%	12.0%	0.8%
Massachusetts	2.6%	1.3%	1.6%	3.6%	0.5%
Ashburnham	0.5%	0.0%	0.0%	0.8%	0.0%
Ashby	3.8%	0.0%	0.0%	5.9%	0.0%
Ayer	2.8%	0.0%	8.3%	2.2%	0.0%
Berlin	3.1%	0.0%	0.0%	5.4%	0.0%
Bolton	1.1%	0.0%	1.1%	1.5%	0.2%
Boxborough	3.6%	0.0%	7.6%	3.3%	0.0%
Dunstable	0.2%	0.0%	0.0%	0.4%	0.0%
Groton	1.8%	0.0%	0.0%	3.3%	0.0%
Harvard	0.4%	0.0%	0.0%	0.1%	2.6%
Lancaster	0.7%	0.0%	0.0%	1.4%	0.0%
Lunenburg	1.1%	0.0%	0.4%	1.7%	0.0%
Pepperell	2.1%	0.0%	0.7%	3.2%	0.0%
Shirley	0.8%	0.0%	2.9%	1.1%	0.0%
Stow	0.9%	0.0%	0.0%	1.6%	0.0%
Townsend	2.1%	0.0%	3.1%	2.6%	0.4%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 107: UNINSURED POPULATION WITH DISABILITY BY AGE

	Uninsured Population	Age 18 and Under with Disability without Health Insurance	Age 19 to 64 with Disability without Health Insurance
United States	8.4%	4.0%	10.0%
Massachusetts	2.6%	1.0%	3.0%
Ashburnham	0.5%	0.0%	0.0%
Ashby	3.8%	ND	0.0%
Ayer	2.8%	0.0%	0.0%
Berlin	3.1%	0.0%	31.4%
Bolton	1.1%	0.0%	13.5%
Boxborough	3.6%	0.0%	7.6%
Dunstable	0.2%	0.0%	0.0%
Groton	1.8%	0.0%	18.1%
Harvard	0.4%	0.0%	0.0%
Lancaster	0.7%	0.0%	9.4%
Lunenburg	1.1%	11.0%	6.0%
Pepperell	2.1%	0.0%	6.0%
Shirley	0.8%	0.0%	0.0%
Stow	0.9%	0.0%	0.0%
Townsend	2.1%	0.0%	4.7%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 108: INSURED POPULATION BY TYPE[3]

	People with Private Health Insurance	People with Public Health Insurance
United States	73.6%	39.7%
Massachusetts	75.8%	38.1%
Ashburnham	76.5%	43.8%
Ashby	82.8%	30.2%
Ayer	78.6%	33.9%
Berlin	85.8%	35.4%
Bolton	95.3%	15.2%
Boxborough	92.6%	15.0%
Dunstable	90.4%	20.4%
Groton	90.2%	22.6%
Harvard	93.0%	17.4%
Lancaster	84.2%	32.7%
Lunenburg	82.0%	33.4%
Pepperell	85.3%	29.3%
Shirley	82.9%	34.4%
Stow	91.3%	24.6%
Townsend	78.8%	34.4%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[3] Data for public and private health insurance coverage can add up to more than 100% because some individuals have multiple forms of coverage. See https://www.census.gov/library/stories/2023/07/multiple-health-coverage-plans-in-2021.html

EXHIBIT 109: PEOPLE IN LABOR FORCE WITHOUT INSURANCE

	People in the Labor Force without Health Insurance
United States	11.2%
Massachusetts	3.4%
Ashburnham	0.7%
Ashby	6.9%
Ayer	2.3%
Berlin	5.9%
Bolton	0.4%
Boxborough	3.6%
Dunstable	0.4%
Groton	3.0%
Harvard	0.1%
Lancaster	0.6%
Lunenburg	1.6%
Pepperell	3.1%
Shirley	0.9%
Stow	1.9%
Townsend	2.8%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 110: BIRTH RATE (RATE PER 1,000 PEOPLE), 2021

	Birth Rate
United States	11.0
Massachusetts	9.9

Source: CDC WONDER Natality Birth Rate, 2021 https: //wonder.cdc.gov/

EXHIBIT 111: TEEN BIRTH RATE, 2020

	Teen Birth Rate for Age Group 15 to 19
United States	15.0
Massachusetts	6.0

Source: CDC 2020

EXHIBIT 112: LOW BIRTH WEIGHT, 2023

	Low Birth Weight
United States	8.6
Massachusetts	7.6

Source: CDC Wonder Natality 2023

EXHIBIT 113: DEATH RATE (RATE PER 100,000 PEOPLE), 2021

	Death Rate
United States	10.4
Massachusetts	9.0

Source: CDC WONDER Causes of Death, 2021. https: //wonder.cdc.gov/

EXHIBIT 114: SEXUALLY TRANSMITTED INFECTIONS (RATE PER 100,000 PEOPLE), 2023

	HIV Prevalence Rate (2022)	Gonorrhea Rate	Chlamydia Rate	Congenital Syphilis Rate	Primary and Secondary Syphilis Rate	Early Non-Primary Non-Secondary Syphilis Rate (Early Latent)
United States	388.0	179.5	492.2	105.8	15.8	16.0
Massachusetts	353.0	139.8	412.7	20.4	10.6	10.3

Source: AIDSVu Emory University 2022; CDC NCHHSTP AtlasPlus 2023

Economic Stability

People living in poverty are less likely to have access to healthcare, healthy food, stable housing and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates and other poor health outcomes.[4]

EXHIBIT 115: SOCIOECONOMIC STATUS, 2023

	Total Population	Population Below Poverty Level	Unemployment Rate	Median Household Income	Percent of Low-income Households Severely Cost Burdened	No High School Diploma	Uninsured Population
United States	332,387,540	12.4%	5.2%	$78,538	31.0%	10.6%	8.4%
Massachusetts	6,992,395	10.0%	5.1%	$101,341	34.2%	8.6%	2.6%
Ashburnham	6,357	7.5%	3.4%	$115,420	32.4%	4.6%	0.5%
Ashby	3,188	2.8%	3.7%	$110,536	14.1%	6.7%	3.8%
Ayer	8,491	9.0%	6.9%	$105,047	19.4%	8.9%	2.8%
Berlin	3,311	4.7%	6.0%	$122,411	43.2%	1.7%	3.1%
Bolton	5,698	2.7%	5.8%	$198,475	41.2%	0.7%	1.1%
Boxborough	5,468	3.6%	5.6%	$151,000	25.2%	3.4%	3.6%
Dunstable	3,375	1.0%	5.4%	$202,379	29.3%	3.0%	0.2%
Groton	11,265	4.3%	5.1%	$189,180	38.3%	3.6%	1.8%
Harvard	6,881	4.4%	5.5%	$200,688	30.6%	5.7%	0.4%
Lancaster	8,470	3.0%	9.4%	$130,444	12.2%	5.4%	0.7%
Lunenburg	11,804	5.2%	6.6%	$109,753	36.1%	5.9%	1.1%
Pepperell	11,656	6.6%	3.2%	$126,976	35.5%	35.5%	2.1%
Shirley	7,017	2.1%	4.2%	$121,875	14.7%	9.6%	0.8%
Stow	7,109	5.0%	4.1%	$177,862	28.8%	1.3%	0.9%
Townsend	9,052	7.2%	5.6%	$120,238	23.5%	4.4%	2.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[4] *American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. http://www.aafp.org/about/policies/all/poverty-health.html*

EXHIBIT 116: POVERTY PERCENT CHANGE, 2013 TO 2023

	Total Households Below Poverty Level (2013)	Total Households Below Poverty Level (2023)	Percent Change (2013-2023)
United States	14.2%	12.5%	-12.0%
Massachusetts	11.8%	10.9%	-7.6%
Shirley	12.9%	3.0%	-76.7%
Lancaster	10.0%	5.3%	-47.0%
Bolton	4.5%	2.6%	-42.2%
Ashburnham	10.4%	6.2%	-40.4%
Ashby	4.7%	3.0%	-36.2%
Dunstable	2.2%	1.6%	-27.3%
Lunenburg	8.3%	6.1%	-26.5%
Ayer	9.1%	7.8%	-14.3%
Pepperell	5.9%	6.3%	6.8%
Boxborough	2.7%	3.2%	18.5%
Townsend	8.4%	10.0%	19.0%
Groton	5.1%	6.4%	25.5%
Stow	4.3%	6.7%	55.8%
Harvard	3.9%	6.4%	64.1%
Berlin	2.4%	9.3%	287.5%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 117: INCOME TO POVERTY RATIOS, 2023

	100% – 124% FPL	125% – 149% FPL	150% – 184% FPL	185% – 199% FPL	200% and Over FPL
United States	3.8%	4.0%	5.7%	2.6%	71.5%
Massachusetts	2.7%	2.9%	3.9%	1.7%	78.9%
Ashburnham	0.0%	4.4%	1.3%	0.4%	86.4%
Ashby	3.9%	1.3%	5.5%	0.3%	86.3%
Ayer	0.8%	1.0%	0.8%	2.5%	85.9%
Berlin	0.0%	0.9%	6.1%	0.0%	88.3%
Bolton	0.4%	0.0%	4.0%	0.1%	92.9%
Boxborough	0.6%	1.9%	1.3%	0.3%	92.3%
Dunstable	1.5%	0.2%	1.3%	0.1%	95.9%
Groton	2.7%	1.1%	2.0%	1.0%	88.8%
Harvard	1.4%	1.4%	0.3%	0.0%	92.5%
Lancaster	0.5%	0.6%	2.7%	0.4%	92.9%
Lunenburg	3.6%	0.6%	5.1%	0.8%	84.7%
Pepperell	0.5%	1.1%	3.0%	1.0%	87.8%
Shirley	4.3%	0.6%	2.2%	2.2%	88.6%
Stow	0.2%	0.6%	1.6%	0.0%	92.6%
Townsend	1.7%	2.3%	0.5%	0.9%	87.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 118: PERCENT OF POPULATION LIVING IN POVERTY BY RACE, 2023

	Asian	Black or African American	White	Some Other	American Indian and Alaska Native	Two or More Races	Native Hawaiian and Other Pacific Islander
United States	9.9%	21.3%	9.9%	18.2%	21.8%	14.7%	17.2%
Massachusetts	11.0%	17.1%	7.6%	20.1%	19.1%	15.7%	21.7%
Ashburnham	0.0%	25.0%	6.7%	0.0%	0.0%	25.1%	ND
Ashby	0.0%	ND	2.8%	ND	ND	2.7%	ND
Ayer	0.0%	20.9%	7.9%	13.6%	100.0%	12.9%	ND
Berlin	0.0%	30.6%	4.1%	0.0%	ND	8.1%	ND
Bolton	3.2%	10.0%	2.8%	3.7%	0.0%	0.0%	ND
Boxborough	0.0%	10.5%	2.4%	100.0%	ND	1.2%	ND
Dunstable	5.1%	0.0%	0.9%	0.0%	ND	0.0%	ND
Groton	1.5%	39.2%	4.3%	43.3%	ND	0.0%	ND
Harvard	0.0%	0.0%	5.3%	ND	ND	0.0%	ND
Lancaster	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	ND
Lunenburg	0.0%	0.0%	5.7%	5.3%	ND	0.2%	ND
Pepperell	0.0%	23.7%	6.1%	0.0%	ND	13.5%	ND
Shirley	0.0%	0.0%	2.1%	0.0%	ND	0.0%	100.0%
Stow	63.5%	0.0%	1.3%	4.1%	ND	6.8%	ND
Townsend	10.4%	13.7%	7.3%	1.0%	ND	1.3%	ND

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 119: PERCENT OF POPULATION LIVING IN POVERTY BY ETHNICITY, 2023

	Hispanic or Latino
United States	16.9%
Massachusetts	20.6%
Ashburnham	31.8%
Ashby	0.0%
Ayer	15.0%
Berlin	0.0%
Bolton	1.3%
Boxborough	7.9%
Dunstable	0.0%
Groton	4.0%
Harvard	0.0%
Lancaster	14.1%
Lunenburg	3.0%
Pepperell	0.0%
Shirley	0.0%
Stow	16.3%
Townsend	0.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 120: PERCENT OF POPULATION LIVING IN POVERTY BY AGE GROUP, 2023

	Under Age 5	Under Age 18	Age 18 to 64	Age 65 or Over
United States	17.6%	16.3%	11.6%	10.4%
Massachusetts	12.3%	11.8%	9.3%	10.2%
Ashburnham	0.0%	12.7%	6.4%	4.9%
Ashby	0.0%	2.4%	1.9%	5.9%
Ayer	10.8%	6.5%	9.6%	9.6%
Berlin	0.0%	0.0%	3.0%	9.8%
Bolton	0.0%	0.0%	1.7%	11.2%
Boxborough	0.0%	4.6%	3.5%	2.6%
Dunstable	0.0%	0.0%	0.9%	2.7%
Groton	2.7%	2.4%	4.0%	8.7%
Harvard	0.0%	2.6%	4.7%	6.5%
Lancaster	0.0%	3.5%	2.1%	5.1%
Lunenburg	13.0%	8.8%	3.8%	5.2%
Pepperell	7.5%	7.1%	6.9%	4.6%
Shirley	0.0%	0.0%	3.3%	0.9%
Stow	0.0%	7.6%	5.0%	1.5%
Townsend	0.0%	7.2%	7.6%	6.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 121: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE, 2023

	Median Household Income (2013)	Median Household Income (2023)	Percent Change (2010-2023)
United States	$$53,046	$78,538	48.1%
Massachusetts	$66,866	$101,341	51.5%
Shirley	$65,882	$121,875	85.0%
Ayer	$60,345	$105,047	74.1%
Dunstable	$119,022	$202,379	70.0%
Lancaster	$77,575	$130,444	68.1%
Groton	$117,127	$189,180	61.5%
Pepperell	$81,193	$126,976	56.4%
Stow	$115,714	$177,862	53.7%
Townsend	$80,162	$120,238	50.0%
Boxborough	$101,502	$151,000	48.8%
Harvard	$137,500	$200,688	46.0%
Lunenburg	$76,063	$109,753	44.3%
Ashburnham	$83,532	$115,420	38.2%
Bolton	$146,029	$198,475	35.9%
Ashby	$82,778	$110,536	33.5%
Berlin	$95,962	$122,411	27.6%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 122: MEDIAN HOUSEHOLD INCOME BY RACE, 2023

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Other Race	Two or More Races
United States	$83,784	$53,444	$59,393	$113,106	$78,640	$65,558	$73,412
Massachusetts	$108,161	$71,393	$66,134	$126,024	$72,946	$62,232	$74,978
Ashburnham	$115,384	ND	ND	ND	ND	ND	ND
Ashby	$109,639	ND	ND	ND	ND	ND	$120,357
Ayer	$97,320	$143,773	ND	ND	ND	ND	ND
Berlin	$119,528	ND	ND	ND	ND	ND	ND
Bolton	$212,159	ND	ND	$119,503	ND	ND	$164,042
Boxborough	$150,125	ND	ND	$186,184	ND	ND	ND
Dunstable	$189,167	ND	ND	$249,167	ND	ND	ND
Groton	$174,583	ND	ND	ND	ND	ND	ND
Harvard	$205,208	ND	ND	$192,500	ND	ND	ND
Lancaster	$131,250	ND	ND	ND	ND	ND	ND
Lunenburg	$110,738	ND	ND	ND	ND	$143,144	ND
Pepperell	$122,243	$171,136	ND	$189,246	ND	ND	$155,096
Shirley	$119,167	$213,462	ND	ND	ND	ND	ND
Stow	$180,323	ND	ND	ND	ND	ND	ND
Townsend	$123,373	ND	ND	$70,637	ND	ND	$66,944

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 123: MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2023

	Hispanic or Latino
United States	$68,890
Massachusetts	$63,829
Ashburnham	$156,250
Ashby	$201,176
Ayer	$135,953
Berlin	ND
Bolton	ND
Boxborough	$192,981
Dunstable	ND
Groton	ND
Harvard	ND
Lancaster	$51,096
Lunenburg	ND
Pepperell	$157,212
Shirley	$125,688
Stow	ND
Townsend	$133,095

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 124: EMPLOYMENT BY INDUSTRY, 2023 (EXHIBITS 125- 128)

	Management	Business and Finance	Computer and Mathematical	Architecture and Engineering	Life, Physical, and Social Science	Community and Social Service	Legal
United States	10.8%	5.6%	3.5%	2.1%	1.1%	1.7%	1.1%
Massachusetts	12.4%	6.8%	4.6%	2.6%	2.4%	2.1%	1.4%
Ashburnham	11.4%	2.5%	0.7%	2.8%	0.7%	3.2%	0.4%
Ashby	14.2%	4.4%	2.4%	2.5%	2.0%	1.6%	0.0%
Ayer	9.0%	3.4%	6.9%	3.9%	2.0%	2.4%	0.4%
Berlin	9.2%	7.5%	11.2%	2.4%	1.7%	0.5%	1.3%
Bolton	21.9%	9.5%	13.0%	10.1%	6.2%	1.1%	2.1%
Boxborough	18.2%	2.6%	5.0%	5.4%	6.7%	2.2%	3.6%
Dunstable	17.5%	5.3%	4.9%	4.4%	2.4%	0.6%	2.4%
Groton	17.8%	4.3%	7.8%	5.3%	6.2%	2.5%	1.0%
Harvard	21.3%	12.8%	7.2%	5.8%	1.2%	0.4%	0.8%
Lancaster	13.4%	8.0%	3.6%	4.8%	2.0%	2.4%	1.2%
Lunenburg	13.5%	6.3%	4.4%	2.6%	1.6%	0.8%	0.4%
Pepperell	12.6%	5.4%	8.3%	4.6%	1.5%	1.3%	0.9%
Shirley	16.9%	6.7%	4.9%	5.5%	0.7%	2.8%	1.1%
Stow	21.0%	7.1%	11.0%	5.0%	1.6%	2.9%	1.9%
Townsend	15.8%	3.7%	2.5%	3.9%	0.3%	1.6%	0.7%

EXHIBIT 125: EMPLOYMENT BY INDUSTRY (CONTINUED)

	Education, Training and Library	Arts, Design, Entertainment, Sports and Media	Health Diagnosis and Treating Practitioners	Health Technologist and Technicians	Healthcare Support	Fire Fighting and Prevention	Law Enforcement
United States	5.9%	2.0%	4.2%	1.8%	3.1%	1.1%	0.9%
Massachusetts	7.1%	2.2%	4.8%	1.7%	3.2%	1.1%	0.8%
Ashburnham	7.7%	0.8%	5.8%	3.4%	2.2%	2.1%	1.4%
Ashby	4.7%	2.0%	4.1%	1.1%	1.5%	0.7%	3.4%
Ayer	7.4%	2.5%	4.2%	1.0%	5.1%	0.2%	0.2%
Berlin	8.8%	6.4%	4.6%	0.0%	1.4%	0.8%	0.6%
Bolton	5.0%	3.1%	4.2%	0.4%	0.1%	0.7%	0.0%
Boxborough	5.4%	2.8%	5.2%	0.1%	2.3%	0.9%	2.4%
Dunstable	7.5%	2.4%	6.3%	0.9%	3.7%	2.4%	1.2%
Groton	7.7%	3.1%	2.6%	0.8%	1.2%	1.0%	0.0%
Harvard	7.7%	3.8%	3.2%	3.3%	0.9%	0.4%	0.3%
Lancaster	9.8%	2.7%	5.0%	0.7%	0.4%	0.0%	2.1%
Lunenburg	7.1%	0.7%	5.1%	0.5%	1.8%	2.6%	1.1%
Pepperell	8.0%	1.7%	3.6%	3.0%	2.5%	0.9%	1.1%
Shirley	7.6%	3.9%	4.4%	2.3%	1.2%	0.0%	0.0%
Stow	9.9%	2.8%	3.1%	4.0%	0.3%	0.4%	0.3%
Townsend	7.1%	2.0%	2.7%	1.0%	4.5%	1.7%	0.3%

EXHIBIT 126: EMPLOYMENT BY INDUSTRY (CONTINUED)

	Food Preparation and Serving	Building, Grounds Cleaning, and Maintenance	Personal Care and Service	Sales	Office and Administrative Support	Farming, Fishing and Forestry	Construction and Extraction
United States	4.9%	3.2%	2.4%	8.8%	10.1%	0.6%	4.7%
Massachusetts	4.2%	2.9%	2.6%	7.9%	8.9%	0.2%	4.2%
Ashburnham	3.3%	3.4%	3.5%	7.6%	12.7%	0.5%	5.0%
Ashby	2.7%	6.4%	3.3%	8.4%	9.6%	0.3%	11.3%
Ayer	2.0%	0.4%	2.2%	11.3%	13.4%	0.9%	2.3%
Berlin	2.2%	0.6%	1.9%	8.4%	9.9%	0.4%	6.1%
Bolton	0.0%	1.1%	2.2%	5.7%	2.5%	0.4%	2.4%
Boxborough	3.1%	1.0%	4.6%	7.9%	7.6%	0.6%	0.9%
Dunstable	3.2%	0.4%	1.5%	4.2%	7.3%	0.0%	4.2%
Groton	3.6%	3.2%	1.8%	6.8%	10.7%	0.4%	3.0%
Harvard	2.2%	0.4%	3.0%	10.1%	6.3%	0.0%	0.6%
Lancaster	0.4%	1.6%	1.2%	7.2%	9.1%	0.0%	4.3%
Lunenburg	4.0%	2.3%	2.7%	7.8%	10.0%	0.2%	6.3%
Pepperell	2.0%	1.2%	2.1%	6.9%	8.6%	0.3%	5.8%
Shirley	4.4%	1.6%	2.3%	6.1%	9.8%	0.0%	2.5%
Stow	3.4%	1.1%	1.2%	10.0%	4.0%	0.0%	1.1%
Townsend	2.5%	2.2%	2.3%	7.0%	10.5%	0.2%	6.0%

EXHIBIT 127: EMPLOYMENT BY INDUSTRY (CONTINUED)

	Installation, Maintenance, and Repair	Production	Transportation	Material Moving
United States	2.9%	5.1%	3.6%	3.6%
Massachusetts	2.0%	3.6%	2.8%	2.3%
Ashburnham	2.0%	8.5%	3.5%	1.5%
Ashby	2.0%	3.8%	2.0%	1.5%
Ayer	2.2%	5.2%	2.9%	1.8%
Berlin	2.5%	2.4%	2.6%	0.8%
Bolton	0.4%	1.1%	0.5%	0.4%
Boxborough	1.4%	3.1%	1.5%	0.3%
Dunstable	3.3%	2.6%	3.8%	2.1%
Groton	2.1%	0.4%	0.8%	0.7%
Harvard	1.5%	1.1%	0.0%	0.0%
Lancaster	1.5%	5.4%	2.4%	1.4%
Lunenburg	2.7%	2.8%	4.6%	1.5%
Pepperell	2.9%	5.1%	4.7%	1.9%
Shirley	2.3%	3.0%	3.0%	2.8%
Stow	0.0%	1.5%	2.1%	0.3%
Townsend	5.4%	4.7%	3.0%	2.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 128: HOUSEHOLDS RECEIVING SNAP, 2023

	SNAP
United States	11.8%
Massachusetts	13.8%
Ashburnham	4.3%
Ashby	1.9%
Ayer	10.1%
Berlin	6.6%
Bolton	2.9%
Boxborough	4.9%
Dunstable	2.2%
Groton	2.6%
Harvard	2.6%
Lancaster	12.0%
Lunenburg	7.7%
Pepperell	6.4%
Shirley	8.6%
Stow	3.6%
Townsend	7.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playground and the chances for recreational opportunities.[40]

EXHIBIT 129: HOUSING COSTS

	Median Household Income	Renter Excessive Housing Costs	Homeowner Excessive Housing Costs	Renter Housing Mobile Homes	Homeowner Vacancy Rate
United States	$78,538	46.9%	22.1%	4.0%	1.0%
Massachusetts	$101,341	48.2%	26.1%	0.4%	0.6%
Ashburnham	$115,420	66.3%	23.7%	0.0%	0.0%
Ashby	$110,536	12.3%	24.0%	0.0%	0.0%
Ayer	$105,047	40.8%	21.0%	0.0%	1.4%
Berlin	$122,411	36.3%	25.9%	2.7%	0.0%
Bolton	$198,475	0.0%	19.2%	0.0%	1.0%
Boxborough	$151,000	53.4%	21.4%	0.0%	0.0%
Dunstable	$202,379	39.1%	18.5%	0.0%	0.0%
Groton	$189,180	41.5%	21.2%	0.0%	0.0%
Harvard	$200,688	60.8%	21.4%	0.0%	2.8%
Lancaster	$130,444	53.0%	22.6%	0.0%	0.0%
Lunenburg	$109,753	38.1%	27.2%	0.0%	1.1%
Pepperell	$126,976	41.1%	24.2%	3.3%	0.9%
Shirley	$121,875	44.8%	18.7%	0.0%	0.0%
Stow	$177,862	57.0%	19.0%	0.0%	0.0%
Townsend	$120,238	40.7%	23.7%	0.0%	1.6%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[40] KFF. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity (2018). https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/view/footnotes/

EXHIBIT 130: HOUSING BY TYPE 2023

	Overcrowded Housing Units[41]	Multi-Unit Housing Units[42]	Group Quarters[43]
United States	3.4%	26.7%	2.4%
Massachusetts	2.2%	26.7%	3.3%
Ashburnham	0.0%	4.6%	2.8%
Ashby	0.0%	0.6%	0.1%
Ayer	1.7%	39.0%	2.7%
Berlin	0.0%	25.0%	0.2%
Bolton	1.3%	4.1%	0.3%
Boxborough	2.4%	29.9%	0.0%
Dunstable	0.0%	2.5%	0.0%
Groton	1.1%	14.5%	3.7%
Harvard	0.7%	9.9%	14.8%
Lancaster	2.1%	11.4%	13.1%
Lunenburg	1.4%	18.4%	0.2%
Pepperell	0.6%	15.7%	0.4%
Shirley	0.7%	13.9%	18.2%
Stow	0.0%	14.7%	0.1%
Townsend	0.8%	13.8%	0.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[41] The percentage of all occupied housing units with more than one person per room.
[42] The percentage of housing units that are in buildings containing two or more housing units.
[43] Group quarters are places where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents.

EXHIBIT 131: FAIR MARKET RENT (FMR), 2023

	0 Bedrooms	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
United States	ND	ND	ND	ND	ND
Massachusetts	ND	ND	ND	ND	ND
Ashburnham	$989	$1,047	$1,358	$1,748	$2,040
Ashby	$2,025	$2,198	$2,635	$3,207	$3,540
Ayer	$2,025	$2,198	$2,635	$3,207	$3,540
Berlin	$1,112	$1,263	$1,663	$2,254	$2,681
Bolton	$1,112	$1,263	$1,663	$2,254	$2,681
Boxborough	$2,025	$2,198	$2,635	$3,207	$3,540
Dunstable	$1,340	$1,490	$1,955	$2,379	$2,626
Groton	$1,340	$1,490	$1,955	$2,379	$2,626
Harvard	$1,112	$1,263	$1,663	$2,254	$2,681
Lancaster	$1,112	$1,263	$1,663	$2,254	$2,681
Lunenburg	$989	$1,047	$1,358	$1,748	$2,040
Pepperell	$1,340	$1,490	$1,955	$2,379	$2,626
Shirley	$2,025	$2,198	$2,635	$3,207	$3,540
Stow	$2,025	$2,198	$2,635	$3,207	$3,540
Townsend	$2,025	$2,198	$2,635	$3,207	$3,540

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

EXHIBIT 132: HOUSEHOLD COMPOSITION, 2023

	Household with children	Households with grandparents responsible for grandchildren
United States	29.9%	1.3%
Massachusetts	28.2%	0.8%
Ashburnham	35.0%	2.6%
Ashby	21.4%	0.4%
Ayer	28.9%	1.6%
Berlin	15.1%	0.0%
Bolton	35.8%	0.4%
Boxborough	30.2%	0.0%
Dunstable	37.0%	0.4%
Groton	41.4%	2.2%
Harvard	34.3%	0.0%
Lancaster	30.0%	1.8%
Lunenburg	32.6%	1.9%
Pepperell	28.7%	0.7%
Shirley	27.4%	0.5%
Stow	32.7%	0.0%
Townsend	29.6%	1.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 133: TRANSPORTATION, 2023

	Mean Travel Time to Work (in minutes)	Commute Transportation by Public Transit	Commute Transportation by Drive Alone
United States	26.6	3.5%	70.2%
Massachusetts	29.3	7.0%	62.7%
Ashburnham	30.7	0.6%	81.6%
Ashby	36.0	0.3%	71.5%
Ayer	32.4	3.1%	75.4%
Berlin	37.1	0.0%	63.8%
Bolton	35.3	1.0%	63.2%
Boxborough	30.0	3.0%	73.0%
Dunstable	29.8	0.3%	75.4%
Groton	33.0	1.0%	63.3%
Harvard	33.4	1.9%	55.0%
Lancaster	31.2	0.6%	58.6%
Lunenburg	34.9	3.2%	75.4%
Pepperell	33.2	0.1%	76.9%
Shirley	38.0	1.1%	75.8%
Stow	36.4	2.7%	59.5%
Townsend	39.3	1.9%	79.5%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 134: BROADBAND, 2023

	Household Without Internet Access	Number of Internet Providers (2024)
United States	7.7%	2126
Massachusetts	6.0%	32
Ashburnham	2.1%	8
Ashby	2.3%	7
Ayer	8.1%	6
Berlin	5.4%	8
Bolton	0.9%	8
Boxborough	1.3%	8
Dunstable	0.4%	8
Groton	1.0%	7
Harvard	3.0%	8
Lancaster	1.9%	7
Lunenburg	1.5%	8
Pepperell	3.6%	8
Shirley	8.0%	7
Stow	1.1%	8
Townsend	2.0%	8

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Education Access and Quality

Education is not only about the schools or higher education opportunities within a community, but also includes languages spoken, literacy, vocational training and early childhood education.[44] Some children live in places with poorly performing schools, and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.[45]

EXHIBIT 135: THIRD GRADE MASSACHUSETTS COMPREHENSIVE ASSESSMENT SYSTEM, PERCENT OF STUDENTS MEETING OR EXCEEDING EXPECTATIONS IN MATH AND ENGLISH LANGUAGE ARTS, SEPTEMBER 2025

School	District	Town(s)	English Language Arts	Math
Massachusetts	-	-	42	44
Spaulding Memorial	NMRSD	Ashby, Townsend	53	57
Varnum Brook	NMRSD	Pepperell	48	57
John R. Briggs	AWRSD	Ashburnham	41	46
Florence Roche	DWRSD	Groton	61	64
Swallow Union	DWRSD	Dunstable	54	67
Hildreth	Harvard	Harvard	65	62
Mary Rowlandson	NRSD	Lancaster	31	47
Center School	NRSD	Stow	64	62
Florence Sawyer	NRSD	Bolton	65	66
Turkey Hill	Lunenburg	Lunenburg	46	45
Page Hilltop	ASRSD	Ayer	47	54
Lura A. White	ASRSD	Shirley	28	30
Berlin Memorial	BBRSD	Berlin	53	67
Blanchard Memorial	ABRSD	Boxborough	65	76

Source: Massachusetts Department of Elementary and Secondary Education, School District Profiles 2025 Massachusetts Comprehensive Assessment System Achievement Results, https: //profiles.doe.mass.edu/.

[44] KFF. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity (2018). https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/view/footnotes/

[45] Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality

EXHIBIT 136: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2023

	Less than 9th Grade	9th to 12th Grade, No Diploma	High School Degree	Some College No Degree	Associates Degree	Bachelor's Degree	Graduate Degree
United States	4.7%	5.9%	26.2%	19.4%	8.8%	21.3%	13.7%
Massachusetts	4.2%	4.4%	22.8%	14.4%	7.5%	25.3%	21.4%
Ashburnham	2.2%	2.4%	18.1%	19.7%	16.2%	25.4%	16.0%
Ashby	1.2%	5.5%	25.8%	15.0%	10.1%	22.6%	19.8%
Ayer	4.3%	4.5%	20.6%	21.3%	8.1%	22.7%	18.4%
Berlin	0.4%	1.3%	27.1%	11.2%	5.6%	33.3%	21.1%
Bolton	0.0%	0.7%	7.6%	7.6%	3.3%	37.6%	43.2%
Boxborough	1.5%	1.9%	6.0%	6.7%	6.0%	40.1%	37.7%
Dunstable	0.7%	2.4%	13.3%	14.6%	9.2%	31.1%	28.9%
Groton	1.8%	1.7%	12.6%	11.5%	6.7%	35.1%	30.6%
Harvard	1.6%	4.1%	13.8%	12.0%	4.3%	35.2%	29.0%
Lancaster	1.7%	3.7%	23.6%	13.9%	5.6%	33.9%	17.6%
Lunenburg	1.8%	4.1%	25.9%	14.7%	8.6%	27.5%	17.4%
Pepperell	1.5%	1.7%	23.2%	21.3%	7.7%	23.6%	20.9%
Shirley	1.8%	7.8%	30.3%	16.7%	7.8%	22.4%	13.2%
Stow	0.5%	0.8%	10.2%	8.8%	3.0%	36.3%	40.4%
Townsend	2.1%	2.3%	28.7%	18.0%	11.2%	25.9%	11.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 137: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE, 2013 TO 2023

	2013	2023	Percent Change (2013-2023)
Groton	65.6%	65.7%	0.2%
Harvard	58.0%	64.2%	10.7%
Boxborough	69.4%	77.8%	12.1%
Ayer	35.6%	41.1%	15.4%
United States	29.8%	35.0%	17.4%
Townsend	31.0%	37.7%	21.6%
Ashburnham	34.0%	41.5%	22.1%
Dunstable	48.3%	59.9%	24.0%
Lunenburg	36.0%	44.8%	24.4%
Massachusetts	37.0%	46.6%	26.0%
Berlin	42.8%	54.4%	27.1%
Stow	59.4%	76.6%	29.0%
Pepperell	34.4%	44.5%	29.4%
Bolton	62.4%	80.8%	29.5%
Ashby	27.9%	42.4%	52.0%
Shirley	21.9%	35.6%	62.6%
Lancaster	29.7%	51.5%	73.4%

Sources: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 138: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE, 2023

	White	Black or African American	Asian	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races
United States	37.7%	24.7%	57.0%	16.2%	19.0%	15.6%	28.2%
Massachusetts	49.4%	30.7%	64.0%	24.4%	40.0%	20.0%	33.6%
Ashburnham	39.0%	100.0%	100.0%	ND	ND	100.0%	39.0%
Ashby	40.7%	ND	71.4%	ND	ND	ND	40.7%
Ayer	44.4%	61.2%	43.4%	0.0%	ND	0.0%	44.4%
Berlin	53.0%	44.9%	67.6%	ND	ND	100.0%	53.0%
Bolton	80.1%	100.0%	96.5%	100.0%	ND	44.4%	80.1%
Boxborough	73.6%	100.0%	84.8%	ND	ND	100.0%	73.6%
Dunstable	58.5%	50.0%	88.4%	ND	ND	0.0%	58.5%
Groton	64.5%	0.0%	87.9%	ND	ND	51.9%	64.5%
Harvard	64.2%	35.3%	79.7%	0.0%	ND	ND	64.2%
Lancaster	54.8%	17.0%	42.9%	100.0%	ND	48.9%	54.8%
Lunenburg	42.2%	81.1%	61.5%	ND	ND	67.4%	42.2%
Pepperell	43.9%	64.5%	48.3%	ND	ND	36.2%	43.9%
Shirley	36.5%	33.1%	74.2%	0.0%	ND	13.9%	36.5%
Stow	74.9%	92.2%	88.9%	ND	ND	81.4%	74.9%
Townsend	37.2%	59.6%	60.8%	ND	ND	11.9%	37.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 139: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY, 2023

	Hispanic or Latino
United States	19.9%
Massachusetts	23.3%
Ashburnham	9.3%
Ashby	75.8%
Ayer	7.1%
Berlin	78.4%
Bolton	78.2%
Boxborough	23.8%
Dunstable	65.3%
Groton	56.4%
Harvard	49.5%
Lancaster	6.0%
Lunenburg	56.3%
Pepperell	50.2%
Shirley	20.0%
Stow	59.1%
Townsend	22.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 140: CHILD CARE CENTERS, 2021

	Child Care Centers
United States	77,383
Massachusetts	2,107

Source: U.S. Census Bureau County Business Patterns 2021. https: //www.census.gov/programs-surveys/cbp.html

Social and Community Context

EXHIBIT 141: VEHICLE OWNERSHIP STATUS

	No Vehicles Available per Occupied Housing Unit	Owner Occupied Housing without Vehicles	Renter Occupied Housing without Vehicles
United States	8.3%	3.2%	17.9%
Massachusetts	11.8%	3.6%	25.6%
Ashburnham	1.6%	1.7%	0.0%
Ashby	0.0%	0.0%	0.0%
Ayer	4.1%	3.0%	6.8%
Berlin	2.2%	0.9%	7.5%
Bolton	0.6%	0.0%	10.8%
Boxborough	2.8%	0.0%	12.4%
Dunstable	0.0%	0.0%	0.0%
Groton	2.3%	1.0%	13.6%
Harvard	2.9%	0.0%	25.6%
Lancaster	4.1%	2.3%	12.9%
Lunenburg	4.2%	3.2%	8.5%
Pepperell	1.6%	0.0%	9.6%
Shirley	2.6%	2.1%	4.7%
Stow	2.2%	0.4%	12.7%
Townsend	2.7%	1.0%	11.6%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 142: PERCENT OF ADULTS WHO REPORT THEY LACK SOCIAL AND EMOTIONAL SUPPORT

	Lack of Social and Emotional Support Among Adults
United States	25.1%
Massachusetts	23.4%
Ashburnham	22.1%
Ashby	23.3%
Ayer	24.8%
Berlin	21.0%
Bolton	19.5%
Boxborough	20.4%
Dunstable	21.6%
Groton	19.6%
Harvard	19.6%
Lancaster	22.1%
Lunenburg	21.1%
Pepperell	22.1%
Shirley	24.1%
Stow	17.4%
Townsend	22.9%

Source: CDC BRFSS PLACES, 2022

EXHIBIT 143: PEOPLE AGE 65 AND OVER AND LIVE ALONE

	People Age 65 and Over Live Alone
United States	27.3%
Massachusetts	29.1%
Ashburnham	22.8%
Ashby	20.4%
Ayer	46.2%
Berlin	27.5%
Bolton	17.2%
Boxborough	26.8%
Dunstable	10.1%
Groton	26.0%
Harvard	21.9%
Lancaster	28.7%
Lunenburg	22.5%
Pepperell	26.1%
Shirley	21.4%
Stow	16.1%
Townsend	27.7%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 144: PERCENT OF DISCONNECTED YOUTH, 2023

	Disconnected Youth (Age 16 to 19 Not Enrolled in School and Not in Labor Force)
United States	6.8%
Massachusetts	4.9%
Ashburnham	9.0%
Ashby	0.0%
Ayer	3.3%
Berlin	0.0%
Bolton	0.4%
Boxborough	5.0%
Dunstable	0.0%
Groton	3.2%
Harvard	0.0%
Lancaster	2.3%
Lunenburg	0.0%
Pepperell	0.0%
Shirley	0.0%
Stow	4.4%
Townsend	2.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 145: 2024 STATE BALLOT VOTER PARTICIPATION RATES

City/Town	Registered Voters	Total Ballots Cast	% Turnout
Ashburnham	4,896	3,893	79.5%
Ashby	2,635	2,003	76.0%
Ayer	6,603	4,704	71.2%
Berlin	3,013	2,429	80.6%
Bolton	4,501	3,706	82.3%
Boxborough	4,199	3,192	76.0%
Dunstable	2,723	2,231	81.9%
Groton	9,217	7,324	79.5%
Harvard	4,799	4,054	84.5%
Lancaster	5,545	4,275	77.1%
Lunenburg	9,669	7,341	75.9%
Pepperell	9,599	7,376	76.8%
Shirley	4,751	3,704	78.0%
Massachusetts	5,142,343	3,512,930	68.3%
Stow	5,736	4,806	83.8%
Townsend	7,459	5,590	74.9%

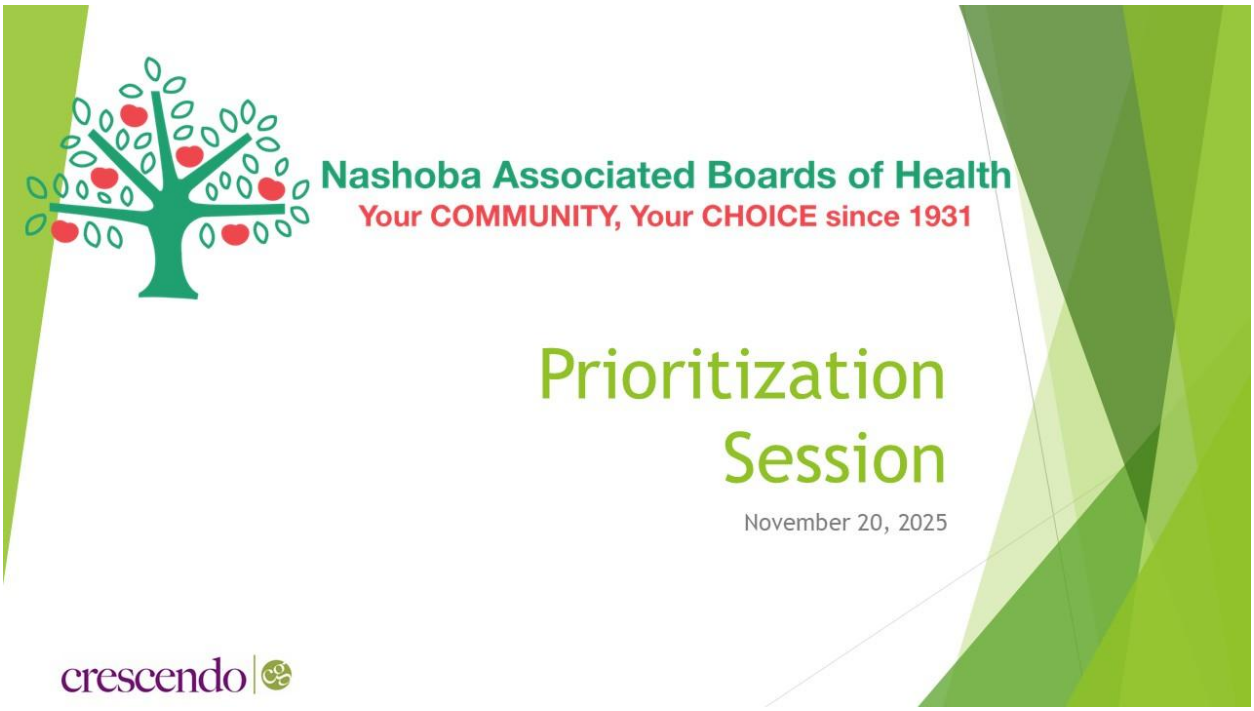
Source: Massachusetts Secretary of State Elections Division, Early and Maile Voting Statistics, 2024 https://www.sec.state.ma.us/divisions/elections/research-and-statistics/early-voting-statistics.htm

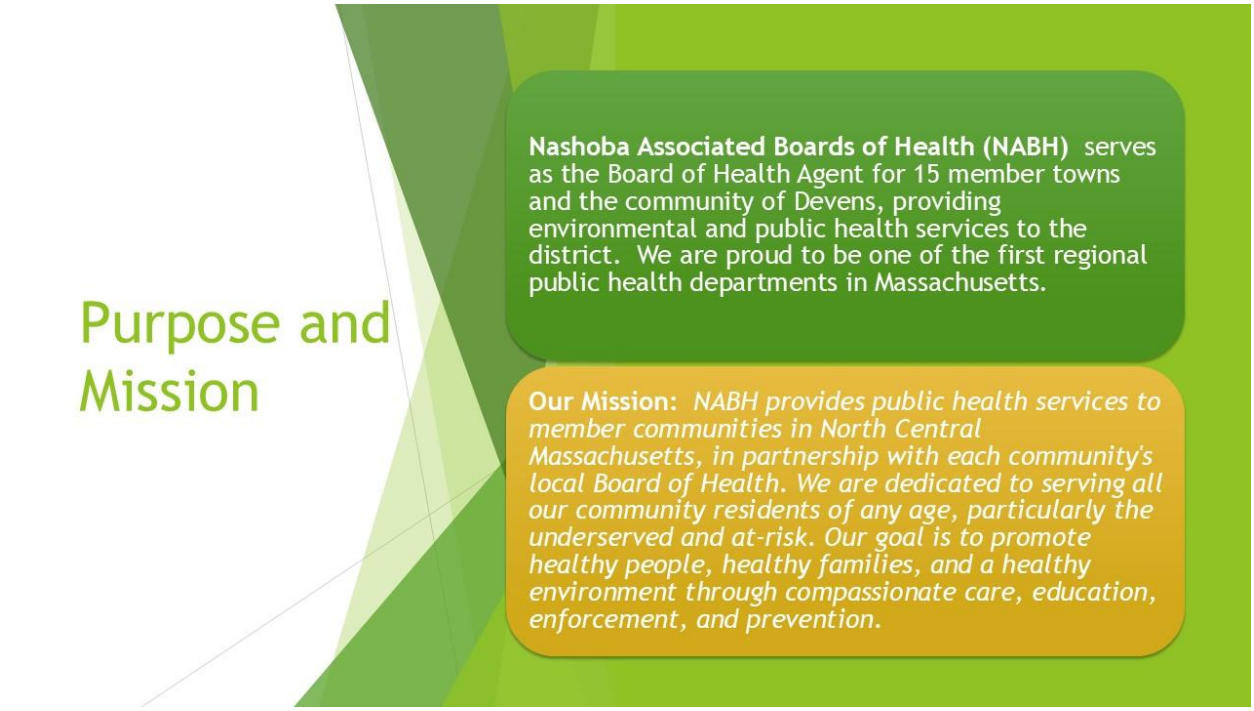
EXHIBIT 146: CRIME RATE PER 100,000 POPULATION

	2020	2024
Ashburnham	2049	1572
Ashby	2735	1232
Ayer	2234	2384
Berlin	1010	779
Bolton	4473	1800
Boxborough	1110	1224
Dunstable	1818	1337
Groton	1605	772
Harvard	1516	781
Lancaster	2500	2378
Lunenburg	3234	2261
Massachusetts	3661	3346
Pepperell	2939	2072
Shirley	1952	1607
Stow	1431	1169
Townsend	2638	2010

Source: Massachusetts Crime Statistics, Crime Overview 2023-2024

Appendix B: Needs Prioritization Presentation





Today's Agenda

- Welcome and introductions
- Background and methodology
- Key Findings Presentation
- Discussion about the data
- Prioritization Activity
- Review Preliminary Results

Housekeeping

- Log out and sign back in if we get Zoom bombed
- Step up / Step Back
- Ask Jenna for tech support
- Fathom AI recording for summary notes (NOT verbatim recording)

About the Presenter

Jo Morrissey, MPH
Director
Crescendo Consulting Group

What is a Community Health Needs Assessment?

- It is a systematic process involving the community to identify and analyze community health needs.
- The process provides a way for communities to identify and prioritize those needs
- Needs assessments are used to assist in allocating precious resources to where they are needed most.

SECONDARY DATA

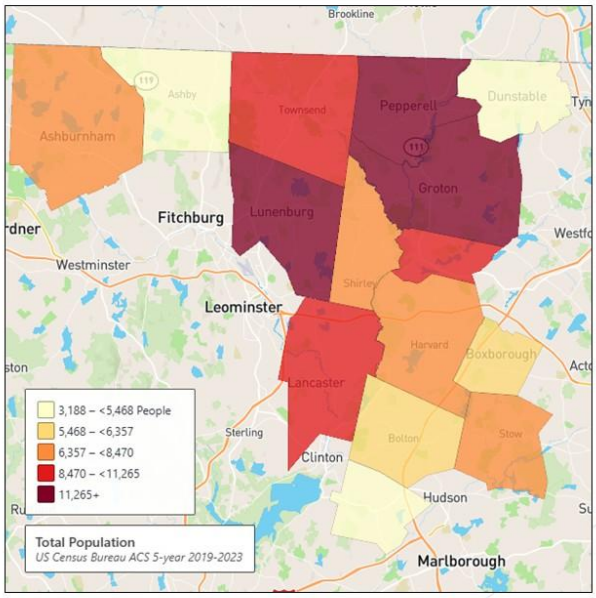
COMMUNITY ENGAGEMENT

NEEDS PRIORITIZATION

Methodology

Demographics

Total Population, 2023



Demographics

Median Age Percent Change, 2010-2023

	Median Age (2010)	Median Age (2023)	Percent Change (2010-2023)
Harvard	44.7	42.2	-5.6%
Bolton	42.5	41.2	-3.6%
Lunenburg	43.6	42.4	-2.8%
Groton	40.9	40.4	-1.2%
Dunstable	41.1	41.6	1.2%
Ayer	38.7	39.6	2.3%
Boxborough	41.1	42.8	4.1%
Ashburnham	39.5	41.3	4.6%
Pepperell	40.0	42.6	6.5%
Townsend	39.2	42.0	7.1%
Stow	41.1	44.8	9.0%
Berlin	46.0	50.4	9.6%
Lancaster	38.3	42.7	11.5%
Shirley	37.2	44.3	19.1%
Ashby	41.8	50.2	20.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Demographics

Languages Spoken at Home

	Spanish	Asian-Pacific Islander	Other Indo-European	Other
Ashburnham	0.7%	0.0%	1.7%	0.0%
Ashby	0.6%	0.1%	2.6%	0.8%
Ayer	4.8%	2.2%	2.4%	2.1%
Berlin	0.8%	1.5%	6.5%	0.0%
Bolton	1.2%	3.8%	4.5%	0.1%
Boxborough	1.4%	9.3%	9.9%	3.4%
Dunstable	1.2%	1.4%	4.6%	0.7%
Groton	1.8%	2.2%	5.8%	0.6%
Harvard	10.3%	2.7%	4.4%	0.3%
Lancaster	6.8%	0.3%	4.4%	0.6%
Lunenburg	3.6%	2.9%	3.8%	0.6%
Pepperell	1.8%	4.7%	2.9%	0.4%
Shirley	6.4%	1.5%	3.8%	0.2%
Stow	0.9%	4.7%	5.4%	0.2%
Townsend	1.2%	2.5%	3.1%	0.3%

The percentage of households where English is the only language spoken at home averages 89.4%, ranging from 76.0% in Boxborough to 95.9% in Ashby.

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Health Outcomes: Among Adults Across the Region

25.9%
(24.3% - 29.1%)
High Blood Pressure

25.0%
(20.1% - 33.0%)
Obesity

33.2%
(30.4% - 35.0%)
High Cholesterol

23.5%
(20.2% - 26.9%)
Depression

14.3%
(11.3% - 16.9%)
Poor Mental Health

Source: CDC BRFSS Places 2022

"The closest hospital that will take a kid is on the Cape."
- Key Informant

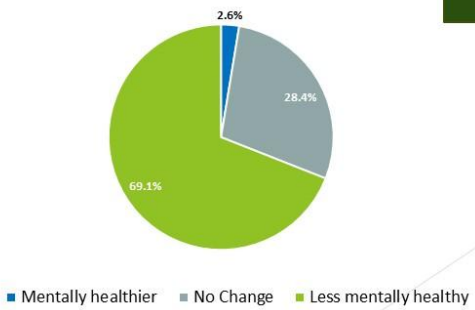
"If I could fund a free mental health clinic primarily for youth, that's what I would do. Youth are the future."
- Key Informant

Health Outcomes: Mental Health

13.9%
Fair or Poor Survey Responses: How would you rate your mental health?

14.0%
Fair or Poor Survey Responses: How would you rate your emotional and spiritual health?

Since the pandemic:

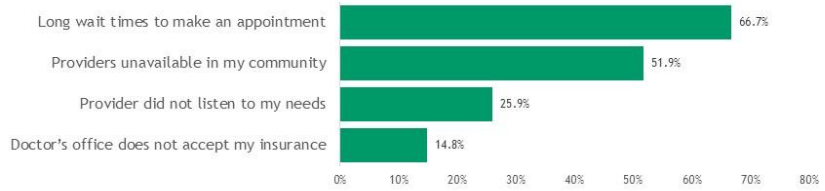


Source: NABH Community Survey Results

"Even before the hospital closed, maternal and pediatric care, mental health and behavioral health care were hard to find. "
- Key Informant

Healthcare Access and Quality

What prevented you from accessing healthcare when you needed it?



2.3%
(.10% - 5.9%)
People 19-64 with no Health Insurance

86.0%
(76.5% - 95.3%)
People with Private Health Insurance

"We see people photocopying, faxing docs to sign-up for things, send claims in - navigating bureaucracy and they're always exhausted by it."
- **Key Informant**

Sources: NABH Community Survey; U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Common Barriers to Accessing Healthcare

- Recent closure of trusted hospital
- Cost of care, medications, and co-pays
- Limited access to transportation
- Difficulty navigating complex healthcare and insurance systems

Healthcare Access and Quality

4
Number of towns without any registered providers

7,111:1 to 488:1
Range of provider ratios in remaining towns

.21%
(0.0% - 2.6%)
People 65+ with no Health Insurance

28.2%
(15.0% - 38.1%)
People with Public Health Insurance

"We see people photocopying, faxing docs to sign-up for things, send claims in - navigating bureaucracy and they're always exhausted by it."
- **Key Informant**

"I'd like to senior centers or libraries having more educational informational workshops for seniors. When I was choosing drug plan - I have a college degree - but the way they're written, it's incomprehensible. So I called a Shine counselor, and they knew less than me and couldn't recommend anything, so I ended up with a drug plan through AARP - I thought they'd have a decent plan, but I don't think it is. The plan pays nothing, I pay this much and I'm on a medication where I have to get the name brand, I can't take the generic and I have to pay for that out of pocket."
- **Key Informant**

Economic Stability

$145,486
($105,047 - $202,379)
Median Household Income, 2023

28.3%
(12.2% - 43.2%)
Severely cost burdened households

14.4%
(2.7% - 38.6%)
Single Parent Households

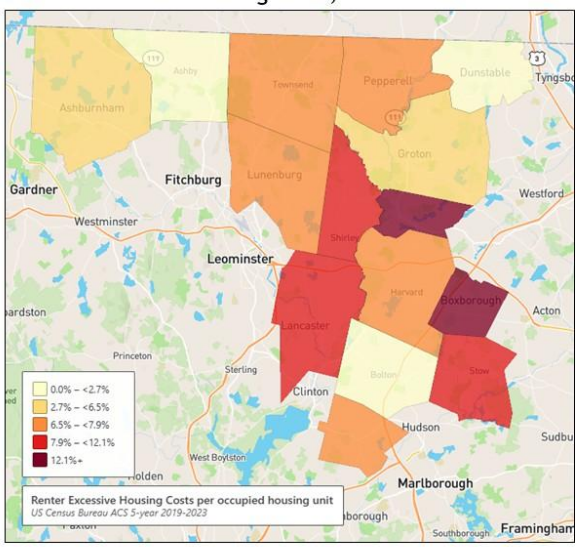
"Although more childcare is available, moms who want to stay in the workforce, people in poverty, etc. still have a huge need."
- **Key Informant**

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

	Median Household Income (2010)	Median Household Income (2023)	Percent Change (2010-2023)
Berlin	$97,201	$122,411	26.00%
Ashburnham	$87,120	$115,420	32.50%
Ashby	$82,677	$110,536	33.70%
Lunenburg	$81,694	$109,753	34.40%
Bolton	$141,712	$198,475	40.00%
Harvard	$142,193	$200,688	41.10%
Pepperell	$89,002	$126,976	42.60%
Lancaster	$90,976	$130,444	43.40%
Boxborough	$104,719	$151,000	44.20%
Townsend	$79,256	$120,238	51.70%
Stow	$113,625	$177,862	56.50%
Ayer	$63,677	$105,047	65.00%
Groton	$114,172	$189,180	65.60%
Shirley	$69,120	$121,875	76.30%
Dunstable	$111,495	$202,379	81.50%

Economic Stability

Renter Excessive Housing Costs, 2023

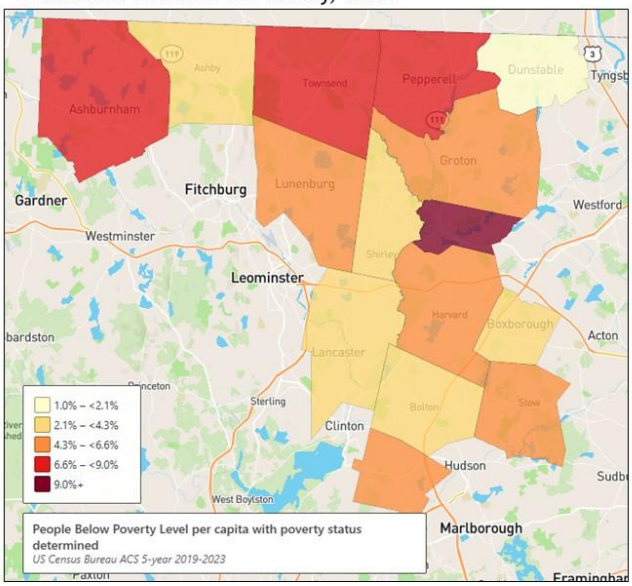


Households Below Poverty Level Percent Change (2010-2023)	
Shirley	-61.0%
Dunstable	-50.0%
Bolton	-46.9%
Ashby	-42.4%
Boxborough	-36.0%
Ashburnham	-22.5%
Ayer	-15.2%
Lancaster	-10.2%
Massachusetts	-4.6
Lunenburg	17.3%
Pepperell	34.0%
Groton	52.4%
Harvard	64.1%
Townsend	69.5%
Stow	168.0%
Berlin	675.0%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Economic Stability

Percent of Families in Poverty, 2023



"I think people are really struggling financially right now. For the folks that we see, they're people who were probably at risk through their whole life, but many of them also have held down good, working class, livable wage jobs, and are now really struggling because changes in healthcare, changes in benefits, just the cost of living, has risen so much in the last four to five years. The way that we're seeing that is people are coming in with, 'I'm going to be evicted,' or 'I have this thing, this health condition that I just can't manage.' We're seeing right sort of the symptoms of that increased cost of living."

- **Key Informant**

Source: U.S. Census Bureau American Community Survey 2019-2023 5-Year Estimates

Neighborhood and Built Environment

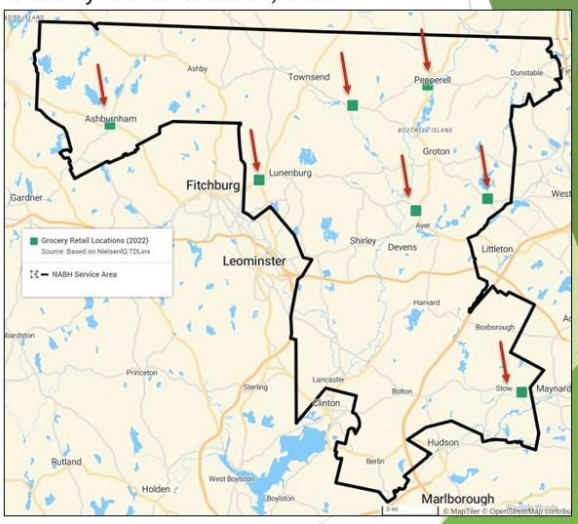
3.2%
(0.0% - 11.8%)
Households with no vehicle

7
Full-Service Grocery Stores

$2,070
($1,358 - $2,635)
Fair Market Rent - 2BR

33.3 minutes
(26.6- 39.3)
Mean travel time to work

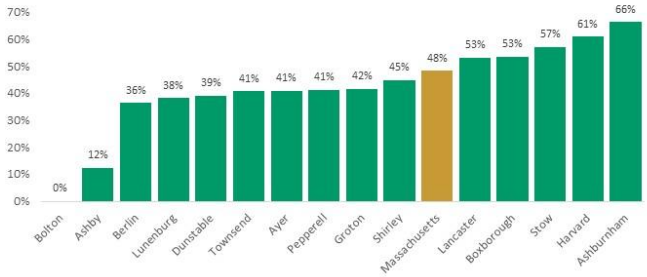
Grocery Retail Locations, 2022



Source: U.S. Census Bureau American Community Survey 2019-2023 5-Year Estimates

Neighborhood and Built Environment

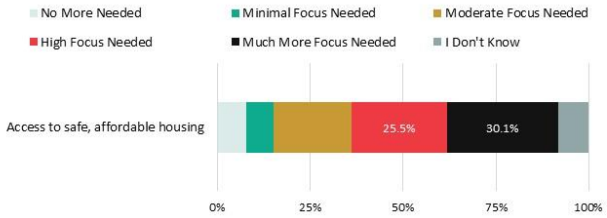
Renter Excessive Housing Costs



"Getting on a housing list is near impossible and years long so they end up having to move further out, which increases lack of transportation if moving outside of Berlin and further west. Further west you have deserts, food sources, primary care providers, emergency services, etc."

- **Key Informant**

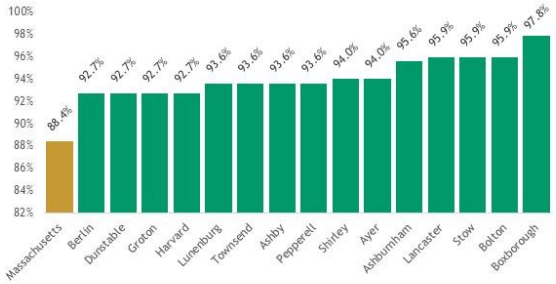
Survey Respondents who answered more focus is needed on housing



Sources: HUD Comprehensive Housing Affordability Strategy, 2017-2021, NABH Community Survey

Educational Access and Quality

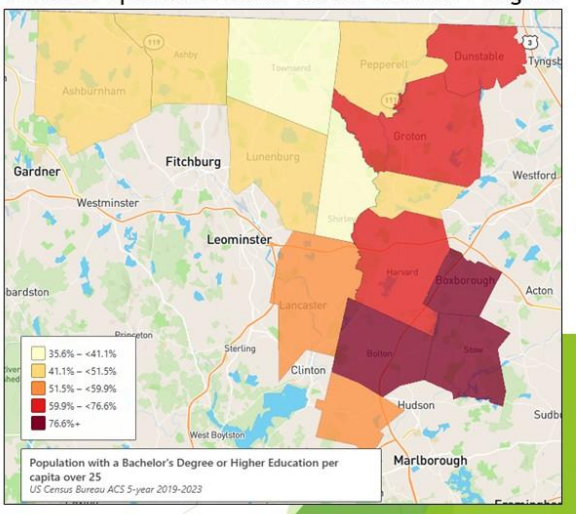
High School Graduation Rates by School District



"And I mean the whole system, from healthcare to, you know, education, you have overworked teachers, and they're underpaid, and you're asking more of them, and more kids are on [individualized education plans] [...] Those kids need every support we can give them."

- **Key Informant**

Percent Population with at least a Bachelor's Degree

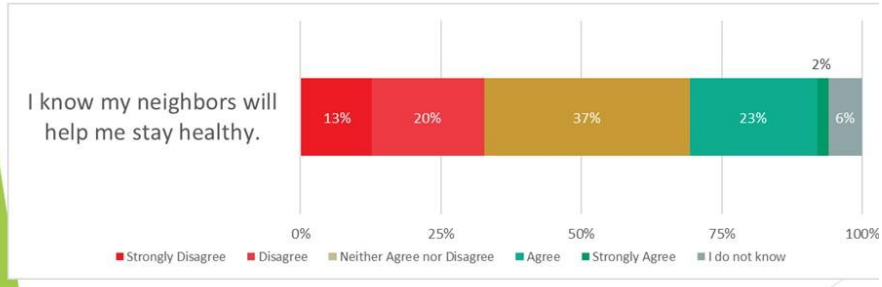


Social and Community Context

78.5%
(71.2% - 84.5%)
2024 State Ballot
Voter Participation

1.9%
(0.0% - 9.0%)
Disconnected youth

Survey Respondents' Perceptions of Community Connectedness



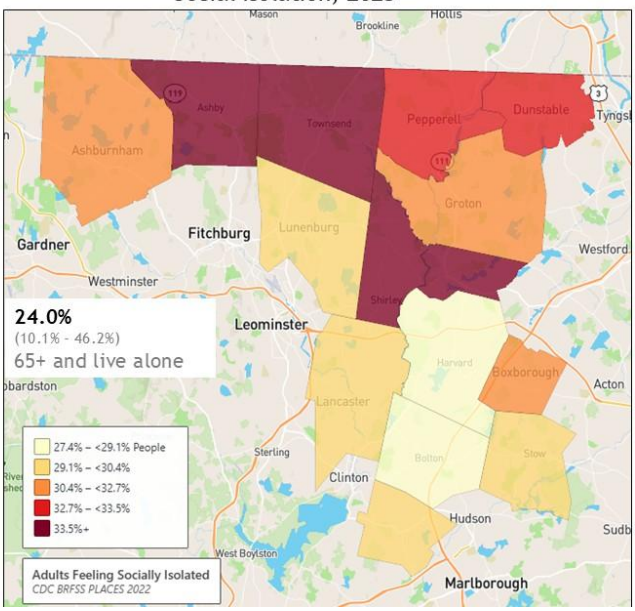
Social & Community Context Qualitative Themes

- Tight-knit community with strong social ties
- Political climate leading to stress and financial concerns
- Fractured patient-provider trust

Source: Massachusetts Secretary of State Elections Division, Early and Maile Voting Statistics, 2024 https://www.sec.state.ma.us/divisions/elections/research-and-statistics/early-voting-statistics.htm; U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates; qualitative research

Social and Community Context

Social Isolation, 2023



"Isolation is so big here for seniors, almost as high as depression. And it's detrimental to their health. Seniors are set in their ways and don't want change. It's a difficult pivot from COVID to get people out of their homes."
- **Key Informant**

Source: CDC Places, 2022

2025 Community Needs

SDoH Category	Priority Area
Demographics	Aging population: long-term care; aging in place
	Lack of population growth; younger families
Health Outcomes	Chronic disease: High blood pressure, cholesterol, obesity
	Youth mental health
Access to Quality Healthcare	Complexity of insurance
	Lack of conveniently located providers
	Stress on emergency room and trauma services
	Worsening healthcare system (overstressed)
Economic Stability	Cost-burdened households
	Affordable childcare
Education Access and Quality	Access to quality education for youth
Social and Community Context	Isolation and loneliness, especially among older adults
	Lack of social cohesion in more rural towns
	Negative impact from the current political climate

Discussion #1:

What surprises you about the data?

What factors might explain the patterns we're seeing?

Do the findings align with your knowledge of your community?

Discussion #2: Severity, Magnitude, and Feasibility…

What is the magnitude (size) and severity of the need?

What are the potential outcomes if we don't address these needs?

What are some of the potential barriers to addressing the need in the community?

Preliminary Results

Youth mental health	8.9
Isolation and loneliness, especially among older adults	9.3
Aging population: long-term care; aging in place	9.4
Chronic disease: High blood pressure, cholesterol, obesity	9.8
Stress on emergency room and trauma services	9.9
Affordable childcare	10.1
Cost-burdened households	10.6
Worsening healthcare system (overstressed)	11.3
Lack of conveniently located providers	11.8
Complexity of insurance	11.9
Lack of social cohesion in more rural towns	12.4
Access to quality education for youth	12.5
Negative impact from the current political climate	13.1
Lack of population growth; younger families	13.9

NEXT STEPS

Nashoba Health Equity Partnership Launch
Thursday, December 4
3:30-5:30
Ayer Library Reading Room
26 East main Street
Ayer, MA

Thank you!

Jo Morrissey, MPH
Director
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Jenna Montgomery, LICSW
Public Health Educator/Communications Specialist
Nashoba Associated Boards of Health
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Appendix C: Interview Guide

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind?
3. What does a "healthy" community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why?
6. What health-related resources are available or working well in your community?

Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why?
8. What behavioral-health resources are available or working well in your community? [PROBE LIST: Treatment (IP & OP), Crisis, Recovery]
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomics? What populations are especially vulnerable and/or underserved in your community?
11. What barriers to services and resources exist, if any?
12. Do community health care providers care for patients in a culturally sensitive manner?

Social Determinants, Neighborhood & Physical Environment

13. From your perspective what are the top three non-health-related needs in your community and why?

Enhancing Outreach & Disseminating Information

14. How do individuals generally learn about access to and availability of services in your area?
15. To what degree is health literacy in the community an advantage or challenge?
16. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

17. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Appendix D: Community Survey

Which language would you prefer:

- Spanish
- Portuguese
- Haitian-Creole

Thank you for taking the time to complete this survey. Your responses will help the Nashoba Associated Boards of Health's ability to detect and respond to emerging public health threats, including infectious diseases, and will provide critical insight into the lasting impacts of the COVID-19 pandemic in our community. Your thoughts will help us learn about the community's health needs, ways to seek services (both challenges and opportunities), and any issues you face in seeking health options so that we can better meet the needs of you and the community.

The survey will take 7-10 minutes to complete. If you would like the chance to be entered into a random drawing for a chance to win one of two (2) $50 Visa gift cards, please complete the survey, including the last question that asks for your contact information. Your survey responses and contact information are kept separate and confidential and will not be used for marketing purposes. If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group, by emailing jmorrissey@crescendocg.com.

1. In what town/region do you live? (choose 1)

☐ Ashburnham
☐ Ashby
☐ Ayer
☐ Berlin,
☐ Bolton
☐ Boxborough
☐ Devens area
☐ Dunstable
☐
☐ Groton
☐ Harvard
☐ Lancaster
☐ Lunenburg
☐ Pepperell
☐ Shirley
☐ Stow
☐ Townsend

Access to Health Care

2. Do you have a family doctor or a place where you go for routine care?
   - ☐ Yes, family doctor, family health center, or clinic.
   - ☐ Yes, walk-in urgent care.
   - ☐ Yes, emergency room.
   - ☐ No
   - ☐ Other (please specify):

_____

3. In the past year, did you receive a vaccination (shot) to protect against COVID-19 infection?
   - ☐ Yes
   - ☐ No
4. In the **past year,** have there been one or more occasions when you needed medical care but could **NOT** get it?
   - ☐ Yes
   - ☐ No (skip to Q6)
5. What kept you from accessing health care services when you needed them? (Check all that apply)
   - ☐ No health insurance
   - ☐ No money / inability to pay.
   - ☐ Doctor's office does not accept my insurance.
   - ☐ Long wait times to make an appointment
   - ☐ Providers unavailable in my community
   - ☐ No way to get to that service (lack of transportation whether car, bus, etc.)
   - ☐ Do not trust providers or staff.
   - ☐ Provider did not listen to my needs.
   - ☐ Providers or staff do not understand my culture.
   - ☐ Providers or staff did not speak my language.
   - ☐ Concern about the impact on my immigration status
   - ☐ Providers or staff are not knowledgeable about people with my sexual orientation or gender identification.
   - ☐ My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)
   - ☐ Other (please specify): _____
6. In the **past year,** has there been one or more occasions when you needed mental health or substance use services (such as alcohol, opioids, and other legal or illicit drugs) but could **NOT** access it?
   - ☐ Yes
   - ☐ No (skip to Q8)
7. What prevented you from accessing mental health or substance use services when you needed it? (Check all that apply)
   - ☐ No health insurance
   - ☐ No money / inability to pay.
   - ☐ Doctor's office does not accept my insurance.
   - ☐ Long wait times to make an appointment
   - ☐ Providers unavailable in my community

- ☐ No way to get to that service (Lack of transportation whether car, bus, etc.)
- ☐ Do not trust providers or staff.
- ☐ Provider did not listen to my needs.
- ☐ Providers or staff do not understand my culture.
- ☐ Providers or staff did not speak my language.
- ☐ Concern about the impact on my immigration status
- ☐ Providers or staff are not knowledgeable about people with my sexual orientation or gender identification.
- ☐ My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)
- ☐ Other (please specify): _____

Community Health Needs

A healthy community can include a variety of things to keep the people who live in it healthy such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next set of questions asks you about your opinions on programs and resources in your community.

8. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these community health issues needs focus in your community?

Social Drivers	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Transportation services to get to medical appointments or the hospital						
Public transportation in general						
Access to affordable, nutritious food						

NABH 2025 Community Health Needs Assessment

Social Drivers	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Affordable, quality childcare						
Access to quality education for youth						
Access to safe, affordable housing						
Finding housing first for individuals who have several service needs (such as behavioral health treatment, job training, etc.)						
Access to clean, public places to play and exercise where all people feel safe and welcome						
Activities for youth (such as a public pool, roller skating rink, bowling alley, etc.)						
Opportunities for physical fitness						
Activities for adults (such as a concerts, festivals, book clubs, etc.)						
Social services (shelter, outreach, etc.) for people experiencing homelessness						
Access to quality education and job training for adults						

NABH 2025 Community Health Needs Assessment

Social Drivers	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Livable wage job opportunities						

Health Program Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Chronic disease case management						
Programs for diabetes prevention, awareness, and care						
Programs for heart or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs for smoking cessation (including vaping)						
Programs to help supply and protect environmental resources (such as access to clean air and water)						

NABH 2025 Community Health Needs Assessment

Health Program Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Crisis or emergency care programs for mental health issues						
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Coordination of patient care between health service providers						
Affordable prescription medications						
Specialist services (such as endocrinologists, pediatricians, rheumatologists, etc.)						
Healthcare services for people experiencing homelessness or who do not have permanent shelter						
COVID-19 awareness and prevention						
Immunization programs						

NABH 2025 Community Health Needs Assessment

Health Program Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) education and screening						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) treatment services						
Dental care						

Older Adults (55+)	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Healthcare services for older adults (55+)						
Affordable housing for older adults						
Different choices of long-term care apart from nursing facilities for older adults						
Services for people living with dementia or memory needs						
Day programs for older adults						

NABH 2025 Community Health Needs Assessment

Behavioral and Mental Health	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Case management for those living with behavioral health conditions						
Drug and other substance use (such as alcohol, opioids, and legal or illicit drugs) education and prevention						
Drug and other substance use (such as alcohol, opioids, and legal or illicit drugs) treatment services						
Programs to help drug and other substance use (such as alcohol, opioids, and legal or illicit drugs) disorder patients in recovery stay healthy						
Counseling services for adults for mental health conditions such as depression, anxiety, and others						
Counseling services for youth/children for mental health conditions such as depression, anxiety, and others						
Inpatient mental health beds						

NABH 2025 Community Health Needs Assessment

Behavioral and Mental Health	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Support services for people with developmental disabilities						

Maternal, Child and Family Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Women's health services, such as mammography, pap smears, etc.						
Care before, during, and after pregnancy						
Breastfeeding education and support						
Education on the need for newborn screenings, follow-ups, immunizations and other childhood health promotion and prevention resources						
Reproductive health services, including screenings and birth control						
Parenting classes for new parents						

9. Are there **maternal, child, and family services** you feel are missing in your community? If so, please describe:
10. When thinking about the level of **public health and healthcare services** that exist today compared to pre-COVID-19 pandemic levels, do you feel public health and healthcare services are:
    - ☐ Better (skip to Q12)
    - ☐ No Change (skip to Q12)
    - ☐ Worse
11. In what way do you feel the level of **public health and healthcare services** that exist today is worse compared to pre-COVID-19 pandemic levels?
12. When thinking about the **overall physical health of your community** that exists today compared to pre-COVID-19 pandemic levels, do you feel people are:
    - ☐ Healthier (skip to Q14)
    - ☐ No Change (skip to Q14)
    - ☐ Less healthy
13. In what way do you feel the **overall physical health of your community** today is worse compared to pre-COVID-19 pandemic levels?
14. When thinking about the **overall mental health of your community** that exists today compared to pre-COVID-19 pandemic levels, do you feel people are:
    - ☐ Mentally healthier (skip to Q11)
    - ☐ No Change (skip to Q11)
    - ☐ Less mentally healthy
15. In what way do you feel the **overall mental health of your community** today is worse compared to pre-COVID-19 pandemic levels?

16. Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

Community Cohesion	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	I do not know
My community works together to improve our health outcomes.						
My community has the resources to improve our health outcomes.						
I know my neighbors will help me stay healthy.						
I strive to contribute to the health of my community.						
Everyone in my community has access to care and services according to their needs.						

Social Connectedness

This section will help us understand social connectedness or the feeling that you belong to a group and generally feel close to other people.

17. People sometimes look to others for companionship, friendship, assistance, or other types of support. How often is each of the following types of support available to you if you need it?

Social Support	None of the time	A little of the time	Some of the time	Most of the time	All the time
Someone you can count on to listen to you when you need to talk about yourself, your problems, or hear suggestions about how to manage personal problems					
Someone who will help me when I have a complicated piece of mail, or a question about housing, or just something going on in my personal life that I need to discuss.					
Someone to help take care of you if you were sick					
Someone to take you to the doctor if you need it					
Someone to help with daily chores if you were sick					
Someone who shares an emotional connection with you					
Someone to get together with for relaxation					
Someone to do something fun with					

Health Status

18. How would you rate your physical health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

19. How would you rate your mental health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

20. How would you rate your emotional and spiritual health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor
21. Have you or someone you know contracted COVID-19 within the last year?
    - ☐ Yes
    - ☐ No
22. If you had a magic wand, what is the one thing you would change about your community and why?

A little bit about you

23. To which gender identity do you most identify?
    - ☐ Man/Male
    - ☐ Woman/Female
    - ☐ Transgender Woman/Female
    - ☐ Transgender Man/Male
    - ☐ Two-Sprit
    - ☐ Genderqueer
    - ☐ Non-Binary
    - ☐ Agender
    - ☐ Questioning/Unsure
    - ☐ Use another term (please specify): _____
    - ☐ Don't understand the question.
    - ☐ I prefer not to answer.

24. What is your race and/or ethnicity? [Check all that apply]
    - ☐ White or Caucasian
    - ☐ Black or African American
    - ☐ Middle Eastern or North Africa
    - ☐ Asian
    - ☐ Native American or Alaska Native
    - ☐ Native Hawaiian or other Pacific Islander
    - ☐ Hispanic, Latino, or other Spanish origin
    - ☐ Another race/ethnicity (please specify): _____
    - ☐ I prefer not to answer.

25. Which of the following ranges best describes your total annual household income in the past year?
    - ☐ None
    - ☐ Under $15,000
    - ☐ $15,000 – $24,999
    - ☐ $25,000 - $34,999
    - ☐ $35,000 – $44,999
    - ☐ $45,000 - $54,999
    - ☐ $55,000 - $64,999
    - ☐ $65,000 - $74,999
    - ☐ $75,000 - $99,999
    - ☐ $100,000 and above
    - ☐ Unknown
    - ☐ I prefer not to answer

26. What is your age?

- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ More than 75 years old
- ☐ I prefer not to answer

27. Do you have any of the following disabilities / abilities? (Check all that apply)

- ☐ Sensory impairment (vision or hearing)
- ☐ A learning disability (such as dyslexia)
- ☐ An intellectual or developmental impairment (such as ADHD)
- ☐ A mobility impairment
- ☐ A mental health disorder
- ☐ A long-term medical illness (such as epilepsy, cystic fibrosis)
- ☐ A temporary impairment due to illness or injury (such as broken ankle, surgery)
- ☐ A disability or impairment not listed.
- ☐ I do not identify with a disability or impairment.
- ☐ I prefer not to answer.

28. What is the highest degree or level of school you have completed? (If you are currently enrolled in school, please indicate the highest degree you have received.

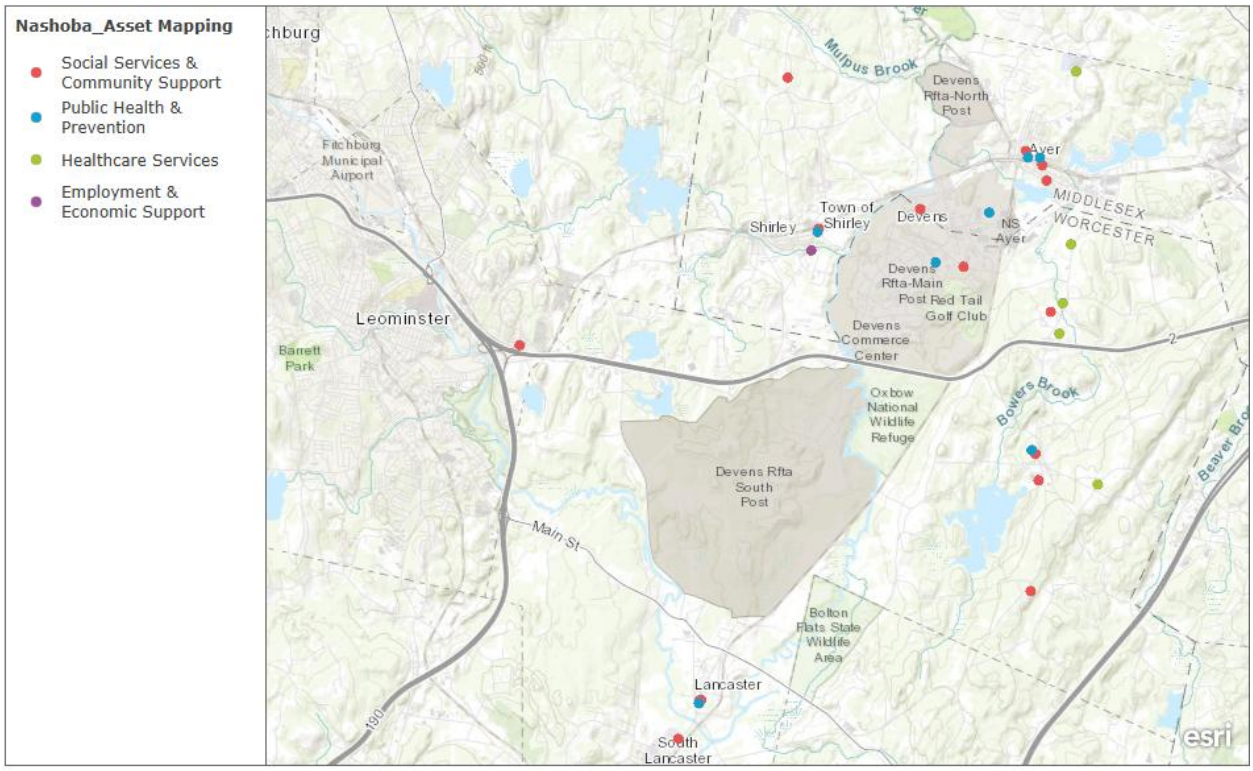
- ☐ Less than a high school diploma
- ☐ High school degree or equivalent (such as GED/HiSET)
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional or doctorate (such as MD, DDS, DVM, PhD)
- ☐ I prefer not to answer

Appendix E: Community Resources

Exhibit 147 is a static image of the public health resources available in the NABH service area.

To review the interactive map online, click this link: https: //arcg.is/1vX1Ti1.

EXHIBIT 147: NASHOBA ASSOCIATED BOARDS OF HEALTH AREA RESOURCES



To access a full list of resources by topic please visit the Nashoba Associated Boards of Health website at https: //www.nashoba.org/.