

2017

Community Needs Assessment



Presented by Community Teamwork



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Executive Summary

Established in 1965, Community Teamwork is a private non-profit 501-C3 Community Action Agency (CAA) serving the City of Lowell and the seven surrounding towns of Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsboro, and Westford. Community Teamwork also serves as a Community Development Corporation and as the Regional Housing Agency for the Merrimack Valley and the rest of Northeastern Massachusetts, including 61 cities and towns along the North Shore and Cape Ann.

Our roots are steeped in the war on poverty and our mission is much the same as it was more than 50 years ago. We serve as a catalyst for social change. ***We strengthen communities and reduce poverty by delivering vital services and collaborating with key stakeholders to create housing, education and economic opportunities.***

Community Teamwork conducts a comprehensive community needs assessment every three years to gain input directly from the community at-large regarding the most pressing unmet needs and to identify the most underserved populations in our community. Engaging the community is critically important to the work of the agency in assisting us to gain a sense of what the general public thinks about the most striking unmet needs in our community and to develop a plan to help address those needs. It is the community needs assessment that serves as the foundation of Community Teamwork's three-year strategic plan.

In this assessment, the top five priorities identified by community members include Housing and Homelessness as the number one unmet need, followed by Substance Abuse, Jobs, Mental Health and Transportation and Food/Nutrition. These areas, along with Childcare, which was identified as one of the top three individual needs, and Advocacy/Policy Change will be the focus of the agency's efforts over the next three years.

Our plan is to work together with our community partners, our funding sources, our local government and state delegation to continue to seek solutions to address the needs of the communities in which we live and work. We cannot do this work alone and we rely on collaborations and partnerships with many community organizations to ensure that those we serve have access to all the services they need in an integrated and coordinated manner.

We are grateful to our many partners including those in government, education, other non-profits, businesses, and faith-based organizations throughout the Greater Lowell community and across the Merrimack Valley.

Overview of Process

In early August 2016, Community Teamwork began its Planning to Plan phase for the development of its 2018 – 2020 Community Assessment Report and Strategic Plan. An overview of the Planning Process was presented at the Executive Management Retreat held on August 4, 2016. Subsequent meetings were held to establish and finalize members of a Strategic Planning Committee. The structure of our Committees included the following:

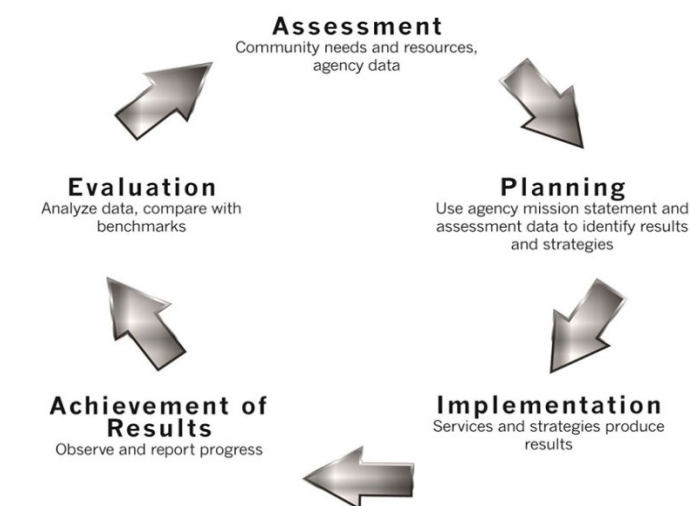
- Steering Committee – Consists of seven members of the agency's Executive Management Team, the Chair of the Strategic Planning Committee and the Planning Office Staff. Since September 2016, the Steering Committee met consistently every month.
- Strategic Planning Committee – Consists of the Steering Committee as well as members of the agency's Board of Directors, agency staff from across all divisions and former clients served by agency programs. This Committee met quarterly in the months of September, December, April and June.

- Sub-Committees: Consists of various members from the Strategic Planning Committee designed to oversee the following four components of the planning process: The Community Needs Assessment, the Internal Needs Assessment, the Focus Groups and the Data Compilation and Analysis Sub-Committees. The Community and Internal Needs Assessment Sub-Committees and the Focus Group Sub-Committees met every two weeks from November through February while the Data Compilation and Analysis Sub-Committee met in February and March. Appreciation and gratitude is extended to the following members of the full Strategic Planning Committee:

1. Lee Ackerson – Committee Chair; CTI Board of Directors; UMass Lowell
2. Karen Frederick – Chief Executive Officer
3. Peggy Shepard – Planning & Communications Director
4. Connie Barker – Planning & Program Development Manager
5. Dennis Piendak – CTI Board of Directors
6. Bill Lipchitz – Director of Real Estate Operations
7. Michael Collins – Chief Program Officer
8. Mayra Gomez – Client Assessment Specialist - Resource Center
9. Sandra Sanchez – Housing Consumer Education Center Counselor
10. Denise Hough – Director of Rental Assistance
11. Solange Acevedo – Assistant Director of Domestic Violence Programs
12. Paula Dill – Lead Case Manager
13. Sofia Stavraki – Rental Assistance Special Program Representative
14. Carl Howell – Division Director for Housing & Homeless Services
15. Gina Ferrante – Director of Contracts and Budgets
16. Penny Judd – Chief Financial Officer
17. Wendy Rubio – Human Resources Generalist
18. Lisa Wholey – Human Resources Director
19. Sam Rous – Information Systems Specialist
20. Meghan Seimbor – Director of Early Learning Program
21. Fred Braun – Assistant Director of School Age Program
22. Connie Martin – Division Director for Energy & Community Resources
23. Jocelyn (Josie) LeBron – Early Learning Center Director
24. Laura Hodgson – Head Start Policy Council; CTI Board of Directors
25. Rafael Santana – Former Client/YouthBuild Construction Trainer
26. Samuel Alemayheu – Former Client /Merrimack Valley Small Business Center
27. Ani Vong – Former Client /Merrimack Valley Small Business Center
28. Gold Emeh – UMass Lowell Intern
29. Amaris Torres – UMass Lowell Intern

The Methodology section will go into greater detail about the various information-gathering methods used in this process. However, the general process of Strategic Planning involves phases of work as depicted below within the Results Oriented Management and Accountability (ROMA) Cycle. ROMA is an outcome-based management tool used to help agencies continuously monitor and evaluate progress on goals. It begins with Assessment > Planning > Implementation > Achievement of Results > and Evaluation.

The Results Oriented Management and Accountability Cycle



Having just completed the Assessment process, over the next several weeks we will begin to move into the Planning phase where we will identify our three-year goals and strategies for achieving our desired outcomes and then follow the ROMA cycle throughout the processes of implementation, achievement of results, and evaluation.

Methodology

Community Teamwork makes a great effort to go directly to residents, clients, partners, staff and its Board of Directors to engage them in the planning process, enlist their help in identifying the needs of the community we serve, and to explore ways in which Community Teamwork can best meet those needs. Throughout this process, Community Teamwork engaged the community in a number of ways to listen and participate in conversations focused on the needs across the region.

Overview of methodologies:

Community Teamwork launched our 2018-2020 Strategic Planning with the convening of our full Strategic Planning Committee in September of 2016. The members of the Strategic Planning Committee represented a broad cross-section of the CTI community including former clients, members of the executive management team, front line staff, administrative staff, board members and a member of our Head Start Policy Council. The committee was chaired by CTI Board member Dr. Lee Ackerson with support from Peggy Shepard, CTI's Director of Planning and Communications, and Connie Barker, Planning and Program Development Manager. As a professor of Public Health at UMASS-Lowell, Lee Ackerson brought invaluable knowledge and experience to the data collection and analysis process. Professor Ackerson also trained 50 of his students to conduct Key Informant interviews for the needs assessment.

At the September meeting, committee members volunteered to serve on four sub-committees designed to oversee the following components of the planning process: The Community Needs Assessment, the Internal Needs Assessment, the Focus Groups and the Data Compilation and Analysis Sub-Committees. The data collection tools utilized throughout the data collection phase included community surveys, client surveys, staff surveys, board surveys, focus groups, key informant interviews and a SWOT analysis conducted by the committee to identify the Strength, Weaknesses, Opportunities and Threats that they see in the region.

Throughout the data collection process, we benefitted from both community partners and colleagues who helped us either distribute community surveys or set up focus groups. We wish to extend our thanks to the following people:

- Dave Ouellette – Chairman, Acre Coalition to Improve our Neighborhood
- Sovanna Pouy – Executive Director, Cambodian Mutual Assistance Association
- Gordon Halm – Executive Director, African Community Center of Lowell
- Eric Lamarche – Director, Veterans’ Services, The City of Lowell
- Nancy McGuire – Head Clerk, Veterans’ Services, The City of Lowell
- George Procope – President, Centralville Neighborhood Action Group
- John Cave – YouthBuild, Community Teamwork
- Sergio Espinoza – Facilities Department, Community Teamwork
- Meg Gaffney – The Resource Center, Community Teamwork
- Meghan Siembor – Early Learning, Community Teamwork

In addition to the community surveys and focus groups, twenty-two key informants from the community were interviewed to learn their views of the top needs in Greater Lowell and the most effective means of reducing poverty. The key informants represented seven different sectors including Community Based Organizations, Faith Based Organizations, the Private Sector, the Public Sector, Labor, Health and Educational Institutions. We wish to thank Lee Ackerson, Associate Professor of Public Health at UMass Lowell and his students who conducted the interviews, and the following people for generously providing their time and insights. Their perceptions have greatly strengthened our understanding of emerging and existing needs in our community.

- Amy Pessia, Executive Director of the Merrimack Valley Food Bank
- Professor Craig Slatin, University of Massachusetts - Lowell
- Danielle McFadden, President/CEO of the Greater Lowell Chamber of Commerce
- Deb Chausse, Executive Director of House of Hope
- Debra Siriani, Director of Human Services, Chelmsford Senior Center
- Donna Houston, Outreach/Social Services Director, Dracut Council on Aging
- Eric Lamarche, Director, Veterans’ Services, the City of Lowell
- Gordon Halm, Executive Director, African Community Center of Lowell
- Germaine Vigeant-Trudel, Assistant Director, Lowell Development and Financial Corporation
- Jay Lang, Superintendent of Schools, Chelmsford Public Schools
- Jay Linnehan, Executive Director, Greater Lowell Community Foundation
- Jeff Saba, Vice President, The Megan House Foundation
- Jim Cook, Executive Director, The Lowell Plan
- John Parker, Board Member, St. Vincent de Paul, Westford
- Lindsay Marino, Manager of Community Health Programs, Lowell General Hospital

- Margo Ferrick, Director of Alternative Education, Lowell Public Schools
- Marty Conway, Greater Lowell Central Labor Council
- Michelle Ramalho, Director, Lowell Senior Center
- Nokuthula Sibanda, PhD, Director YouthBuild, CTI
- Professor Robert Forrant, University of Massachusetts - Lowell
- Sheila Och, Chief of Community Health and Policy, Lowell Community Health Center
- Steven Joncas, Joncas Associates

As part of our quantitative analysis, the secondary data to help support our primary data was used from a number of sources. One of the primary sources of secondary data was from the American Community Survey (ACS). We want to recognize and point out the difference between decennial Census data and the ACS in that the Census collects data once every ten years and the ACS are collected each month and provide estimates of a subset of a community. Although more accurate numbers may be available through the Census, as it includes every individual in the community, the ACS data provides a more recent sampling of estimated community data. The ACS also provides information on household income which is not included as part of the 2010 Census.

Community Surveys:

The Community Needs Assessment sub-committee developed a survey instrument to be distributed throughout communities served by Community Teamwork. The purpose of the survey was to learn from residents what they saw as the top needs, the causes and conditions of poverty, and what Community Teamwork can do to help low-income people move toward self-sufficiency. The community survey was at the heart of our assessment process and a primary tool to hear from community members.

In order to achieve maximum feasible participation, our primary goal throughout the assessment was to hear directly from low-income community members, from as many different perspectives as possible. Surveys were translated into three of the major languages spoken in our catchment area including Khmer, Spanish and Portuguese. Electronic versions of the survey in English, Spanish and Portuguese were made available on our website and we posted the survey on the Facebook pages of neighborhood associations in Lowell including the Acre Coalition to Improve Our Neighborhood, (ACTION), and the Centralville Neighborhood Action Group, (CNAG). Additionally, the surveys were distributed to public places including churches, the Lowell Housing Authority, Methuen Housing Authority, Councils on Aging, and other community based organizations including the Cambodian Mutual Assistance Association, Massachusetts Alliance for Portuguese Speakers, Food Pantries and Homeless Shelters. Partners at the City of Lowell's Veterans Services Department, Lowell Transitional Living Center, ACTION and CNAG also helped us distribute paper copies of the surveys. In early March, Peggy Shepard went on 980 WCAP, a local radio show, to promote the surveys to the Merrimack Valley communities. Community members who completed the paper version of the survey were provided the opportunity to enter a raffle for a \$100 gift card to Market Basket.

In total, 282 surveys were completed and returned. Thirty-one (31) of these surveys were from the Cambodian community, the Brazilian community and the Latino community respectively. We wish to thank all of the respondents for completing our survey. Their insights are at the core of our understanding of emerging and existing needs in our community and will guide us in determining how we can most effectively make an impact on reducing poverty.

Focus Groups:

Central to our qualitative data collection process were the six focus groups we held between February and March of 2017. The focus group results provided us with rich data and told the “story” of what we were learning from our surveys and secondary data. Peggy Shepard and Connie Barker conducted six focus groups representing a broad cross-section of the community including the Cambodian Mutual Assistance Association, the African Community Center, YouthBuild, CNAG, a group of veterans at the City of Lowell’s Veteran’s Services Department and CTI’s Head Start Policy Council. Once again, one of our priorities was to hear from low-income people and we ensured that our focus groups represented a broad array of voices. We asked participants what they saw as the top needs in their community, the causes and conditions of poverty, and their feedback as to what Community Teamwork can do to help low-income people toward economic self-sufficiency. A total of 71 community members participated in the focus groups.

Key Informant Interviews:

Strategic Planning Committee Chair Lee Ackerson trained 50 of his Public Health students to conduct Key Informant interviews which they performed as part of their course work. Community Teamwork recruited twenty-two leaders from across sectors in our service area representing Community Based organizations, Faith Based organizations, and the private sector, public sector, labor, health and educational institutions. The interviews lasted an average of 20 -30 minutes and were recorded and transcribed by the students. The questions aimed to learn from informants what they felt were the causes of poverty throughout our region, what would help end poverty and how CTI could better strengthen communities and help move low-income people toward economic self-sufficiency.

SWOT Analysis:

At their second meeting in December of 2016, the full Strategic Planning Committee broke into two groups to conduct SWOT analyses of both the community and agency to determine the Strengths, Weaknesses, Opportunities and Threats over the next three years.

Collaboration with the Greater Lowell Health Alliance and the Social Determinants of Health:

The World Health Organization defines the Social Determinants of Health as, “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels.”¹

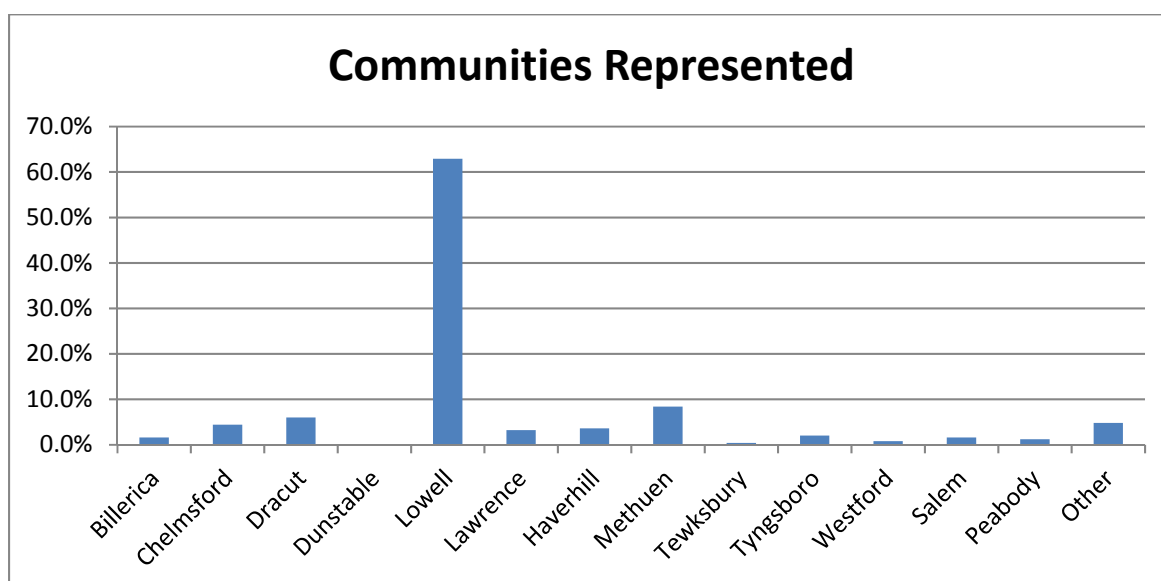
As poverty and a person’s ability to achieve positive health outcomes are intricately linked, Community Teamwork and the Greater Lowell Health Alliance share a common goal of addressing the social determinants of health in our region. Throughout the data collection phase, we compared our findings to those of the Greater Lowell Health Alliance’s 2016 Community Health Assessment in order to pinpoint where health needs and poverty issues overlap in our community and identify potential areas of alignment between our two organizations. Our goal is to bring together our resources in a coordinated and intentional way so that we can make a lasting impact on people’s ability to achieve both economic prosperity and positive health and well-being.

¹ World Health Organization: “Social Determinants of Health”; http://www.who.int/social_determinants/en/; Accessed April 13, 2017

Key Findings

WHAT THE COMMUNITY TOLD US:

The community survey was widely distributed throughout communities served by Community Teamwork with the purpose of learning directly from community members what they see as the top needs, the causes and conditions of poverty, and what Community Teamwork can do to help low-income people move toward self-sufficiency. It was mailed to a sampling of community members and was posted on the agency's website in English, Spanish and Portuguese with hard copies available in Khmer. Additionally, the surveys were distributed at public places including churches, the Lowell Housing Authority, Methuen Housing Authority, Councils on Aging, and other community based organizations including the Cambodian Mutual Assistance Association, Massachusetts Alliance for Portuguese Speakers, Food Pantries and Homeless Shelters. Partners at the City of Lowell's Veterans Services Department, Lowell Transitional Living Center, the two neighborhood associations, ACTION and CNAG, helped us distribute paper copies of the surveys. The following chart represents the percentage of individuals from various communities that responded to the survey.

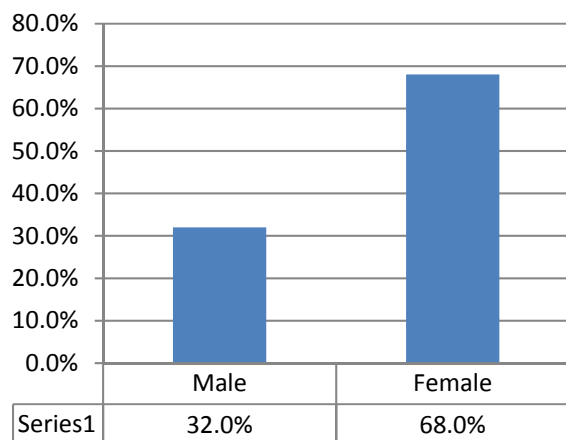


Those who responded in the "Other" category came from ten different communities including Lexington, Natick, Reading, Arlington, Newburyport, Littleton, Burlington, Waltham, North Andover and Quincy.

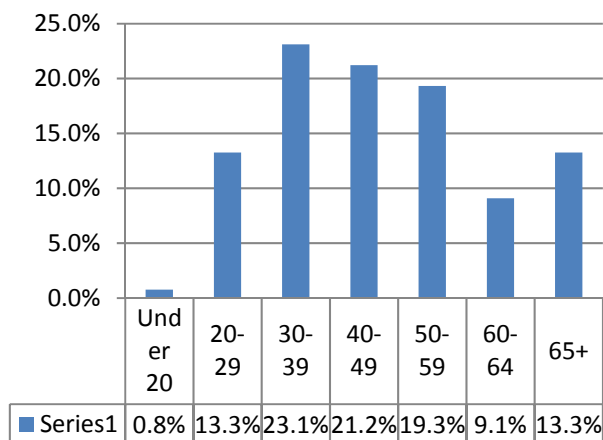
RESPONDENT DEMOGRAPHICS

The following charts represent some of the characteristics of the individuals who responded to the community survey. They include gender, age, race and ethnicity as well as education level.

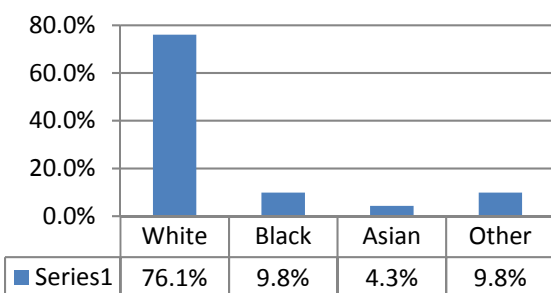
Respondents by Gender



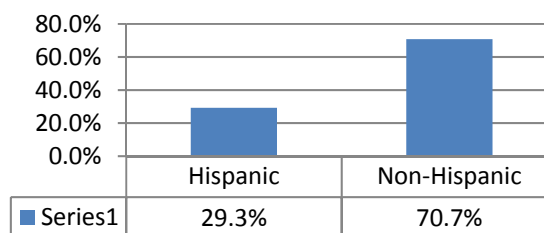
Respondents by Age



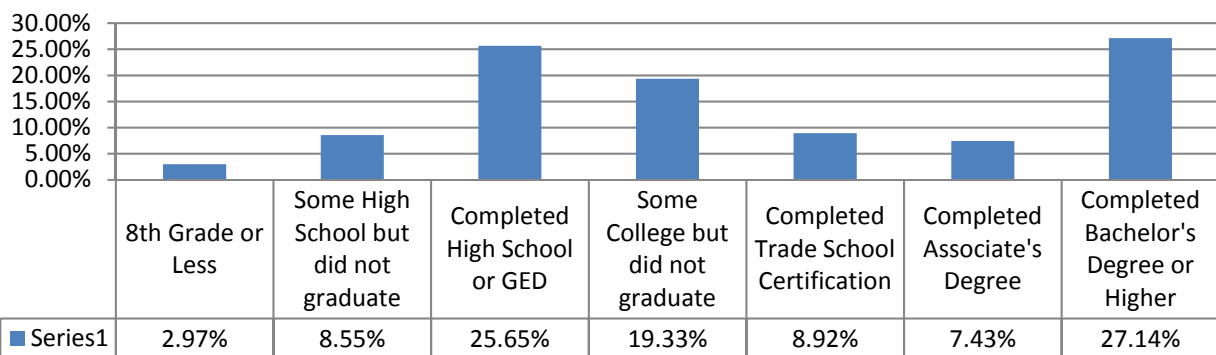
Respondents by Race



Respondents by Ethnicity



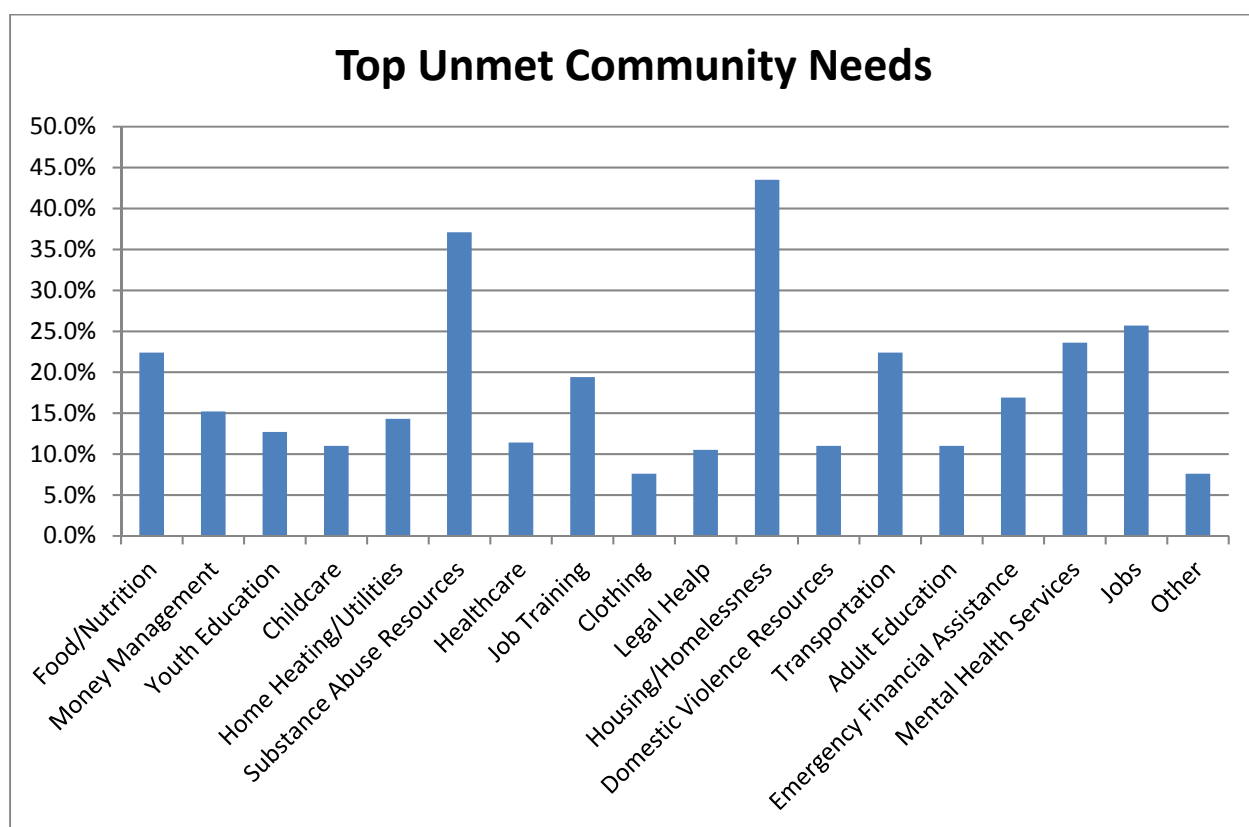
Respondents by Education Level



TOP NEEDS IDENTIFIED BY THE COMMUNITY

Housing and Homelessness emerged at the top of the list of unmet needs in our community, (selected by 43.30%) with Substance Abuse Resources identified as the second greatest unmet need, (selected by 39.29%) and Jobs as the third greatest need, (selected by 25.45%). Mental Health emerged as the fourth greatest need, (selected by 23.66%)

and Food/Nutrition and Transportation tied as the fifth greatest need facing residents of Greater Lowell, (both issues were selected by 22.77%).



1. HOUSING/HOMELESSNESS:

“The rents are ridiculous. If you are working and have to pay for child care and insurance, you can’t afford rent.”

The shortage of affordable housing and rising rents was mentioned most frequently throughout the assessment and community members spoke of the impact this shortage has on individual and family stability. In Lowell, nearly half, or 46.1%, of the city’s households are cost burdened, meaning their housing costs exceed 30% of their total household income. According to HUD’s Metro Fair Market Rent data, the fair market rent for a two bedroom apartment in Lowell is currently \$1,203. This is a huge rental burden on many Lowell households when the median household income is just \$48,002. Community members are telling us unequivocally that they cannot survive in the face of these costs. “I pay 1500/month for 800 square feet, and I make 10.59 an hour. It’s impossible.”

The increasing rate of homelessness was mentioned multiple times throughout the assessment and was tied on various occasions to substance abuse and mental health. The homeless were also identified as one of the most vulnerable groups in our community.

2. SUBSTANCE ABUSE:

“Substance abuse treatment trails far behind the current opioid epidemic.”

Whether through the growing crisis in the community, the lack of sufficient substance abuse services or the connection to homelessness and mental health, Substance Abuse and the Opioid Epidemic were identified as the

second highest need in the community. This clearly supports the secondary data where Lowell's confirmed opioid related deaths totaling 63 in 2016 was the second highest of Massachusetts communities.

Throughout the assessment, substance abuse surfaced as an emerging need that is growing faster than the community can respond. This is having a devastating impact on individuals, families and at the community level as well. Respondents, focus group participants, and some of the key informants either described knowing people who had died from substance abuse and/or witnessing the increase of drug use in the streets and parks. Populations that were cited as particularly vulnerable to drug use and addiction were youth, the homeless and veterans.

3. LACK OF JOBS:

"The city does not generate jobs, most people have to search and work away from here."

The lack of jobs and specifically jobs that pay livable wages was cited as the third top need in the community. Jobs were cited as the key to moving out of poverty by survey respondents, focus group participants and key informants alike. Yet respondents also spoke of the fact that it is, "hard to find a job that will keep me financially stable."

Job training and education came in as the sixth greatest need in the community and many community members spoke of attempting to get an education but facing barriers. "I can't work a full-time job and go to school. My student loan is in default – I can't go to school so I can't get enough education to get a better job." Job training for youth emerged in the focus groups as a particular need.

With the passage of the Workforce Investment Opportunity Act (WIOA) in 2014, job seekers are assisted to access employment, education and training in order to succeed in the labor market. These efforts also help employers with skilled workers so they can compete. WIOA also focuses on serving low-income job seekers with limited skills, poor work histories or who face other barriers to successful employment.

This is encouraging, but there are still too many individuals with multiple barriers to employment. According to the Greater Lowell Workforce Investment Board's 2015 – 2016 Strategic Plan, the most profound challenges in our region and across the state include a growing number of long-term unemployed and the skills gap between current job seekers and the requirements of employers and businesses. The WIB cites that over the last 10 years, the percentage of jobless who have been unemployed for six months or more has almost doubled.

Additionally, most local jobs that are accessible to low-income people without a formal education do not pay livable salaries. According to the Bureau of Labor Statistics' job projections for the Greater Lowell Region, many of the industries that are growing in the Greater Lowell region that do not require advanced training or high levels of educational attainment do not in fact pay wages that a person or family can survive on. For example, the retail industry requires no formal education and employs a growing number of people in the region. According to their projections, the number of people who work in the retail industry will increase from 2,607 in 2016 to 2,664 in 2018. Yet, the average annual earnings from these positions hover at \$21,908. With current market rates for a 2-bedroom rental at \$1,203 per month, clearly this salary is not enough to survive on even if one had no other bills.

4. MENTAL HEALTH:

Mental health was identified as the top health priority in the Greater Lowell Health Alliances' 2016 Community Health Needs Assessment. In Community Teamwork's Community Needs Assessment, mental health was identified as the fourth top need. Like substance abuse, mental health was cited as a growing need and one that the community currently does not have sufficient resources to address. William M. Taylor, Superintendent of the Lowell

Police Department stated that *“The mental health community is in an ever-increasing concern... In the past month, we have had multiple incidents where we have had to deal with people in mental health crisis. Sometimes they are suicidal or homicidal or could be armed or not armed.”*

Mental health was cited in the surveys that were completed in both Spanish and Portuguese with requests for linguistically competent mental health services.

5. TRANSPORTATION:

“A lot of people can’t afford to get a job...due to transportation.”

Transportation was the fifth greatest need identified and was woven throughout many of the narrative responses. The lack of transportation options, and especially public transportation, was cited as a key barrier to people’s ability to access jobs or support services. The disabled and elderly were referred to as particularly needing transportation.

5. FOOD AND NUTRITION:

Food and nutrition tied with transportation as the fifth greatest need. Respondents cited the high costs of healthy food and the scarcity of grocery stores that sell fresh produce or other healthy food options in their neighborhoods. In the survey, parents cited the need for food for their children and in many instances community members described the choice they have to make between food and other necessities.

Underlying Needs:

The rising cost of living and stagnating wages:

A core message that we heard from low-income community members was that they simply could not survive in the face of the rising costs of living and stagnating wages. We heard stories from working parents trying to get off assistance only to have their childcare benefits cut when their income increased, thus forcing them to quit their jobs. We heard from mothers who were determined that their children would not experience homelessness but lived with the constant worry of making the rent each month. We heard from individuals who sometimes had to choose between paying bills or buying food. We heard from parents who were unable to get further training or education due to lack of supports. So many of our community members seem to be running on a treadmill in which they are unable to make any progress forward or even get by regardless of their motivation and tenacity to do better for themselves and their families.

Additional needs identified:

- Lack of accessible and affordable childcare
- Lack of sufficient services for disabled people
- The needs of the working poor who earn too much for assistance
- Domestic violence
- Access to healthcare

Individual Needs vs. Community Needs

Individual level needs:

In the community survey, respondents were asked what they needed to improve their living situation. Safe and affordable housing once again rose to the top with jobs or higher wages ranking at number two. The following top individual needs, especially lack of childcare, education or training and transportation, were articulated as barriers to obtaining and maintaining employment or better jobs.

1. Safe and affordable housing
2. Jobs that pay livable wages
3. Childcare
4. More job training/education
5. Transportation
6. Nutrition
7. Financial Education
8. Utilities assistance
9. Affordable and Accessible healthcare

Community Level Needs:

Housing and Jobs:

At the community level, the lack of affordable housing and jobs were once again seen as top needs. Jobs were the most cited need throughout the region, “we don’t have enough industry creating employment that can eliminate poverty.” Across the board, community members noted a lack of local jobs, as well as a sufficient transportation system to get people to employment outside of the area. Investment in education and job training for those higher paying jobs that require higher skill sets was cited as a community level need as well.

A Collective Impact Approach:

Community members also emphasized a need for systems change in how we work together across sectors to address poverty. This presents an opportunity to build upon one of the identified community strengths. Many respondents referred to the abundance of resources to help low-income people yet some also noted that we need to work together more effectively to have a real impact in reducing poverty.

“....you see the city coming together for the opioid piece but never see an initiative for ‘let’s eradicate poverty.’”

Increased Advocacy:

Policy and advocacy work emerged several times in the assessment as making the most fundamental change in poverty. Yet both the survey respondents and the key informant interviewees noted the current lack of civic voice of low-income people. Survey respondents asked that CTI provide, “*training for running for public office and how to communicate with public officials.*” and to “*help people have more political power.*” One of the key informants noted that many immigrant groups currently lack the political representation or have a voice in city level decisions.

In the face of uncertainty of the new administration of Washington, key informants and members of the Strategic Planning Committee specifically cited a need for advocacy to protect programs for low-income people.

Causes and Conditions of Poverty

Causes of poverty in our community:

The increasing cost of housing was identified as a cause of poverty in our community as survey respondents and focus group participants overwhelmingly pointed to rising rents as a primary barrier to achieving economic stability. Rising rents destabilize families by forcing some to live in unsafe conditions, sacrifice necessities such as food and heat, and put families at risk of homelessness.

The lack of jobs that pay livable wages went hand in hand with housing as a cause of poverty. Additionally, the scarcity of local jobs was identified as a major obstacle to employment for those without cars. Community members regularly spoke of an insufficient public transportation system that they could not rely on to get to available employment opportunities.

Low educational attainment rates, lack of English among immigrant and refugee groups, and poor health were also seen as core causes of poverty.

Conditions of poverty in our community:

Substance abuse, mental health issues and domestic violence were among the top issues identified as conditions of poverty. One respondent cited substance abuse as a condition of poverty, *“Too many people with no direction and limited job skills leads to poverty, despair and coping through substance abuse.”*

Another survey respondent explained, *“When people don’t have jobs, the results are usually domestic violence from drug and alcohol abuse.”* While not identified as a top need, the rising incidence of domestic violence in the community surfaced both in the surveys and the focus groups.

Multi-Generational poverty and the inability to see a different future for oneself is also seen as both a cause and condition of poverty. *“There are families who have been entrenched in poverty for generation after generation and they don’t have a fundamental belief that they can get out of it, or the tools to learn a trade or do something to break the cycle.”*

Most Vulnerable Groups

While not asked specifically in the community surveys or in the key informant interviews – vulnerable groups were referred to throughout both the surveys and key informant interviews. Focus group participants were asked directly who they saw as the most vulnerable populations in their community.

The homeless and those with substance abuse and mental health issues emerged as the top three groups needing help. It was also pointed out that there are currently insufficient resources to meet their needs. *“I know people with mental health issues and substance abuse problems that don’t really get the help that they need.”* Additionally, children and youth, the working poor, the disabled, elderly and immigrants emerged as vulnerable groups.

Children and Youth:

Children and youth were mentioned throughout the assessment as in need of services, with parents asking for more activities for their children’s out of school time and/or a general focus on meeting their educational and/or social needs. Respondents noted a shortage of safe spaces for kids to play and asked for *“more resources to help children,*

to keep them involved in sports and so on". Another respondent called for, *"a community place for kids to hang out instead of downtown."*

The Disabled:

Whether it is through helping people access and/or understand their Medicaid benefits or help with home repairs that they cannot do, the disabled emerged as an underserved population with a unique set of needs that were currently not being met. *"I can barely make ends meet...skipping food entirely for 1-2 days/week to stretch my disability income, yet I'm considered 'too rich' for food stamps or other supports."*

Transportation and facilities for the disabled were mentioned as specific needs with one survey respondent stating, *"Cut off times of the Road Runner leaves unmet need for the disabled."* There is also, *"...a lack of places to go for the disabled and handicapped to have social entertainment."*

Help with understanding Medicaid and accessing affordable health care was pointed out as a specific need for both the disabled and elderly, *"There is no affordable insurance with meaningful benefits for elders/disabled adults."*

The Elderly:

The elderly emerged throughout the assessment as a vulnerable group that was particularly at risk when they are over income for benefits or unaware of benefits for which they are eligible.

"I see the biggest problem being seniors that have to pay rent plus if they are not eligible for SNAP benefits, food stamps, fuel assistance, things of that nature. That is really a hard problem."

The Elderly were also seen as at high risk of social isolation. One survey respondent stated, *"I am elderly and disabled. I don't go out much."*

The Working Poor:

Those individuals who were earning just above the income limit for assistance were cited regularly as needing supports. Respondents regularly mentioned that they are too poor to make it but earn just over the limit that would allow them to receive assistance. *"There is no middle ground or financial assistance for the working class."*

A participant suggested that we could reduce poverty by....*"raising income guidelines to qualify people for assistance. They could save the difference to pay bills. This will help people 'in between' the really poor and middle class."*

Immigrants:

Immigrants and refugees emerged as a population needing supports and currently unaware of resources or unable to adequately access them due to language barriers. Members of the immigrant community asked for services in their languages and the Congolese community asked specifically for greater understanding of their situation, *"On behalf of our culture, community, we are requesting that when we come in that you be welcoming. When we come to offices, put yourself in our shoes."*

Key informants from a wide range of sectors spoke of the challenges that immigrant and refugee communities have when accessing services and jobs. The need for more culturally and linguistically competent health, education and social services was noted. A key informant from the private sector referred to English as the greatest barrier to accessing jobs that would allow immigrants to integrate and become economically stable.

Focus Groups

During our focus groups, we were able to hear directly from community members and learn their perspectives on the greatest needs in the community, the most vulnerable populations, and how Community Teamwork can make the greatest impact in reducing poverty. The partners we worked with to organize the groups included The African Community Center, the Cambodian Mutual Assistance Association (CMAA), the Centralville Neighborhood Action Group, (CNAG), the Head Start Policy Council, the City of Lowell's Veteran's Center and YouthBuild.

While not specifically identified in each group as the top need facing the community, the lack of affordable housing and/or homelessness was prevalent throughout. Unaffordable rents and the lack of decent housing options came up consistently in each group and were tied to an inability to survive in the face of rising costs of living and stagnating wages. The needs of children and youth also came up consistently across focus groups, with the African Community Center and Centralville Neighborhood Action Group in particular expressing concern for children. In every focus group besides CNAG, participants identified themselves as the most or one of the most vulnerable populations in their community.

YouthBuild:

"Young people are in the streets, sleeping outside in bad weather. We need housing."

"If you want us to be independent, we need jobs for youth"

The top emerging needs throughout the discussion were youth homelessness and the lack of jobs for youth. Participants also talked about the difficulty in getting the help that they need due to age restrictions with participants bringing up DTA and the challenges of homeless youth in particular. The issue of not being able to get ahead came up regularly throughout the discussion with participants pointing to youth not being able to get jobs because of their lack of experience or connections and not being able to afford college. This group identified young adults on the streets, the disabled and teenagers as the top three most vulnerable populations. In terms of what keeps people in poverty, they stated that it was the lack of jobs.

The Head Start Policy Council:

"The people between the poor and the middle class are not able to survive."

"I was in a nursing program. I couldn't get enough help to pay bills. I had to drop out. I am in the program again but may have to drop out again."

Housing was brought up regularly as one of the greatest needs in the community, one of the biggest challenges facing low-income people, and one of the ways people can move out of poverty. Throughout, the focus group participants referred to the struggles of working, single parents who can't get above water. "Your income goes up and your assistance goes down." All participants spoke of working extremely hard and trying to get an education but never being able to get ahead. The group identified the top three most vulnerable populations as single parents, immigrant children and domestic violence victims. Housing was identified as the biggest challenge for low-income people along with the cost of childcare, high costs of nutritious food, and overpriced transportation.

The Centralville Neighborhood Action Group:

"We have to worry about the kids who have nothing. They need positive role models."

“Rents are skyrocketing. I could buy the Taj Mahal with the price of rents these days.”

The focus of this group was on children and youth and the top needs identified across the board were for increased services and programs for youth and children including after school programs, scholarships for kids to attend programs, financial education and sports programs. People also brought up the need for early literacy programs for families and jobs for unemployed and underemployed adults. The group identified youth and children, young parents, the elderly and recent immigrants as the most vulnerable groups. When asked what they saw as the biggest challenges to low-income people, the group overwhelmingly cited the rising cost of living and people’s inability to pay their bills. The group saw the cost of rent as keeping people in poverty along with lack of education, medical bills and a certain mentality that doesn’t allow people to see a better future for themselves.

The African Community Center:

“On behalf of our culture, community, we are requesting that when we come in that you be welcoming. When we come to offices, put yourself in our shoes.”

Children and youth were the dominant themes throughout the discussion. Topics regularly circled back to children and youth and parents’ worry for them. Participants spoke of peer pressure and one woman said that her son had been beaten up by other youth. There was consensus that it is very hard to raise children in the United States. Many of the Congolese families that have been recently resettled have large families with 7-8 children. Big families and the strain they put on the family’s financial situation emerged frequently. When asked what keeps people in poverty, family size came up twice “Only one person working in a family of 7 or 8 people.” People also talked about stress, being sick, the pressure of trying to support a very large family in this country. The group cited unaffordable housing and overcrowding in small apartments as the top unmet needs in their community.

Veterans Group:

“There are homeless veterans on the streets and they are probably on opiates.”

“Some months we have to decide between paying the bills and buying food.”

Whether it was regarding the homeless, (and homeless veterans in particular), the homeless on drugs, homeless youth or unaffordable rents, housing and homelessness was the top need and brought up in response to most of the questions. The issue of not being able to make enough to survive in the face of rising rents and the cost of living was also woven throughout the discussion. The specific needs of veterans were highlighted throughout the focus group.

Substance abuse was seen as the second greatest unmet need and participants stated that the homeless, veterans and youth are particularly hard hit by the crisis. The third greatest need cited by the group was the inability to survive in the face of rising rents and the cost of living. Participants spoke of the cost of living going up and wages staying the same. The group saw the homeless and war veterans that need assistance as the most vulnerable group and participants mentioned that the needs of veterans are not recognized. Additionally, people who can’t pay their bills or those with bad credit were mentioned as one of the most vulnerable populations. When asked what the biggest challenges for low-income people are, participants again brought up housing but many also brought up the difficulty in getting food stamps. The lack of jobs, jobs that pay a good salary, and addiction were brought up as things that keep people in poverty. Education, training, and job opportunities were seen as the most effective means needed to move people out.

Cambodian Mutual Assistance Association of Greater Lowell:

“Jobs don’t pay high enough, food costs are too high, and job pay stays the same.”

“Working hard but not getting ahead.”

Participants spoke of the rising costs of housing and cost of living overall throughout the focus group. The issue of high taxes came up throughout the discussion as well. Participants asked that CTI provide more skills trainings and a GED class for Cambodians in particular.

Participants cited jobs, job training, free health insurance and housing as the top unmet needs in their community. They saw themselves, (Khmer and Laotian) and other refugee groups as the most vulnerable in the community and saw the rising cost of living, (rent, food and inflation) and jobs that don’t pay enough as the biggest challenges for low-income people. They viewed a lack of English, lack of education and taxes as the main factors that keep people in poverty and saw tax cuts, decreasing the price of food and pay raises as ways to move people out of poverty.

Community Strengths

When asked what they liked most about their community, respondents most often pointed to the social cohesion of Lowell and the Greater Lowell region. Respondents regularly cited the sense of community and social connections they had to their family, friends and neighborhoods. A positive sense of identity emerged and a sense that community members “come together when needed” were both prevalent throughout the answers. The diversity of Lowell and Greater Lowell emerged as the second most cited strength and highlighted a sense of pride in community and an appreciation of the history and culture was prevalent as well. The number of resources that exist to help people emerged as the third most cited strength of the community and access to shopping and activities came up as a strength for many respondents as well.

Additional strengths include:

- Quiet and safe neighborhoods
- Good schools

Most Effective Means to Reduce Poverty

Throughout the information-gathering phase of the Community Needs Assessment, primarily in the key informant interviews, respondents had strong thoughts about ways to reduce or alleviate poverty. Investment and access to education was the top response as the most effective means to reduce poverty.

Another resounding response to reducing poverty focused around systems change. Changing the way we do things, advocating and impacting public policy is necessary to have a real impact on persistent poverty. Changing the way we work together in order to have a collective impact on social problems will help to ensure that community resources align, duplication of services is reduced, and more resources are brought to the most vulnerable residents.

Perhaps the most effective means to reduce poverty is jobs. One common thread that was heard throughout the community assessment was around the need for jobs, more job training, and jobs that pay higher wages so families can afford the basic necessities of life. Access to jobs through improved transportation was also heard loud and clear.

1. Invest in education

“Education is the best way to get out of poverty.”

“Focus on our education and close the gap on the dropout rates.....One can talk about reducing violence, reducing substance abuse, but the number one predictor of it is education, which should be the focus.”

“Public education needs to be more affordable and accessible so higher level jobs can be attained.”

2. Policy change – systems change

“If you want to stop the actual cycle of poverty, you need policy change and/or advocacy. Policy is where the most change occurs.”

“The solution is bigger than any community or any agency or any organization. “The solutions have to be guided by federal and state policies.”

3. Jobs

“We don’t have enough industry creating employment that can eliminate poverty.”

“Making public transportation affordable is important to get workers to job hub areas and have an overall larger job reach.”

The Social Determinants of Health

Throughout the Community Needs Assessment, survey respondents, focus group participants and key informants identified affordable housing, substance abuse, jobs, mental health, transportation and food as some of the top needs facing the community. Looking at our key findings through a health lens, we understand that these needs are also social determinants that act as both the causes and conditions of poor health. Some of the identified community needs are themselves health issues (such as substance abuse or mental health) while other community needs can lead to poor health or impede health promoting behaviors. For example, food and nutrition was the 4th greatest need identified by community members in our assessment. Poor nutrition and an inability to access healthy food can lead to diabetes, the third greatest community health need identified by GLHA in their health assessment.

It is clear though that the reverse is also true. Poor health is also both a cause and condition of poverty. If an individual is struggling with a health issue, whether it be substance abuse, mental health issues or diabetes, that person’s ability to obtain employment or take other steps to achieve economic stability will most likely be greatly diminished. Throughout the assessment process, community members themselves made connections between poverty and health and underscored that effective anti-poverty programs address both sets of needs when necessary. As one of our survey respondents pointed out, *“one needs substance abuse support to get jobs and jobs are needed to obtain housing.”*

By recognizing the areas of crossover between poverty and health, we can better align our efforts with those of the Greater Lowell Health Alliance and ultimately have a greater impact on our community and those we serve.

Top Health and Community Needs and Areas of Potential Alignment:

In comparing the two assessments, we recognize various points of intersection between community needs and health priorities. In the GLHA’s community health assessment, mental health was identified as the top health priority

in the Greater Lowell region while it was identified as the fourth top community need in our assessment. Substance abuse was the 2nd top community need and the third top health priority. Diabetes was the second top health priority and our findings dove deeper into some of the environmental factors that can contribute to diabetes, including a lack of transportation, an inability to access stores that sell healthy foods, and even public safety.

Top Community Health Needs According to Rank, (Greater Lowell Health Alliance Community Health Needs Assessment):

1. Mental Health
2. Diabetes
3. Substance Abuse and Addiction
4. Hypertension
5. Obesity
6. Asthma and respiratory disease

Top Community Needs According to Rank (Community Teamwork Community Needs Assessment):

1. Housing/Homelessness
2. Substance Abuse
3. Jobs
4. Mental Health
5. Transportation
6. Nutrition

As defined by Healthy People 2020, “Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” They further organize, “...the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context.”² The top community needs of housing and jobs fall squarely in the domain of economic stability and are key factors in both individual and community health.

Housing:

Housing was by far the greatest need identified in the Community Needs Assessment and homeless people were routinely described as an extremely vulnerable population. Their health is particularly at risk and homelessness was regularly connected to substance abuse and mental health issues. Survey respondents who identified themselves as homeless described the impact of their situation on their health and the lack of services to meet their health needs. As one respondent stated, *“It’s hard when homeless to eat healthy and being homeless for the past almost 2 years that’s what I’ve noticed...”* Another survey respondent surfaced an unmet health need of the homeless by requesting that CTI provide, *“emergency housing assistance for the homeless to recover after surgeries.”*

According to the American Community Survey 2011-2015; Community Commons, 46.1% of the households in the City of Lowell are cost burdened, (or pay over 30% of their income to housing costs). This cost burden has a direct impact on community members’ health as they are often in the position of having to pay rent or pay for basic necessities

² Healthy People 2020; <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>; Accessed April 13, 2017

such as food, heat, clothes or medications. The disabled and elderly were noted as at significant risk of being placed in this position.

As the American Psychological Association states in “Effects of Poverty, Hunger and Homelessness on Children and Youth”, “Homelessness has particularly adverse effects on children and youth including hunger, poor physical and mental health, and missed educational opportunities.” They further describe the potential impact on physical health, “Homelessness is linked to poor physical health for children including low birth weight, malnutrition, ear infections, exposure to environmental toxins and chronic illness, (e.g., asthma). Homeless children also are less likely to have adequate access to medical and dental care.”³

It is evident that poor health can act as a contributing factor to the multi-generational cycle of poverty referred to throughout the assessment. As described above, children who have experienced homelessness are much more likely than their peers to start out of the gate with deficits that can impact their future educational attainment and earning opportunities.

Jobs:

Jobs that pay a family sustaining wage were noted by community members across the board as playing an essential role in one’s ability to move out of poverty. Yet, jobs are also a factor in promoting positive health outcomes. As noted by a report from America’s Essential Hospitals, “Stable employment can enable individuals to live healthier lives by residing in safer housing, affording better health care, providing education or child care for their children, and buying nutritious food.”⁴

Transportation:

Community members noted that insufficient public transportation options not only make it difficult to access jobs, it also inhibits the ability of many to obtain health services, healthy foods and their social networks. As one survey respondent pointed out, *“Transportation is something we hear about a lot that prevents people from working or accessing services. Providing services for other issues doesn’t matter if they can’t get there.”*

The elderly and disabled surfaced as needing significant transportation support. One of our key informants who works with seniors noted that, *“transportation is huge...”* for the elderly, *“...they can’t drive anymore or are afraid to drive so they can’t get out, they can’t grocery shop or go to doctor’s appointments.”* For both the elderly and homebound disabled, the lack of transportation can also negatively impact their mental health through social isolation and loneliness.

³ “Effects of Poverty, Hunger and Homelessness on Children and Youth”, American Psychological Association; <http://www.apa.org/pi/families/poverty.aspx>; Accessed April 13, 2017

⁴ Schrag, Janelle; “The Social Determinant of Health: Homelessness and Unemployment.” America’s Essential Hospitals; October 24, 2014; <https://essentialhospitals.org/quality/the-social-determinants-of-health-homelessness-and-unemployment/>; Accessed April 13, 2017

Food/Nutrition:

As noted above, the lack of access to healthy foods can contribute to poor health outcomes including diabetes and obesity. Food and Nutrition was the fifth top need identified in the assessment and community members noted an inability to reach grocery stores that sell fresh produce and healthy food options.

The inability to afford food in the face of other costs also emerged in this need area. We heard from parents who said that they needed food for their children and heard stories of both the disabled and the elderly being forced to choose between food or paying for other necessities. *"...you see sometimes people who once they pay their rent and they get their groceries for the month that they don't have enough to get their prescriptions."*

Overview of Quantitative Community Data (Secondary Source)

A comprehensive community needs assessment is at the heart of the process that informs Community Teamwork's three-year strategic plan for 2018 - 2020 and provides the direction in which the agency will move toward in fulfillment of its mission. The community needs assessment includes both quantitative and qualitative data from primary and secondary sources that allows the agency to review current states and identify any emerging trends over various timeframes.

As a non-profit Community Action Agency, Regional Housing Agency and a Community Development Corporation, Community Teamwork's programs and services span across 61 communities throughout portions of Middlesex and Essex counties. (See Appendix I for a complete list of all 61 communities including a map). However, the majority of agency services, along with the largest concentration of consumers served by agency programs, are focused in the fifteen communities that make up the Merrimack Valley Region, the eight communities that comprise the Greater Lowell area and the six Gateway Cities that are scattered throughout these areas, including the North Shore. As such, the secondary data included in this Needs Assessment begins with demographic and economic indicators from each of the 61 cities and towns in Community Teamwork's service area in order to provide a brief snapshot of the "current state" of these communities in terms of population, poverty and unemployment rates, median household income, median age, and educational attainment.

As we dig deeper, the areas with the highest concentration of consumers served within the Merrimack Valley Region, the Greater Lowell Area, and the Gateway Cities of Lowell, Lawrence, Haverhill, Methuen, Peabody and Salem will be our primary focus. For strategic purposes, the data from these regions will include six major areas and sub-sections, where available, under each category as follows:

Population	Income/Poverty	Educational Attainment	Employment	Housing and Homelessness	Health
Total Counts and Projections	Poverty Rate / Comparisons	Population 18-24 with < High School Diploma	Unemployment Rates and Comparisons	Housing Vacancy Rates	Food Insecurity
Age Groups	Free and Reduced Lunch	Population 25 + with < High School Diploma	Labor Force Data	Substandard Housing	Substance Abuse
Gender	Children in Poverty	Graduation Rates		Housing Cost Burden (30%)	Mental Health
Race/Ethnicity	Income on Public Assistance/SNAP			# Affordable Units	

These data sets came from numerous sources including the U.S. Census American Community Survey, Community Commons, Massachusetts Executive Office of Labor and Workforce Development; Massachusetts Department of Public Health, Massachusetts Department of Elementary and Secondary Education, Greater Lowell Workforce Investment Board, Merrimack Valley Workforce Investment Board, Northern Middlesex Council of Governments, Merrimack Valley Planning Commission; Community Commons, Greater Lowell Health Alliance Community Health Needs Assessment, Middlesex North Registry of Deeds.

Some of the communities we have assessed fall within the catchment areas of our sister agencies, including the Greater Lawrence Community Action Council, Community Action, Inc. in Haverhill, and the North Shore Community Action Program. We are committed to working together with these and other agencies to address the needs identified through this assessment process.

Snap Shot of Current State of Community Teamwork's Complete Service Area:

Total Service Area	Total Pop.	Poverty Rate	Unemployment Rate Feb. 2017	Median Household Income	% of Foreign Born	Population 18-24 with < HS diploma	Population 25 + with < HS diploma	Median Age
Amesbury	16,907	5.20%	3.3%	\$76,558.00	5.6%	7.6%	6.3%	43.7
Andover	34,616	4.60%	3.1%	\$129,082.00	15.2%	10.9%	2.5%	42.3
Arlington	44,128	5.00%	2.6%	\$93,787.00	17.1%	9.9%	4.1%	42.3
Bedford	13,921	3.70%	3.0%	\$113,729.00	14.4%	16.2%	2.4%	43.7
Belmont	25,335	4.50%	2.7%	\$110,685.00	21.9%	9.2%	3.0%	41.5
Beverly	40,670	8.00%	3.4%	\$72,837.00	6.3%	7.3%	5.9%	39.9
Billerica	41,956	5.40%	3.9%	\$96,310.00	9.1%	16.7%	7.0%	40.9
Boxford	8,138	2.70%	2.7%	\$140,268.00	6.6%	11.1%	2.1%	45.3
Burlington	25,467	5.20%	3.0%	\$109,093.00	19.5%	10.0%	6.1%	42.4
Carlisle	5,074	2.40%	3.2%	\$166,111.00	12.5%	7.3%	1.5%	49.5
Chelmsford	34,757	3.40%	3.5%	\$95,290.00	10.8%	10.4%	3.9%	44.3
Danvers	27,400	4.70%	3.3%	\$77,949.00	6.6%	8.7%	5.7%	44.9
Dracut	30,691	4.60%	4.2%	\$77,848.00	7.5%	14.3%	9.0%	39.1
Dunstable	3,343	2.20%	2.7%	\$118,523.00	-----	6.1%	2.5%	45.5
Essex	1,613	6.50%	3.4%	\$92,396.00	15.3%	8.7%	2.90%	42.7
Everett	43,885	14.90%	3.6%	\$50,762.00	18.1%	15.2%	20.1%	35.7
Georgetown	8,441	2.70%	3.1%	\$107,683.00	3.0%	10.4%	3.1%	42.9
Gloucester	29,399	9.30%	6.0%	\$61,505.00	8.5%	12.9%	11.3%	47.6
Groton	11,120	3.20%	3.1%	\$116,642.00	7.4%	26.2%	1.1%	44.4
Groveland	6,646	2.60%	3.3%	\$102,333.00	3.6%	5.5%	3.9%	46.3
Hamilton	8,102	7.40%	3.1%	\$108,558.00	8.2%	8.1%	2.7%	40.3
Haverhill	62,079	12.20%	4.5%	\$60,888.00	9.0%	15.2%	11.8%	38.8
Ipswich	13,616	6.90%	3.3%	\$76,458.00	3.2%	15.2%	3.7%	48.0
Lawrence	78,804	28.40%	7.8%	\$34,852.00	37.4%	24.9%	31.9%	31.0
Lexington	32,700	3.80%	2.8%	\$149,306.00	24.4%	22.4%	3.1%	45.3
Lowell	109,349	19.80%	5.0%	\$48,002.00	25.8%	12.6%	21.1%	33.4
Lynnfield	12,270	1.60%	2.9%	\$118,828.00	7.8%	10.5%	2.8%	46.1

Total Service Area	Total Pop.	Poverty Rate	Unemployment Rate Feb. 2017	Median Household Income	% of Foreign Born	Population 18-24 with < HS diploma	Population 25 + with < HS diploma	Median Age
Malden	60,612	15.60%	3.5%	\$54,896.00	42.4%	9.8%	14.1%	35.8
Manchester	5,286	7.00%	3.3%	\$95,243.00	4.8%	8.1%	3.6%	48.8
Marblehead	20,270	4.90%	3.4%	\$102,993.00	7.5%	19.7%	2.2%	47.4
Medford	57,136	10.80%	3.2%	\$76,445.00	21.1%	3.0%	8.6%	36.2
Melrose	27,681	3.40%	2.9%	\$85,521.00	12.2%	11.7%	5.7%	41.6
Merrimac	6,601	6.20%	3.4%	\$73,986.00	2.70%	12.6%	3.1%	44.8
Methuen	48,607	9.80%	4.7%	\$71,392.00	16.4%	11.9%	11.3%	39.0
Middleton	9,436	5.20%	3.5%	\$108,622.00	9.3%	34.1%	8.9%	40.5
Nahant	3,454	4.90%	3.3%	\$65,284.00	-----	0%	2.9%	49.9
Newbury	6,854	4.00%	3.6%	\$91,168.00	5.0%	5.4%	3.4%	47.4
Newburyport	17,766	7.40%	3.3%	\$85,556.00	6.4%	2.8%	2.9%	48.1
North Andover	29,271	5.20%	3.2%	\$100,286.00	11.1%	14.4%	3.5%	41.4
North Reading	15,396	3.30%	3.4%	\$123,103.00	7.5%	18.9%	3.1%	43.7
Peabody	52,065	9.00%	3.8%	\$60,596.00	14.9%	12.0%	9.6%	44.6
Pepperell	11,953	5.60%	3.5%	\$80,524.00	4.4%	7.9%	6.0%	42.8
Reading	25,357	2.80%	2.7%	\$107,654.00	8.1%	17.4%	3.2%	40.7
Rockport	7,111	5.60%	5.1%	\$64,839.00	5.7%	0%	3.0%	53
Rowley	6,081	5.00%	3.4%	\$86,820.00	2.1%	9.2%	4.6%	44.9
Salem	42,499	14.40%	4.1%	\$60,690.00	14.6%	9.4%	9.9%	36.5
Salisbury	8,672	9.60%	4.2%	\$69,500.00	2.7%	14.9%	10.2%	45.9
Saugus	27,620	6.60%	3.9%	\$77,371.00	10.5%	13.5%	9.8%	45.3
Stoneham	21,752	4.60%	3.4%	\$78,099.00	10.40%	8.6%	6.3%	44.8
Swampscott	14,036	5.40%	3.1%	\$98,612.00	12.9%	15.1%	4.2%	44.3
Tewksbury	30,115	4.80%	3.8%	\$90,484.00	6.5%	11.6%	6.1%	44.2
Topsfield	6,379	5.30%	2.9%	\$114,565.00	6.6%	12.4%	3.0%	47.4
Tyngsboro	12,053	4.60%	4.0%	\$106,290.00	7.2%	11.7%	4.5%	40.6
Wakefield	26,157	4.80%	3.5%	\$85,573.00	7.3%	10.2%	6.4%	42.0
Waltham	62,438	10.00%	3.1%	\$75,205.00	26.5%	3.4%	10.0%	33.8
Watertown	33,350	8.50%	2.7%	\$87,409.00	23.8%	7.9%	6.0%	38.2
Wenham	5,092	2.70%	2.9%	\$109,250.00	5.4%	1.4%	2.1%	24.3
Westford	23,232	3.00%	3.2%	\$121,591.00	6.3%	15.5%	2.6%	42.3
West Newbury	4,427	7.20%	2.9%	\$131,167.00	-----	8.6%	2.6%	44.5
Wilmington	23,141	3.00%	3.6%	\$100,862.00	7.4%	12.9%	4.6%	42.3
Woburn	39,104	7.50%	3.4%	\$78,750.00	18.0%	17.2%	6.1%	39.6

Source: U.S. Census Bureau-American Community Survey 5-yr. estimates 2011-2015;
Mass. Executive Office of Labor and Workforce Development

MERRIMACK VALLEY



Fifteen cities and towns in northeastern Massachusetts make up the Merrimack Valley Region. They include Amesbury, Andover, Boxford, Georgetown, Groveland, Haverhill, Lawrence, Merrimac, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, and West Newbury. These communities range from larger cities to small country towns, each with something unique to offer.

Yet, the one thing they all have in common is the Merrimack River which runs along the borders from Andover through Salisbury. The Merrimack Valley is also comprised of farmland, wetlands and many other natural resources.

As a Regional Housing Agency, many of the communities in the Merrimack Valley are included in Community Teamwork's housing region. Community Teamwork, along with our sister agencies in Lawrence and Haverhill, all work together to ensure that the communities throughout the Merrimack Valley region are well served. The following tables and charts depict some of the community data for this area.

Population Trends

Merrimack Valley Communities	Population Comparisons in the Merrimack Valley		
	2010	2012	2015
Amesbury	16,225	16,344	16,907
Andover	32,698	33,385	34,616
Boxford	7,917	7,990	8,138
Georgetown	7,995	8,203	8,441
Groveland	6,350	6,530	6,646
Haverhill	60,203	60,953	62,079
Lawrence	75,177	76,331	78,804
Merrimac	6,264	6,368	6,601
Methuen	46,393	47,238	48,607
Newbury	6,643	6,686	6,854
Newburyport	17,288	17,460	17,766
No. Andover	27,965	28,114	29,271
Rowley	5,757	5,857	6,081
Salisbury	8,157	8,289	8,672
West Newbury	4,189	4,263	4,427

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Total Population by Race							
Merrimack Valley Communities	White	Black	Asian	Native American /Alaska Native	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Races
Amesbury	95.4%	0.7%	0.9%	0.0%	0.0%	0.3%	2.6%
Andover	81.7%	1.7%	13.3%	0.1%	0.0%	1.5%	1.6%
Boxford	95.8%	0.0%	3.2%	0.0%	0.0%	0.1%	0.9%
Georgetown	96.7%	0.1%	0.9%	0.0%	0.1%	0.6%	1.6%
Groveland	97.7%	0.8%	1.5%	0.0%	0.0%	0.0%	0.0%
Haverhill	83.9%	2.4%	1.5%	0.2%	0.0%	9.7%	2.3%
Lawrence	40.9%	7.8%	2.9%	0.2%	0.0%	45.4%	2.7%
Merrimac	99.8%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Methuen	79.4%	3.5%	3.5%	0.7%	0.0%	11.2%	1.7%
Newbury	96.5%	1.6%	0.8%	0.0%	0.0%	0.5%	0.6%
Newburyport	95.8%	0.8%	1.5%	0.1%	0.0%	1.1%	0.7%
North Andover	88.9%	1.4%	6.1%	0.0%	0.0%	1.7%	1.9%
Rowley	97.7%	1.3%	0.5%	0.0%	0.0%	0.0%	0.5%
Salisbury	95.6%	0.8%	1.6%	0.0%	0.0%	0.3%	1.8%
West Newbury	98.0%	0.0%	1.0%	0.0%	0.0%	0.0%	1.0%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Total Population by Ethnicity		
Merrimack Valley Communities	Hispanic	Non-Hispanic
Amesbury	2.0%	98.0%
Andover	3.6%	96.4%
Boxford	1.4%	98.6%
Georgetown	0.9%	99.1%
Groveland	2.6%	97.4%
Haverhill	18.6%	81.4%
Lawrence	76.4%	23.6%
Merrimac	2.0%	98.0%
Methuen	23.3%	76.7%
Newbury	1.4%	98.6%
Newburyport	2.5%	97.5%
North Andover	5.3%	94.7%
Rowley	1.4%	98.6%
Salisbury	1.2%	98.8%
West Newbury	3.2%	96.8%

Total Population by Gender		
Merrimack Valley Communities	Male	Female
Amesbury	49.7%	50.3%
Andover	48.1%	51.9%
Boxford	48.6%	51.4%
Georgetown	49.8%	50.2%
Groveland	52.2%	47.8%
Haverhill	48.5%	51.5%
Lawrence	47.7%	52.3%
Merrimac	47.9%	52.1%
Methuen	49.7%	50.3%
Newbury	47.3%	52.7%
Newburyport	47.2%	52.8%
North Andover	50.4%	49.6%
Rowley	46.1%	53.9%
Salisbury	48.2%	51.8%
West Newbury	52.0%	48.0%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Total Population by Age Group								
Merrimack Valley Communities	Under Age 5	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Amesbury	4.70%	15.40%	7.10%	10.00%	15.10%	17.60%	15.90%	14.10%
Andover	5.40%	20.0%	9.30%	6.60%	12.80%	18.80%	12.30%	14.80%
Boxford	3.40%	20.9%	4.50%	5.40%	15.60%	16.60%	17.80%	15.90%
Georgetown	6.20%	19.40%	5.60%	9.00%	11.80%	21.10%	12.50%	14.60%
Groveland	2.90%	17.80%	8.20%	10.20%	9.60%	17.20%	15.30%	19.00%
Haverhill	6.80%	15.80%	8.10%	13.80%	14.00%	15.50%	13.90%	12.50%
Lawrence	8.20%	18.90%	13.00%	15.20%	12.80%	12.80%	9.80%	9.20%
Merrimac	4.00%	17.80%	9.40%	5.60%	13.50%	13.50%	13.40%	15.90%
Methuen	5.70%	17.40%	8.90%	12.3%	13.7%	14.3%	13.4%	14.2%
Newbury	3.00%	16.70%	8.20%	6.20%	14.20%	17.3%	18.30%	18.10%
Newburyport	5.30%	14.90%	4.70%	8.20%	12.80%	17.00%	18.60%	18.60%
North Andover	4.90%	18.70%	9.70%	9.10%	13.30%	17.40%	12.90%	14.00%
Rowley	6.70%	16.80%	3.70%	8.90%	14.00%	18.70%	17.40%	13.70%
Salisbury	3.90%	12.60%	11.00%	11.20%	10.50%	19.40%	15.20%	17.50%
West Newbury	5.50%	22.10%	6.30%	5.40%	11.50%	17.60%	17.90%	13.80%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Percent of Population Under the Age of Five						
Merrimack Valley Communities	2010	2011	2012	2013	2014	2015
Amesbury	6.6%	6.4%	6.0%	5.5%	5.4%	4.7%
Andover	5.4%	5.0%	4.9%	4.8%	5.7%	5.4%
Boxford	4.7%	3.5%	3.9%	4.5%	3.5%	3.4%
Georgetown	6.0%	6.8%	6.2%	4.9%	6.0%	6.2%
Groveland	8.5%	5.3%	3.4%	3.9%	3.1%	2.9%
Haverhill	7.0%	7.2%	7.3%	7.3%	7.3%	6.8%
Lawrence	8.4%	8.8%	8.6%	8.3%	8.4%	8.2%
Merrimac	3.5%	2.6%	4.5%	3.7%	3.9%	4.0%
Methuen	6.0%	6.1%	6.3%	6.2%	5.8%	5.7%
Newbury	4.2%	5.4%	4.2%	3.8%	3.2%	3.0%
Newburyport	5.8%	5.7%	5.3%	5.0%	5.7%	5.3%
North Andover	5.8%	5.0%	4.7%	4.7%	4.8%	4.9%
Rowley	6.0%	5.0%	7.5%	7.6%	6.8%	6.7%
Salisbury	3.5%	3.7%	3.3%	3.0%	3.8%	3.9%
West Newbury	6.4%	5.3%	5.9%	4.9%	5.4%	5.5%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Income & Poverty

Poverty Rate Comparisons in Merrimack Valley

Merrimack Valley Communities	2013	2014	2015
Amesbury	5.50%	4.30%	5.20%
Andover	4.30%	4.40%	4.60%
Boxford	0.90%	2.80%	2.70%
Georgetown	2.30%	2.60%	2.70%
Groveland	2.20%	2.70%	2.60%
Haverhill	11.9%	12.2%	12.2%
Lawrence	29.2%	28.5%	28.4%
Merrimac	2.90%	4.70%	6.20%
Methuen	8.50%	9.10%	9.80%
Newbury	4.90%	4.90%	4.00%
Newburyport	8.40%	7.40%	7.40%
North Andover	5.40%	4.60%	5.20%
Rowley	10.1%	9.00%	5.00%
Salisbury	8.00%	8.30%	9.60%
West Newbury	6.00%	8.50%	7.20%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Poverty by Sex and Age

Merrimack Valley Communities	Male	Female	Under 5 yrs.	18 - 64 yrs.	65+ yrs.
Amesbury	6.00%	4.30%	5.10%	5.50%	5.80%
Andover	4.50%	4.60%	0.80%	4.20%	6.90%
Boxford	2.00%	3.20%	0.00%	1.80%	0.00%
Georgetown	2.40%	3.00%	0.00%	2.40%	7.50%
Groveland	2.00%	3.30%	7.90%	1.80%	5.90%
Haverhill	11.5%	12.9%	18.2%	10.6%	9.00%
Lawrence	25.0%	31.5%	38.2%	23.8%	29.6%
Merrimac	6.40%	6.00%	0.00%	5.90%	2.70%
Methuen	9.00%	10.70%	15.80%	7.80%	11.20%
Newbury	4.00%	4.00%	0.00%	2.40%	8.70%
Newburyport	5.40%	9.20%	11.60%	7.20%	5.30%
North Andover	4.90%	5.50%	2.90%	5.60%	3.40%
Rowley	4.40%	5.60%	5.00%	3.60%	11.10%
Salisbury	7.50%	11.50%	5.00%	10.85	5.90%
West Newbury	6.80%	7.70%	20.50%	4.50%	4.85%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Educational Attainment

Educational Attainment

Merrimack Valley Communities	Population 18-24 with < High School Diploma	Population 25+ with < High School Diploma
Amesbury	7.6%	6.3%
Andover	10.9%	2.5%
Boxford	11.1%	2.1%
Georgetown	10.4%	3.1%
Groveland	5.5%	3.9%
Haverhill	15.2%	11.8%
Lawrence	24.9%	31.9%
Merrimac	12.6%	3.1%
Methuen	11.9%	11.3%
Newbury	5.4%	3.4%
Newburyport	0.3%	2.9%
North Andover	14.4%	3.5%
Rowley	9.2%	4.6%
Salisbury	14.9%	10.2%
West Newbury	8.6%	2.6%

Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Employment

Unemployment Rate Comparisons in the Merrimack Valley				
	2010	2012	2015	Feb. 2017
Amesbury	7.70%	5.80%	4.30%	3.30%
Andover	6.40%	4.90%	3.90%	3.10%
Boxford	6.10%	4.50%	3.60%	2.70%
Georgetown	6.90%	5.20%	3.80%	3.10%
Groveland	6.80%	5.10%	3.80%	3.30%
Haverhill	9.30%	7.60%	5.40%	4.50%
Lawrence	14.80%	13.60%	9.60%	7.80%
Merrimac	7.60%	5.60%	4.10%	3.40%
Methuen	9.70%	7.50%	5.50%	4.70%
Newbury	7.70%	6.10%	4.40%	3.60%
Newburyport	7.40%	5.50%	4.10%	3.30%
North Andover	7.20%	5.40%	4.30%	3.20%
Rowley	7.60%	5.90%	4.50%	3.40%
Salisbury	9.40%	6.90%	4.90%	4.20%
West Newbury	6.60%	5.00%	3.60%	2.90%

Source: Massachusetts Executive Office of Labor and Workforce Development

Lower Merrimack Valley Workforce Development Area Labor Force				
Year	Labor Force	Employed	Unemployed	Unemployment Rate
2010	172,702	156,281	16,421	9.5%
2012	174,207	160,633	13,574	7.8%
2015	180,096	169,957	10,140	5.6%
Feb. 2017	182,794	174,362	8,432	4.6%

Source: Massachusetts Executive Office of Labor and Workforce Development

Health

Access to Mental Health Providers				
Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Middlesex County	1,570,301	7,379	212.8	469.9
Essex County	769,093	3,444	223.3	447.8
Massachusetts	6,745,398	33,237	202.9	492.7

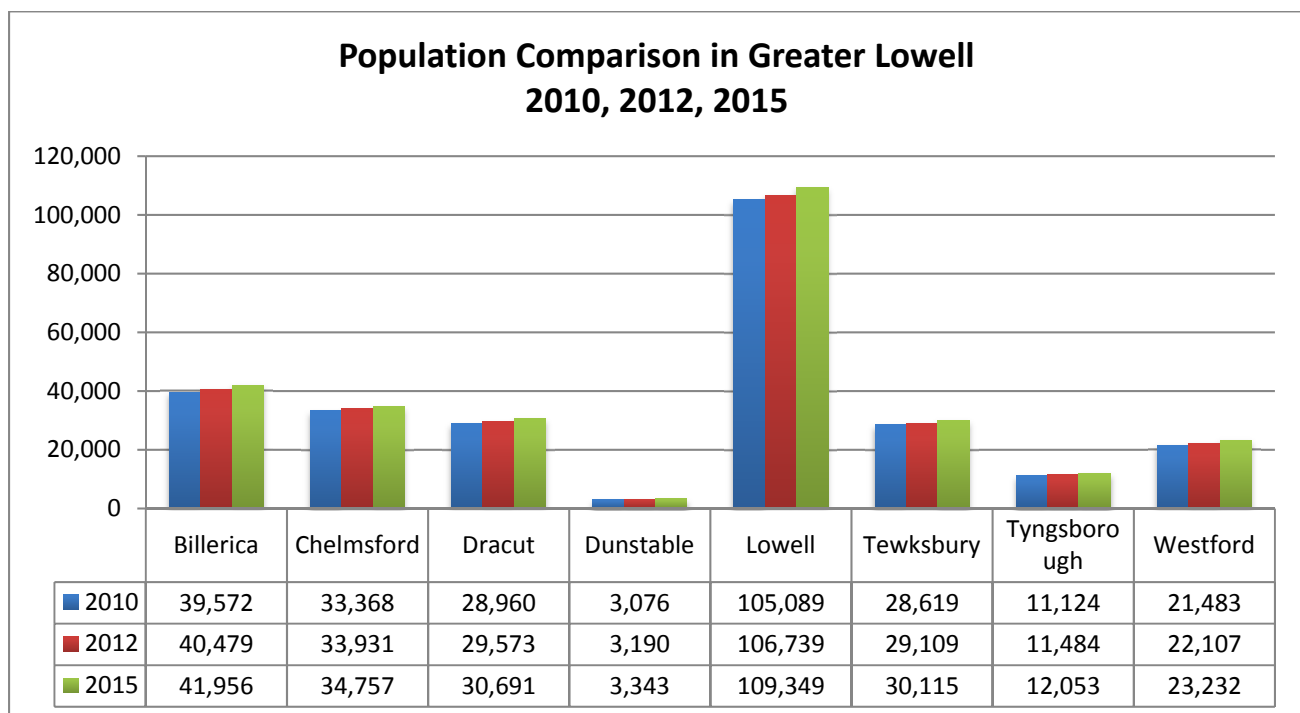
Source: University of Wisconsin Population Health Institute, County Health Rankings 2016; Community Commons

GREATER LOWELL

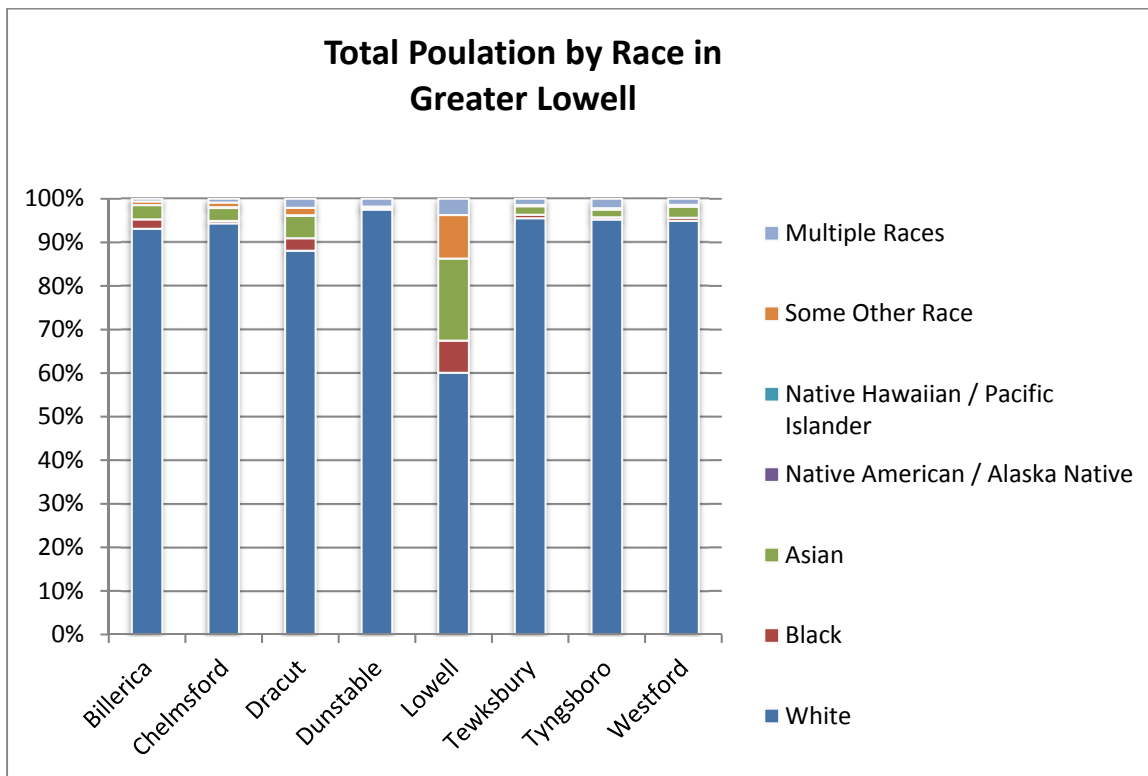


The Greater Lowell area is comprised of the City of Lowell and the seven surrounding towns including Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsboro and Westford. As a Gateway City, Lowell is the largest in terms of population and broader diversity but also has higher rates of poverty and unemployment as compared to the surrounding suburbs. Greater Lowell is also known as the agency's core Community Service Block Grant (CSBG) Service Area. The following tables and charts depict some of the community data for this area.

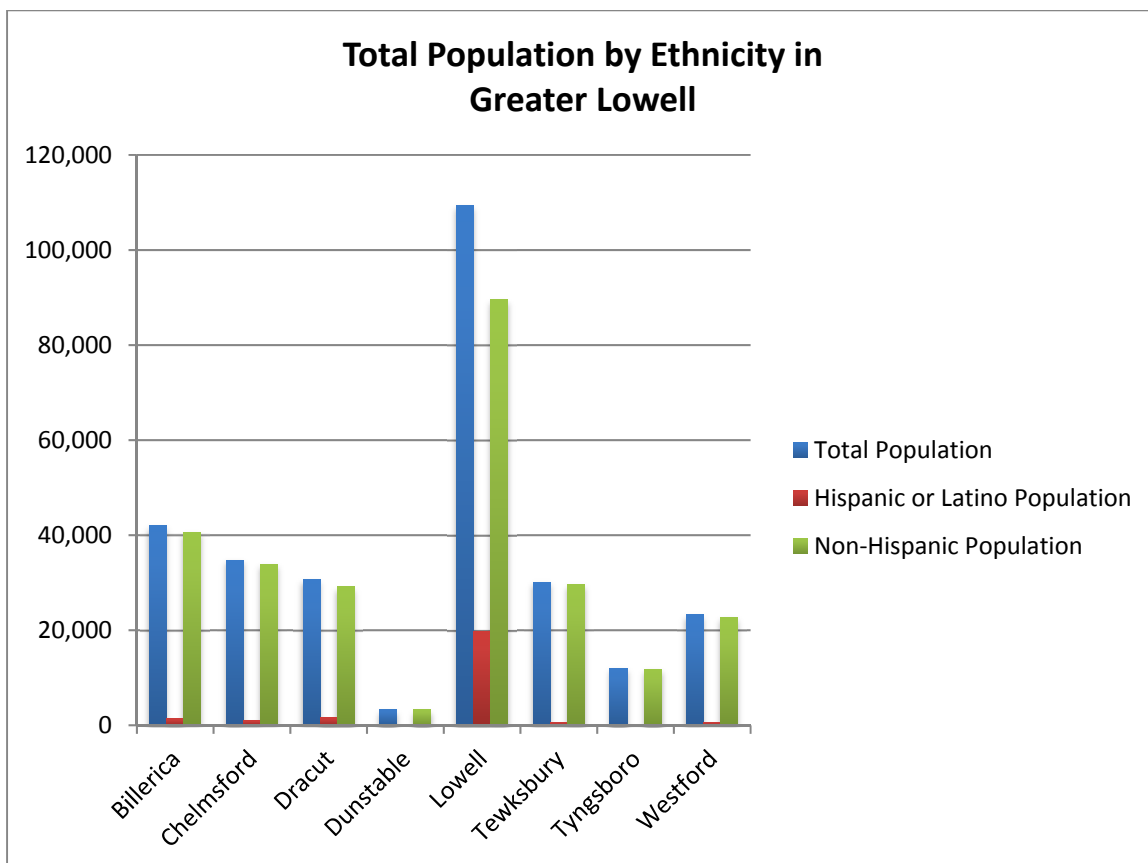
Population Trends



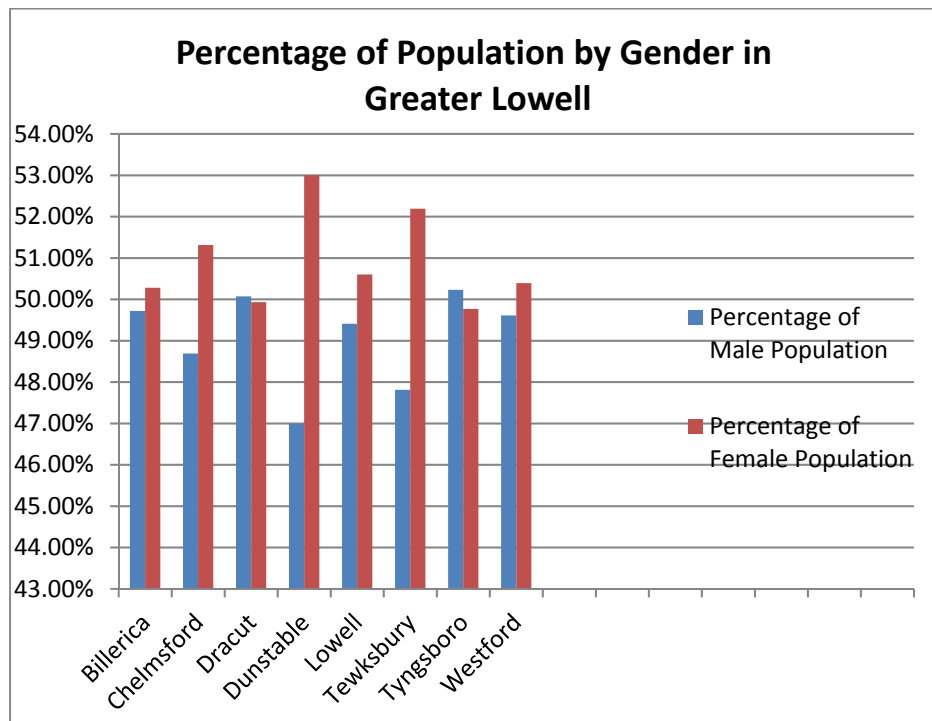
Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015



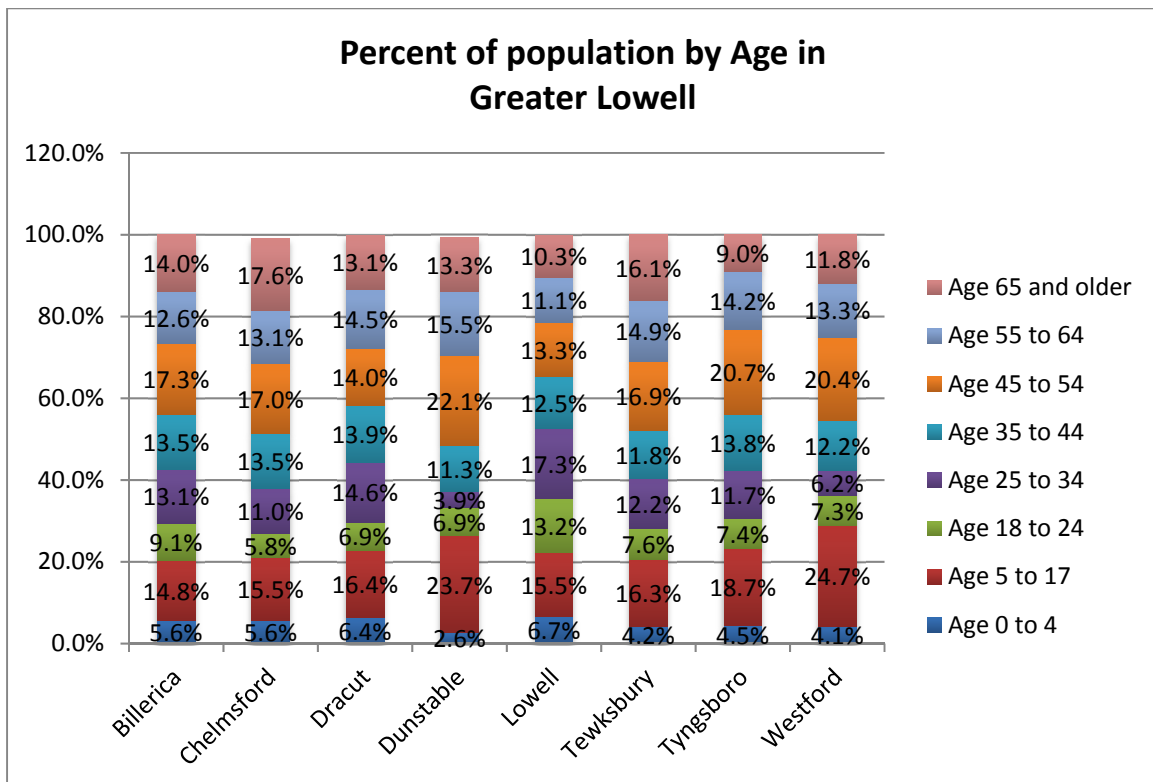
Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015



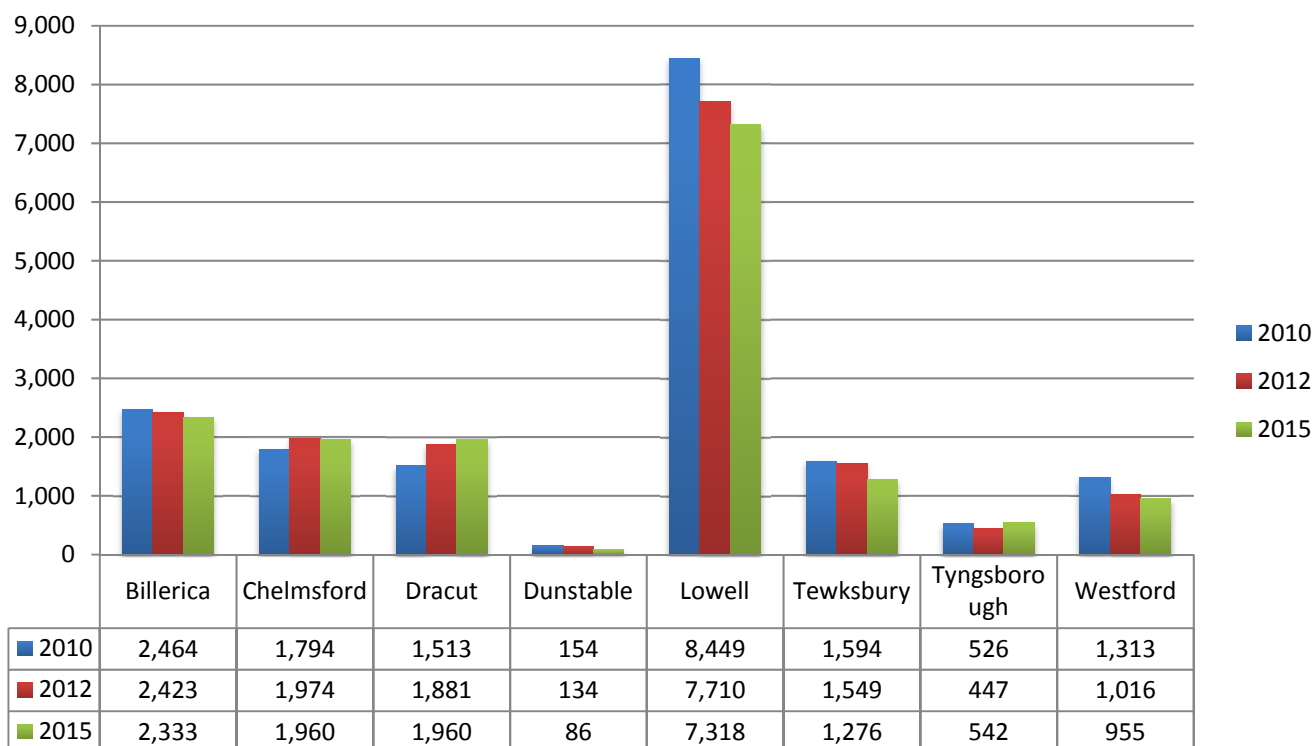
Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015



Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015



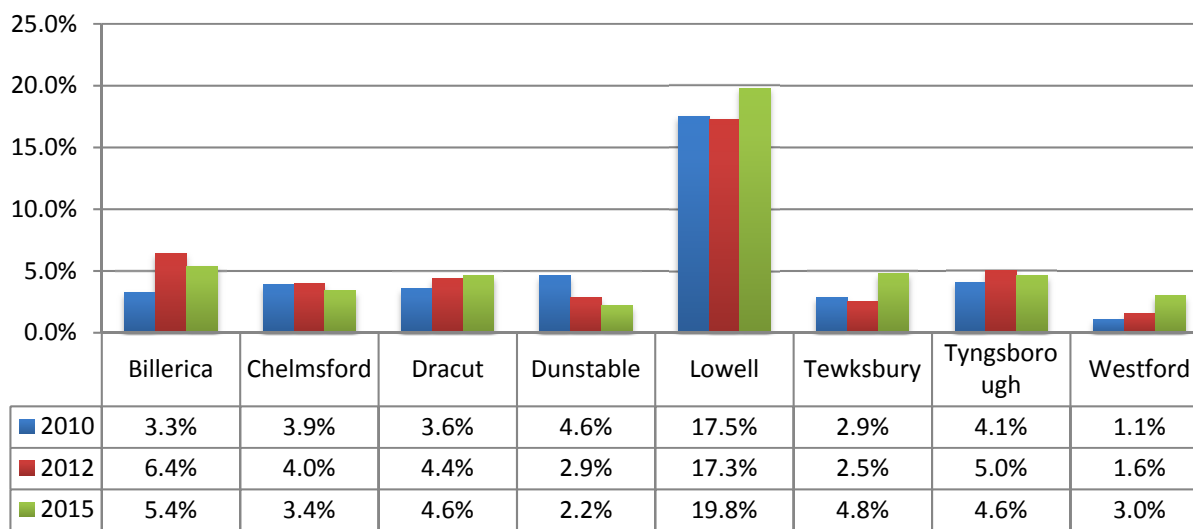
Age group 0-4 Population Comparisons in Greater Lowell 2010, 2012, 2015



Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

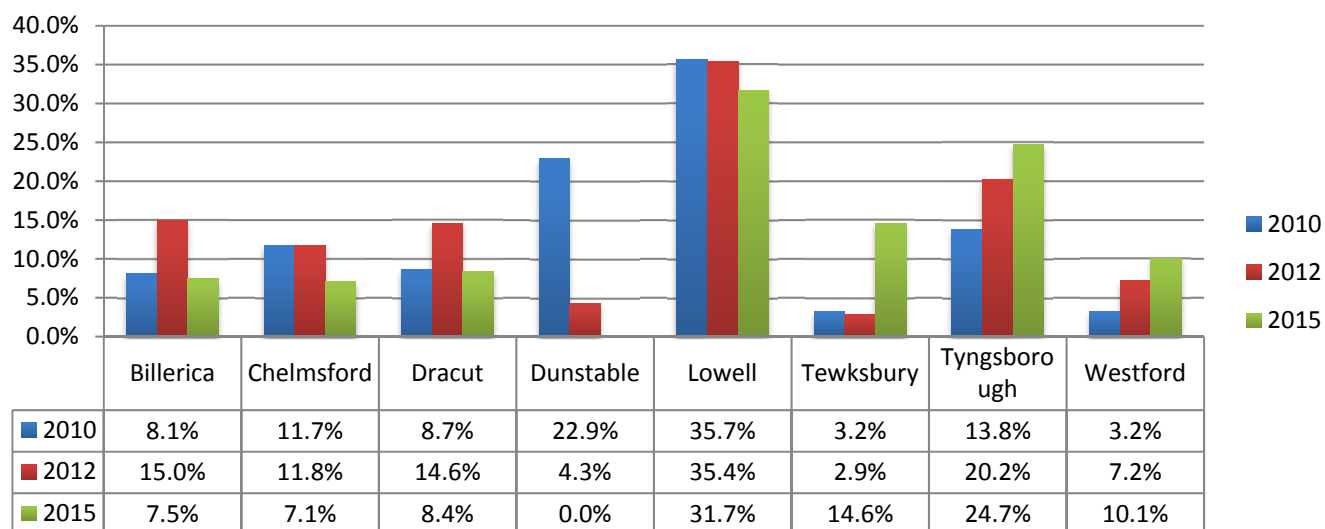
Income & Poverty

Poverty Rate Comparisons in Greater Lowell 2010, 2012, 2015



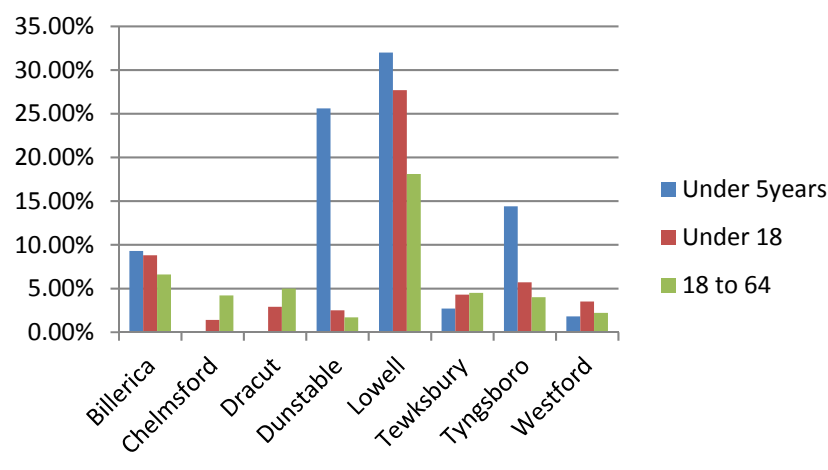
Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Female Head of Household with income below poverty level (%) 2010, 2012, 2015

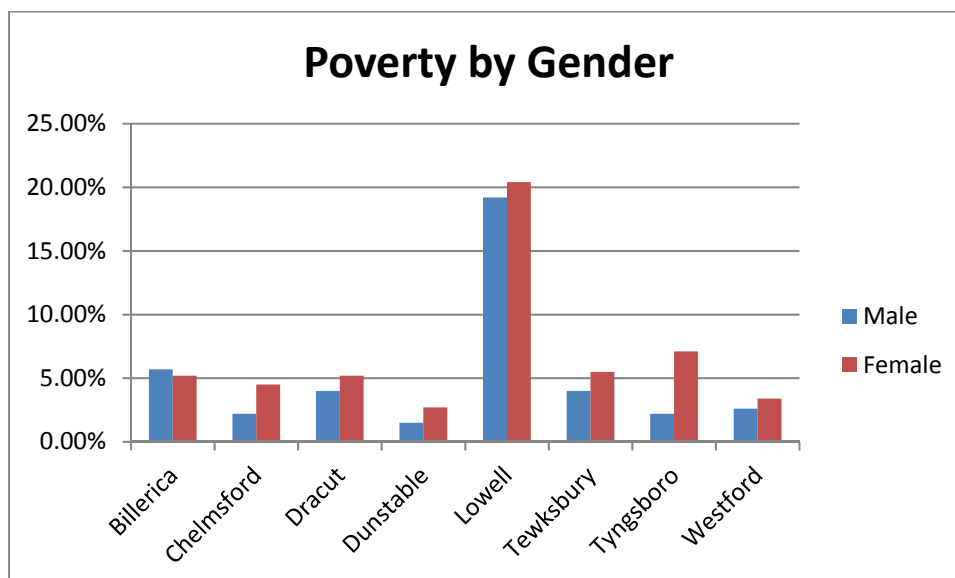


Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Poverty by Age

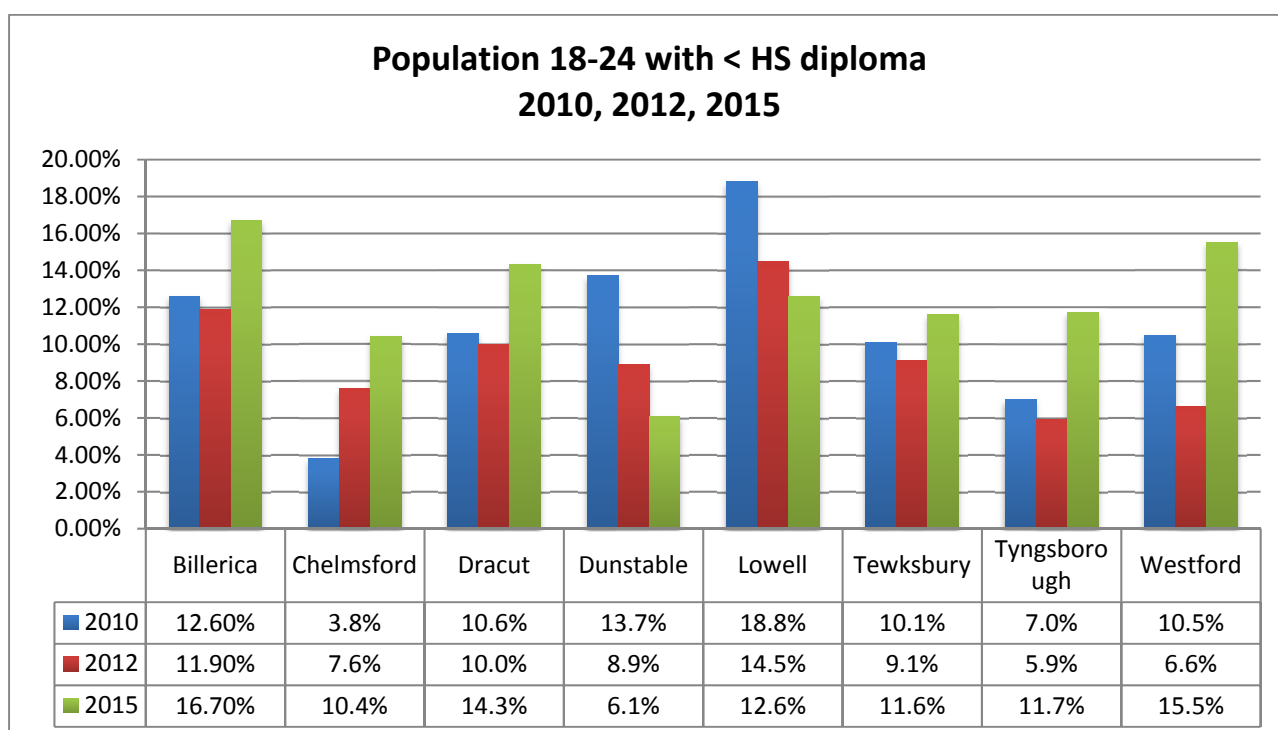


Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015



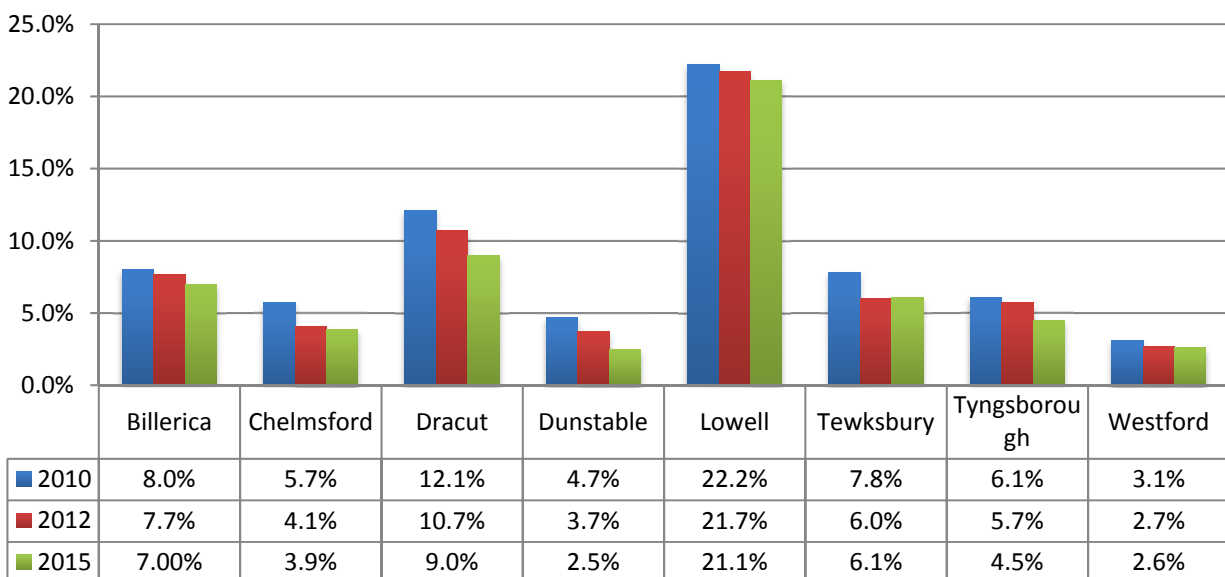
Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Educational Attainment



Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

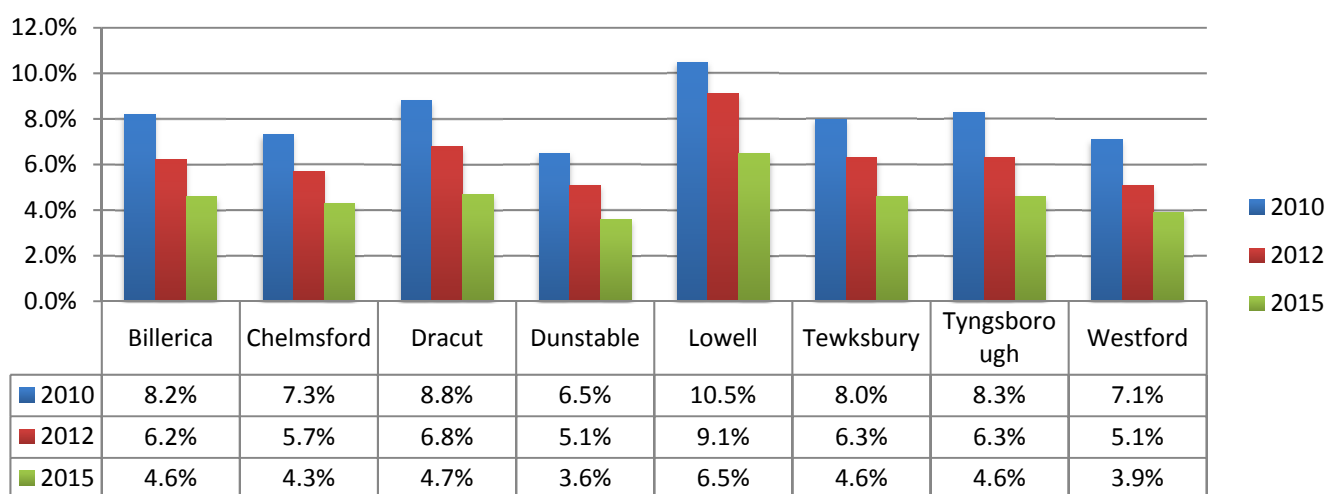
Population 25 and older with < HS diploma 2010, 2012, 2015



Source: U.S. Census American Community Survey Five-Year Estimates 2011-2015

Employment

Unemployment Rate Comparisons in Greater Lowell 2010, 2012, 2015



Source: Massachusetts Executive Office of Labor and Workforce Development

Greater Lowell Communities	Unemployment Rate Comparisons in Greater Lowell 2010, 2012, 2015 & Most Current Month			
	2010	2012	2015	Feb. 2017
Billerica	8.2%	6.2%	4.6%	3.9%
Chelmsford	7.3%	5.7%	4.3%	3.5%
Dracut	8.8%	6.8%	4.7%	4.2%
Dunstable	6.5%	5.1%	3.6%	2.7%
Lowell	10.5%	9.1%	6.5%	5.0%
Tewksbury	8.0%	6.3%	4.6%	3.8%
Tyngsborough	8.3%	6.3%	4.6%	4.0%
Westford	7.1%	5.1%	3.9%	3.2%

Source: Massachusetts Executive Office of Labor and Workforce Development

Housing & Homelessness

Subsidized Housing Inventories in the Greater Lowell Region						
Community	Year -Round Housing Units 2010	Total Subsidized Housing Inventory (SHI) Units			Percent SHI Units	
		June 2011	July 2016	Percent Change	June 2011	July 2016
Billerica	14,442	1,186	885	-25.38	8.21	6.13
Chelmsford	13,741	966	1,169	21.01	7.03	8.51
Dracut	11,318	595	573	-3.70	5.26	5.06
Dunstable	1,085	0	0	N/A	0	0
Lowell	41,308	5,212	5,215	-.06	12.62	12.62
Pepperell	4,335	122	129	5.74	2.81	2.98
Tewksbury	10,803	967	963	-0.41	8.95	8.91
Tyngsborough	4,166	278	437	-57.19	6.67	10.49
Westford	7,671	337	630	86.94	4.39	8.21
Greater Lowell Region	108,869	9,663	10,001	3.50	8.87	9.19

Source: Massachusetts DHCD, Chapter 40B SHI, March 2004 and August 2014; Northern Middlesex Council of Governments
 *Based upon 2000 Year-Round Housing Units :

Lowell Continuum of Care Point-in-Time Homeless Persons Data 2016				
	Emergency Shelter	Transitional Housing	Unsheltered	Total
Female	222	49	4	275
Male	259	44	15	318
Transgender	0	1	0	1
Total	481	94	19	594
Unaccompanied Youth 18-24	10	0	0	10

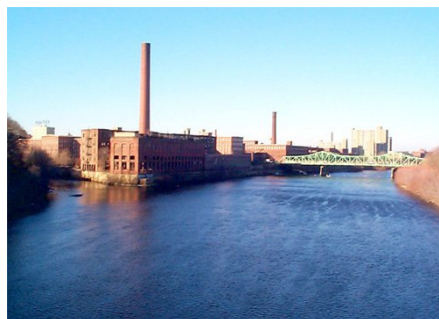
Source: HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

Health

Number of Opioid Related Overdose Deaths in Greater Lowell					
Report Area	2012	2013	2014	2015	2016
Billerica	1	4	12	12	11
Chelmsford	1	3	3	5	5
Dracut	3	6	7	8	6
Dunstable	1	1	0	0	0
Lowell	9	25	39	59	63
Tewksbury	2	1	7	8	10
Tyngsboro	2	1	1	5	1
Westford	0	0	2	0	3
Totals	19	41	71	97	99

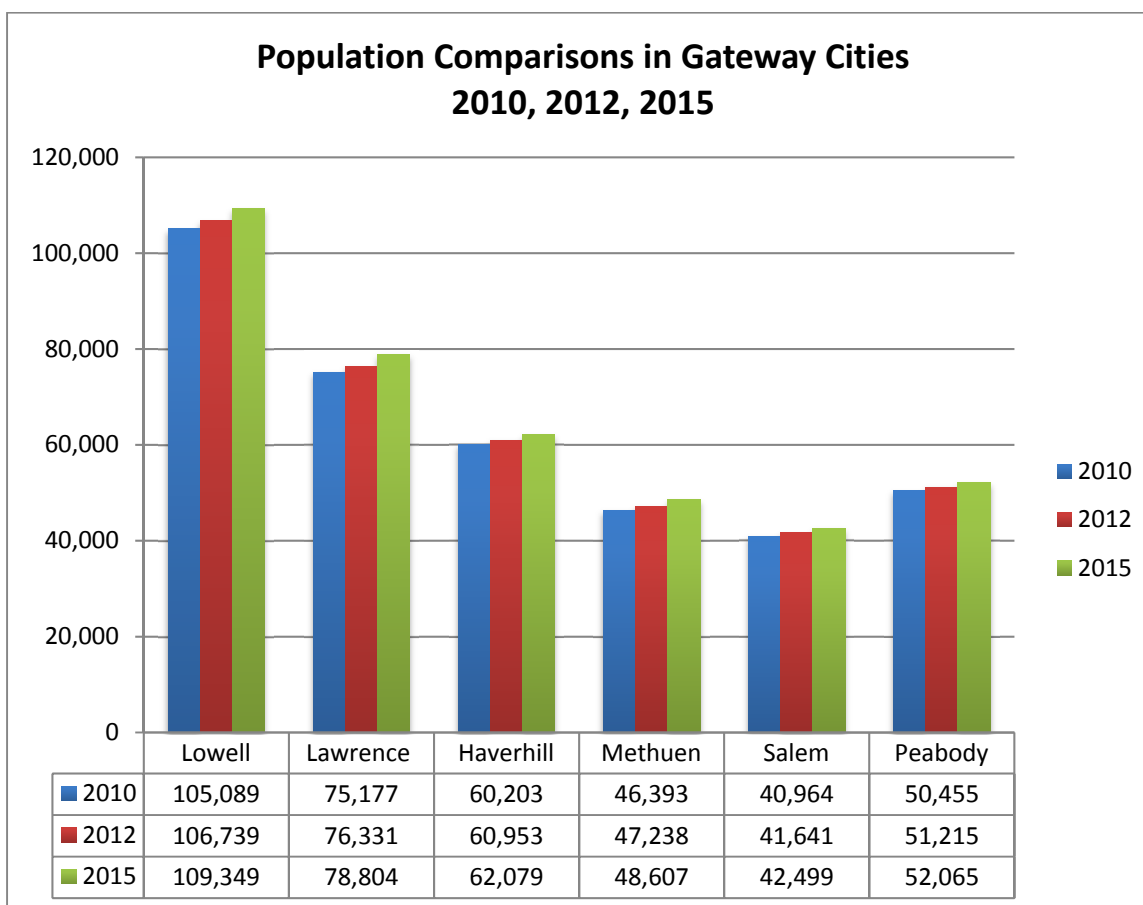
Source: Massachusetts Department of Public Health

GATEWAY CITIES

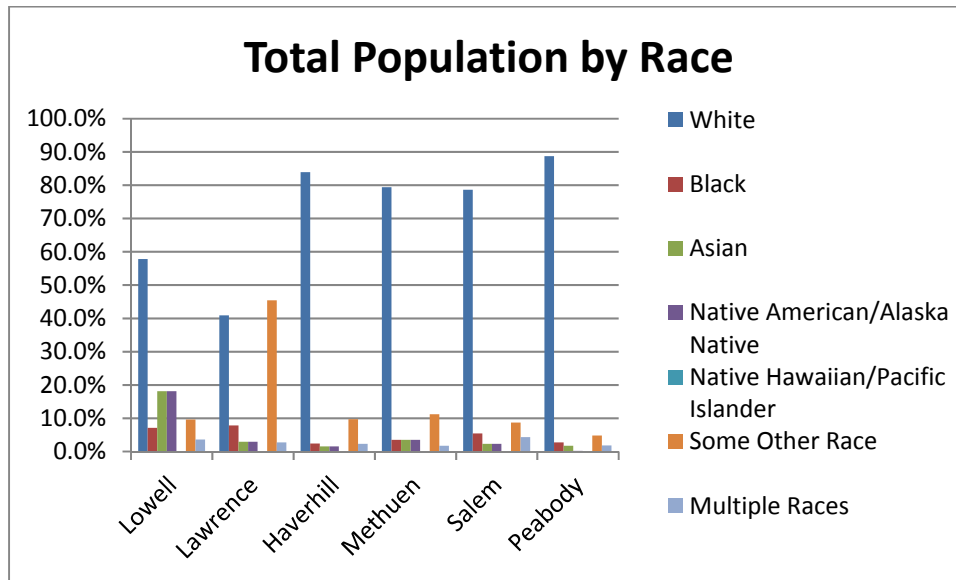


The six Gateway Cities within Community Teamwork’s catchment area include Lowell, Lawrence, Haverhill, Methuen, Peabody and Salem. These are designated as Gateway Cities due to their low educational attainment and high poverty rates. The Gateway Cities were known as a “gateway” to the American Dream where residents could get good jobs but through the decades, with manufacturing jobs disappearing, these cities struggle to rebound and face many social and economic challenges. The following tables depict some of the social and economic indicators within these communities.

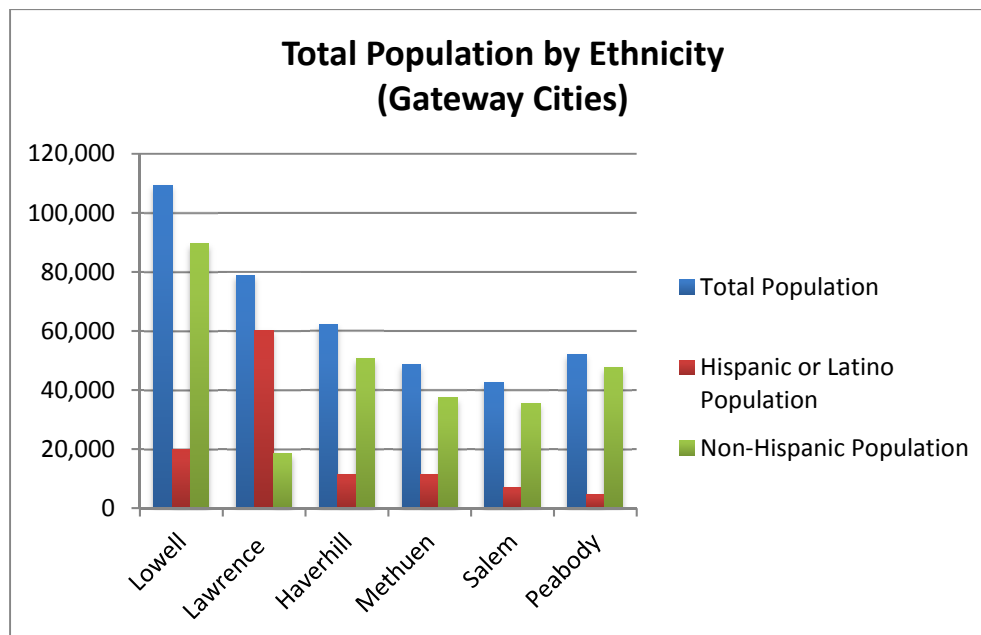
Population Trends



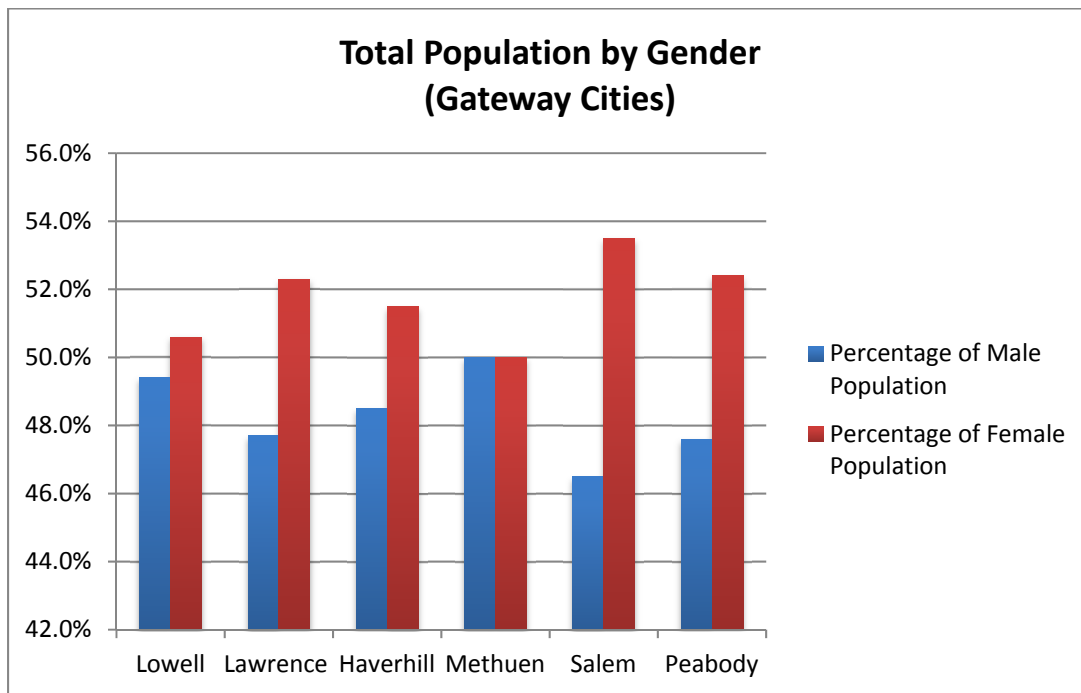
Source: American Community Survey 2011-2015



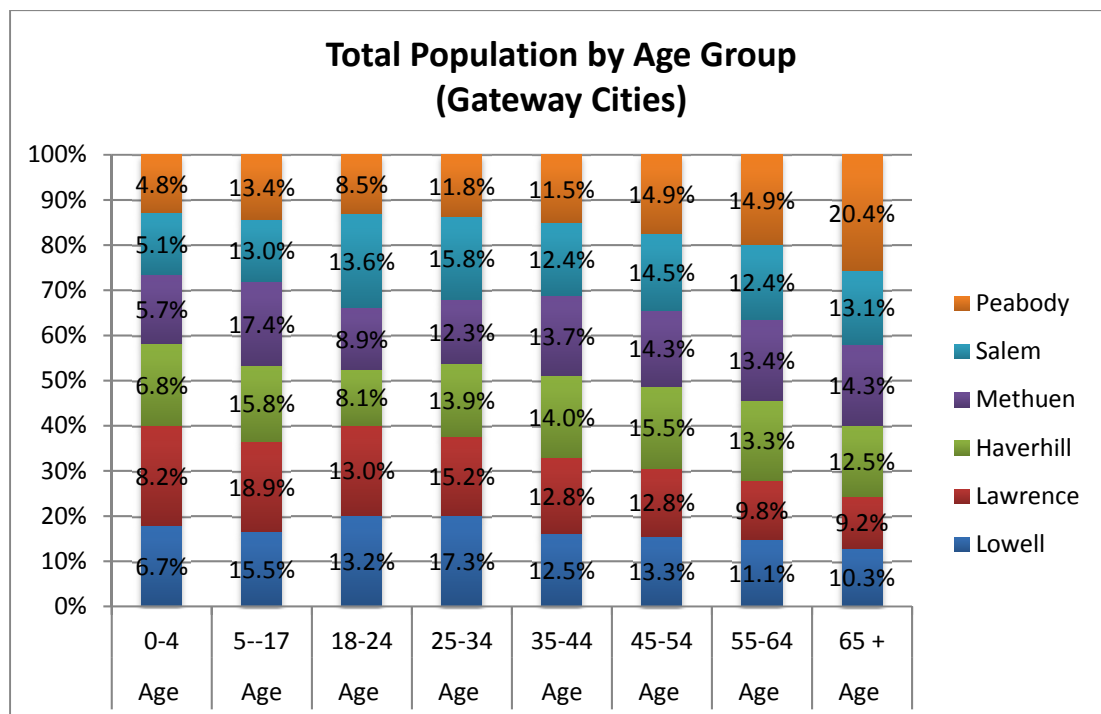
Source: American Community Survey 2011-2015



Source: American Community Survey 2011-2015



Source: American Community Survey 2011-2015



Source: American Community Survey 2011-2015

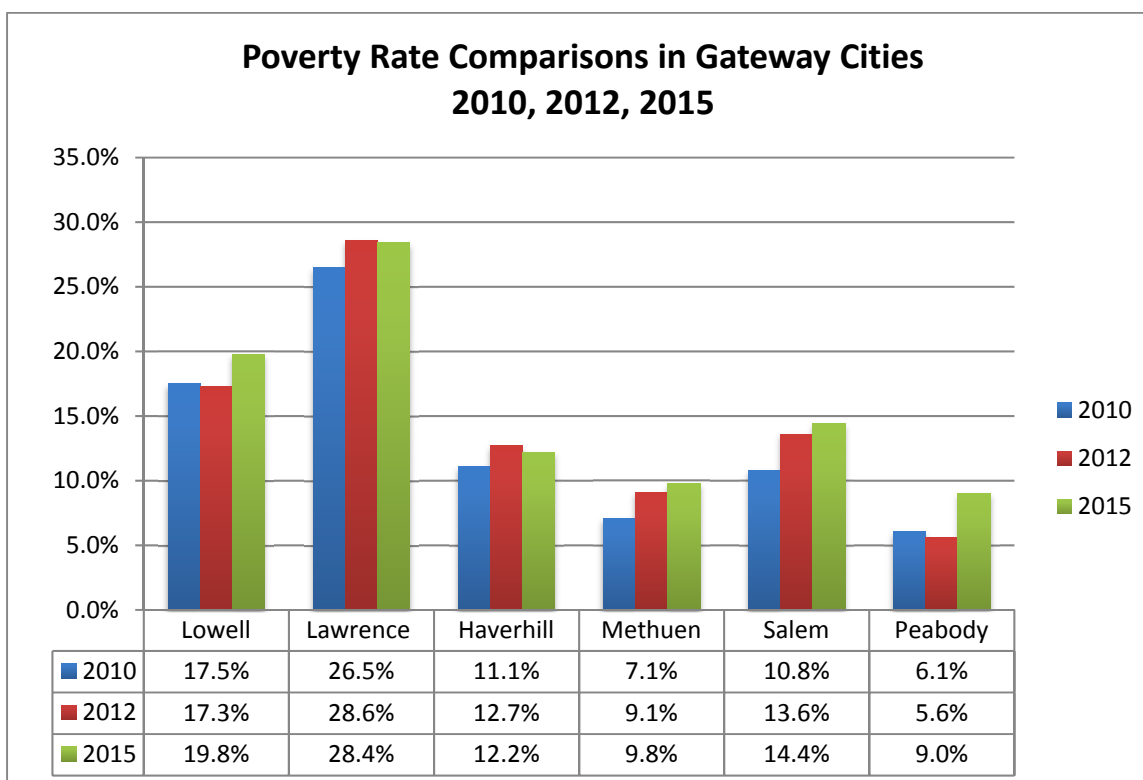
Population 0-4 years in Gateway Cities			
Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Lowell	109,349	7,318	6.7%
Lawrence	78,804	6,471	8.2%
Haverhill	62,079	4,236	6.8%
Methuen	48,607	2,761	5.7%
Salem	42,499	2,166	5.1%
Peabody	52,065	2,525	4.9%
Middlesex County	1,556,116	87,800	5.6%
Massachusetts	6,705,586	365,841	5.5%
United States	316,515,021	19,912,018	6.3%

Source: American Community Survey 2011-2015; Community Commons

Foreign Born Population in Gateway Cities					
Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Lowell	109,349	14,932	13,285	28,217	25.8%
Lawrence	78,804	13,986	15,459	29,445	37.4%
Haverhill	62,079	3,637	2,008	5,645	9.09%
Methuen	48,607	4,869	3,124	7,993	16.4%
Salem	42,499	3,554	2,654	6,208	14.6%
Peabody	52,065	4,307	3,424	7,731	14.9%
Middlesex County	1,556,116	150,226	158,485	308,711	19.8%
Massachusetts	6,705,586	539,588	498,539	1,038,127	15.5%
United States	316,515,021	19,448,227	22,269,193	41,717,420	13.2%

Source: American Community Survey 2011-2015; Community Commons

Income & Poverty



Source: American Community Survey 2011-2015

Children under 18 in Poverty (100% FPL) in the Gateway Cities				
Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Lowell	104,743	23,902	6,611	27.7%
Lawrence	77,936	21,170	8,270	39.1%
Haverhill	60,903	13,663	2,522	18.5%
Methuen	48,265	11,107	1,611	14.5%
Salem	40,661	7,608	1,756	23.1%
Peabody	51,618	9,454	1,181	12.5%
Middlesex County	1,500,602	319,412	29,338	9.2%
Massachusetts	6,471,313	1,378,349	208,941	15.2%
United States	308,619,550	72,540,829	15,760,766	21.7%

Source: American Community Survey 2011-2015; Community Commons

Children Receiving Free and Reduced Lunch			
Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Lowell	15,060	11,310	75.1%
Lawrence	14,809	13,604	91.9%
Haverhill	9,333	4,928	52.8%
Methuen	6,937	3,042	43.9%
Salem	4,749	2,779	58.5%
Peabody	6,146	2,132	34.7%
Middlesex County	217,958	57,556	26.4%
Massachusetts	955,739	365,473	38.3%
United States	50,195,195	26,012,902	52.4%

Source: National Center for Educational Statistics 2013 - 2014

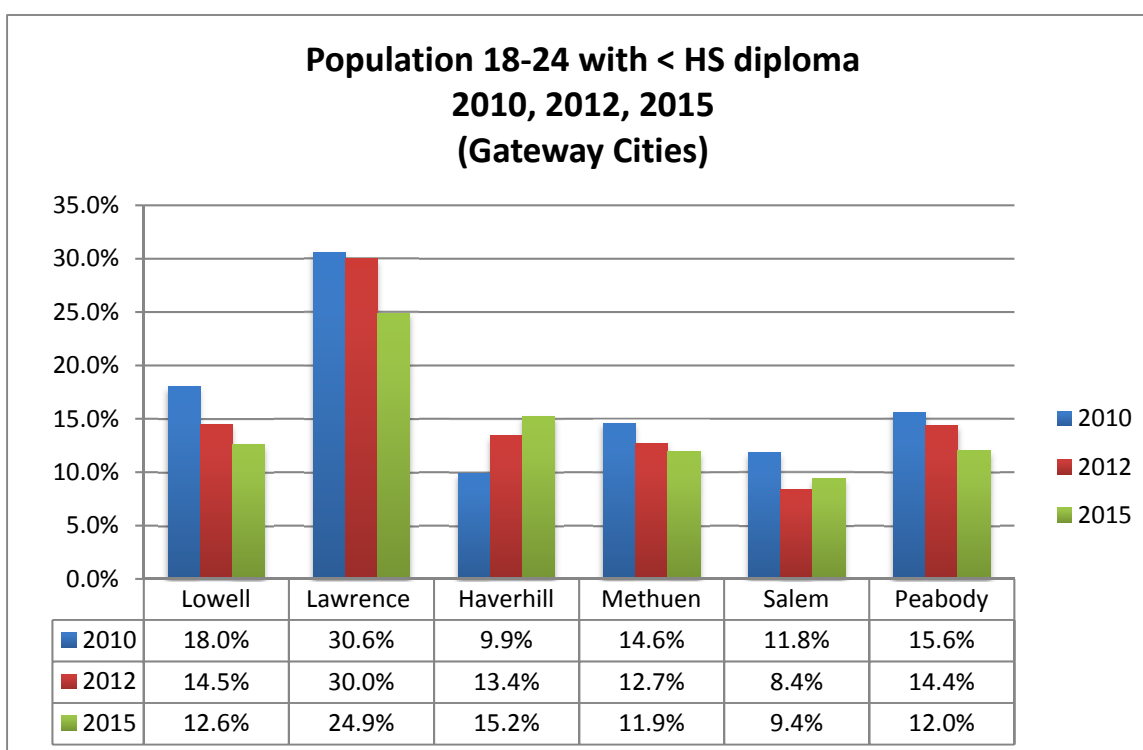
Households with Public Assistance Income in Gateway Cities			
Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Lowell	38,489	2,167	5.6%
Lawrence	26,494	1,856	7.0%
Haverhill	23,781	847	3.6%
Methuen	17,451	546	3.1%
Salem	18,029	725	4.0%
Peabody	21,652	583	2.69%
Middlesex County	585,642	11,637	2.0%
Massachusetts	2,549,721	76,066	3.0%
United States	116,926,305	3,223,786	2.8%

Source: American Community Survey 2011-2015; Community Commons

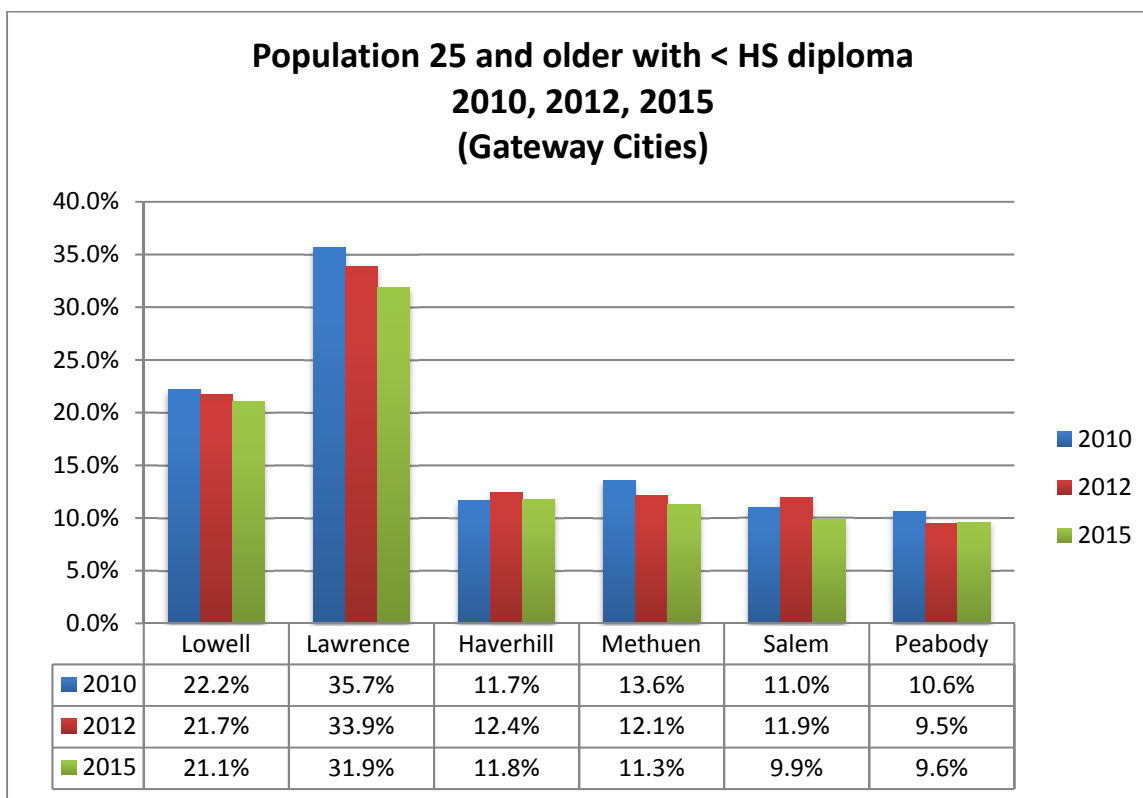
Households Receiving SNAP in the Gateway Cities			
Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Lowell	38,489	8,757	22.8%
Lawrence	26,494	11,125	42.0%
Haverhill	23,781	3,629	15.3%
Methuen	17,451	1,907	10.9%
Salem	18,029	2,947	16.4%
Peabody	21,652	2,578	11.91%
Middlesex County	585,642	45,080	7.7%
Massachusetts	2,549,721	319,009	12.5%
United States	116,926,305	15,399,651	13.2%

Source: American Community Survey 2011-201 Five Year Estimates; Community Commons

Educational Attainment



Source: American Community Survey 2011-2015 Five Year Estimates

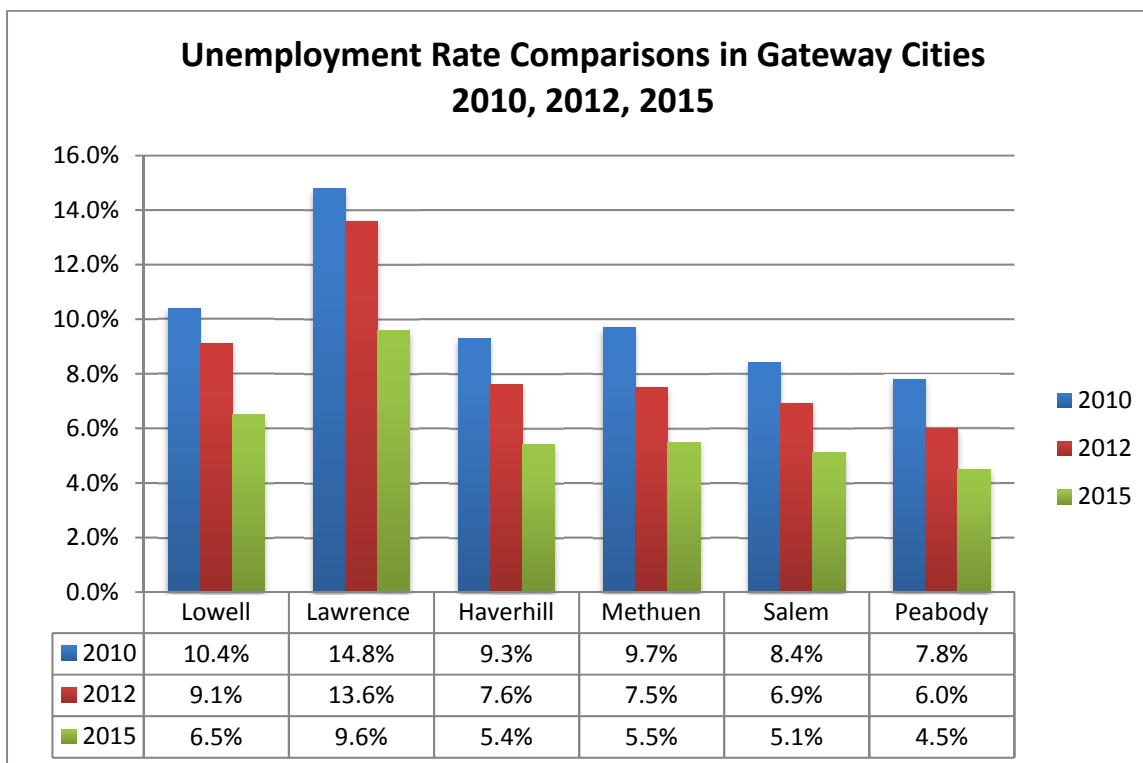


Source: American Community Survey 2011-2015 Five Year Estimates

High School Graduation Rates in the Gateway Cities			
Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Lowell	674	532	78.9
Lawrence	909	654	72.0
Haverhill	463	338	73.0
Methuen	469	408	87.0
Salem	314	279	88.9
Peabody	478	416	87.0
Middlesex County	13,049	11,709	89.7
Massachusetts	59,534	50,527	84.9
United States	3,127,886	2,635,290	84.3

Source: U.S. Dept. of Education, EdFacts 2014-2015

Employment



Source: American Community Survey 2011-2015 Five Year Estimates

HOUSING & HOMELESSNESS

Substandard Housing Comparison In the Gateway Cities			
Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Percent Occupied Housing Units with One or More Substandard Conditions
Lowell	38,489	17,715	46.0%
Lawrence	26,494	14,215	53.7%
Haverhill	23,781	9,174	38.6%
Methuen	17,451	5,869	33.6%
Salem	18,029	7,351	40.8%
Peabody	21,652	8,344	38.5%
Middlesex County	585,642	200,051	34.2%
Massachusetts	2,549,721	929,231	36.4%
United States	116,926,305	40,585,236	34.7%

Source: American Community Survey 2011-2015; Community Commons

Housing Cost Burden in Gateway Cities			
Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households(Over 30% of Income)
Lowell	38,489	17,755	46.1%
Lawrence	26,494	14,008	52.9%
Haverhill	23,781	9,353	39.3%
Methuen	17,451	5,869	33.6%
Salem	18,029	7,618	42.3%
Peabody	21,652	8,719	40.2%
Middlesex County	585,642	203,071	34.7%
Massachusetts	2,549,721	943,396	37.0%
United States	116,926,305	39,670,109	33.9%

Source: American Community Survey 2011-2015; Community Commons

Health

Food Insecurity in the Gateway Cities			
Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Lowell	109,123	9,846	9.0%
Lawrence	77,843	6,984	9.0%
Haverhill	62,045	5,566	8.97%
Methuen	48,157	4,320	8.97%
Salem	42,132	3,780	8.97%
Peabody	52,233	4,686	8.97%
Middlesex County	1,539,832	138,930	9.0%
Massachusetts	6,745,408	745,470	11.1%
United States	318,198,163	47,448,890	14.9%

Source: Feeding America 2014; Community Commons

Number of Opioid Related Overdose Deaths in Gateway Cities					
Report Area	2012	2013	2014	2015	2016
Lowell	9	25	39	59	63
Lawrence	6	10	25	25	46
Haverhill	13	8	35	30	36
Methuen	1	6	13	6	13
Salem	5	7	13	13	19
Peabody	3	12	14	11	9
Massachusetts	742	961	1361	1651	1933

Source: Massachusetts Department of Public Health – Posted May 2017

In 2016, the city of Boston had the highest number of opioid related deaths in Massachusetts at 196 followed by the city of Lowell with 63 deaths, Fall River with 62, Worcester with 56 and New Bedford with 55.

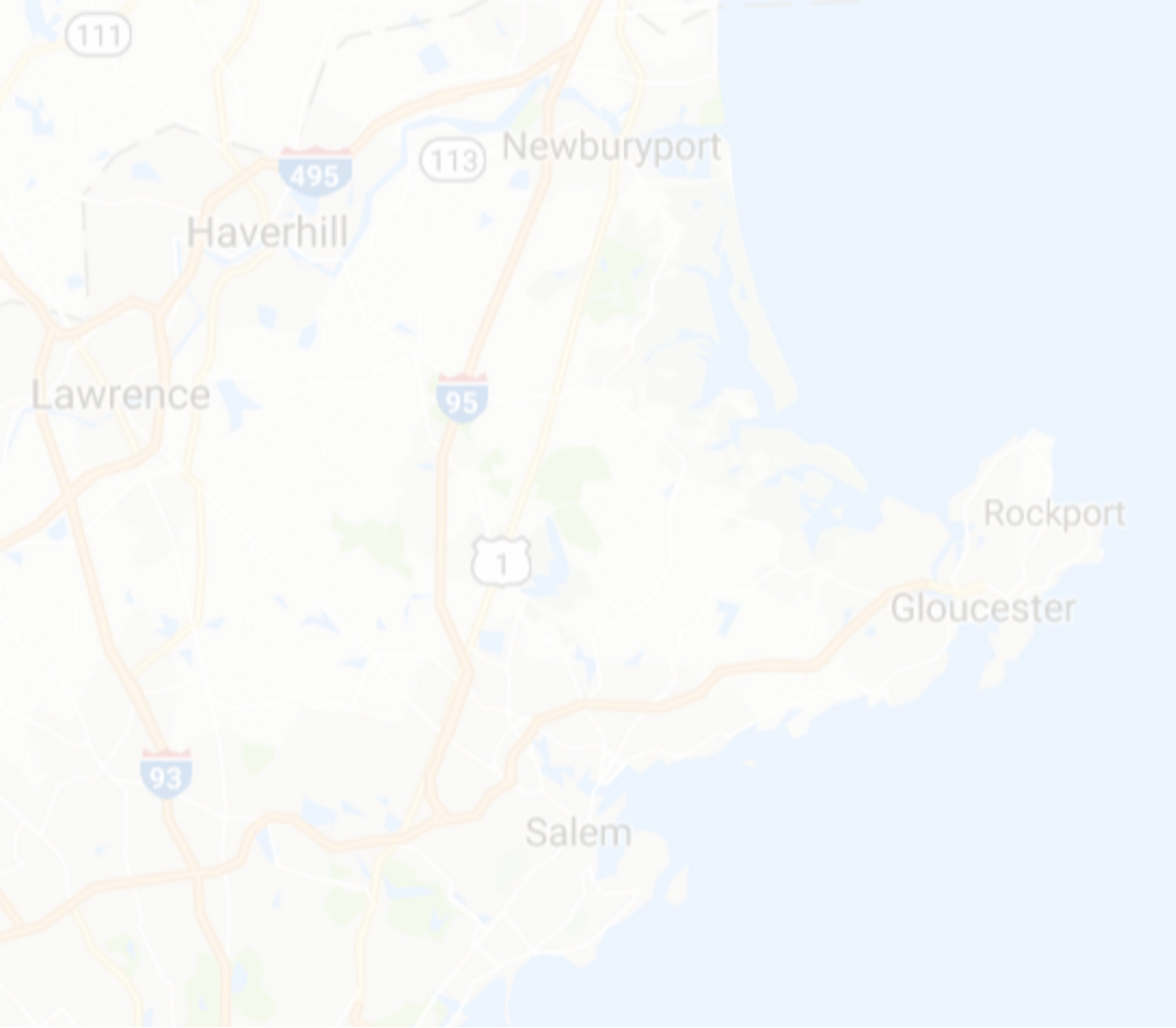


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