

Community Teamwork

COMMUNITY NEEDS ASSESSMENT 2021

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TEAM
WORK



Community Teamwork, Inc.
2021 Community Needs Assessment



Letter from the CEO

Friends of Community Teamwork and fellow members of the Greater Lowell community,

This iteration of our Community Needs Assessment comes at a singular moment in our nation's history. A time of disruption in our lives brought on by the COVID-19 pandemic. A period of national unrest and reckoning with race, exacerbated by the murders of George Floyd, Breonna Taylor, Tony McDade, and countless Black individuals at the hands of law enforcement. An overlap of two public health crises: one of disease, and one of racism.

In the midst of all this upheaval, we asked ourselves – what is the function of our data during such a time? What is our role as a Community Action Agency?

We have realized anew that we cannot address poverty without addressing inequity. Inequitable access to opportunity affects people's ability thrive across race, health status, and any number of socioeconomic factors. At our core as an anti-poverty agency, Community Teamwork is also an anti-racism agency, with strong historical ties to the civil rights movement. And we are a public health agency, recognizing that social determinants of health are intimately tied to economic prosperity.

Our Community Needs Assessment has always examined the causes and conditions of poverty in Greater Lowell. The bulk of our assessment took place before COVID-19 and the current national conversation on racism. Therefore, we conducted two targeted assessments, each specifically assessing the impact of COVID-19 and racism on poverty.

The Community Needs Assessment drives the agency's Strategic Planning process in keeping with the greatest needs facing our community. This then informs our programming for the next three years and impacts the disbursement of limited and critical resources. In essence, community feedback defines our longitudinal work.

It is our hope that the change makers in our society will use this report to build new programs, initiatives, and systems rooted in data.

Onward.



Karen N. Frederick
Chief Executive Officer
Community Teamwork, Inc.

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Executive Summary

Established in 1965, Community Teamwork is a non- profit Community Action Agency (CAA) serving the City of Lowell and the seven surrounding towns of Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsborough, 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 64 cities and towns inclusive of the North Shore and Cape Ann.

Community Teamwork's mission is to 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.

Every three years, in its capacity as the Community Action Agency, Community Teamwork conducts a Community Needs Assessment. Through a variety of data collection tools, Community Teamwork gathers information on the causes and conditions of poverty directly from the communities we serve. It is these causes and conditions of poverty and the greatest needs facing our community that drive our Strategic Plan and ensures that our progress is community-informed.

Engaging the community is critically important to the work of the agency. Through the Community Needs Assessment process, we collect and analyze the community's perception of Greater Lowell's unmet needs, and combine their feedback with data gathered from a variety of public data sources. The Community Needs Assessment serves as the foundation of Community Teamwork's three-year Strategic Plan. We tailor our existing programs and create new offerings to meet the needs that arise from the Assessment.

In conducting the Community Needs Assessment, we targeted a wide range of businesses, organizations, and public offices across many sectors of our community action service footprint. We are deeply grateful for all the individuals and organizations who lent their time, talents, and expertise, whether as a participant in our assessment tools or as a collaborator in this work. **In particular, we would like to extend our sincere gratitude to all members of the Strategic Planning Committee, Dr. Leland Ackerson of UMass Lowell, Gisela Yeboah, and MASSCAP.**

With input from these many stakeholders, this document reflects the complex and wonderful fabric of Greater Lowell. We believe that Community Teamwork grows stronger through diversity.

The top needs identified in this 2021 Community Needs Assessment are as follows:

Individual Level Top Needs

1. Housing Affordability
2. Living Wages
3. Education and Training
4. Employment Supports
5. Affordable Childcare

Community Level Top Needs

1. Creation of Quality, Affordable housing
2. Industry and Employment
3. Mental Health and Counseling

Using This Document

This Community Needs Assessment covers several geographies served by Community Teamwork: Greater Lowell, the Merrimack Valley, select Gateway Cities, and select cities considered high utilizers of Community Teamwork services (herein referred to as Expanded Coverage Towns). Our Needs Assessments tools cover the Greater Lowell area, and our assessment of publicly available empirical data covers the Greater Lowell Area and those other geographies.

Within each of these geographies, we present our assessment in [Topic Briefs](#). These sections include the following topics: Poverty, Population, Income, and Employment, Housing, Health, Education, Childcare, and Healthcare. As Greater Lowell is our primary focus for the Community Needs Assessment, these Topic Briefs offer a more in-depth analysis of findings.

Overview of Process

In August of 2019, Community Teamwork began its Planning to Plan phase for the development of its 2021- 2023 Community Assessment Report and Strategic Plan (CARSP). Community Teamwork Board Member Dr. Leland Ackerson chaired the CARSP process. As a professor of Public Health at UMass Lowell, Dr. Ackerson brought a wealth of knowledge and experience to the data collection and analysis process. Dr. Ackerson also trained 24 of his graduate and undergraduate students to conduct Key Informant interviews for the Community Needs Assessment.

At the onset of the Needs Assessment, we assembled the Strategic Planning Committee and from this group we established sub-committees. The Strategic Planning Committee also conducted a SWOT analysis of Community Teamwork's Strengths, Weaknesses, Opportunities, and Threats. The Strategic Planning Committee conducted its assessment during the fall and winter of 2019. The agency had originally planned to conduct its analysis of the collected data in the winter of 2020 and publicly report its findings in summer of 2020, but per the Department of Housing and Community Development's response to COVID-19, the analysis was delayed.

Per the federal guidance for Community Action Agencies, the bulk of our assessment took place in the first quarter of 2020 – before COVID-19 and the current national conversation on race. As such, the data presented here outside of the [COVID-19-specific section](#) should be considered “pre-pandemic.” Likewise, we have attempted to call out racial inequities in each of our [Topic Briefs](#) in addition to the section dedicated to [Racial Inequity in Greater Lowell](#).

Methodology

We approached this Community Needs Assessment with an emphasis on diversity and representation in order to gain a response that closely reflects the communities and demographics of Greater Lowell. We recognize that our internal capacity allowed us to collect a convenience sample rather than a statistically significant response. Recognizing these limitations when we designed this process, we targeted a diverse sample population in order to yield more accurate and applicable findings. As such, we carefully selected our Community Needs Assessment Survey recipients, Key Informants, and Focus Groups, as well as the makeup of our Strategic Planning Committee, with an intent to engage a diverse audience. Please see the [Appendix](#) for Community Needs Assessment Survey respondent demographics, including analysis on population representation, and sector analyses outlining the diversity of sectors, towns, and populations engaged in this process across all assessment tools.

The Community Needs Assessment examines and identifies major causes and conditions of poverty in Greater Lowell. In conducting our assessment, we used a variety of data collection tools and activities. The results of these tools were analyzed collectively in order to arrive at the major causes and conditions of poverty. Descriptions of the assessments and data collection tools are as follows.

- **Community Needs Assessment Survey:** The Community Needs Assessment Survey captures the perspective of residents of our CSBG service area as to their perception of the community's top needs as related to poverty and community resources. The Community Needs Assessment Sub-Committee developed a survey instrument for distribution throughout Greater Lowell. Individuals living and working in Greater Lowell were invited to complete the survey. The survey had a twofold objective: to gather data on individual and community needs and the greatest barriers to financial stability, and to gather demographic data of respondents. In total, 1,482 surveys were completed and entered into Survey Monkey for analysis. Please refer to the [Key Findings: Community Needs Assessment Survey](#) section for information on the results of the Community Needs Assessment Survey.

- **Key Informant Interviews:** In order to gain the perspective of community stakeholders and leaders from their specialized lens, we conducted Key Informant Interviews. With the assistance of Dr. Ackerson's Public Health students at UMass Lowell, we interviewed 19 Key Informants representing 17 organizations. The objective of these interviews was to learn Informants' views of the top needs in Greater Lowell and the most effective means of reducing poverty. Please see the [Key Findings: Key Informant Interviews](#) section for more information.
- **Focus Groups:** The Focus Groups brought rich qualitative data to the Community Needs Assessment. While the Key Informants were primarily comprised of sector professionals, the Focus Groups afforded an in-depth conversation with a spectrum of community members. In particular, Focus Groups captured the voice of low-income individuals. The Focus Group Subcommittee conducted fifteen Focus Groups consisting of 133 individuals. All participants were provided the Community Needs Assessment Survey. Focus Group questions were aligned with the Key Informant Interviews questions, and also complement the Survey. Please refer to the [Key Findings: Focus Groups](#) section for more information.

Secondary Data Analysis

Because the data collected through our Needs Assessment represents a convenience sample, we paired our findings with publicly available empirical datasets.

- **SMC Partners Community Data:** We would like to thank MASSCAP for hiring SMC Partners to compile a wealth of data points for Massachusetts Community Action Agencies' use in their CARSP process. One of our most important sources of empirical data provided by SMC Partners is their town-level core data set derived from the American Community Survey 5 Year Estimates (2014-2018) as well as other sources. This data was critical to the development of our analyses and [Topic Briefs](#).
- **Greater Lowell Health Alliance:** We would also like to thank the Greater Lowell Health Alliance for their excellent Community Health Needs Assessment (CHNA), which we consulted when preparing our [Health Topic Brief](#) on the Greater Lowell area. We also compared the greatest needs as evidenced by our Community Needs Assessment Survey with the greatest needs presented in the CHNA. These two assessments, when examined alongside each other, provide a comprehensive overview of our shared community's greatest needs through two specialized lenses: poverty and health.

Identifying Greatest Needs

The Strategic Planning Committee analyzed each of the aforementioned assessment tools and secondary data sources alongside each other in order to arrive at the greatest needs of individuals, families, and the Greater Lowell community at large; the strengths of the community; the most vulnerable subsets of the general population; the causes and conditions of poverty; and the most effective means to reduce poverty.

Generally, there was consensus across these assessment tools and data resources, particularly regarding the greatest needs of individuals and the community. Among our assessment tools, the surveys lent quantitative data to the analysis, while conversational tools such as Focus Groups and Key Informant Interviews lent an in-depth qualitative perspective to the hard data points.

Top Individual and Community Needs

After conducting various assessment tools and examining the publicly available data, we examined trends across these tools and arrived at the following top needs at the individual and community levels:

Top Needs: Individual Level

1. Housing Affordability
2. Living Wages
3. Education and Training
4. Employment Supports
5. Affordable Childcare

Top Needs: Community Level

1. Creation of Quality, Affordable Housing
2. Industry and Employment
3. Mental Health and Counseling

It is important to note that the bulk of our assessment occurred prior to the COVID-19 pandemic. For an assessment of the impact of COVID-19 on poverty in the Greater Lowell area, please read the [COVID-19 Addendum](#).

Individual Need 1: Housing Affordability

For the second consecutive cycle, the unaffordability of housing and the lack of affordable housing is the dominant need among Greater Lowell residents. Respondents to the Community Needs Assessment agreed across race, gender, ethnicity, and age that housing is their top need. Broken out by towns in Greater Lowell, respondents predominantly selected housing in their top two needs.

Additionally, the Community Needs Assessment Survey asked what barriers preclude respondents' households from financial stability. Again, across race, ethnicity, income bracket, gender, the majority of towns, and the majority of age brackets, housing expenses were a top trend. Many respondents cited that "My living expenses (rent/mortgage, heat, food) are too high," to the extent that most of the aforementioned populations cited living expenses, inclusive of rent, in their top one or two barriers.

Focus groups presented the lack of affordable housing as a significant obstacle to households' financial stability. Key Informant interviewees also cited Housing as a concern, but within the context of community-wide need.

An examination of publicly available empirical data sources reinforces the prevalent and growing issue of housing unaffordability and inadequate housing stock. The [Housing in Greater Lowell Topic Brief](#) outlines the convergence of the following factors:

- Greater Lowell has a very low percentage of rental housing units within the total housing stock.
- While rental housing stock is growing, demand far outpaces capacity.
- The overall housing stock in Greater Lowell is aging, creating problems of poor-quality housing.
- De-leading in particular presents a barrier to renters with children.
- In most Greater Lowell communities, approximately half of renters are considered rent-burdened, meaning that they pay more than 30% of their income in housing. This speaks to the lack of affordable units.
- Minimum wage is inadequate to afford the median gross rent in the Greater Lowell area.
- The cost of home ownership is above the national average in every Greater Lowell community and above the state average in 7 out of 9 communities.
- The barriers to homeownership are exacerbated among BIPOC residents. A disproportionately high percentage of BIPOC households are renters, while a disproportionately high percentage of White, Non-Hispanic households are homeowners.

In short, there are few options for affordable, high-quality units for renters, and few pathways to homeownership for most households. This poses a considerable strain on household budgets and jeopardizes families' housing security and

ability to afford other necessary expenses.

Individual Need 2: Living Wages

While the national median home price has risen by 47% since 2009,ⁱ the federal minimum wage has remained at \$7.25 since 2009ⁱⁱ. The rate of wage increases is more consistent with home appreciation in Massachusetts; from 2010 to 2020, the Massachusetts minimum wage has increased from \$8.00 per hour to \$12.75, a 59% increase, while homes appreciated by 39%. However, as previously mentioned, the cost of homeownership and even rental units is unaffordable for families earning the minimum wage.

According to the Massachusetts Institute of Technology's living wage calculator, in Middlesex County, a family with two adults and two children would need to work 40 hours per week at \$20.67 per hour in order to make a living wage.ⁱⁱⁱ This is a considerably higher rate than the Massachusetts minimum wage. In keeping with this trend, 32% of Community Needs Assessment Survey respondents noted that they work full-time but their pay doesn't cover their expenses, in addition to the 42% referenced earlier who noted that their living expenses (rent/mortgage, heat, food) are too high.

Low wages necessitate that many low-income individuals and families rely on public benefits, such as housing vouchers and Fuel Assistance, to make ends meet. Over time, many households eventually increase their earned income, to the point that they exceed income eligibility requirements for public assistance programs. At that point, households can lose those benefits, and thereby lose income that was critical to their sufficiency. Indeed, the lost income of benefits may be greater than the increase in earned income, effectively de-incentivizing workers to earn more income. The result is that families and individuals can feel trapped in their low-income situation. Furthermore, because Massachusetts has a considerably higher minimum wage (\$12.75) than the federal minimum wage (\$7.25), Massachusetts residents are often ineligible for public benefits provided through federal resources because their income is higher than the income restrictions that are calculated on the federal wage level. Therefore, there are many households who have too little income to thrive, but too much income to receive many supports.

Individual Need 3: Education and Training

Education is essential for individuals to increase their employment opportunities, obtain better-paying jobs, and earn higher lifetime earnings which contributes to wealth growth. Our qualitative data assessment highlighted the issue of education and opportunities and the impact on reducing poverty. In particular, our Key Informants identified poor education quality and low wages as a cause of poverty. One Key Informant stated that Massachusetts has very high education rates compared to national averages, yet Lowell's education rate is far lower than that of Massachusetts. Additionally, respondents to our Community Needs Assessment Survey, when asked what barriers impede their household's financial stability, one-fifth of respondents reported that they "need more education or training to get work or better work." When broken down by race, BIPOC respondents were more likely to cite education or training (or lack thereof) as a barrier to their financial wellbeing.

Educational attainment is a major contributor to the cycle of poverty; children who grow up in poverty are less likely to graduate high school, and in turn, they continue the cycle of poverty as adults. Adult educational attainment is strongly correlated to future income earnings and employment status; it also impacts an individual's health outcomes. The Centers for Disease Control and Prevention (CDC) has stated that, "persons with low levels of education and income generally experience increased rates of mortality, morbidity, and risk-taking behaviors and decreased access to and quality of health care."

Individual Need 4: Employment Supports

In addition to education opportunities, employment supports are needed in order to increase income at the individual level. Most often, Community Needs Assessment Survey respondents, Key Informants, and Focus Groups cited childcare as a barrier to their ability to work full time. Specifically, one-third of survey respondents cited a need for “After School/Summer Programs for Children/Youth,” which differs from the need for childcare for young children. While childcare may be accessible to a working parent or guardian in terms of available times, it may be difficult to find care for older children before or after school when their parent or guardian is working or commuting. BIPOC respondents also cited “Child Care/Early Childhood Education” as a top need.

Transportation also is a barrier to employment, particularly to those individuals who live outside of fixed public transportation routes or whose shifts do not align with the timeline of transportation. In this regard, minimum wage earners are likely to be most impacted by limited bus schedules, as they are more likely to work non-traditional hours than a moderate-income worker working a 9-to-5 office job, for example.

Individual Need 5: Affordable Childcare

Child care is highly expensive, costing as much or more than rent. The Economic Policy Institute shows that in single parent households, actual child care costs were only \$74 less than housing costs; for two-parent households, child care exceeded housing costs by \$858.^{vii} In particular, Lowell families earning the median household income spend between 30-50% of their income on child care.^{viii}

Data from 2017 show Middlesex County as the most expensive center-based care in the state, at \$22,232 per year for infant care and \$16,541 for 4-Year-Old care. This becomes an even more important issue when considering median income within the county. Middlesex County ranks 5th at 16.4% of median income, signifying that while child care is the most expensive in the service area, family income is insufficient to pay these high costs.^{ix} Family Child Care within the county is slightly more affordable as the third most expensive in the State. ^x Furthermore, even when families are able to find affordable childcare, the lack of evening childcare, early shift childcare, or after-school and summer care for school-age youth poses another barrier to working parents.

Community Need 1: Creation of Quality, Affordable Housing

In addition to the issue of housing affordability at the individual level, we also see an inadequate supply of affordable housing at the community level. A majority of Key Informants cited housing as the most prevalent cause of poverty that the Greater Lowell community faces, at nearly twice the rate of the second-most prevalent causes of poverty (education and low wages). Furthermore, when asked what would end poverty, the most common answers were affordable housing and jobs/workforce training (tied), which was cited at twice the rate of the second-most common answer, which was mental health services.

There is a lack of affordable housing units in Greater Lowell which can be alleviated by the creation of additional affordable housing units by developers receiving an incentive from the state to designate units specifically for low- to moderate-income households. There are currently not enough units or affordable housing vouchers to meet the demand for low-income individuals. Community Teamwork’s own Section 8 waiting list is currently nearly fifteen years long. In a more general sense, the community also lacks affordable housing units that are not dedicated to a specific program; rather, developers create units and charge a rent in line with Fair Market Rent.

Community Need 2: Industry and Employment

In keeping with the clear need for employment supports to increase wages and income at the individual level, the Greater Lowell community lacks adequate employment resources and jobs that pay living wages to sustain a healthier moderate-income population. It is important to note that this was the climate of employment prior to COVID- 19. Since the pandemic, unemployment rates have skyrocketed as many traditional employers in industries with opportunities for entry-level to mid-level workers have implemented lay-offs, furloughs, or have closed completely. Women in particular are leaving the workforce in staggering rates, likely to care for children as childcare centers close and schools move to remote learning. Even prior to the pandemic, the community has experienced a decrease in funding support for employment programs. The most prominent program for workforce development, Workforce Innovation and Opportunity Act funding, has seen a decrease in Greater Lowell in recent years, as unemployment had been on a

downward trend and the economy was strong. Despite these apparently positive employment metrics, our assessment of the community indicates that the effects of a strong economy and workforce are not equally felt across the socioeconomic spectrum. Please refer to the [Topic Briefs](#) and [Racial Inequity in Greater Lowell](#) sections for more information.

Again, a significant rate of Community Needs Assessment Survey respondents indicated that they “can’t find work,” “need more education or training to get work or more work,” or “work full-time but [their] pay doesn’t cover [their] expenses.” Additionally, Focus Groups and Key Informants also cited employment and wages as a primary factor of poverty across the community. As one Key Informant noted, the unemployment rate is very low but the wages are stagnant and a lot of people have to work more than one job just to pay for housing.” While unemployment was low (prior to March of 2020), the implication is that many jobs do not pay a living wage.

Community Need 3: Mental Health and Counseling

For the second Community Needs Assessment cycle in a row, mental health has emerged as a prominent community need. In fact, our Survey shows mental health jumped from the fourth-most cited need to the second-most cited need from the prior cycle. Key Informants also cited mental health as the most pressing issue in the community behind the need for better Housing. Additionally, many Survey respondents and multiple Key Informants linked individual homelessness with mental health issues and substance use disorder. As noted in the [Greater Lowell Health Alliance’s 2019 Community Health Needs Assessment \(GLCHNA\)](#), the community at large is susceptible to stigmatizing mental illness and substance use disorder, as well as dismissing or minimizing the importance of mental health.^{iv}

As a result, our community’s practices and our mental health system is inadequate to tackle urgent needs. For example, Lowell has a crisis response team that is dispatched when an individual is experiencing a mental health crisis, but is not able to respond to situations in which the individual is dysregulated or presenting a physical threat; instead, the police are dispatched. Moreover, as stated in the GLCHNA, “Most clients have co-occurring mental and behavioral health concerns and the health care system is unfortunately limited in treatment of co-morbidities in a concurrent manner.”^v

Though Mental Health is not within Community Teamwork’s primary focus, the agency recognizes the critical importance of addressing social determinations of health (SDOH) in order to end poverty. According to the Office of Disease Prevention and Health Promotion, “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.”^{vi} This relationship means that financial status and mental health impact each other. For example, it is difficult for a person with dysregulated mental illness to keep a job, and therefore they are vulnerable to poverty. Conversely, a person struggling with poverty may develop mental health concerns. As such, Community Teamwork is dedicated to taking an SDOH approach to combatting poverty in Greater Lowell.

Causes and Conditions of Poverty

This Community Needs Assessment seeks to better understand the causes and conditions of poverty in the Greater Lowell area. In brief, the causes of poverty are the systems-level forces – such as exorbitantly expensive rents and home prices or a minimum wage that is insufficient to afford the actual cost of living – that result in individuals becoming, or remaining, impoverished. The conditions of poverty are the ways in which individuals experience poverty, such as relying on public transportation or struggling to afford childcare in order to work.

In examining the key findings of our various assessment tools, Community Teamwork has arrived at the following causes and conditions of poverty that are most prevalent and imperative for local agencies, government departments, and key stakeholders to address.

Cause 1 - High Cost of Living: The cost of living for families and individuals living in the Merrimack Valley is higher than much of the country. Housing, childcare, and utilities are simply more expensive than low income, and many moderate income, families can afford. As reported in the [Housing in Greater Lowell](#) and [Childcare in Greater Lowell](#) Topic Briefs, these expenses on their own cost more than a worker earns in a full-time, minimum wage job. Furthermore, the actual costs of what families pay in housing and childcare often well exceed federal government recommendations for spending based on a percentage of income.

Cause 2 - Low Wages: It is intuitive that wages should keep pace with the cost of living in order for households to survive and thrive financially. As we have outlined in this Needs Assessment, this is not the case for families earning minimum wage and even above minimum wage, relative to their family size, number of working adults, and unique expenses. The high cost of living in the Greater Lowell area would not be problematic if every household earned living wages and therefore could afford basic living expenses; as such, low wages are a major contributor to poverty.

Condition 1 - Low Stock of Quality, Affordable Housing: Because many families and individuals earn low wages or inadequate wages to afford the high cost of living in Greater Lowell, finding appropriate and affordable housing is a particularly challenging condition of poverty. In fact, the scarcity of housing that is both affordable, of good quality (fairly new and de-lead) jeopardizes the health and safety of many low- to moderate-income households.

Condition 2 - Employment Barriers: Barriers to employment effectively keep families and individuals in poverty. First, the simple lack of jobs paying living wages can impede households' financial health. A lack of employment supports, such as the inaccessibility of transportation or mental health services, may present a barrier to an individual obtaining work or a better paying job. In addition to these barriers presented by a lack of resources, there are other social factors that may preclude individuals from increasing their income. Individuals who are BIPOC, of ethnicities other than American or Western European, are disabled, or are female are more likely to earn lower wages or lose out on advancement opportunities. Finally, there are valid reasons that a household may not wish to increase their income because the mere act of increasing their income can automatically result in undesired consequences. For example, a parent who works more hours at minimum wage to increase their income may therefore need additional childcare hours, which can be more costly than the increase in wages. In another example, a disabled person may not be physically or mentally able to take on work or more work. Finally, the cliff effect, or loss of public benefits due to higher wages, may deter households from seeking more or better employment.

Most Vulnerable Populations

While this assessment presents an overview of the greatest needs in the Greater Lowell community, we recognize that subsets of the population may experience very different barriers and thus may differ from the general population in their greatest needs. Based on our assessment tools as well as empirical data, we have found the following groups to be among the most vulnerable.

People Experiencing Homelessness and Housing Instability

From a standpoint of basic health and safety, those individuals and families experiencing homelessness are extremely vulnerable. What is more, many people experiencing homelessness face additional barriers that compound their vulnerability such as mental illness, substance use disorder, lack of transportation, and lack of employment. Community Needs Assessment Survey respondents and Focus Group participants noted a perceived uptick in individual homelessness, which presents to them as individuals on the street or panhandling. Indeed, homelessness is on the rise in Lowell; Point in Time Counts show that from 2009 to 2018, homelessness grew by 153%. In other words, the homeless population in Lowell more than doubled.

Young People

Across assessment tools, young people were often cited as being vulnerable. Several focus groups raised concerns about the inability to protect children from threats. Some focused on their vulnerability in relation to substance abuse going on around them; some focused on being in a single parent household; and some on youth with no supports, homeless due to lack of safety in their homes.

The concerns raised by focus groups are upheld by the findings of the Community Needs Assessment Survey, which presents summer/after school care for children and youth as the third most-cited greatest need. This tells us that parents, guardians, and caregivers struggle with access or availability of childcare, and as such children and youth are vulnerable to not having proper care.

A particularly vulnerable subset of young people are those experiencing homelessness or housing instability. These young people struggle to access age-appropriate shelter, legal assistance, transportation, and employment opportunities, resulting in mental illness, poor physical health, and insufficient basic needs access.

Black, Indigenous, and People of Color (BIPOC)

We recognize that although we present here a community-wide assessment of greatest needs, the reality for BIPOC individuals may be very different, simply because of their race and ethnicity. While White individuals certainly may experience poverty and other barriers, they do not face the barriers of racism. Conversely, when BIPOC individuals struggle with poverty and other barriers, they do so while also experiencing the effects of racism. Participants in our racism-specific focus groups highlighted the particular vulnerability of immigrants, Black women, Black men, and BIPOC young people.

Empirical data in Greater Lowell shows the most pronounced racial discrepancies among Hispanic/Latinx populations, as evidenced in the [Education](#) and [Poverty Topic Briefs](#).

Elderly Individuals

Aging and elderly community members on fixed incomes are vulnerable to income insecurity, which can jeopardize their ability to afford their basic needs. Most commonly, elderly individuals in poverty struggle with food insecurity, exorbitant health care and medication costs, fuel and utility expenses, and lack of transportation. The lack of transportation in particular keeps elderly individuals vulnerable, as limited transportation affects their ability to access resources and supports that can alleviate those other barriers to their stability and wellbeing.

Individuals with Mental Illness/Substance Use Disorder

Similar to those experiencing homelessness, individuals with mental illness and substance use disorder are inherently vulnerable due to significant threats to their health and safety. Furthermore, these conditions impact individuals'

ability to thrive in other areas, such as employability and steady income, which in turn affects their ability to remain stably housed.

Individuals Impacted by the Cliff Effect

Several Focus Groups voiced concerns for the “working poor.” Results from the Community Needs Assessment Survey reinforce these concerns; while most respondents indicated that their finances have improved in the last three years and that they are typically able to pay their bills on time, the majority did not possess savings in the amount of \$500. This indicates that wages and income sources can only adequately cover necessary expenses, and do not allow households to grow their savings and accumulate wealth.

Low wages necessitate that many low-income individuals and families rely on public benefits, such as housing vouchers and Fuel Assistance, to make ends meet. Over time, many households eventually increase their earned income, to the point that they exceed income eligibility requirements for public assistance programs. At that point, households can lose those benefits, and thereby lose income that was critical to their sufficiency. Indeed, the lost income of benefits may be greater than the increase in earned income, effectively de-incentivizing workers to earn more income. The end result is that families and individuals can feel trapped in their low-income situation.

Community Strengths

This Community Needs Assessment identified strengths of the Greater Lowell community through the qualitative data sourced from our Focus Groups and from analysis of the areas of strength highlighted throughout the qualitative and quantitative data collected.

Population

First, the Greater Lowell area has experienced an increase in population. As evidenced in our [Greater Lowell Topic Briefs](#), the Greater Lowell region population increase by 7.4% from 2010 to 2018, at a higher rate than both Massachusetts (+5.5%) and the United States (+6.2%). Regional population growth can indicate that the area is desirable to new residents and/or is an affordable living community with other strengths that draw individuals and families to the area.

The location of Greater Lowell might explain this trend; our communities are within 45 miles of the Boston area, are more affordable than the Metro Boston area, and have transportation systems that can move individuals into the City of Boston.

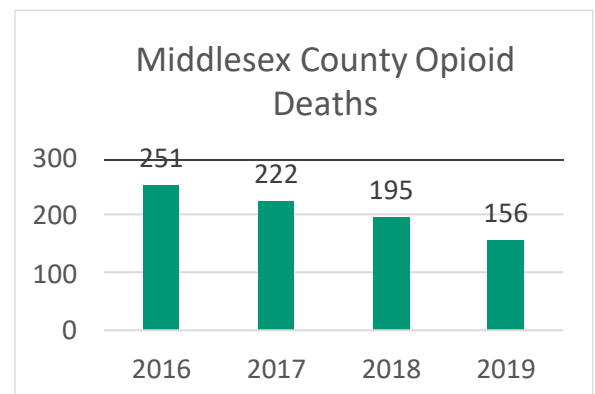
Public Education

Another strength identified, specifically for the City of Lowell, is the positive trending of the school system. Graduation rates are trending upward in recent years and the drop-out rates have lessened. For the City of Lowell, a new high school has been approved and funded, and construction is beginning. Unlike a number of other Gateway Cities, our school system is not considered a “Chronically Underperforming District” by the Massachusetts Department of Education, which is a system that is both low performing and not showing any signs of substantial improvement over time. Outside of the agency’s core CSBG service area, Chelsea, Holyoke, and Lawrence have received this designation in the near past, though Lawrence has recently had its Receivership (of schools) lifted based on a multi-year turnaround plan and improvement.

Healthcare

Generally, the health system in the Greater Lowell region is strong. More Massachusetts residents have healthcare coverage than any other state in the nation, at 97% insured. In one focus group, there was discussion on the fact that Massachusetts had significantly better insurance options than other states. In fall of 2019, the Urban Institute released a report, “The Geography of Uninsurance in Massachusetts: An Update 2013-2017,” which did highlight that 137 communities that had “hot spots” where uninsurance rates are in the highest quartile in the state. The City of Lowell’s average showed 5,800 individuals not covered. Two zip codes in Lowell were identified, that of 01851, the Highlands neighborhood, with 5.2% of the population uninsured, and in Centralville (01850) with 4.2% of the residents uninsured.

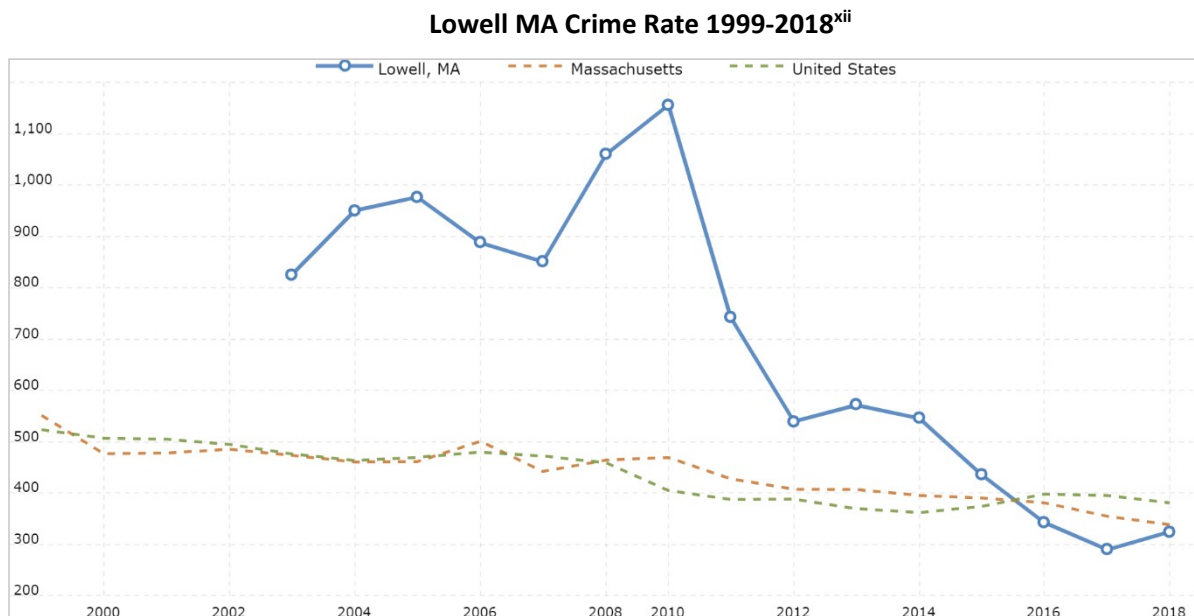
According to the report, “in the priority hotspots in Lowell, nearly a quarter of the families have income levels below the poverty level, and half pay more than 30% of their income towards housing costs.” Despite this uninsured hot-spot concern, the Greater Lowell community is served by a federally qualified health center, the Lowell Community Health Center, which provides health services regardless of ability to pay. If the patient is uninsured, the Health Center also provides enrollment assistance to those interested in becoming insured. As a community health center with federal funds, it offers a safety net for those who are uninsured, and may not have the understanding or ability to apply for insurance themselves.



Though opioid use continues to be an enormous problem in Greater Lowell and across Massachusetts, Middlesex County has been trending downward in opioid overdose deaths, as seen in the chart above.^{xi}

Community Safety and Crime

Another area of apparent community satisfaction was the sense that communities were growing safer. Our qualitative data collection found a general sense that the City of Lowell was becoming more accessible, with many activities for families and a safer reputation. In reviewing longitudinal crime charts, the violent crime rate is trending downward. In a review of the period 2014 to 2018, the height of the crime rate in 2015 showed a reduction of 20.19% from 2014 rates. From 2015 to 2016, the Lowell MA crime rate dropped 21.31%, and then dropped 15.47% from 2016 to 2017. As of 2018, there was a slight increase, however the crime rate was 289.32 per 100,000; still lower than the 434.94 per 100,000 documented in 2015.



Of note, these statistics are based on the FBI’s Uniform Crime Reporting (UCR) Program, and the violent crime statistics are composed of four offenses: murder/homicide and no negligent manslaughter, rape, robbery, and aggravated assault.

Community Teamwork

Finally, across all data collection tools, Community Teamwork’s services were reported as a strength for the community. The efforts that Community Teamwork makes to address the needs of vulnerable populations was highlighted, especially single mothers and pregnant/parenting young adults. There was a great deal of desire for Community Teamwork to increase its services and to be responsible for expanding programming in the community, as the need far outweighs the agency’s current capacity. There was also significant feedback that the services at Community Teamwork were provided with compassion and caring.

Most Effective Means to Reduce Poverty

Across all data collection tools, three solutions to reduce poverty came to the forefront:

- Access to Affordable Housing;
- Increased Access to Education and Workforce Training (including work-based training); and
- Increased Wages and Supports which impact financial stability.

In reviewing service gaps, obverse solutions are self-evident; i.e. if the community has a dearth of affordable housing, then increased affordable housing should reduce poverty; if wages and job skills are inadequate to support families' expenses, then increased opportunity for education and training to increase wages should reduce poverty.

Access to Affordable Housing: As evidenced by the quantitative needs assessment data, housing affordability is an issue throughout our CSBG communities. According to the Federal Reserve Bank of Boston 2019 report, "The Growing Shortage of Affordable Housing for the Extremely Low Income in Massachusetts," for the City of Lowell, 35% of all renter households are Extremely Low Income (ELI). Additionally, for these households, 83% are rent burdened and a disturbing 66% are severely rent burdened. However, this is not just an urban-based phenomenon. As outlined below, there are issues of rent-burdened households throughout our CSBG communities.

	Renter Households	ELI Renter Households	ELI Renter Households Rent Burdened (30%)	ELI Renter Households Severely Rent Burdened (50%)	% of ELI Rent Burdened (30%)	% of ELI Severely Rent Burdened (50%)
Billerica	2,572.5	462.9	390.8	279.3	84%	60%
Chelmsford	2,379.3	519.8	436.6	320.1	84%	62%
Dracut	2,519.1	550.4	462.2	338.9	84%	62%
Dunstable	32.4	7.1	5.9	4.4	84%	62%
Lowell	22,203.0	7,850.0	6,532.0	5,195.0	83%	66%
Tewksbury	1,554.4	279.7	236.1	168.8	84%	60%
Tyngsborough	604.7	132.1	111.0	81.3	84%	62%
Westford	900.5	196.7	165.2	121.1	84%	62%

According to the Federal Reserve Report, "due to high housing costs, ELI households often have to forgo spending on health care, food, childcare, or other necessities. A single financial shock can cause this group to fall behind on rent, leading to eviction or even homelessness." This trend was also referenced in Focus Groups.

Our Community Needs Assessment reinforces this trend. A significant number of our Community Needs Assessment Survey respondents (42%) indicated that "My living expenses (rent/mortgage, heat, food) are too high," causing financial instability. Furthermore, of our 1,463 survey respondents, 49% reported not having \$500 set-aside. As we note, this indicates that most households do not have adequate savings.^{xiii}

In addition to the issue of housing affordability at the individual level, we also see an inadequate supply of Affordable Housing at the community level. Our Key Informant interviews identified housing as the number one cause of poverty. Through our Community Needs Assessment Survey, 21% of the respondents indicated that they are unable find affordable housing, causing significant financial instability. Again, the Federal Reserve analysis of the Census data

indicates that in our CSBG region, there are not enough affordable units to meet the needs of Extremely Low-Income (ELI) households.

	Affordable Units	Affordable Units Available	Affordable Units Per 100 ELI Households
Billerica	406.4	198.9	43.0
Chelmsford	428.8	237.7	45.7
Dracut	454.0	242.5	44.1
Dunstable	5.8	3.0	42.8
Lowell	4,493.0	3,413.0	43.5
Tewksbury	245.5	120.2	43.0
Tyngsborough	109.0	59.5	45.1
Westford	162.3	84.1	42.8

Therefore, it is clear that one effective strategy to reduce poverty in our communities is to address the issue of lack of affordable housing. In addition to stabilizing family incomes and financial security, affordable housing also has positive impacts on health. The body of existing research indicates that affordable housing may improve health outcomes for its residents by reducing exposure to hazards in poor quality housing (including lead, which is an issue in the City of Lowell), improving neighborhoods, and reducing the financial pressures on families which could prevent them from spending on basic needs, including food, health insurance, or medication.

Other strategies include increasing housing stock generally to drive affordability; increasing access to employment or better employment opportunities; increasing education and training opportunities for those unemployed and employed; and providing housing stabilization supports, including federal and state housing vouchers.

Addressing this issue at a community level would include changing local housing policies and regulations. Locally, communities should modify zoning policies to allow for the building of more affordable housing and more high-density, multi-family housing. Our Needs Assessment clearly indicates that outside the City of Lowell our communities have a lack of high-density housing opportunities for low-income families. Often, there exists a stigma in communities around affordable housing creation. Coupled with zoning and policy changes, there would also need to be strong outreach and communication on the positive impacts that increasing housing can have in terms of diversity, health outcomes, neighborhood development, increased business developments, and ultimately, increased economic stability for these communities.

Education, Occupational Training, Career Pathways: To address poverty, a clear pathway to education, occupational training, and skills attainment is critical for individuals in our community. Within the data presented in the Needs Assessment, the relationship between education levels and poverty is clear: those residents who do not complete their high school diploma are more likely to be living at or below the poverty level. Conversely, finishing high school and obtaining full-time employment upon graduating are key events that yield higher financial stability, but there are many barriers that preclude people from achieving these benchmarks. High school drop-out rates can be explained, at least in part, by racial and ethnic disparities in opportunity, generational poverty, or systemic and structural issues in our education and employment systems.

Our qualitative data assessment also highlighted the issue of education and opportunities and the impact on reducing poverty. Our Key Informants identified poor education quality and low wages as a cause of poverty. Also of interest, 32% of Community Needs Assessment Survey respondents noted that they work full-time but their pay does not cover their expenses, in addition to the 42% referenced earlier who noted that their living expenses (rent/mortgage, heat, food) are too high. It is clear that to address poverty, both quantitative and qualitative data point to the initial need for education.

Subsequently, additional skills and career pathways are critical to continue employed residents' advancement, which yields higher lifetime earnings.

The primary source of occupational skills funding that supports training for low-income adults, dislocated workers, and youth is through the federal Workforce Innovation and Opportunity Act (WIOA) funds managed by the Department of Labor. These funds are allocated via a formula that factors state unemployment, state allocation, and local allocation based on local unemployment numbers. The formula also factors population to be served, including low-income adults, disadvantaged youth, and dislocated workers (those laid off and collecting unemployment). These funds are limited to employer-based support, with limited state resources to encourage businesses to offer advancement opportunities through education and training. For the WIOA funding in our region, according to our partners at the MassHire Greater Lowell Workforce Board, funding for occupational skills training has decreased by 27.6% since 2017, based on the growing economy and reductions in unemployment since 2016.

To combat poverty, the Greater Lowell area must see increased federal investments in order to provide additional training and support to increase wages and have a career pathway to economic self-sufficiency. The region must address the issue of access to and increasing education and occupational skills trainings.

According to the Brookings Institute, "To improve poverty rates, we need massive federal investments in training. But it doesn't stop there. We need to give entrepreneurs in impoverished areas- who have historically been denied capital- better access to funds. Investments in community colleges can help them develop initiatives focused on training residents for jobs of the future as well as programs that help students deal with the stresses of poverty." ^{xiv}

Increased Wages and Supports that Impact Income: In addition to opportunities for increased access to education, further education, occupational skills training, and work-based skills attainment, families also require additional supports to increase their income. Of note, this includes supports that Community Teamwork provides to residents of our communities, including the wider service area of 64 cities and towns ([see Expanded Coverage Towns Topic briefs](#)). In responding to our Community Needs Assessment Survey, 23% of clients indicated that childcare is too expensive and/or interferes with their ability to work. Among Non-Client respondents, 40% noted that their financial security was impacted by not being eligible of benefits (i.e. SNAP, MassHealth, and DTA supports). In terms of overall survey respondents, three of the top five needs indicated suggest a need for employment supports: afterschool/ summer programs for children and youth; employment opportunities; and transportation.

To address these barriers to families' financial self-sufficiency, solutions include reviewing eligibility guidelines for wrap-around services and building services to address prevalent gaps in eligibility; and broadening the range of employment supports and increasing the accessibility of existing programs to increase the earnings and thereby financial security on the family level and increase the labor force at the societal level.

In 2017, the Federal Reserve Bank of Boston found that the average single parent with two children (in 2014 dollars) must earn \$54,280 in wages to sustain the family's expenses. Of their monthly budget, childcare and housing comprise 52% of those expenses. The report suggests that "one bold policy step to alleviate cliffs and help families make ends meet would be to make support for child care universal."

The need for bold and new policy decisions to focus on the alleviation of poverty in our communities is clear. Some efforts have been implemented, including the changes in Supplemental Nutrition Assistance Program (SNAP), which has a designed benefit formula to support earned income, and a benefit phase-out structure that decreases benefits gradually as income rises. These changes will rely on research, impact studies, and ultimately engagement and advocacy from all sectors of a community. ^{xv}

Civic Engagement and Diversity and Education: As a final strategy, this Community Needs Assessment suggests the need for greater advocacy for increased government funding and programming in the areas of affordable housing;

education, occupation training, and career pathways; and increased wages and supports that address income. Policy decisions can be impacted by advocacy from a community, as well as through investment research, documentation of impact, and advocacy.

In an interesting result from our focus groups, a number highlighted the need for increased advocacy, both actual advocacy and advocacy training. This feedback came from our Head Start Policy Council, which consists of parents of children in Head Start who impact policies and decisions that ultimately affect their children's learning and childcare experience. Additionally, support for increased advocacy was highlighted in the Lowell Youth Action Board (LAB) focus group, our youth advocacy board whose members are activated and interested in driving conversations about policies, funding, disparities, and equity.

Key Findings: Community Needs Assessment Survey

The Community Needs Assessment Survey was designed to gather information on what our CSBG constituency perceives to be its top needs as related to poverty and community resources. The Community Needs Assessment Sub-Committee developed a survey instrument based on questions developed by the Massachusetts Community Action Agencies Planners group for distribution throughout Greater Lowell. Individuals living and working in Greater Lowell were invited to complete the survey. The survey had a twofold objective: to gather data on individuals' greatest barriers to financial stability, and to gather demographic data of respondents. In the assessment period, we used this demographic data to identify disparities in how subsets of the larger population experience poverty. In total, 1,421 surveys were completed and entered into Survey Monkey for analysis. Full survey results, a list of partners who disseminated the survey, and a breakdown of the demographics of respondents can be found in the [Appendix](#).

Greatest Needs: Community-Level Causes of Poverty and Hardship

What are the top five unmet needs for you and the community where you live?				
	2018-2020 CNA Total Respondents (237)		2021-2023 CNA Total Respondents (1,431)	
1	Housing/Homelessness	43%	Housing	53%
2	Substance Abuse Resources	37%	Mental Health & Counseling	39%
3	Jobs	26%	After School/Summer Programs for Children/Youth	32%
4	Mental Health Services	24%	Employment Opportunities	31%
5	Food/Nutrition	22%	Transportation	26%

We asked respondents to select the top five causes of poverty and socioeconomic hardship in their community.

Housing is 14 percentage points higher than the second most common priority of the community, a clear indicator of this being the greatest need by a large margin.

For the second cycle in a row, housing is the top priority of the community. Mental Health & Counseling is once again in the top five, but has risen from the 4th priority to the 2nd priority. 17% more individuals indicated Mental Health as a top priority than in the previous cycle.

Note: The sum total is greater than 100%. This is because the results are presented in terms of the % of respondents who selected these choices from a larger list.

Household Financial Stability

Compared with three years ago, have your household's finances improved, worsened, or remained the same? (1,466)	
Remained the Same	29%
Improved	34%
Worsened	27%

Are you able to pay your bills on time each month? (1,465)	
Yes	60%
No	29%
Unsure	10%

Do you currently have \$500 set aside for emergencies? (1,463)	
Yes	49%
No	48%
Unsure	3%

These three questions are meant to be examined together to give a complete picture of respondents' financial situations. This question is a very telling indication of a household's financial stability. While a majority of respondents indicated that they were able to pay their bills on time each month and that their households finances had remained the same or improved from three years prior, when looking at the responses regarding savings, we find that most households do not have a modest savings.

This indicates that households, while stable in terms of meeting their expenses, are living paycheck to paycheck. In addition to not having savings, they are unlikely to have assets such as owning a home, business, or car, and thus they have not accumulated much wealth. An explanation for the lack of savings in CTI's CSBG catchment area may be the lack

of well-paying jobs or the exorbitant cost of living expenses.

Furthermore, most experts suggest saving at least the equivalent of three months' worth of basic living expenses for emergencies. This is the minimum benchmark for a healthy savings and therefore healthy finances. Those 49% of respondents who indicated they do not have \$500 in savings therefore do not have the minimum recommended savings and are thus vulnerable to emergency situations. For such households, a health emergency or car trouble could jeopardize their stability and even lead to homelessness.

A minor setback for most families with healthy finances such as a broken down car can mean disaster for a family without adequate savings. They may be unable to fix the car, and without transportation to work they may lose their jobs, thus triggering a snowball effect of rental and utility arrears and debt.

Household-Level Conditions of Poverty

Respondents were asked to select the conditions that negatively impacted their households' financial stability. This question examines the conditions of poverty and hardship. The overall results of all respondents indicate that housing and living expenses are too high, while pay and benefits are too low.

What keeps you or your household from feeling financially stable? Total Respondents (1,455)		
1	My living expenses (rent/mortgage, heat, food) are too high	42%
2	I work full-time but my pay doesn't cover my expenses	32%
3	I can't find housing that I can afford	21%
4	I am not eligible for benefits (i.e., SNAP, MassHealth, DTA)	21%
5	I need more education or training to get work or better work	19%

Findings by Race

We asked respondents to select the conditions that negatively impacted their households' financial stability. The results support the findings for community-wide greatest needs: housing and living expenses are too high, while pay and benefits are too low. This is consistent across assessment tools and informs our Needs Assessment.

We analyzed responses by race in order to identify how different racial groups experience different causes and conditions of poverty in our community. The response to the survey was 65% White; therefore, by looking only at the overall response, the voices of Black, Indigenous, and people of color (BIPOC) are diluted.

What are the top five unmet needs for you and the community where you live?					
White, Non-Hispanic/Latinx (843)			BIPOC (391)		
1	Housing	52%	1	Housing	59%
2	Mental Health & Counseling	42%	2	Employment Opportunities	39%
3	After School/Summer Programs for Children/Youth	31%	3	Mental Health & Counseling	33%
4	Transportation	27%	4	After School/Summer Programs for Children/Youth	33%
5	Drug and Alcohol Services	27%	5	Child Care/Early Childhood Education	29%

The top five choices of BIPOC respondents are similar to White, Non-Hispanic/Latinx respondents. Across race, respondents indicated that Housing is the greatest need, followed by Mental Health & Counseling, and After School/Summer Programs for Children/Youth, though in varying order.

In order, the general population's Top Five needs most closely reflects White, Non-Hispanic/Latinx respondents' top five needs. The only variation was that the general population prioritized employment opportunities, while White, Non-Hispanic/Latinx respondents prioritized drug and alcohol services. This indicates that BIPOC respondents are a key demographic in providing employment opportunities services in Greater Lowell. It is important to note that the survey was 59% White, Non-Hispanic/Latinx; a more diverse response may have prioritized Employment Opportunities and Childcare more highly.

Compared with three years ago, have your household's finances improved, worsened, or remained the same?				Are you able to pay your bills on time each month?				Do you currently have \$500 set aside for emergencies?			
White, Non-Hispanic/Latinx (843)		BIPOC (393)		White, Non-Hispanic/Latinx (870)		BIPOC (394)		White, Non-Hispanic/Latinx (869)		BIPOC (391)	
Remained the Same	38%	Remained the Same	40%	Yes	67%	Yes	48%	Yes	59%	Yes	30%
Improved	36%	Improved	32%	No	25%	No	37%	No	41%	No	64%
Worsened	26%	Worsened	29%	Unsure	8%	Unsure	15%	Unsure	0%	Unsure	6%

BIPOC respondents reported slightly worse trends in their financial situations than White, Non-Hispanic/Latinx respondents. BIPOC respondents are far more likely to struggle with paying their bills on time each month, by 12 percentage points. Of the three financial stability questions, the question regarding savings is where we see the clearest discrepancy on the basis of race, both in terms of order of results and percentage points. BIPOC households indicated far higher rates of not having \$500 in savings. The majority of BIPOC respondents (64%) indicated they did not have \$500 saved, while the majority of White, Non-Hispanic/Latinx respondents (59%) indicated they did have \$500 saved. The rate of BIPOC respondents without \$500 saved is 23 percentage points higher than White, Non-Hispanic/Latinx respondents without \$500 saved. Therefore, BIPOC respondents' wages are generally insufficient at a higher rate than White/Non-Hispanic/Latinx respondents, which also speaks to respondents' prioritization of employment services in the previous question.

We also examined these questions by other demographic breakdowns (see following section), and while there are discrepancies by gender, age, and town of residence, the clearest discrepancy is present among race and ethnicity. This

reinforces the theory that race and ethnicity are the dominant social paradigms in our society and therefore systemic inequity plays out along these lines.

What keeps you or your household from feeling financially stable?				
White, Non-Hispanic/Latinx (860)			BIPOC (393)	
1	My living expenses (rent/mortgage, heat, food) are too high	39%	My living expenses (rent/mortgage, heat, food) are too high	45%
2	I work full-time but my pay doesn't cover my expenses	28%	I work full-time but my pay doesn't cover my expenses	40%
3	I am not eligible for benefits (i.e., SNAP, MassHealth, DTA)	18%	I need more education or training to get work or better work	33%
4	I am on a fixed income (Social Security, pension, etc.) and my income is limited	18%	I can't find housing that I can afford	30%
5	I can't find housing that I can afford	16%	I am not eligible for benefits (i.e., SNAP, MassHealth, DTA)	21%

When examined by race, the conditions of poverty and hardship were fairly consistent among white respondents and BIPOC respondents. Both white and BIPOC respondents had four of the same needs within their top five.

Findings by Community Teamwork Clientele

What are the top 5 unmet needs for you and/or your community where you live?						
Clients (368)			Non-Clients (978)		Total Population (1,431)	
1	Housing	60%	Housing	51%	Housing	53%
2	After School/Summer Programs for Children/Youth	33%	Mental Health & Counseling	43%	Mental Health & Counseling	39%
3	Heat/Utilities	31%	Employment Opportunities	32%	After School/ Summer Programs for Children/Youth	32%
4	Financial Emergencies	31%	After School/ Summer Programs for Children/Youth	32%	Employment Opportunities	31%
5	Mental Health & Counseling	30%	Drug and Alcohol Services	27%	Transportation	26%

Community Teamwork clients were more likely to cite financial emergencies and living expenses than non-Community Teamwork clients. This is intuitive, as folks are likely driven to Community Teamwork to meet these needs. Furthermore, clients were the only subset that Heat/Utilities in their top five needs. For clients, Housing is the greatest need by the largest percentage when compared to any other subset of the data (27 percentage points higher than the 2nd highest choice).

Compared with three years ago, have your household's finances improved, worsened, or remained the same?		
	Clients (373)	Non-Clients (1,006)
Remained the Same	36%	39%
Improved	35%	37%
Worsened	29%	24%

Are you able to pay your bills on time each month?		
	Clients (375)	Non-Clients (1,003)
Yes	40%	69%
No	47%	22%
Unsure	13%	9%

Do you currently have \$500 set aside for emergencies?		
	Clients (371)	Non-Clients (1,004)
No	75%	39%
Yes	21%	58%
Unsure	4%	3%

Non-Clients' data follows similar trends to the general population of survey respondents, due to the fact that Non-Clients constitute 69% of all respondents to this question. Regarding historical financial standing, Non-Clients and Clients reported similar trends. Regarding their ability to pay their bills on-time each month, Client respondents most commonly indicated "No," at a rate of 47%, compared to the 22% of Non-Clients who answered "No." Because clients are likely to be engaged with Community Teamwork's services due to a financial hardship, this figure is to be expected, though the rate is staggeringly high regardless of its being expected. The majority of clients indicated they do not have \$500 saved (75%), which is expected as folks usually engage with Community Teamwork while experiencing financial distress or crisis. Among non-clients, the majority (58%) indicated that they do have \$500 saved.

What keeps you or your family from feeling financially stable?						
Clients (371)			Non-Clients (995)		Total Population (1,455)	
1	My living expenses (rent/mortgage, heat, food) are too high	46%	My living expenses (rent/mortgage, heat, food) are too high	40%	My living expenses (rent/mortgage, heat, food) are too high	42%
2	I work full-time but my pay doesn't cover my expenses	39%	I work full-time but my pay doesn't cover my expenses	30%	I work full-time but my pay doesn't cover my expenses	32%
3	I can't find housing that I can afford	37%	I am not eligible for benefits (i.e., SNAP, MassHealth, DTA)	20%	I can't find housing that I can afford	21%
4	I need more education or training to get work or better work	27%	I can't find housing that I can afford	15%	I am not eligible for benefits (i.e., SNAP, MassHealth, DTA)	21%
5	Child care is too expensive and/or interferes with my ability to work	23%	I need more education or training to get work or better work	15%	I need more education or training to get work or better work	19%

Across clients and non-clients, the top two needs were consistent; as with other demographic breakdowns, clients and non-clients cited high living expenses and low wages as their top conditions. Clients were also more likely to cite housing and childcare as barriers to financial stability than non-clients. Compared to non-clients and the total population of respondents, clients were less likely to cite ineligibility for benefits, by virtue of their receiving benefits via the agency.

Other Interesting Trends

The following are trends in data that show a relationship between demographics and the experience with poverty. For a more comprehensive narrative on the survey results, please refer to the [Appendix](#).

- **Greatest Needs Facing the Community by Gender:** Women indicated two different needs related to childcare and children's needs in their top five needs, whereas men did not select childcare as a need in their top five needs at all. This potentially speaks to gendered roles among respondents' households: women care for children, and as such the need for childcare is more present among women respondents. This need is particularly poignant during the COVID-19 era; as parents must grapple with intermittent remote learning and whether their family feels safe sending their children to school or childcare, single mothers are leaving the workforce in higher rates.^{xvi}
- **Financial Questions by Ethnicity:** Similar to race breakdowns, there exists a discrepancy on the basis of ethnicity. Both BIPOC and Hispanic/Latinx households indicated far higher rates of not having \$500 in savings. When examining by ethnicity, the majority of Hispanic/Latinx respondents (71%) indicated they did not have \$500 saved. The majority of Non-Hispanic/Latinx respondents indicated they did have \$500 saved (54%). The rate of Hispanic/Latinx respondents without \$500 saved is 28 percentage points higher than Non-Hispanic/Latinx respondents without \$500, higher even than the general population of BIPOC respondents.
- **Financial Questions by Income Bracket:** We gathered data on respondents' monthly income, based on the following brackets: Under \$2,000/month, \$2,000-\$4,000/month, \$4,001-\$6,000/month, and \$6,000+ per month. As expected, those respondents with lower incomes were less likely to have \$500 saved than those with higher incomes, or report worsened financial situations and inability to pay their bills on time each month. High rates (60-75%) of respondents in the two lowest income brackets indicated they do not have \$500 saved. Among the two highest income brackets, these trends switch. 60-85% of respondents indicated that they do have \$500 saved. This implies that there exists a critical level of income at which point people are better able to save, thus supporting the need for jobs that pay living wages, or a minimum wage that is aligned with a living wage level.
- **Financial Questions by Town:** When asked whether they are able to pay their bills on time each month, all towns have a majority of respondents responding "Yes" followed by those responding "No" (with the exception of Dunstable, though the respondents are too few to be statistically significant). Lowell's respondents paint the bleakest picture with the lowest rate of respondents saying "Yes" by 14% and the highest rate of respondents saying "No" by 13%. Only a little over half of Lowell respondents indicate that they are able to pay their bills on time each month, suggesting that a significant number of residents face accumulating arrearages. The towns of Dunstable, Tewksbury, Tyngsborough, and Westford show 75% or more of respondents selecting "Yes," though Dunstable and Tyngsborough saw a statistically insignificant number of respondents.

The majority of respondents in each town (63-89%) indicated that they do have \$500 saved, with the sole exception of Lowell. Only 36% of Lowell respondents indicated they have \$500 saved, some 27-53% lower than others towns. The rates of Lowell respondents who do not have \$500 saved are in line with the rates of all other respondent who do have \$500 saved. Again, this may be explained by either low wages or high cost of living expenses, or both. With the exception of Lowell, all towns in our CSBG service area have higher median income levels than the Massachusetts average. For more information about poverty data in Greater Lowell, please see the [Poverty Topic Brief](#).

- **Conditions of Poverty for Individual Households by Income Bracket:** Besides the lowest income bracket, all

other income brackets listed that they are not eligible for benefits within their top five. Only the lowest two income brackets indicated that they are unable to find housing they can afford in their top five barriers to financial stability, indicating that housing is less of a barrier among higher income populations. The lowest two income brackets also indicated that they needed more education or training to get work or better work, while the top two income brackets did not; therefore, employment opportunities are less of a barrier among higher incomes populations. Across all income brackets, living expenses and wages are barriers to stability; additionally, all brackets listed living expenses as their top one or two needs by majority of responses. As mentioned previously, this data was collected prior to COVID-19; as such, many households' financial situations are much bleaker now and their top needs may have changed.

Caveats in Data Collection

At approximately 1,400 responses, this Community Assessment Survey data represents a convenience sample. While this survey does not provide statistical or empirical data, the findings provide insight into the Greater Lowell residents' perception of poverty and their community's greatest needs. This qualitative data cannot be found in the American Community Survey data sets or other national publications.

Key Findings: Focus Groups

The Focus Group subcommittee intentionally held focus groups with representatives of the private sector, including community-based businesses and non-profits, who work with or support the work of the agency. Of the fifteen focus groups conducted, five were external to Community Teamwork, meaning that they were not constituted by staff or clientele. These focus groups were as follows:

- **SBA Microloan Committee:** Consists of local Bankers in our community who act as the Micro lending Board to the Entrepreneurship Center @Community Teamwork, in which we work with small businesses on obtaining SBA and local bank loans to stabilize, expand, or start their small businesses. Having this committee as a focus group solidified qualitative feedback from those in our communities who provide capital, see the impact of poverty from a wealth and savings stand point, and are active supporters in our communities for the work non-profits are doing to address the systemic causes of poverty.
- **The RISE Coalition:** An advocacy coalition consisting of a variety of local agencies who work with the immigrant and migrant community in the Greater Lowell region. Formed in 2016 by the Lowell Public Schools and several immigrant community service agencies and allies, the Refugee and Immigrant Support and Engagement (RISE) Coalition meets regularly to advocate, discuss, and address issues confronting the diverse communities in Greater Lowell. The focus group was held at a monthly Coalition meeting, and was attended by 24 Coalition members.
- **VITA Volunteers:** The Volunteer Income Tax Assistance (VITA) program offers free tax help to individuals and families which generally earn \$56,000 or less, persons with disabilities, and English Language Learner tax payers who need assistance in preparing their own tax return. VITA volunteers are trained and IRS-certified. These volunteers help individuals and families complete their return and obtain the Earned Income Tax Credit, if applicable, with the goal of providing the households with the highest tax refund and best guidance they can. 12 volunteers participated, including some members who are IRS employees.
- **Latinx Community Center for Empowerment (LCCE):** The Latinx Community Center for Empowerment (LCCE) works to provide services to the Latinx population including English language classes with the goal of supporting upward mobility and civic engagement. This non-profit promotes socio-economic development of the community and is focused on creating social programs that identify, cultivate, and strengthen their potential as community assets. The six participants in the focus group were all residents of Lowell, and the group was conducted in Spanish.
- **Road Scholar Employees:** Not-for-profit Road Scholar is an employer with a campus based in Lowell, Massachusetts. Founded in 2002, Road Scholar offers scholars the opportunity for experiential learning. The company has been an internship site for the Community Teamwork Secure Jobs program, and has hired Secure Jobs graduates as employees. The focus group consisted of 11 employees of the company who work in Lowell, the majority of whom were residents in the Greater Lowell area.

These focus groups encompass a wide group of employers, employees, residents and advocates for special populations in the Greater Lowell region, and have unique perspectives based on where and how they support our constituents. All focus group attendees completed the Community Needs Assessment Survey, and then, through round table discussions, were asked a series of questions which complemented the survey and the Key Informant Interview questions, to capture more detail on their lived experience in the Greater Lowell area, and their thoughts on poverty, Community Teamwork, and potential solutions to address the issue of poverty.

The group also conducted seven focus groups consisting of individuals who are currently receiving services from the agency, or have in the past. These focus groups were as follows:

- **Secure Jobs Alumni:** Individuals who have completed our Secure Jobs Workforce Development

programming, obtained employment, and continue to work with the program on retention and career growth.

- **Lowell Youth Action Board (LAB):** The LAB is a youth-led panel of youth and young adults (YYAs) with lived experience with homelessness and housing insecurity. The LAB seeks to end youth homelessness in Greater Lowell. Many LAB participants receive services from either the Mill You, or from the case management, rapid re-housing, and stabilization services from our Youth Services Program.
- **Family Childcare Providers:** Community Teamwork provides oversight to a network of Family Childcare Providers licensed through the Massachusetts Department of Early Education and Care (EEC). These providers are supported by Community Teamwork's Family Childcare specialists through referrals, subsidies, and ongoing certification and training support.
- **YouthBuild Lowell:** YouthBuild offers education, occupational skills, life skills, leadership development, community engagement strategies, and work experience to low-income youth of the Lowell community who have not been successful in traditional educational systems.
- **Shelter Families:** Two focus groups were held at our Emergency Assistance shelter program for families with children experiencing homelessness at two of our congregate (group) shelter sites, Milly's Place and Merrimack House. This group provides the perspective of individuals who are homeless, in need of significant supports, and are families with children, with a large percentage being single mothers.
- **Head Start Policy Council:** The Policy Council is constituted of parents or former parents of children enrolled in Head Start, and therefore meet the Head Start eligibility, are members of our community, and provide guidance for policies, procedures, and budget review.

These Focus Groups encompass a wide group of Community Teamwork's primary constituency and represent a broad range of ages, genders, employment status, and stability barriers.

Causes and Conditions of Poverty:

All five private sector focus groups noted two major areas, housing and the overall cost of living being expensive as causes of poverty, and reasons individuals and families remained in poverty. Clear correlations were made that rents are too high and that incomes are not rising to address the rising costs of housing.

"It's expensive to be poor. If your car breaks down, you miss work, then pay for repairs; you are behind once again."

The two focus groups from agencies and coalitions that represent immigrants and refugees, highlighted the lack of access to education (language barriers), including English Language education, vocational training, and higher education as the third area identified impacting poverty for their constituents. The SBA Focus Group also highlighted the lack of opportunities to get education, including continuing education as a continued cause of poverty.

Of note, in our VITA Volunteer group, it was discussed that our constituents and residents may be impacted by the higher than federal average minimum wage (in Massachusetts) – that a number of programs designed to assist are based on federal eligibility. There was the impression that the higher wages in Massachusetts may impact our vulnerable populations by making them over income for these supports.

Aligned with the identified thoughts as to why poverty exists by these focus groups, is their insight as to what can be done to address these conditions of poverty. All groups articulated the need for more Affordable Housing. It was noted that lack of housing leads to homelessness and continued challenges for families to build and retain wealth. With

homelessness, there was an understanding and advocacy for the Housing First Model, with the City of Lowell as a partner. For the refugee and immigrant residents, who often have larger and/or extended families, there is a particular shortage for larger homes (4 bedrooms). Two focus groups mentioned generational poverty and suggested financial education as a solution.

The majority of CTI constituent groups (six out of seven) cited the lack of affordable housing and the issues of low wages/ lack of good jobs as the major causes of poverty in Greater Lowell. Participants elaborated upon employment-related concerns, such as the lack and unaffordability of additional training and education; difficulty in advancing in careers and earning higher wages due to lack of education and training; and the lack of supports (such as childcare) for working parents to return to school to obtain additional skills for career path growth. Focus groups felt strongly that wage and income growth for individuals to overcome poverty, as the costs of housing and food continue to grow while wages remain stagnant.

To address these issues, participants suggested opportunities for education and training for working individuals, in order to provide residents a change to obtain new skills and pathways for increased income. Of interest, a number of groups discussed the accessibility of supports (rental assistance, WIC, fuel assistance, etc.). Participants shared that individuals may not know if they are eligible, may not try and access supports, and it is important to expand and explain the opportunities that may help households stabilize and move further away from poverty. These constituents have experience with receiving support from Community Teamwork and clearly felt that more families could benefit from accessing the agency's services.

Another theme from the discussions is that advocacy and legislation have potential to greatly impact the conditions of poverty. In particular, the Head Start Policy Council and the Shelter Focus Groups presented the idea that advocacy and the teaching of self-advocacy, including mobilizing voters, are ways to overcome poverty.

Vulnerable Populations:

All private sector focus groups identified refugees and immigrants as a vulnerable population in our communities. The groups mentioned language barriers and lack of access to further educational opportunities as major challenges to this population. As noted, the ability for refugee and immigrant families to access affordable housing, with large families, is an additional struggle. The ongoing challenge of being able to access support, due to language barriers as well as little or no understanding of key resources (including agencies like Community Teamwork, the Department of Transitional Assistance, and other supports) also impact the stability of these families.

The elderly, particularly those with disabilities, were also seen as very vulnerable. Concern for their well-being and that there are people who are taking advantage of those seniors were highlighted.

Finally, children and youth were also identified as vulnerable populations. Children are vulnerable because they are reliant on their parents, and their livelihoods are dependent on the livelihood of their parents. Children raised in poverty if they are not taught how to grow out of poverty will remain in poverty. Many participants stated that this trend was a cycle that is difficult to break. Some mentioned the need for better jobs for young people, as most opportunities for employment were entry-level jobs paying minimum wage. Participants elaborated to say that it was difficult for young people to increase wages, with limited access to additional training and employment growth opportunities.

"You cannot work a forty hour week and survive off of that anymore."

"It doesn't matter if your income goes up, because your expenses go up also."

The constituent-based focus groups noted that most vulnerable groups included the elderly, women and children, homeless/ homeless youth, and the working poor. These groups mentioned factors contributing to vulnerability, including fixed incomes, mental illness and substance use disorder, and the lack of help and support for individuals experiencing homelessness. Specific to children, participants expressed concerns such as exposure to substance use, potential instability in single-parent households, a lack of supports, and even homelessness.

Community Strengths:

Interestingly, most private sector focus groups highlighted the diversity of Lowell as a real asset of the community. The City is seen as being revitalized, and because of the diversity, there was a real feeling that the City is a vibrant and interesting place to live. Many group participants indicated interest in staying in the Lowell area, and talked about all of the festivals, events, and access to art and music that is diverse.

A preponderance of focus groups also mentioned that the Greater Lowell community was supported by extensive and effective non-profits and agencies to help individuals and families. Those mentioned included Community Teamwork, the Department of Transitional Assistance, and the Greater Lowell MassHire Career Center. Both Middlesex Community College and the University of Massachusetts – Lowell (UMass Lowell) were highlighted as real positives in the community. Two focus groups cited the challenge of the growth of the UMass Lowell as a double-edged sword. The University brings prestige, construction, new young residents; it also buys up property, drives up the housing market, and may be taking property in neighborhoods that have desirable housing for families. The same perception was not there in the discussions about Middlesex Community College, but that may be because the growth of the University of Massachusetts has been significant, and now UMass Lowell is the second largest public institution in the Commonwealth of Massachusetts.

Constituent focus group participants expressed that Community Teamwork's services are a major asset of the community. The groups identified services such as Childcare, WIC, and Secure Jobs programming as particularly helpful to the community, based on personal experience with receiving these services. Interestingly, a sense of resiliency among the Lowell community and a feeling that the City has become safer over the past few years also came forward as assets. One individual, who was a newcomer to Lowell, noted that overall, Massachusetts provides more services and more help for people in need than in other states.

Gaps in Service or Areas of Community Need:

All private sector focus groups identified the need for more affordable housing, and there was broad consensus that Community Teamwork may be able to assist in this goal. However, there was strong sentiment that the City itself needs to prioritize housing for its residents, particularly the most vulnerable. Secondly, the need in our community to address the growing issue of homelessness was also highlighted. Throughout the discussion on homelessness, there was a feeling that it was an issue that was increasing, and more visible, as well as concern that there is a tie to addiction, substance abuse, and a lack of access to treatment.

In terms of Community Teamwork, there was a sense that our agency could do a better job of educating and informing our communities about our services, including dissemination of materials in many different languages. Increasing marketing included increased methodologies of communication, and making understanding eligibility and how to apply easier. Overall, all the focus groups indicated that Community Teamwork was an asset to the most vulnerable, and a vital resource to all communities served. There was also universal praise for the Community Teamwork staff, their passion, caring, and commitment to service.

As noted previously, most of the constituent focus group attendees had a positive response to Community Teamwork's services and efforts in the community. Suggestions for reducing gaps in service in the general community were clustered in the area of emergency shelter, including a youth-specific shelter facility, increased number of beds for individuals experiencing homelessness across Greater Lowell, and transportation and childcare for those in shelters in order to facilitate their employment, job search, or further education. Specific to Community Teamwork, participants suggested that the agency purchase housing and subsequently use programming to move families and individuals into said housing. The underlying sentiment expressed by participants is that landlords are overcharging for housing, and that is why housing is unaffordable. If a neutral agent, such as Community Teamwork, increased its role as a landlord, more affordable housing would become available.

Focus Group participants felt that Community Teamwork should strengthen its outreach activities, especially in reducing the barrier of the stigma of asking for assistance. Participants also expressed that the agency should have

clearer messaging on available services, and explicitly state that the agency's goal is to help families increase their self-sufficiency. It was recommended that Community Teamwork have a stronger outreach presence, in social media, but more importantly, in the community. Having representation at events and conducting community outreach directly to constituents in a consistent manner were recommended as methods to increase education about available services, to address questions on eligibility, and to connect individuals' and families quickly and effectively to available supports.

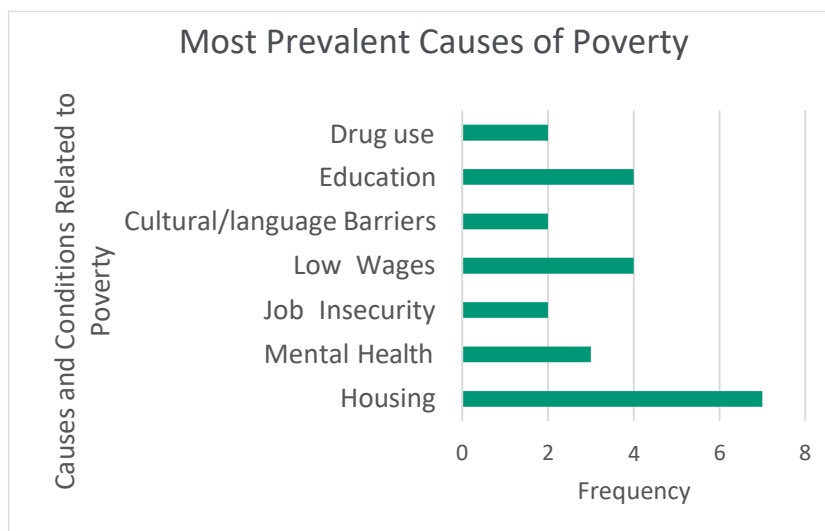
Key Findings: Key Informant Interviews

In order to gain the perspective of community stakeholders and leaders from their specialized lens, we conducted Key Informant Interviews. With the assistance of Dr. Ackerson's Public Health students at UMass Lowell, we interviewed 19 Key Informants representing 17 organizations. The objective of these interviews was to learn Informants' views of the top needs in Greater Lowell and the most effective means of reducing poverty. We would like to thank these Key Informants for lending their time and expertise to our Community Needs Assessment. The full list of Key Informants is as follows:

- Allison Lamey, Executive Director, Lowell Plan
- Amy Pessia, Executive Director, Merrimack Valley Food Bank
- Bob Spinney, Community Leader, St Vincent de Paul Society
- Craig Thomas, Deputy Director of Planning and Development, City of Lowell
- Daniela Johnson, Associate Director of Services, Vinfen
- Deb Chausse, Executive Director, House of Hope
- James Mabry, President, Middlesex Community College
- Emma Tobin, Lowell Program Director, International Institute of New England
- Jeffery Stephens, Health Director, Town of Westford
- Kelly Richardson, Superintendent of Police, Lowell Police Department
- Kerrie D'Entremont, Executive Director Greater Lowell Health Alliance
- Lisa Taylor-Montminy, Community Benefit Manager, Lowell General Hospital
- Paul Cohen, Town Manager, Town of Chelmsford
- Peter Farkas, Executive Director, MassHire Greater Lowell Workforce Development Board
- Richard Montouri, Town Manager, Town of Tewksbury
- Sheila Och, Chief of Community Health Policy, Lowell Community Health Center
- Yun-Ju Choi, Executive Director, Coalition for A Better Acre
- Eric Slagle, Director of Development Services, City of Lowell
- Steven Sadwick, Assistant Town Manager, Town of Tewksbury

Causes of Poverty in Greater Lowell

The most frequently mentioned causes of poverty are lack of affordable housing, which was cited nearly double as often as the next- leading causes of poverty (education and low wages).

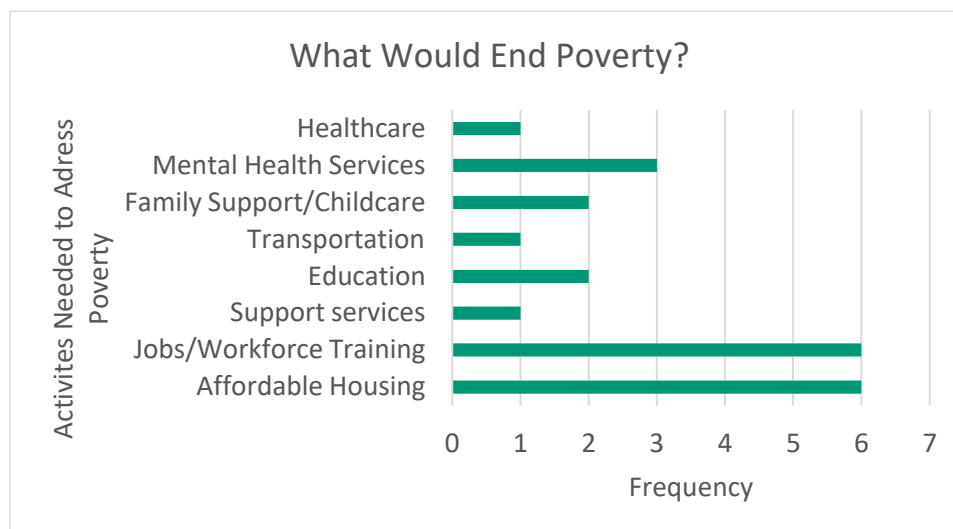


“The unemployment rate is very low but the wages are stagnant and a lot of people have to work more

than one job just to pay for housing and in some ways people are doing worse... In the last 7 years housing has gone up [significantly] and wages have not gone up.”

Solutions for Ending Poverty

The most frequently cited solutions to ending poverty were the creation of affordable housing and job/workforce training. These solutions were cited at twice the rate as the second-leading response, which was mental health services, followed by education and family support/childcare.



“If you are trying to address impoverished people or people who need some additional assistance, then it’s really job training [that is needed] to be a productive employee and be a productive performer.”

Gaps in Service

A lack of transportation was most-cited by Key Informants, followed by mental health services and access to affordable housing. Other needs included policy changes, subsidized wages, transitional living programs, and panhandling.

“If the bus route ends at 6 pm and the workers are on site that adds challenges and for people who work far away from a transportation routes they will have less access to buses and trains making it more difficult to get to work or to mental health services.”

Feedback on Community Teamwork

The majority of Key Informants affirmed that the community is aware the services provided by Community Teamwork but they may not know how to navigate it, or they may be aware of some of their services but not all. Those living outside of the City of Lowell are less likely to be aware of Community Teamwork’s services, which indicates a need to expand visibility and outreach in other communities.

We asked those who were familiar with Community Teamwork to assess how the agency is performing toward its mission to strengthen communities and reduce poverty. Interviewees felt the following services were most effective: Youth Build/Youth Homelessness Services, Early Childhood Education, Educational services, Fuel Assistance, and the Housing and Homelessness division. Though there was not consensus on recommended improvements to Community Teamwork, some notable suggestions included increasing the diversity of Community Teamwork’s leadership and leveraging the agency’s resources to convene the community around shared work and conversations. Please see the [Racial Inequity in Greater Lowell](#) section for more information on diversity and inclusion.

Changes in Greater Lowell

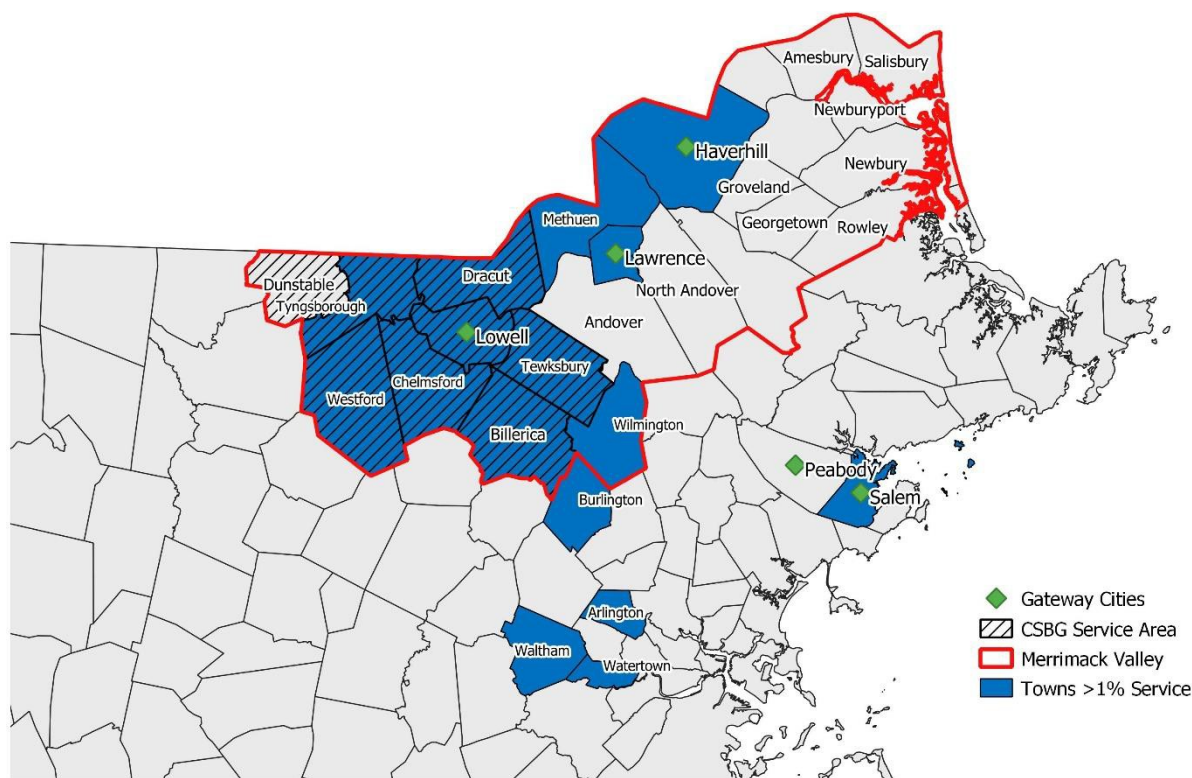
We asked Key Informants if they had perceived any changes in the community in the past three years, and the majority cited a rise in homelessness visibility, including individual adults experiencing homelessness, and panhandling. Other issues on the rise included: opioid use, the need for mental health services, and housing prices. Other Key Informants mentioned positive changes, including increased diversity, a stronger economy, and lower unemployment.

“The homeless population has skyrocketed for us, a lot more than I have ever seen in my years of being a police officer; the class of people being affected has spread. Going back to addressing opioids mental health those underlying issues, lack of services is still a severe issue. We are doing everything we can do to address it, but more needs to be invested in both prevention and intervention.”

Topic Briefs

This Community Needs Assessment covers several geographies served by Community Teamwork: Greater Lowell, the Merrimack Valley, select Gateway Cities, and select cities considered high utilizers of Community Teamwork services (herein referred to as Expanded Coverage Towns). Within each of these geographies, we present our assessment in Topic Briefs. These sections include the following topics: Poverty, Population, Income, and Employment, Housing, Health, Education, Childcare, and Healthcare. As Greater Lowell is our primary focus for the Community Needs Assessment, these Topic Briefs offer a more in-depth analysis of findings. Unless otherwise specified, the data in these Topic Briefs is informed by the American Community Survey 5-Year Estimates (2014-2018).

Below is a map of the regions covered by these Topic Briefs.



Population of Greater Lowell

From 2010 to 2018, each Greater Lowell community has experienced population growth, increases in the overall population, and diversification in terms of race and ethnicity. **The entire region experienced a 7.4% change in total population from 2010 to 2018.** The Greater Lowell Community had significant increases in the Black/African American and Asian populations. The changes also indicate diversification occurring in the suburban communities surrounding the City of Lowell, including the increases of community members identifying as Hispanic.

Changes in Population and Demographics, 2010 to 2018					
Town/City	% Change in Population	% Change in White	% Change in Black/ African American	% Change in Asian	% Change in Hispanic or Latino
Billerica	8.8 %	3.1 %	89.6 %	30.5 %	109.6 %
Chelmsford	5.1 %	1.8 %	75.4 %	44.4 %	22.7 %
Dracut	8.0 %	3.0 %	84.7 %	56.2 %	169.1 %
Dunstable	8.7 %	5.8 %	N/A	128.8 %	-45.8 %
Lowell, City	5.9 %	7.1 %	19.6 %	22.8 %	19.5 %
Tewksbury	8.3 %	7.6 %	49.2 %	-1.9 %	-34.0 %
Tyngsborough	10.3 %	4.4 %	382.1 %	63.6 %	49.1 %
Westford	12.6 %	2.1 %	112.2 %	113.0 %	60.5 %
Greater Lowell	7.4 %	4.7 %	34.7 %	32.3 %	26.8 %
Massachusetts	5.5 %	1.3 %	20.9 %	31.8 %	34.9 %
United States	6.2 %	4.5 %	7.7 %	23.9 %	20.5 %

Source: 2018 American Community Survey 5-Year Estimates

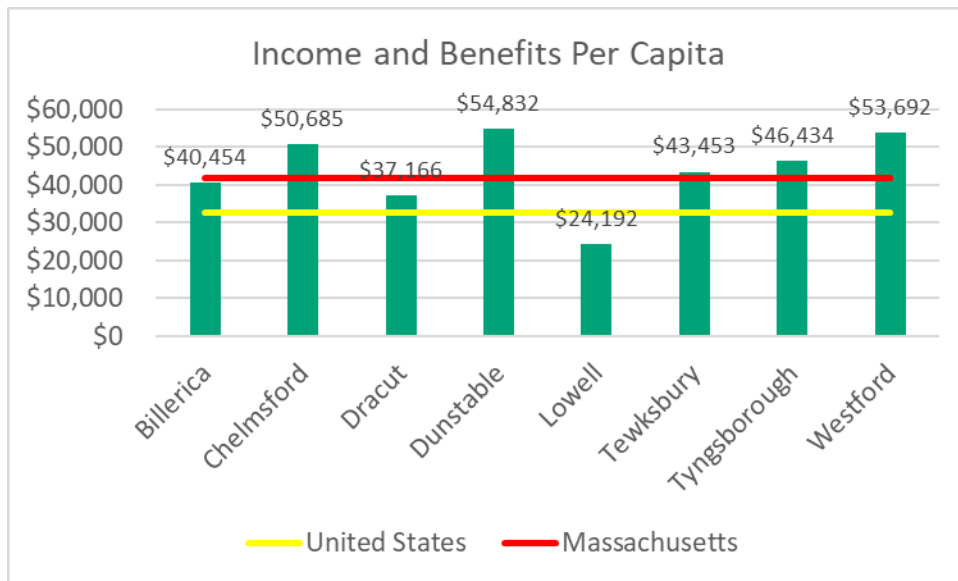
Despite what looks like significant diversification, according to the 2018 data, the Greater Lowell communities are still predominantly white, with the exception of the urban City of Lowell.

Race and Ethnicity					
Town/City	Population	% White	% Black/ African American	% Asian	% Hispanic or Latino
Billerica	43,044	85.6 %	3.3 %	7.0 %	4.0 %
Chelmsford	35,086	87.2 %	0.8 %	9.1 %	3.6 %
Dracut	31,266	88.6 %	3.9 %	3.9 %	6.2 %
Dunstable	3,345	93.8 %	-	4.5 %	1.3 %
Lowell, City	111,249	60.9 %	7.4 %	23.2 %	18.8 %
Tewksbury	31,002	92.2 %	1.9 %	3.4 %	1.6 %
Tyngsborough	12,272	87.7 %	1.1 %	7.5 %	3.3 %
Westford	24,194	78.7 %	0.8 %	18.8 %	1.9 %
Massachusetts	6,830,193	78.5 %	7.5 %	6.5 %	11.6 %
United States	322,903,030	72.7 %	12.7 %	5.4 %	17.8 %

Source: 2018 American Community Survey 5-Year Estimates

Poverty, Income, and Employment in Greater Lowell

In terms of economic health of residents, a review of income and benefits of our communities highlights that all suburban communities have income and benefits per capita higher than the U.S. average, with the notable exception of the City of Lowell. **Five of the eight communities in our Community Services Block Grant (CSBG) area, or 63%, also have income and benefits higher than the Massachusetts average, with Lowell, Dracut, and Billerica falling below the state average.**



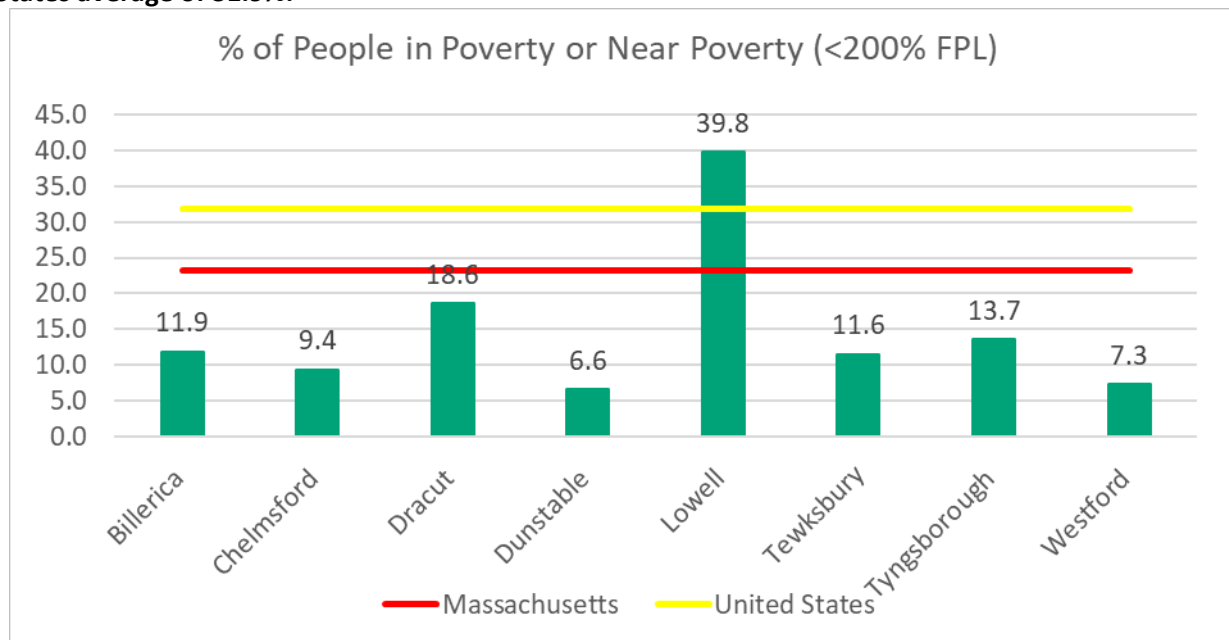
Source: 2018 American Community Survey 5-Year Estimates

As can be seen below, compared to both Massachusetts and United States averages, only the City of Lowell has higher than average need for Cash Public Assistance, Food Stamps/SNAP Benefits, and receipt of the Earned Income Tax Credit to support income and household stability. Chelmsford, Dracut, and Tewksbury have higher than Massachusetts averages for Social Security Income utilization, indicating a higher retirement community being supported by this income stream.

Community Teamwork, Inc. CSBG Area Sources of Income				
Town/City	% of Households Receiving Cash Public Assistance	% of Households receiving Food Stamps/ SNAP Benefits	% of Tax Filers Claiming the Earned Income Tax Credit (EITC)	% of Households receiving Social Security Income
Billerica	1.8%	4.1%	6.4%	29.9%
Chelmsford	1.6%	3.7%	5.6%	33.0%
Dracut	2.4%	8.4%	9.3%	32.3%
Dunstable	0.4%	1.0%	2.7%	28.7%
Lowell	4.6%	23.2%	21.5%	25.0%
Tewksbury	1.6%	3.8%	5.2%	31.8%
Tyngsborough	2.4%	7.3%	6.8%	24.1%
Westford	1.5%	3.0%	3.6%	22.6%
Massachusetts	2.7%	12.0%	10.2%	29.9%
United States	2.5%	12.2%	N/A	30.9%

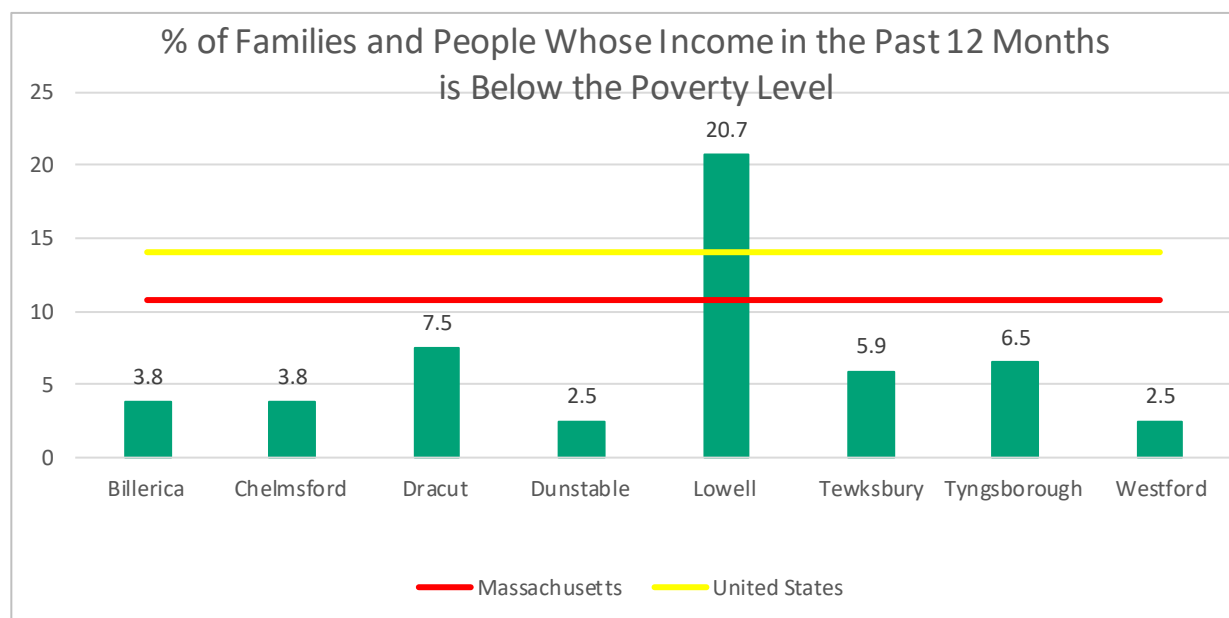
Source: 2018 American Community Survey 5-Year Estimates

Five of the eight towns in Greater Lowell have over 11% of people living at or near poverty, based on 200% of the Federal Poverty Level (FPL). **Only the City of Lowell surpasses both the Massachusetts average of 23.2% and the United States average of 31.9%.**



There are over 30,000 residents in Greater Lowell who are living in poverty (<100% of FPL). An additional 33,000+ residents are documented as near poverty (<200% of FPL), in the chart above. It is important to understand poverty in a working sense as 200% of FPL because the Massachusetts minimum wage is far higher than the federal minimum wage (\$12.25 and \$7.25, respectively).

The City of Lowell has more than 20% of its residents living below the poverty level in the past 12 months. The Massachusetts average is 10.8% and the national average is 14.1%. Only Lowell is above both of those averages, with no other CSBG community surpassing the Massachusetts average.



Source: 2018 American Community Survey 5-Year Estimates

Prevalence of Poverty by Race										
Town/City	Population # 2018	% people at <100% of FPL	% White	% White at <100% of FPL	% Black/ African American	% Black/ African American at <100% of FPL	% American Indian/ Alaskan Native	% American Indian/ Alaskan Native at <100% of FPL	% Asian	% Asian people at <100% of FPL
Billerica	43,044	3.8%	85.6%	3.7%	3.3%	7.4%	0.0%	-	7.0%	2.7%
Chelmsford	35,086	3.8%	87.2%	3.3%	0.8%	20.8%	0.3%	0.0%	9.1%	5.5%
Dracut	31,266	6.8%	88.6%	6.8%	3.9%	4.4%	0.0%	-	3.9%	7.7%
Dunstable	3,345	2.6%	93.8%	2.6%	0.0%	-	0.0%	-	4.5%	0.0%
Lowell	111,249	18.7%	60.9%	18.7%	7.4%	22.8%	0.6%	33.4%	23.2%	17.4%
Tewksbury	31,002	5.2%	92.2%	5.2%	1.9%	44.3%	0.1%	0.0%	3.4%	4.2%
Tyngsborough	12,272	6.7%	87.7%	6.7%	1.1%	0.0%	0.2%	0.0%	7.5%	8.6%
Westford	24,194	2.4%	78.7%	2.4%	0.8%	0.0%	0.0%	-	18.8%	2.9%

Prevalence of Poverty by Race and Ethnicity										
Town/City	Population # 2018	% of people at <100% of FPL	% Some Other Race	% Some Other Race at <100% FPL	% Two or More Races	% Two or More Races at <100% of FPL	% Hispanic or Latino	% Hispanic or Latino at <100% of FPL	% Non - Hispanic or Latino	% Non-Hispanic or Latino at <100% of FPL
Billerica	43,044	3.8%	2.0%	7.4%	1.9%	4.8%	4.0%	4.3%	83.9%	3.7%
Chelmsford	35,086	3.8%	0.9%	3.1%	1.6%	11.3%	3.6%	1.0%	85.1%	3.4%
Dracut	31,266	6.8%	1.1%	5.6%	2.5%	37.4%	6.2%	20.7%	84.3%	6.3%
Dunstable	3,345	2.6%	0.1%	0.0%	1.6%	0.0%	1.3%	0.0%	97.5%	2.7%
Lowell	111,249	18.7%	5.6%	50.4%	2.3%	25.3%	18.8%	39.8%	48.8%	14.2%
Tewksbury	31,002	5.2%	0.7%	18.8%	1.7%	1.7%	1.6%	0.6%	91.0%	5.2%
Tyngsborough	12,272	6.7%	0.6%	0.0%	3.0%	0.0%	3.3%	0.5%	84.8%	6.9%
Westford	24,194	2.4%	0.1%	0.0%	1.6%	4.7%	1.9%	4.4%	77.0%	2.4%

Source: 2018 American Community Survey 5-Year Estimates

For those members of the Greater Lowell community who identify as “Some Other Race,” two data points stand out – that in 50.4% in Lowell and 18.8% in Tewksbury are living at or below the FPL. Individuals who identify as two or more races are impacted as follows: In Chelmsford, 11.3%; in Dracut, 37.4%; and in Lowell, 25.3% are living below the federal poverty level. These statistics indicate that poverty is clustered in the communities of color in the Greater Lowell region.

Spotlight on Racial Inequity

Representation in Population at/below 100% of Federal Poverty Level by Race								
	% of Total Population which is Black	% of Total Population at/below 100% of FPL which is Black	% of Total Population which is White	% of Total Population at/below 100% of FPL which is White	% of Total Population which is American Indian/ Alaska Native	% of Total Population at/below 100% of FPL which is American Indian/ Alaska Native	% of Total Population which is Asian	% of Total Population at/below 100% of FPL which is Asian
Billerica	3.3%	6.7%	83.1%	83.7%	-	-	7.0%	5.2%
Chelmsford	0.8%	4.6%	85.7%	74.5%	0.3%	0.0%	9.1%	13.2%
Dracut	3.9%	2.3%	86.0%	78.8%	-	-	3.9%	4.0%
Dunstable	-	-	88.7%	92.9%	-	-	4.5%	0.0%
Lowell	7.4%	8.5%	56.8%	53.6%	0.6%	0.0%	23.2%	20.3%
Tewksbury	1.9%	14.2%	85.7%	76.8%	0.1%	0.0%	3.4%	2.5%
Tyngsborough	1.1%	0.0%	83.9%	86.0%	0.2%	0.0%	7.5%	9.8%
Westford	0.8%	0.0%	77.1%	73.1%	-	-	18.8%	21.6%
Massachusetts	7.5%	14.2%	77.4%	63.3%	0.2%	0.0%	6.5%	8.6%
United States	12.7%	22.4%	69.6%	58.9%	0.8%	0.0%	5.4%	4.6%

Many racial groups are over-represented in communities' total population in poverty, relative to their share of the population. Groups under-represented are highlighted green; groups over-represented are highlighted yellow; and groups consistent with their share of the population are highlighted gray.

Representation in Population at/below 100% of Federal Poverty Level by Race						
	% of Total Population which is Native Hawaiian/ Other Pacific Islander	% of Total Population at/below 100% of FPL which is Native Hawaiian/ Other Pacific Islander	% of Total Population which is Other Race	% of Total Population at/below 100% of FPL which is Other Race	% of total Population which is Multiple Race	% of total Population at/below 100% of FPL which is Multiple Race
Billerica	0.1%	0.0%	2.0%	4.0%	1.9%	2.5%
Chelmsford	0.0%	0.0%	0.9%	0.7%	1.6%	4.9%
Dracut	0.1%	0.0%	1.1%	0.8%	2.5%	12.4%
Dunstable	-	-	0.1%	0.0%	1.6%	0.0%
Lowell	0.1%	0.0%	5.6%	14.1%	2.3%	2.9%
Tewksbury	-	-	0.7%	2.3%	1.7%	0.5%
Tyngsborough	-	-	0.6%	0.0%	3.0%	0.0%
Westford	-	-	0.1%	0.0%	1.6%	2.9%
Massachusetts	0.0%	0.0%	4.2%	10.7%	3.2%	5.3%
United States	0.2%	0.2%	4.9%	8.1%	3.2%	4.1%

% of Population Living in Households with Incomes <FPL - Age and Gender							
Town/City	Overall	Under 5	6 to 17	18 to 64	65+	Male	Female
Billerica	3.8%	2.1%	4.4%	3.4%	5.4%	3.9%	3.7%
Chelmsford	3.8%	2.1%	4.2%	3.8%	4.1%	2.2%	5.4%
Dracut	7.5%	16.2%	6.7%	7.1%	6.0%	6.8%	8.1%
Dunstable	2.5%	23.8%	2.0%	2.3%	2.3%	2.2%	2.8%
Lowell	20.7%	29.6%	25.1%	19.5%	16.2%	20.5%	21%
Tewksbury	5.9%	6.4%	8.2%	4.9%	7.5%	5.1%	6.6%
Tyngsborough	6.5%	22.8%	5.6%	6.7%	0.4%	4.3%	8.7%
Westford	2.5%	0.0%	1.9%	2.2%	6.3%	2.4%	2.7%

Review of the data indicate major disparities in poverty aged 17 and younger in a number of communities. There was, as expected, much higher percentages of individuals, regardless of age, living in poverty in Lowell. However, an interesting statistic is the documentation of the idea of the “working poor.” As can be seen below, the percentages of individuals at or below the FPL by labor force status indicates that individuals who are employed have higher likelihood of living in poverty than those on unemployment. Unemployed individuals are nearly 3 times more likely to be at or below FPL.

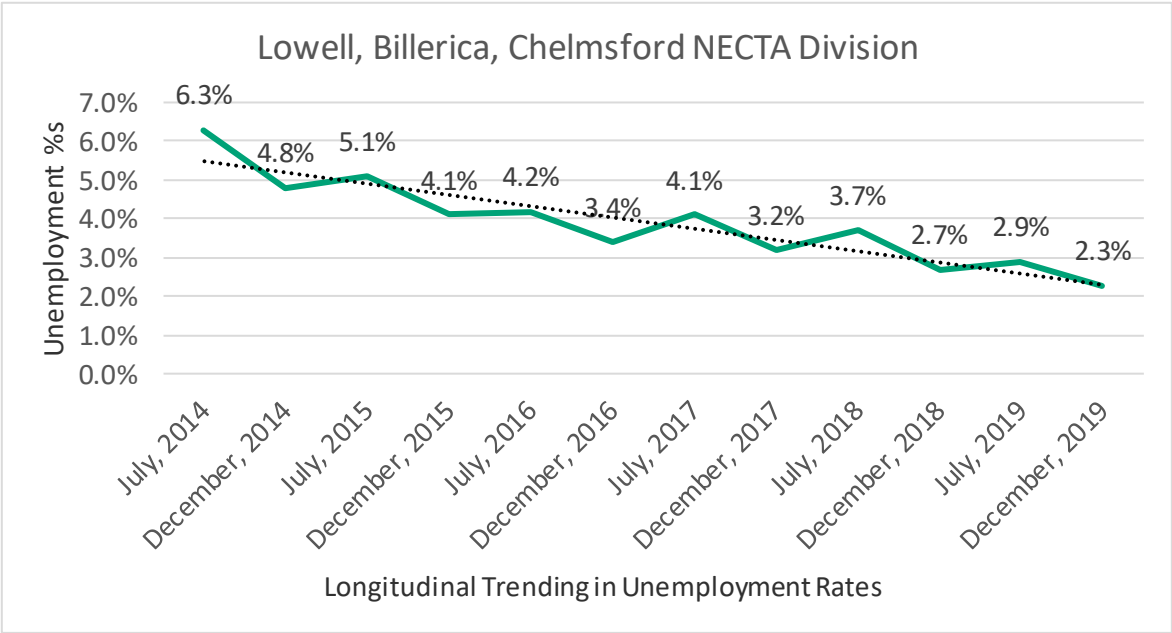
Poverty and Workforce Participation			
Town/City	% with Incomes at or Below FPL: In Labor Force, Employed	% with Incomes at or Below FPL: In Labor Force, Unemployed	% with Incomes at or Below FPL: Not in Labor Force
Billerica	24.9%	7.7%	67.4%
Chelmsford	27.3%	5.0%	67.7%
Dracut	36.0%	8.3%	55.7%
Dunstable	39.0%	10.2%	50.8%
Lowell, City	28.3%	8.6%	63.1%
Tewksbury	22.5%	4.3%	73.2%
Tyngsborough	40.3%	6.3%	53.3%
Westford	22.4%	1.9%	75.7%
Massachusetts	28.2%	9.2%	62.6%
United States	32.0%	9.5%	58.8%

Source: 2018 American Community Survey 5-Year Estimates

Employment Statistics				
Town/City	Population # - 2018	Size of Labor Force	% of Pop. In Labor Force	Unemployment Rate February 2020 (%) PRE-COVID
Billerica	43,044	25,262	59%	2.5%
Chelmsford	35,086	19,749	56%	2.3%
Dracut	31,266	18,662	60%	2.8%
Dunstable	3,345	2,002	60%	2.0%
Lowell	111,249	57,504	52%	3.2%
Tewksbury	31,002	17,999	58%	2.6%
Tyngsborough	12,272	7,223	59%	2.2%
Westford	24,194	13,078	54%	2.0%

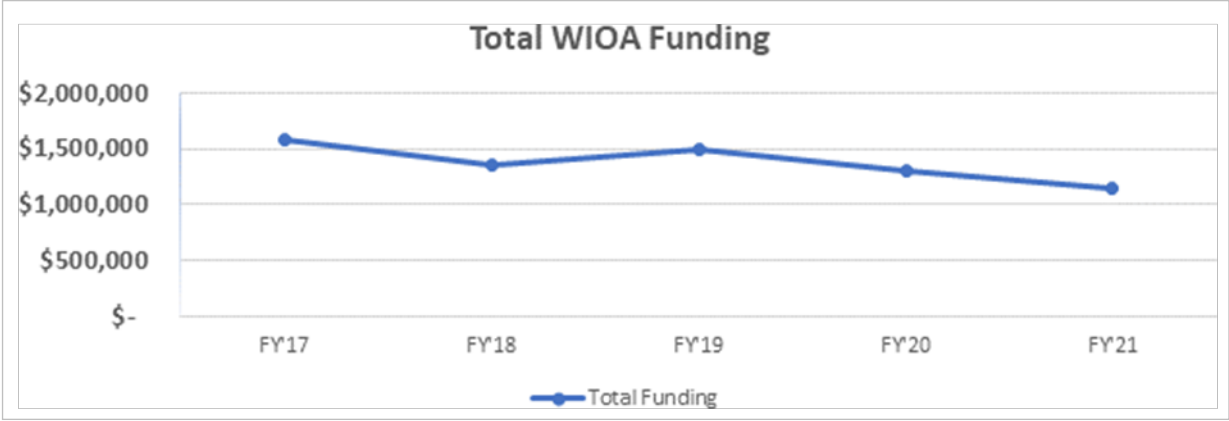
Source: 2018 American Community Survey 5-Year Estimates BLS Unemployment Statistics, February 2020

Prior to COVID-19, the Greater Lowell region was showing a strong economy with declining unemployment rates, increases in the numbers of residents active in the Labor Force, and sustained economic growth. The Lowell, Billerica, and Chelmsford Division experienced a four-percentage point drop from July 2014 to December 2019. Please refer to the [COVID-19](#) section for more information about the impact of the pandemic on unemployment.



Source: U.S. Bureau of Labor Statistics New England – Labor Force Statistics, 2014-2019

In FY21, Massachusetts experienced an overall decrease in federal WIOA funding by 6.9%. Considering only new FY21 funding, the Greater Lowell region experienced a decrease of 11.9% (\$154,340) compared to FY20. Since FY17, our partners reported that there has been a decrease in WIOA funds for the region of more than 27.6% (\$437,000). The chart below highlights the significant decrease in all WIOA funding from FY17.



Source: MassHire Greater Lowell Workforce Development Board 2020

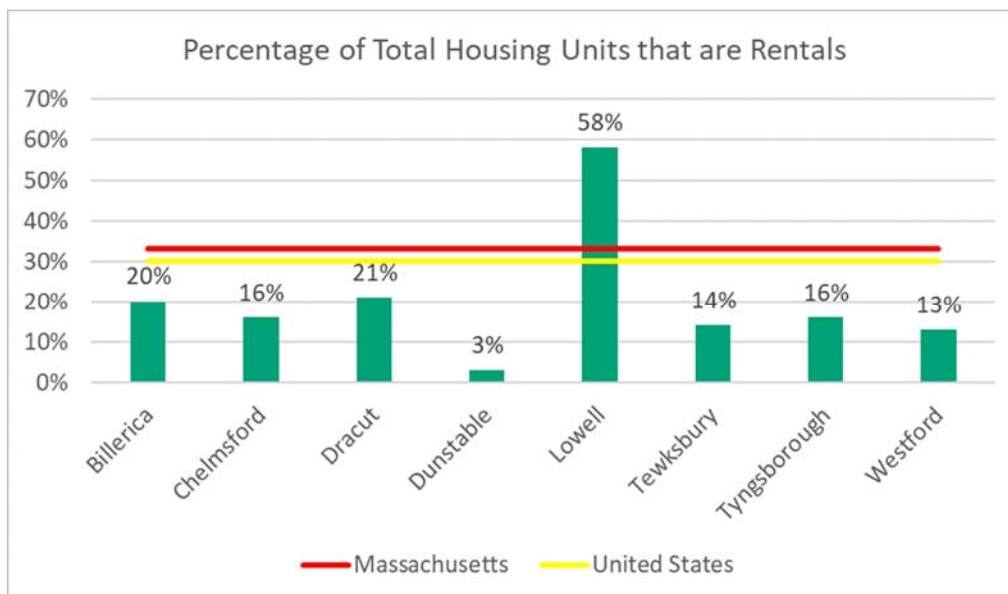
Spotlight on Racial Inequity

At the point of this pre-COVID-19 analysis, the overall picture of the economic well-being of our communities could be said to be strong and vibrant. There are, however, differences in the unemployment rates by race and ethnicity. Highlighted in the chart below are populations that continued to have double-digit unemployment rates during what could be considered the strongest economy in memory.

Unemployment Rates by Race and Ethnicity								
Town/City	Unemployment (UI) Rate	UI Rate by Race - White	UI Rate by Race - Black or African American	UI Rate by Race - American Indian/Alaskan Native	UI Rate - Asian	UI Rate - Some Other Race	UI Rate - Two or More Races	UI Rate - Hispanic/Latino
Billerica	2.5%	4.3%	0.0%	N/A	7.1%	0.0%	5.2%	0.0%
Chelmsford	2.3%	4.1%	13.4%	0.0%	2.4%	0.0%	7.8%	2.0%
Dracut	2.8%	4.5%	0.0%	N/A	5.5%	13.5%	6.7%	19.1%
Dunstable	2.0%	3.7%	N/A	N/A	11.4%	N/A	0.0%	0.0%
Lowell	3.2%	7.8%	6.6%	12.6%	5.3%	4.8%	13.1%	14.2%
Tewksbury	2.6%	4.1%	0.0%	0.0%	1.7%	3.8%	9.5%	5.0%
Tyngsborough	2.2%	4.1%	0.0%	NA	12.9%	0.0%	0.0%	0.0%
Westford	2.0%	3.1%	0.0%	NA	1.6%	0.0%	18.1%	8.6%

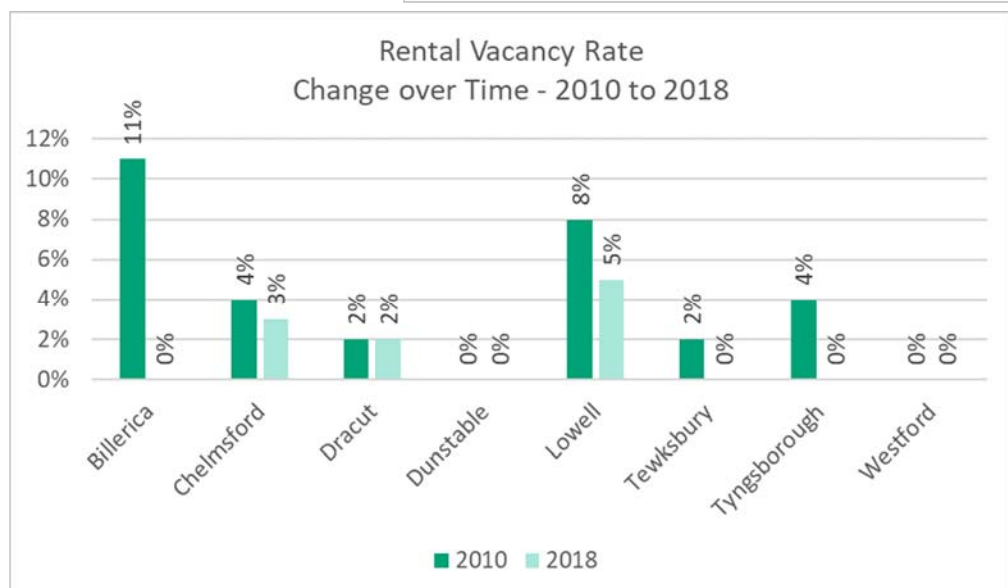
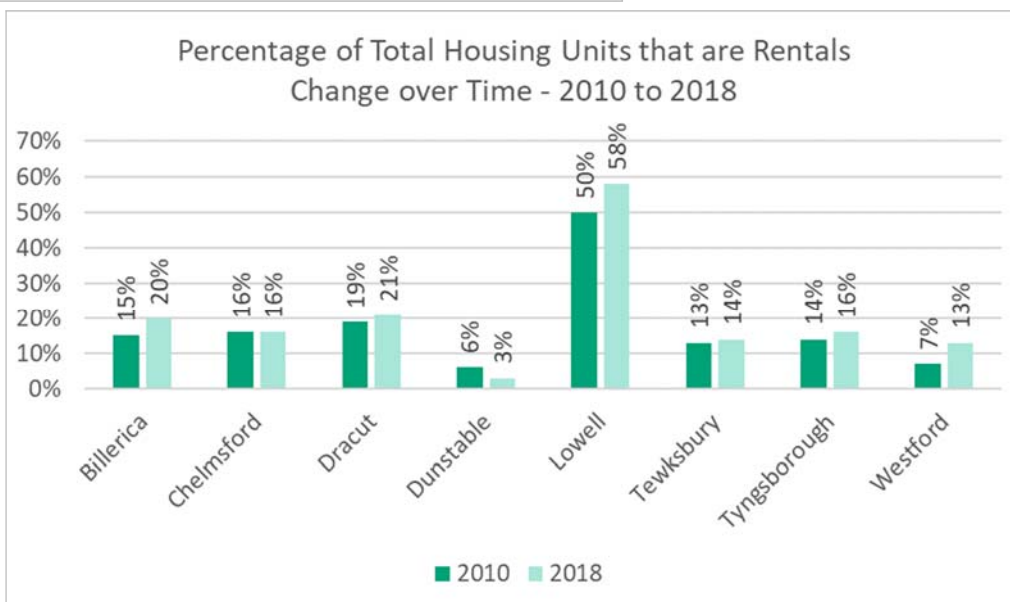
SOURCE: BLS Unemployment Statistics, February 2020

Housing in Greater Lowell



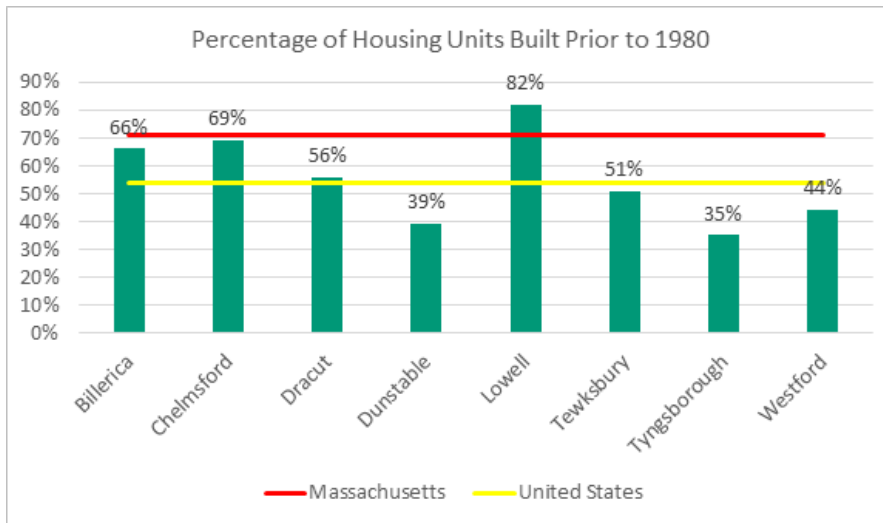
With the exception of Lowell, every community in Greater Lowell is well-below the state average of 38% of housing units being occupied by renters. This has created a scarcity of rental units, with a number of communities having effectively no available rentals.

The chart to the right shows the changes in the proportion of rental units in Greater Lowell since 2010. Most communities have had modest increases in rental housing, most significantly in Billerica, Lowell, and Westford. **However, as shown below, this increase has not kept pace with demand.**

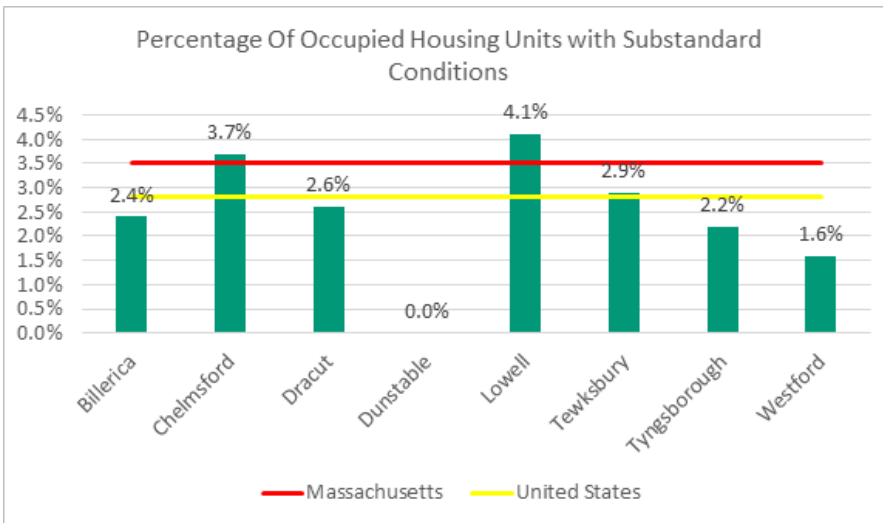


The scarcity of rental housing in Greater Lowell is illustrated on the chart to the left. **The entire region has seen significant decreases in available rentals since 2010**, even with the modest increase in rental property illustrated above. This is likely due to a combination of increased population and economic conditions that have made it increasingly difficult for younger generations to purchase homes.

Source: 2010 and 2018 American Community Survey 5-Year Estimates



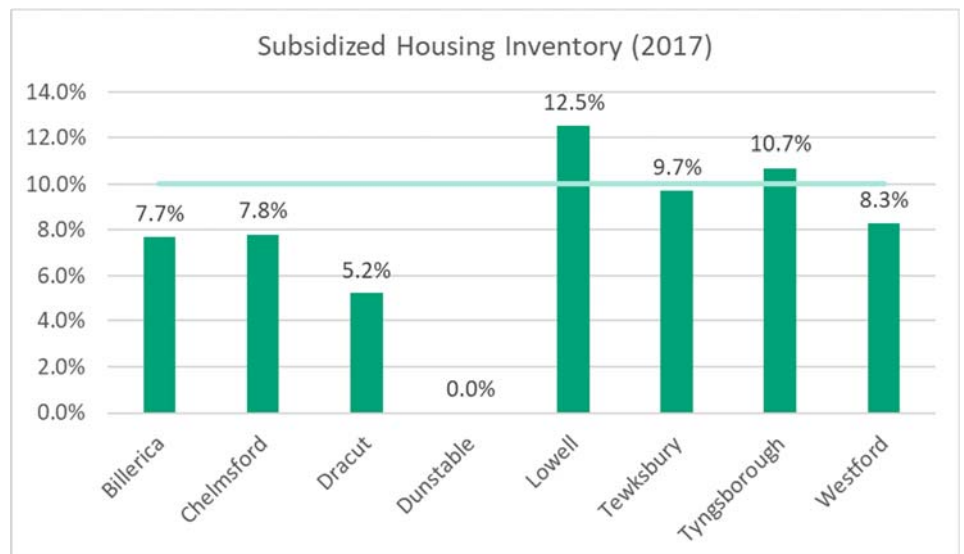
If residents are able to find a rental unit, families are also faced with challenges presented by an aging housing stock. Housing units built prior to 1979 are required to be de-leaded to house children 6 and under. **In Lowell, the most affordable community in the area, 82% of units must be de-leaded to be occupied by young children.** This process is costly for housing providers and often prevents families with young children from renting available units.



In addition to lead, lack of available cooking, plumbing, and phone service makes finding quality affordable housing challenging for local residents. The graph to the left shows the percentage of occupied housing units with one or more substandard conditions. These conditions include lacking complete plumbing, kitchens, and not having available telephone services. Lowell and Chelmsford, the two communities with the highest rental vacancy rates, also have the highest proportion of poor-quality housing.

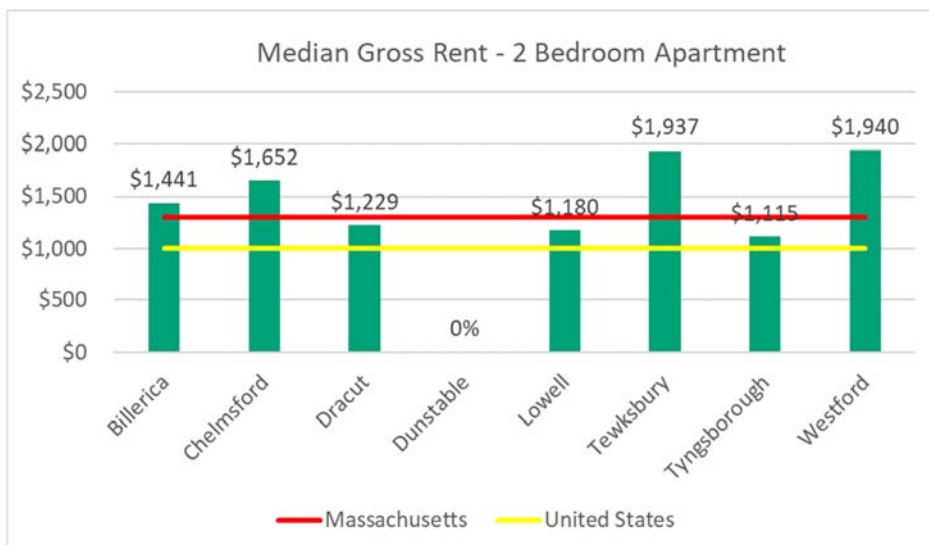
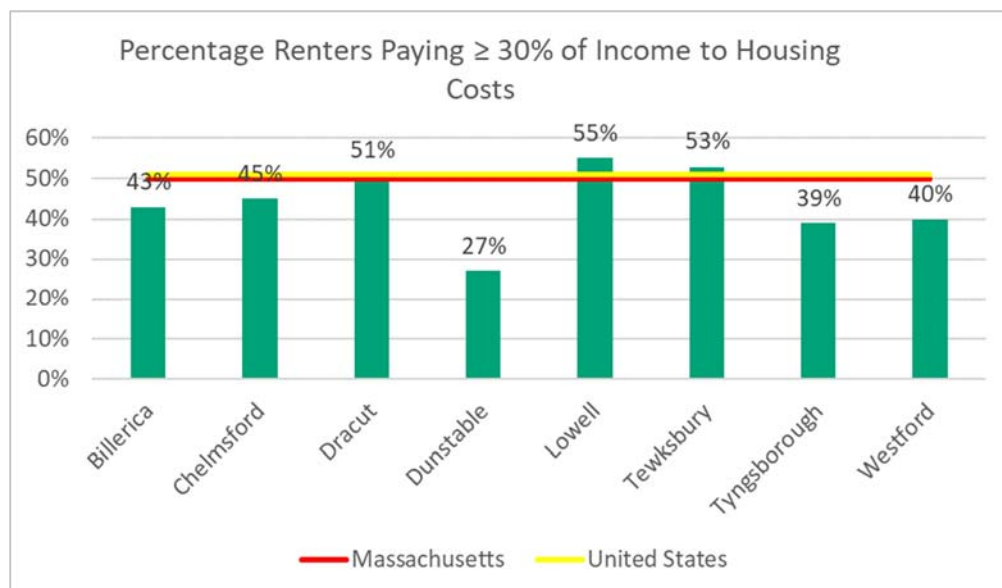
Source: 2018 American Community Survey 5-Year Estimates

The graph to the right shows the status of communities in Greater Lowell in meeting their 40B Subsidized Housing Inventory (SHI) requirements. Communities are expected to have 10% of their total housing inventory available for subsidized housing. Progress towards meeting this 10% goal is reported by DHCD in a Subsidized Housing Inventory Report. **In Greater Lowell, only Lowell and Tyngsborough were meeting their SHI requirements.** This shortage contributes to the challenges households across the region face in finding housing they can afford.



Source: DHCD Subsidized Housing Inventory, 2017

Households that pay more than 30% of their income to housing costs are considered to be rent burdened and at greater risk for becoming homeless. **The percentage of clients coming to Community Teamwork’s Resource Center who are rent burdened increased from 53% in FY18 to 80% in FY19.**

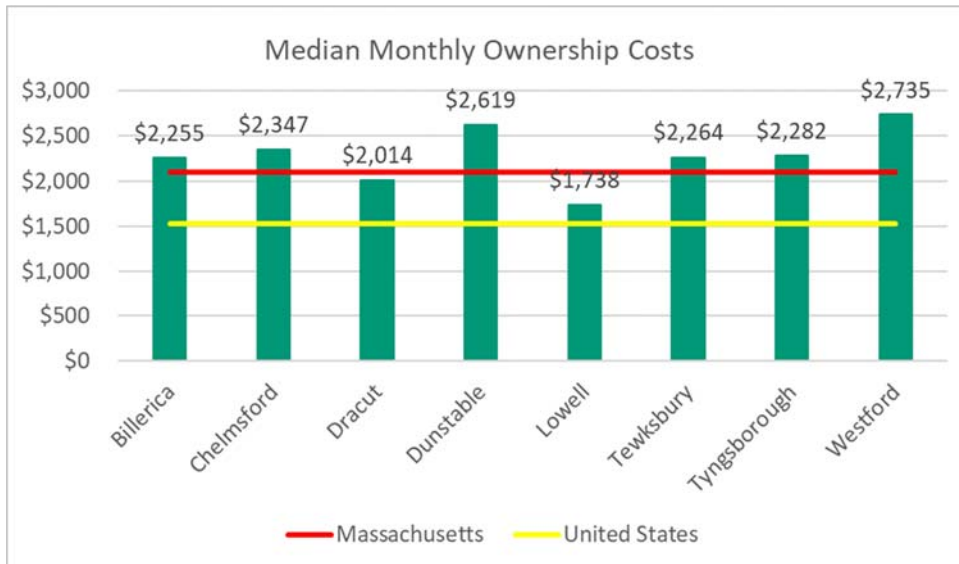


The median gross rent for a 2-bedroom apartment in every town in Greater Lowell far outweighs 30% threshold for a minimum wage worker. The median gross rent across Greater Lowell peaks at \$1,940/month in Westford, and is the lowest in Tyngsborough at \$1,115/month. Even in Tyngsborough, a minimum wage worker would spend 52% of their income on housing.

The table on the right shows the number of hours per week that would have to be worked at minimum wage to afford a 2-bedroom apartment without being rent burdened. **In Billerica, Chelmsford, Tewksbury, and Westford, 2 adults working 40 hours per week are not able to afford a 2-bedroom apartment, putting even small 2-parent families and 2 adults living as roommates at risk for homelessness.** Dunstable has too few rental units for accurate data.

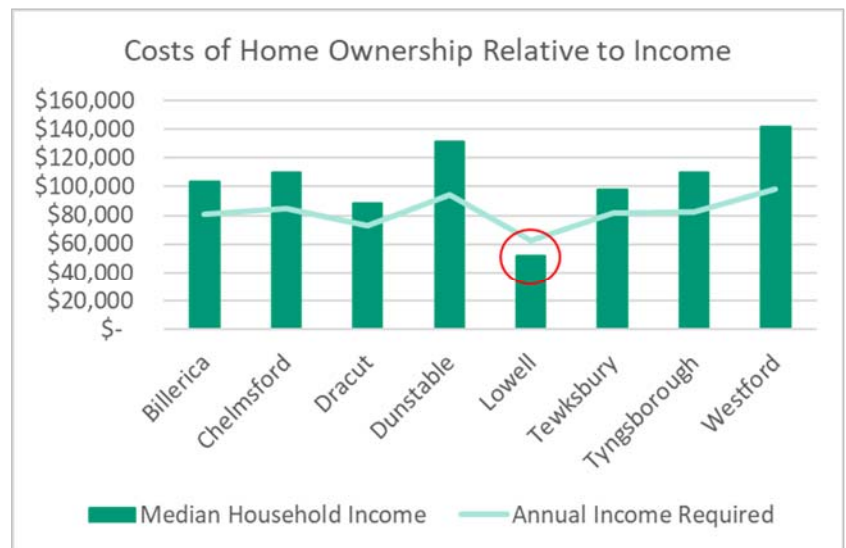
Number of Hours/Week at Minimum Wage (\$12.75/hr) to Afford a 2 Bedroom Apartment	
Town/City	# Hours
Billerica	79
Chelmsford	90
Dracut	73
Lowell	65
Tewksbury	106
Tyngsborough	61
Westford	106
Massachusetts	72
United States*	96
*Calculated at Federal Minimum Wage of \$7.25/hr	

Source: American Community Survey 2018 5-year estimates

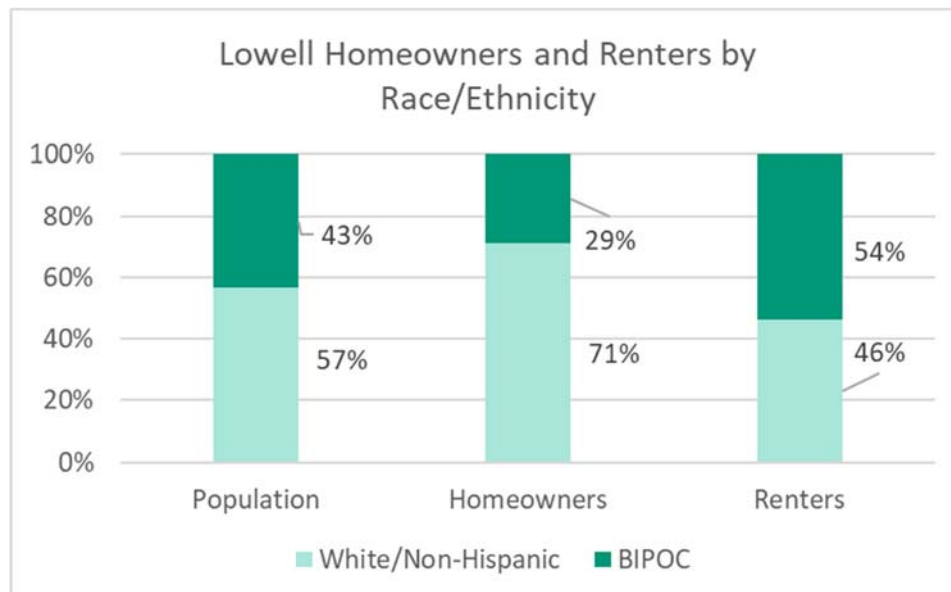


High housing costs in Greater Lowell are not limited to rentals. **The cost of home ownership is above the national average in every community and above the state average in 7 out of 9 communities.** However, with the exception of Lowell, incomes in the area are high enough to make home ownership affordable for many.

The graph on the right shows the median household income in Greater Lowell, relative to the income required to sustain median monthly home ownership costs without paying more than 30% of household income to housing costs. In Lowell, the median household income of \$51,987 will support monthly housing costs of \$1,300, enough to cover median rent for a 2-bedroom, but not to own a home.



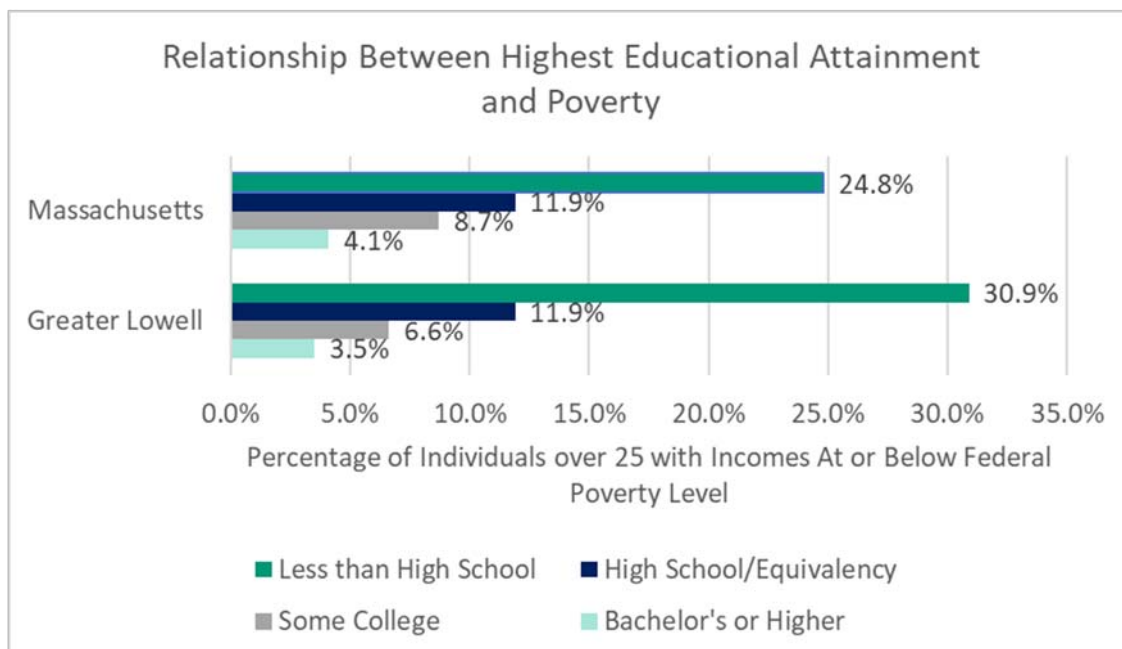
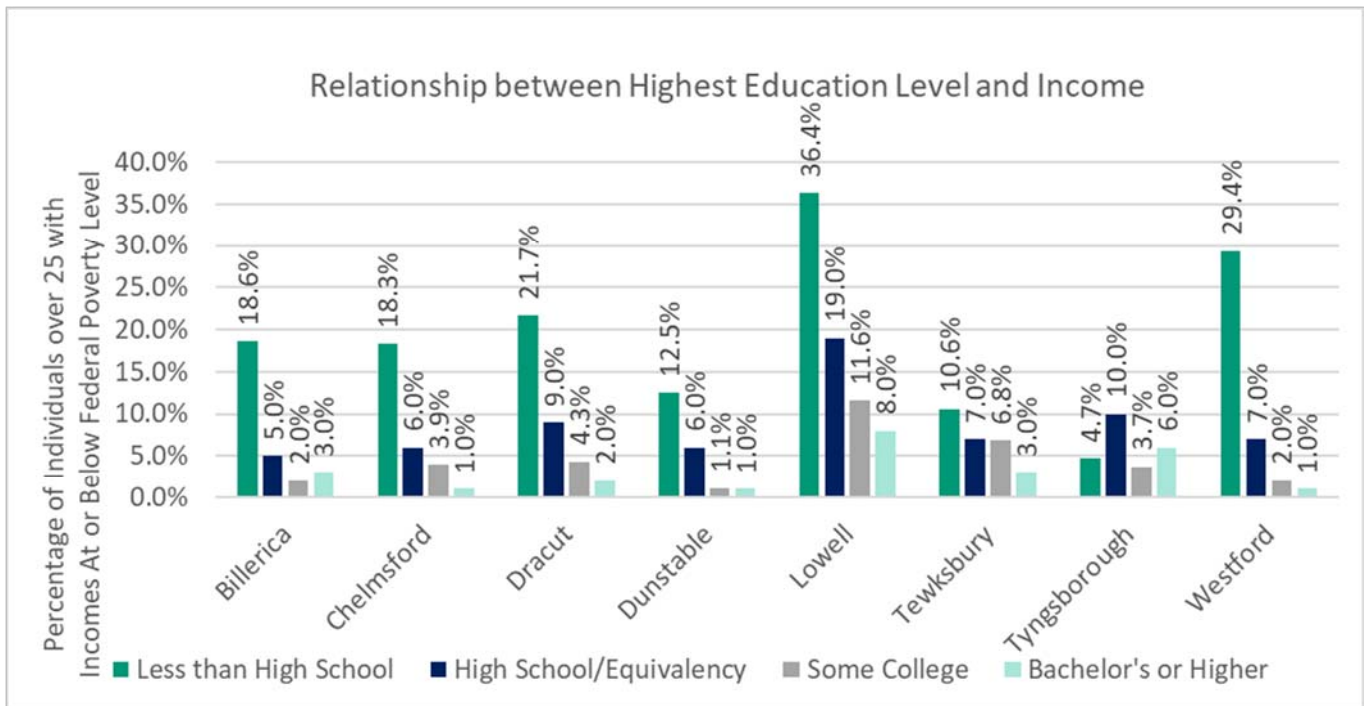
Spotlight on Racial Inequity



Home Ownership rates in the United States vary significantly by racial and ethnic group. Home ownership not only has the ability to create wealth and financial stability, it also requires a certain amount of both. Buyers must be able to save thousands of dollars for a down payment and be able to pay for ongoing home maintenance, taxes, and other expenses.

Education in Greater Lowell

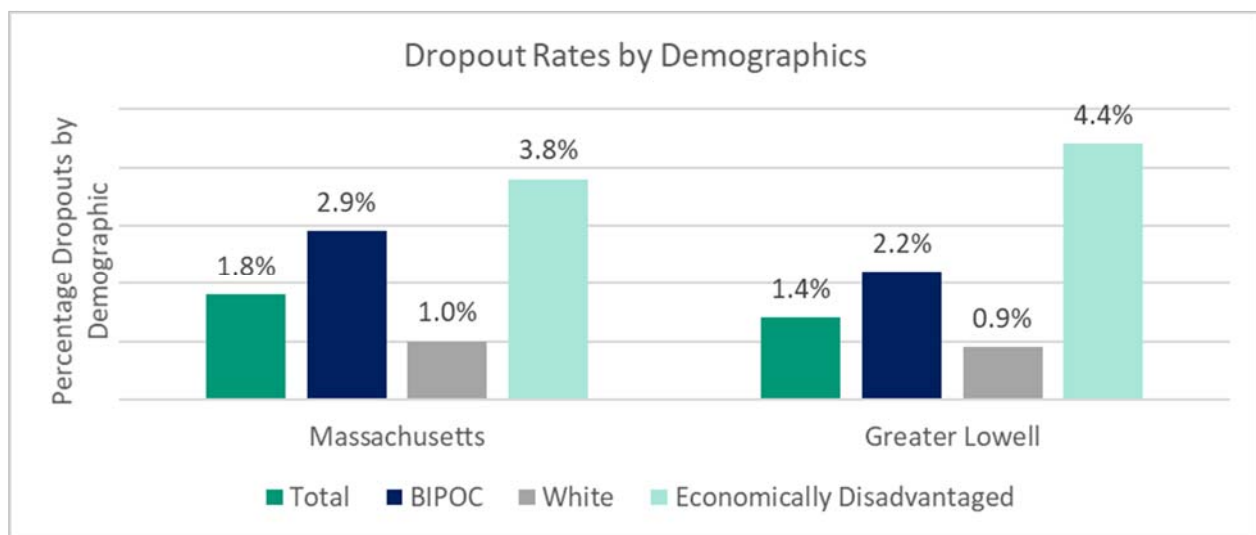
In Lowell, 17.8% more individuals without a high school diploma or equivalency have income at or below the poverty line than whose highest education level is high school. Educational attainment is a major contributor to the cycle of poverty; children who grow up in poverty are less likely to graduate high school, and in turn, they continue the cycle of poverty as adults. **Adult educational attainment is strongly correlated to future income earnings and employment status; it also impacts an individual's health outcomes.** The Centers for Disease Control and Prevention (CDC) has stated that, "persons with low levels of education and income generally experience increased rates of mortality, morbidity, and risk-taking behaviors and decreased access to and quality of health care."



Source: 2018 American Community Survey 5-Year Estimates

Spotlight on Racial Inequity

The data examined in this report as well as national publications reflects the existence of systemic barriers that negatively impact BIPOC students' education, such as **ongoing racial segregation in schools, unequal school resources, unequal academic opportunities, differential teacher quality, and differential discipline**. As a result of these systemic barriers, BIPOC students are more likely to dropout before obtaining their high school diploma, thereby increasing their likelihood of experiencing poverty and further entrenching BIPOC individuals in cyclical poverty. The Annie E. Casey Foundation recommends **equitable funding, programmatic equity, and quality teaching** as strategies to combat racial inequity in schools.

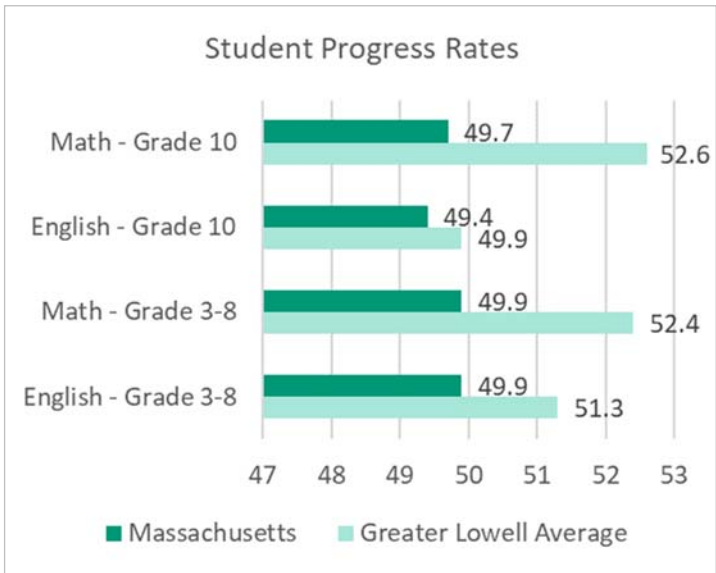
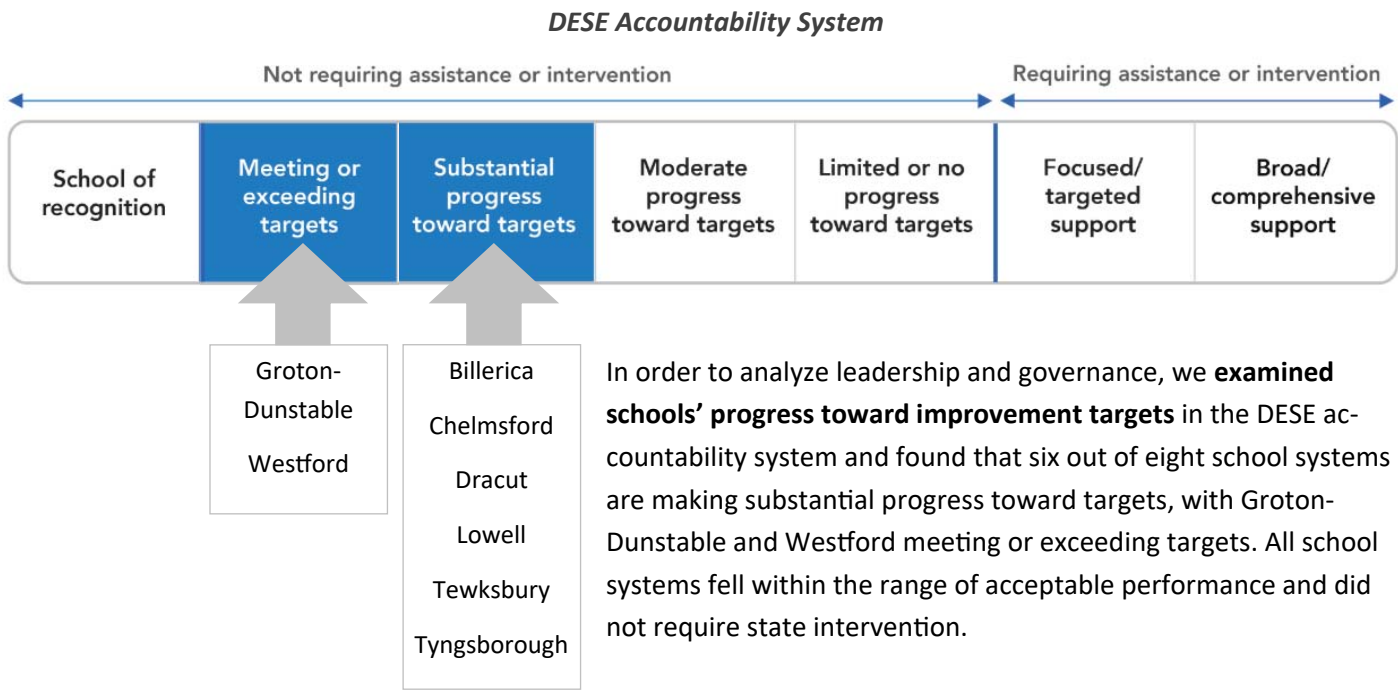


Source: 2018 American Community Survey 5-Year Estimates

As demonstrated in the chart above, **BIPOC students in Greater Lowell are twice as likely to dropout of high school than White students**, according to DESE 2018-2019 data. Across Massachusetts, BIPOC students are three times as likely to dropout of high school than white students. In Greater Lowell and Massachusetts, income is the greatest predictor of educational attainment. Economically disadvantaged students experience the highest rates of poverty when compared to the total population, White students, and BIPOC students. According to Child Fund International, "Poverty reduces a child's readiness for school because it leads to poor physical health and motor skills, diminishes a child's ability to concentrate and remember information, and reduces attentiveness, curiosity and motivation."

Indicators of school system performance include **effective leadership/governance, student achievement, and a supportive classroom environment** (Wallace Foundation). To assess school system performance in Greater Lowell, we analyzed data from Massachusetts DESE District Report Cards that best encapsulated these three indicators. Across this analysis, we found that all school systems in Greater Lowell generally performed well, meeting or exceeding state benchmarks and averages in most cases.

Effective Leadership and Governance: School Progress Toward Improvement Targets



Student Achievement:

Student Progress Scores

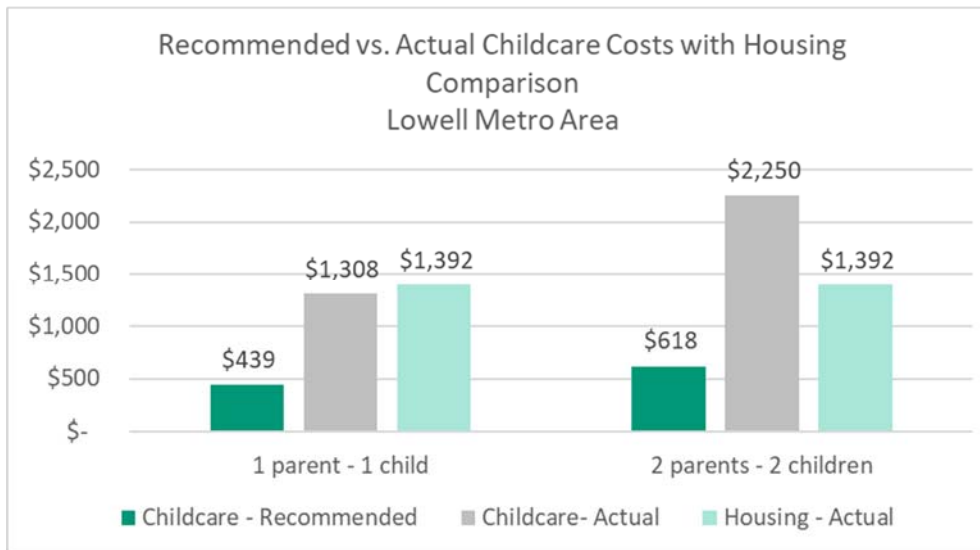
In terms of student achievement, we examined **student progress scores** in four grades and subjects deemed most indicative of success and found that on average Greater Lowell school systems scored within the target range (score 40-60) in each grade and subject and exceeded Massachusetts averages.

Supportive Classroom Environment: MassCore Completion Rates

We also reviewed **MassCore completion rates** by way of assessing classroom offerings of opportunities for achievement, and found that six out of eight school systems exceeded state averages, with Dracut meeting state averages and Lowell falling below state averages.

Childcare in Greater Lowell

Childcare is more expensive than rent for many families. The Economic Policy Institute (EPI) reports that the average cost of childcare is \$1,743 per month in Massachusetts. Comparatively, the average rent for a two-bedroom apartment in Greater Lowell is \$1,514.



The federal government recommends that **families spend no more than 7% of their income on childcare** (HHS Affordability Standard). However, the EPI finds that in terms of actual expenses, **Lowell families earning the median income with children spend between 30-59% of their income** (\$51,460) on childcare, based on Child Care Aware data on the cost of childcare and ACS 2018 5-year estimates. The chart to the left depicts how actual childcare costs surpass this recommendation in two household profiles in Lowell.

Source: Economic Policy Institute Family Budget Fact Sheets, 2018

In Massachusetts, 74% of children have at least one parent in the workforce (Early Childhood Workforce Index 2018). Assuming state averages, we can extrapolate that 12,238 children under 5 in our CSBG area have a working parent and are potentially in need of full- or part-day childcare. **In total, there are only 7,681 childcare slots available in Greater Lowell** (both subsidized and unsubsidized), according to the Department of Early Education and Care online directory of licensed programs. Further demonstrating the gap in service are the number of children on the subsidized childcare waitlist as of January 2021 (right).

Across Greater Lowell, 16.8% (or 2,783 individuals) of children under 5 years old are living in poverty and are eligible for subsidized childcare, yet the waitlist indicates that the need outweighs the availability of childcare subsidies.

Spotlight on Racial Inequity

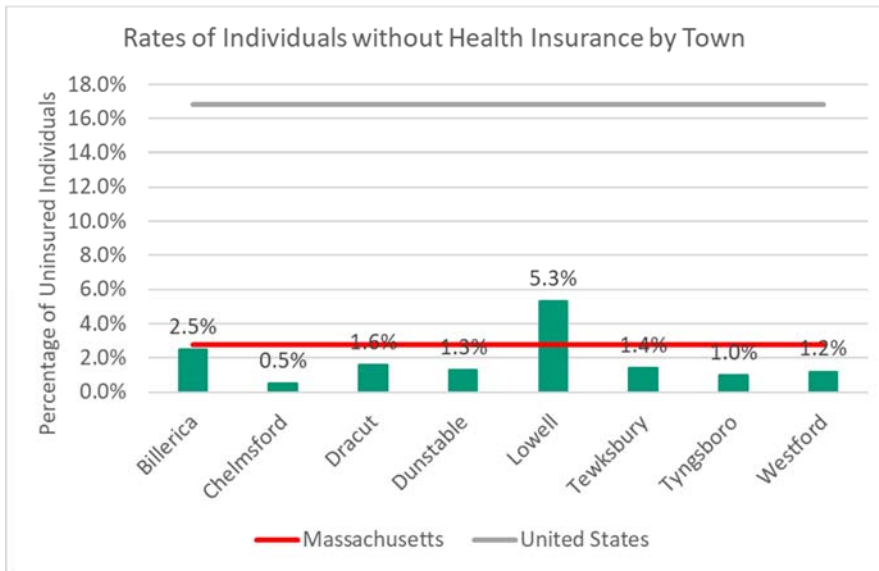
Because of great wage and wealth disparities on the basis of race and ethnicity, children in non-white households are disproportionately likely to be in poverty. **In Massachusetts, non-white children constitute only 39% of all children, yet they account for 94% of the population of children at/below Federal Poverty Level** (MassBudget 2018). Therefore, the high cost of childcare disproportionately affects non-white households.

Subsidized Childcare Waitlist	
January 2021	
Community	Children on Waiting List
Billerica	46
Chelmsford	34
Dracut	55
Dunstable	0
Lowell	220
Tewksbury	26
Tyngsborough	8
Westford	9
Total	398

Childcare and Early Education data at the city and county level is largely not available, likely due to political and cost considerations. For this reason, much of the information presented here reflects state-level data.

Health in Greater Lowell

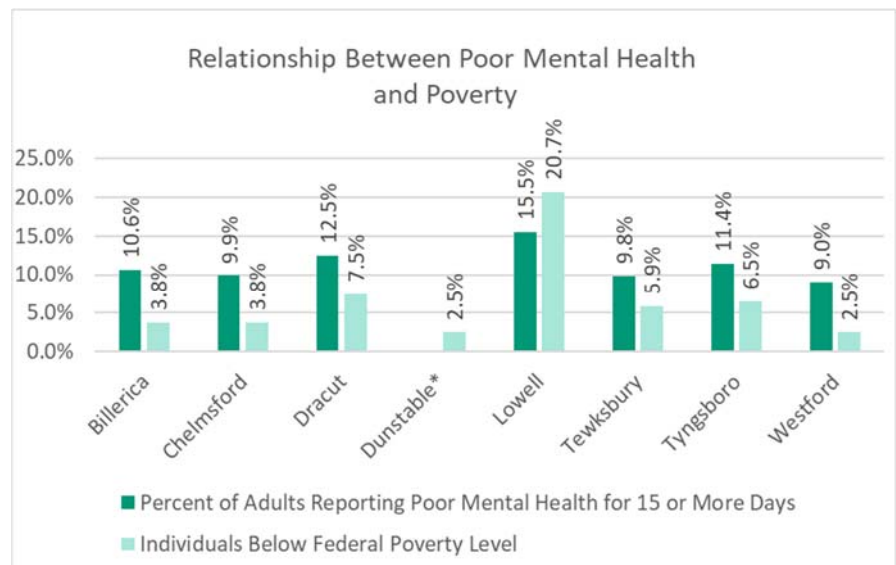
Community Teamwork consulted the Greater Lowell Health Alliance’s great work on their 2019 Community Health Needs Assessment (GLCHNA) in analyzing public health in Greater Lowell. As such, the data presented here reflects the greatest needs as reported by GLCHNA Survey respondents: **Mental Health, Substance Addiction, Alcohol Abuse, Cancer, and Nutrition**. Please refer to the [GLCHNA](#) for the most comprehensive health data on Greater Lowell. [Click here](#) for information on the COVID-19 pandemic. [Click here](#) for information on Racism as a Public Health Crisis.



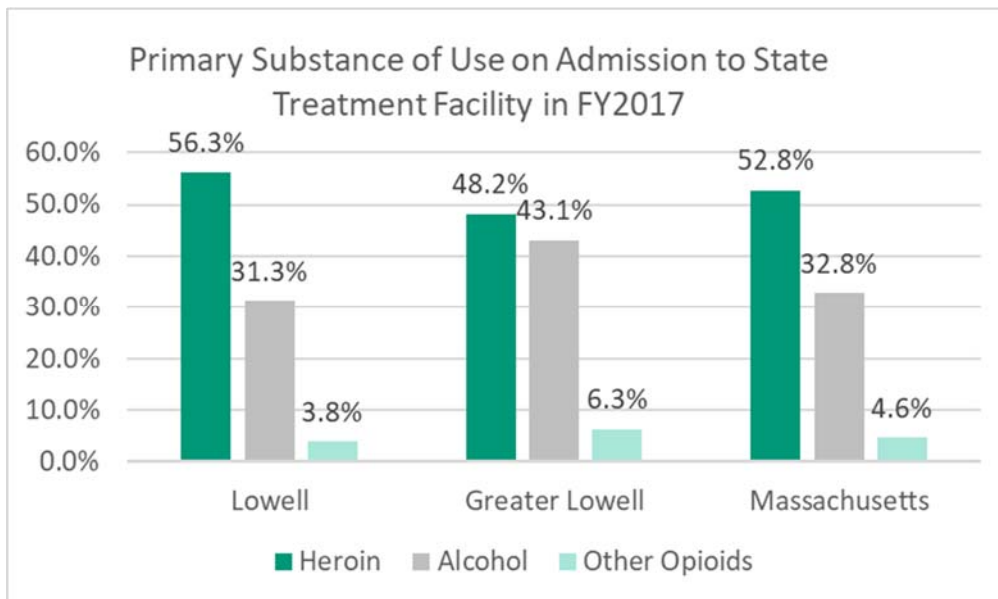
Another important indicator of public health is rates of insured versus uninsured individuals. According to America’s Health Rankings, which uses Census Bureau data, Massachusetts is the healthiest state in the nation by this indicator, at 2.8% uninsured. However, Lowell has nearly double the percentage of uninsured individuals than Massachusetts.

Source: America’s Health Rankings via U.S. Census Bureau, 2019

“Poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health” (London Mental Health Foundation). Of the towns in Greater Lowell, Lowell has both the highest rate of people in poverty and the highest percentage of adults self-reporting poor mental health for 15 or more days. In fact, the relationship between individual towns’ poverty levels reflects the incidence of adults reporting poor mental health. The findings of Community Teamwork’s Community Survey support the relationship between poverty and poor mental health; 22% of respondents in the lowest income bracket (earning under \$2,000 per month) cited mental health as a barrier to their financial stability, compared to only 13% of total respondents in the highest income bracket.



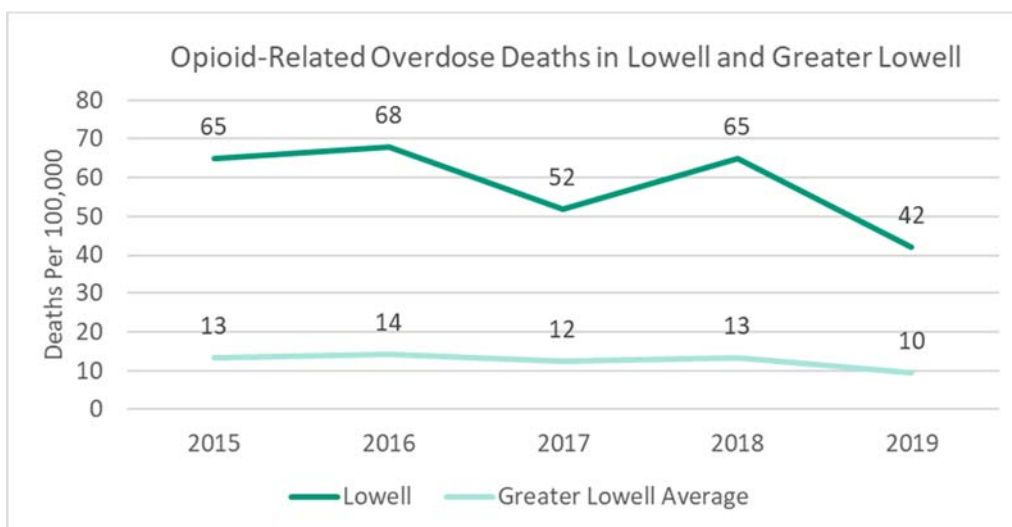
Source: BFRSS Results via PHIT, 2012-2014, courtesy of GLHA; 2018 American Community Survey 5-Year Estimates



Source: BSAS via Massachusetts Department of Public Health, courtesy of GLHA

Across Massachusetts, Greater Lowell, and Lowell, Heroin is the most commonly misused substance resulting in state treatment.

Generally, substance misuse prevention and mental health services are paired to address the opioid epidemic. **Opioid deaths have declined by 6% in Massachusetts since peaking in 2016, but current annual death rate in 2019 has increased by 436% compared to the death rate in 2000 (Massachusetts Department of Public Health).**



Source: Mass DPH 2015-2019

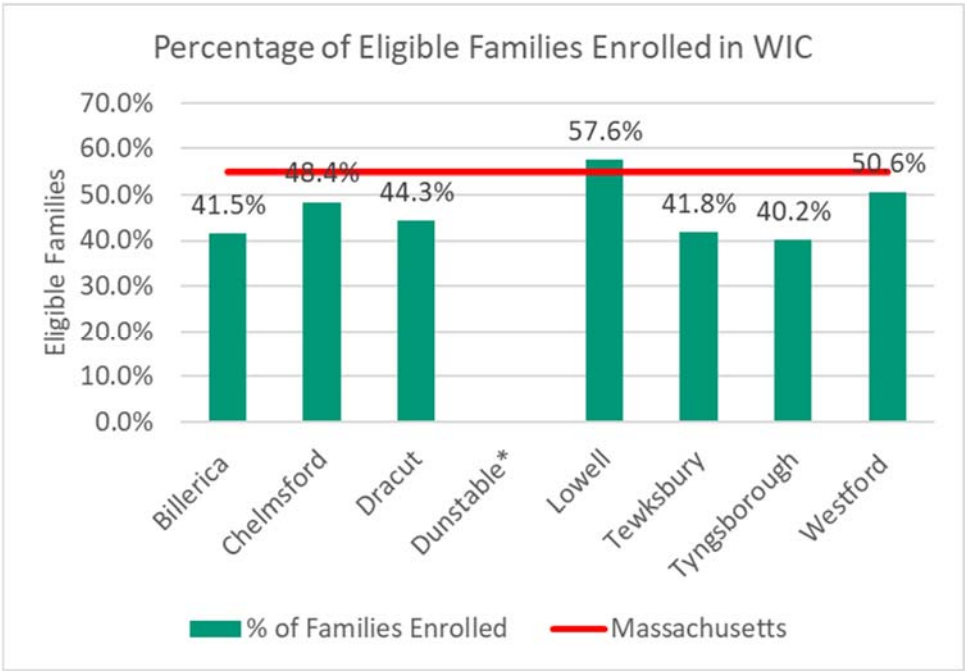
Among the towns in Greater Lowell, the City of Lowell has a far higher rate of opioid-related overdose deaths than the surrounding towns. Per 100,000 individuals, Lowell recorded 42 deaths in 2019; the second-highest rate was seen in Billerica and Dracut with 11 deaths per 100,000.

Spotlight on Racial Inequity

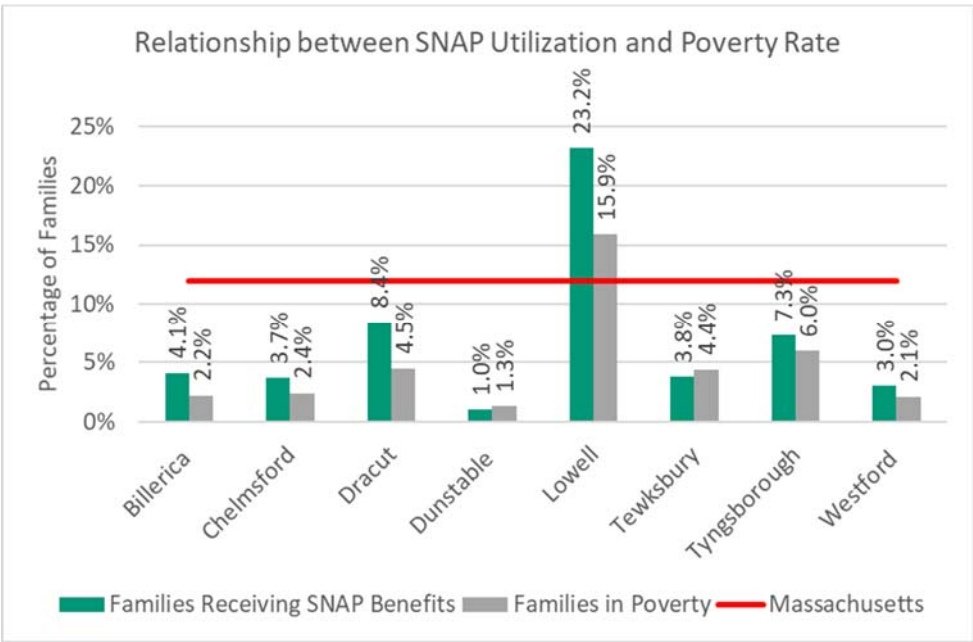
While the current opioid epidemic has affected people across race, a disproportionate number of deaths in Massachusetts are White ([MA DPH, June 2020](#)). The opioid crisis receives sympathetic media coverage, popular opinion, and funding for information and treatment. Conversely, the War on Drugs, as it was coined in the 1970s by the Nixon Administration to intentionally target and over-police Black individuals ([CNN](#)), received negative stigmatization and contributed greatly to the mass incarceration of Black men that persists today. **In short, the opioid epidemic is a majority-White crisis and viewed as sympathetic, whereas the War on Drugs was branded as a Black crisis (though inaccurately) and received a punitive response.** For more information on Racism as a Public Health Crisis, please [click here](#).

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a Federal program that provides nutritious food, education, and referral support to low-income women and children from 0 to 5. WIC is proven to be successful in producing outcomes such as healthier infants at birth, better infant feeding practices, and healthier diets among infants, toddlers, and children under age 5 (Center on Budget and Policy Priorities). **Of the total population of families eligible to receive WIC benefits, most towns in Greater Lowell see fewer than half of families are enrolled.** This is lower than the Massachusetts average, and may speak to a need to increase outreach and recruitment efforts to enroll more families, particularly if families are unaware that they are entitled to receive this benefit.

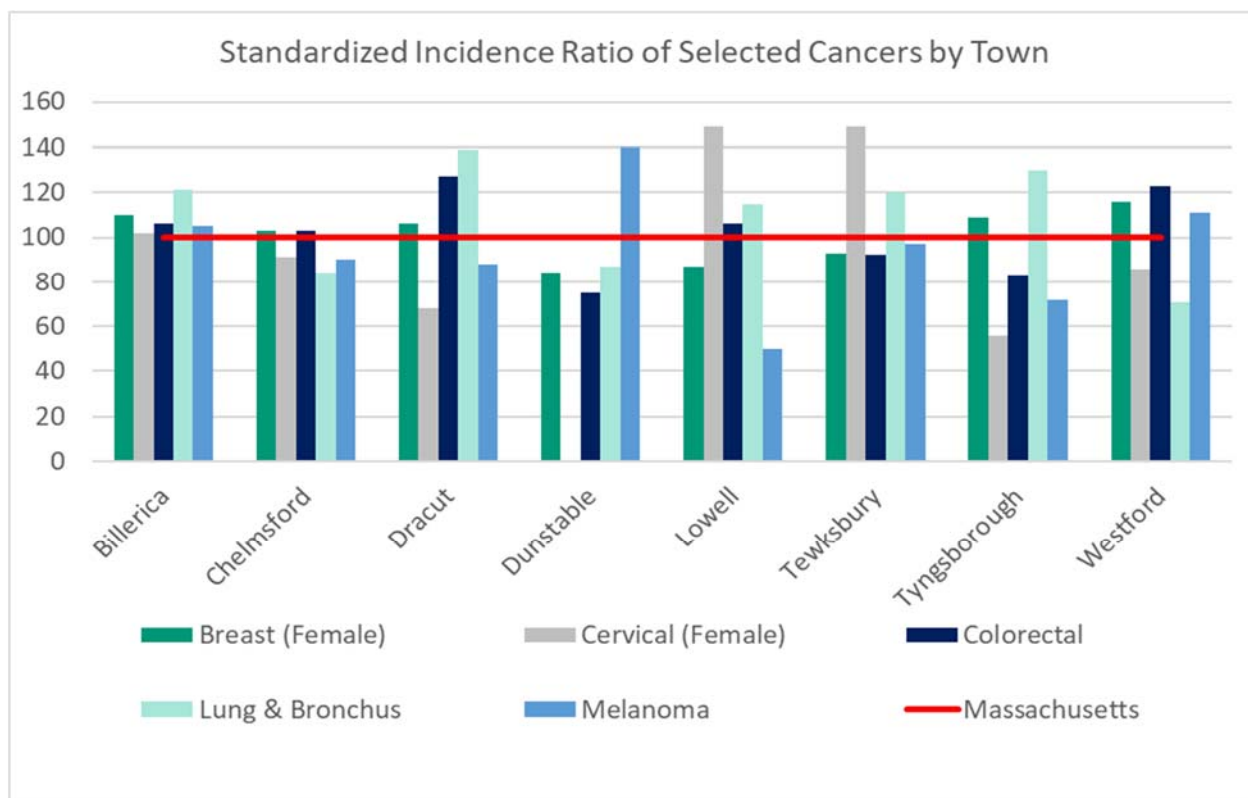
Similarly, the Supplemental Nutrition Assistance Program (SNAP) is an important federal anti-hunger program linked to improved nutrition and health as well as lower healthcare costs among vulnerable populations, including children and infants. Across the state, approximately 86-93% of eligible individuals are enrolled (Center for Budget and Policy Priorities). Lowell sees the highest percentage of its total population enrolled in SNAP by a wide margin; the rate of enrollment in Lowell is twice that across Massachusetts. **Across Greater Lowell, approximately 12,000 households are enrolled in SNAP,** which speaks to a great need for the program.



Source: 2019 WIC Needs Assessment, Massachusetts Department of Public Health



Source: 2018 American Community Survey 5-Year Estimates



Source: Massachusetts Cancer Registry via Massachusetts Department of Public Health, 2011-2015

SIR figures are compared against the state baseline of 100. An SIR below 100 indicates that the town's incidence of that cancer type is below that of the state, while an SIR above 100 indicates that the town's incidence is higher than the state. **Generally, Greater Lowell performs at or below the State SIR for most cancer types**, with notable exceptions being Lung/Bronchus in Dracut, Melanoma in Dunstable, and Cervical in Lowell and Tewksbury.

Social Determinants of Health

According to the Centers for Disease Control, Social Determinants of Health are the "conditions in the places where people live, learn, work, and play [that] affect a wide range of health risks and outcomes." These Social Determinants are highly predictive indicators of health. The GLHA has established six task forces with which to support public health from a lens informed by Social Determinants:

Substance Use & Prevention: Prevents and reduces substance use disorders among youth and young adults.

Behavioral Health: Increases awareness and improves access to mental health care.

*Maternal Child Health: Addresses the most pressing health issues related to moms and their families.**

Wellness & Chronic Disease: Builds a healthier community and addresses the obesity crisis.

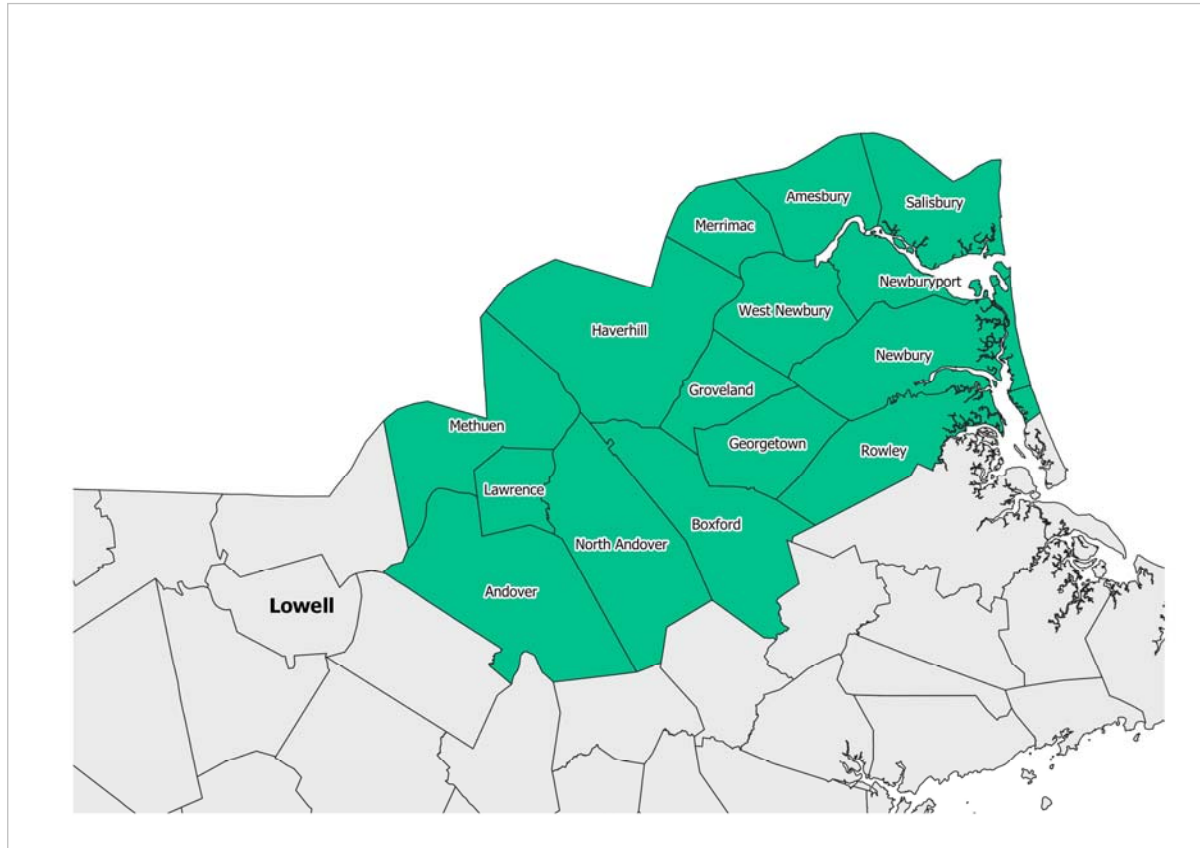
*Health Equity: Ensures that health care and human services are accessible to all individuals.**

*Housing & the Built Environment: create a culture that provides equitable access to housing, transportation, and positive social environments to achieve improved positive health outcomes. **

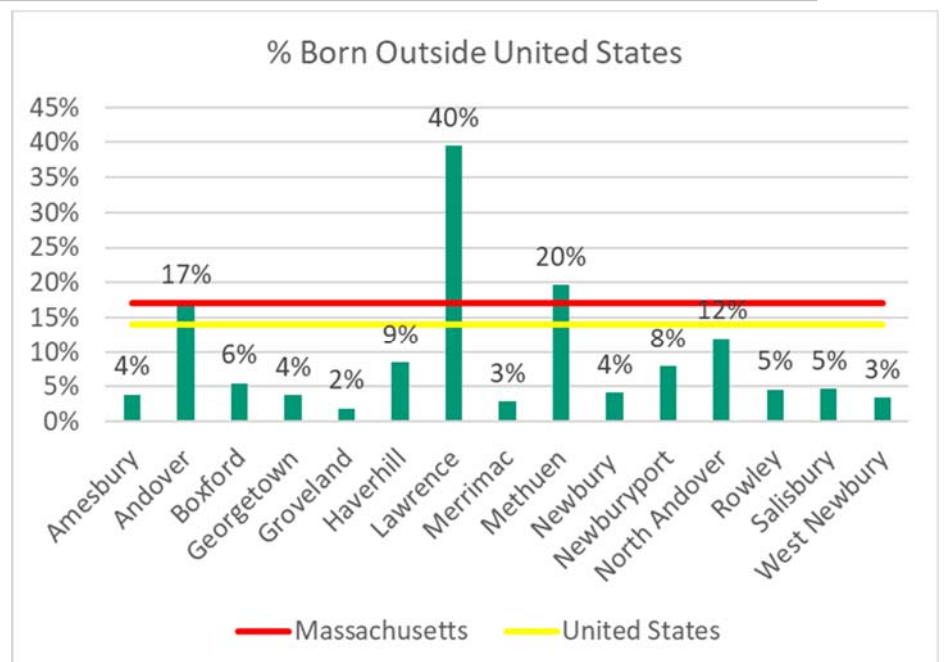
**Indicates Community Teamwork participation in task force.*

Population of Merrimack Valley

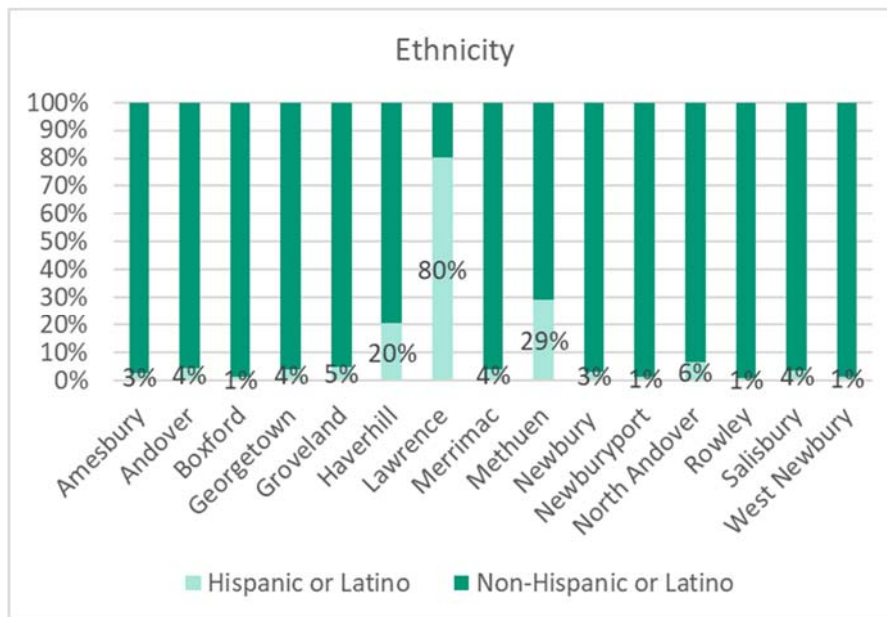
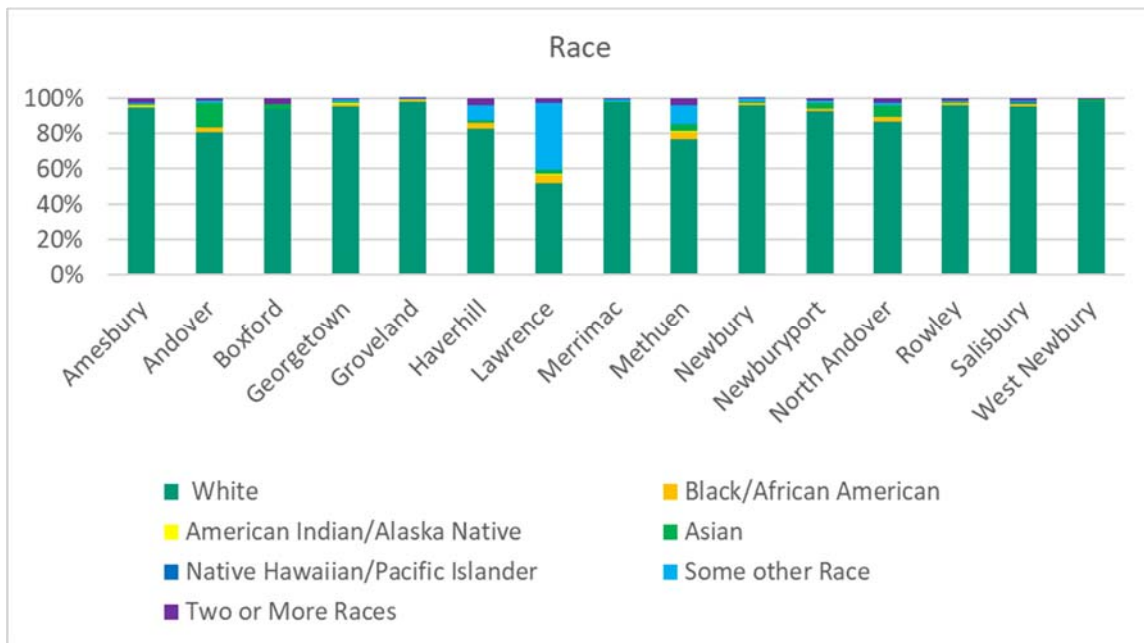
The Merrimack Valley follows the Merrimack River and includes towns along the border of northeast Massachusetts, as well as towns in southern New Hampshire. During the 19th century, the Merrimack Valley region was the seat of the textile industry. The economy of many towns was propped up by the mills, which were major employers. The Merrimack Valley's distinctive industries include technology, defense, and medical fields. The region is approximately an hour north of Boston, and as such many people live in the Valley and commute to Boston.



Diversity among communities in the Merrimack Valley varies greatly across the region. The percentage of individuals who were born outside the United States is well-below the state and national averages (17% and 14% respectively) in every community in the region, other than Andover, Lawrence, and Methuen. Not only is 40% of the population of Lawrence born outside of the US, 70% of households in Lawrence, 35% of households in Methuen, and 19% of households in both Andover and Haverhill speak a language other than English at home.



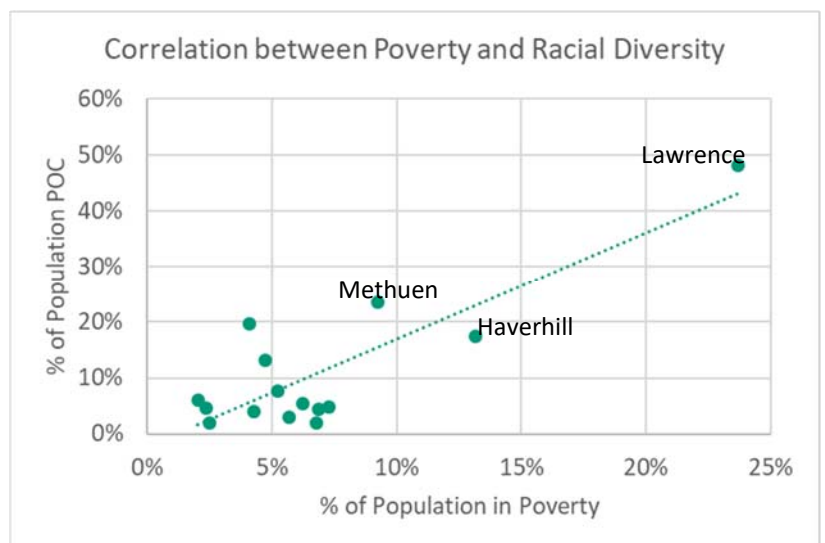
Source: 2018 American Community Survey 5-Year Estimates



Racial and ethnic diversity varies greatly across the Merrimack Valley. Lawrence, Haverhill, Methuen, and Andover all have populations that are at least 20% people of color. **80% of Lawrence residents identify as Hispanic or Latino.** This is likely the largest group identified as “Some other Race” in the race data shown above.

Spotlight on Racial Inequity

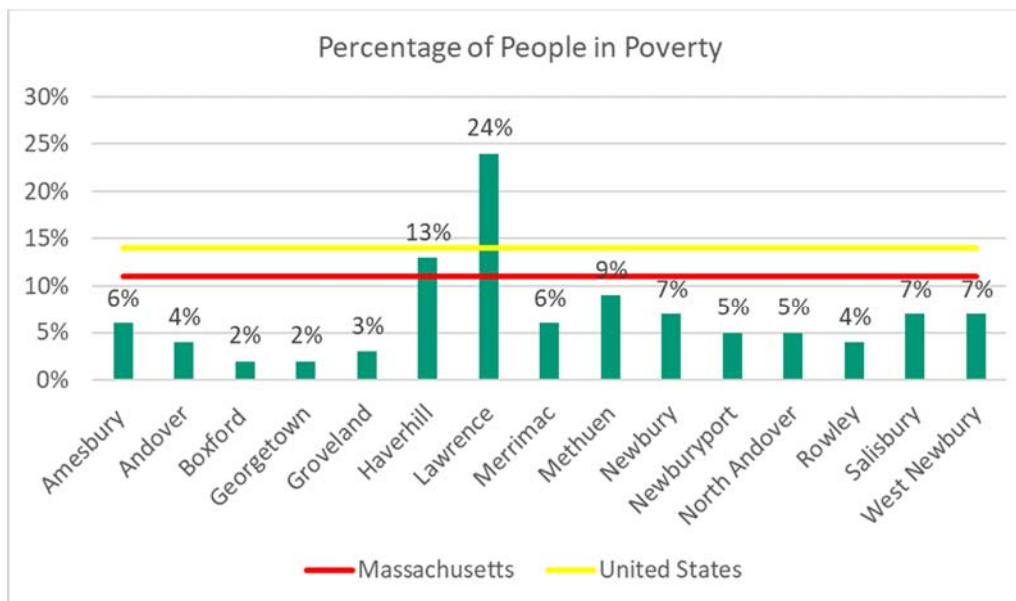
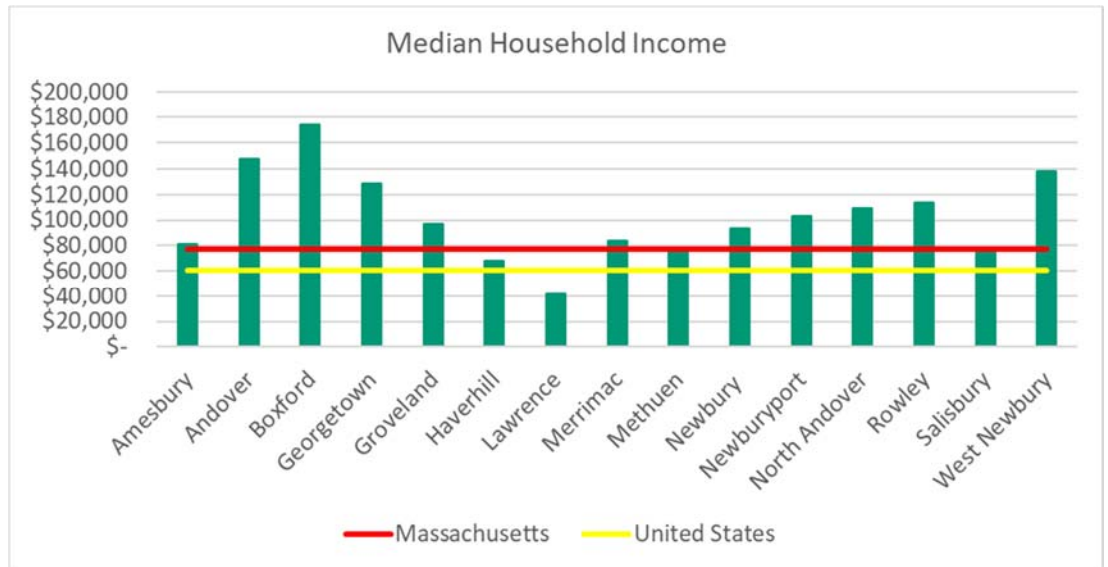
There are vast differences in economic indicators on the basis of race between Lawrence, Haverhill, Methuen, and the other communities in the region. The chart on the right illustrates the relationship between poverty and racial diversity in each community. Lawrence, shown in the top/right, has the largest percentage of racial diversity in the area and also the highest percentage of poverty. This is followed by (right to left) by Haverhill and Methuen. **The structural racism built into our economic system is very apparent in these communities.**



Source: 2018 American Community Survey 5-Year Estimates

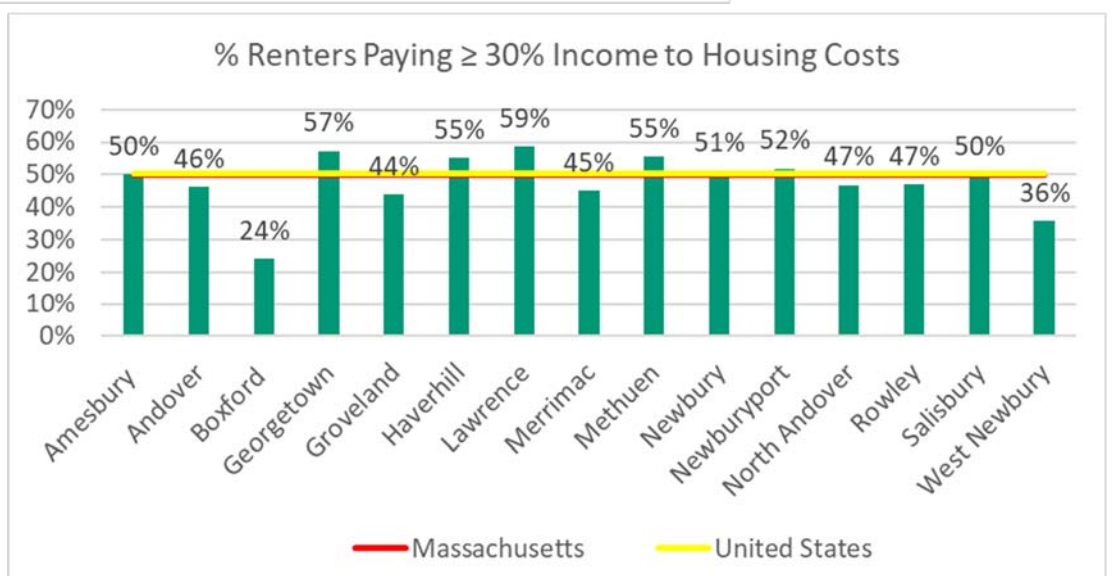
Poverty and Income in Merrimack Valley

Median Household Income varies significantly across the Merrimack Valley, peaking in Boxford at \$174,340 per year. **Only Lawrence (\$41,583/year) and Haverhill (\$67,579) have lower median incomes than the state averages.**



Lawrence and Haverhill continue to be anomalies in the Merrimack Valley, with higher percentages of residents at or below the Federal Poverty Level (FPL) than the Massachusetts average (11%). **Only Lawrence's poverty rate exceeds the national rate (14%).**

Although household median incomes are higher than the state and national averages in all but two communities in the Merrimack Valley, eight of the 15 communities have higher percentages of households that are rent burdened than both Massachusetts and the United States. **This speaks to the high cost of housing in the region.**



Source: 2018 American Community Survey 5-Year Estimates

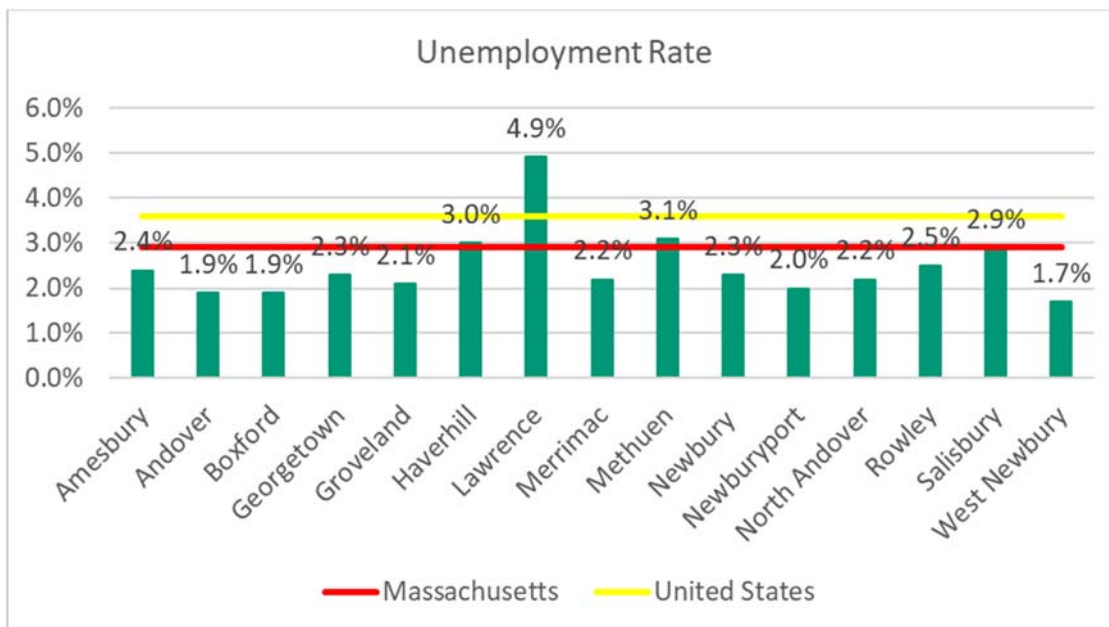
% of Population Living in Households with Incomes Below Poverty Level - Race and Ethnicity									
Town/City	Overall	White	Black/ African American	American Indian/ Alaska Na- tive	Asian	Some other race	Two or more races	Hispanic	Non- Hispanic White
Amesbury	6%	6%	6%	56%	0%	0%	13%	16%	6%
Andover	4%	4%	1%	0%	6%	28%	3%	10%	4%
Boxford	2%	2%	-	-	0%	-	0%	0%	2%
Georgetown	2%	3%	0%	0%	0%	0%	0%	5%	2%
Groveland	3%	3%	0%	0%	0%	0%	0%	4%	3%
Haverhill	13%	12%	11%	31%	0%	22%	21%	29%	9%
Lawrence	24%	23%	18%	40%	13%	27%	10%	26%	16%
Merrimac	6%	6%	-	-	32%	0%	0%	0%	6%
Methuen	9%	7%	18%	0%	17%	17%	16%	15%	6%
Newbury	7%	7%	0%	-	0%	0%	62%	9%	7%
Newburyport	5%	4%	67%	-	0%	19%	10%	11%	4%
North Andover	5%	4%	10%	-	3%	28%	7%	25%	4%
Rowley	4%	5%	0%	-	1%	0%	0%	3%	4%
Salisbury	7%	7%	0%	100%	0%	0%	34%	17%	7%
West Newbury	7%	7%	-	-	0%	0%	0%	0%	7%

This page shows the percentage of individuals in poverty in each community in the Merrimack Valley by race, ethnicity, age, and gender. **With few exceptions, the highest poverty rates across the region are in communities of color.** Children, the elderly, and women are also more likely to be living in poverty than working-age adults or men.

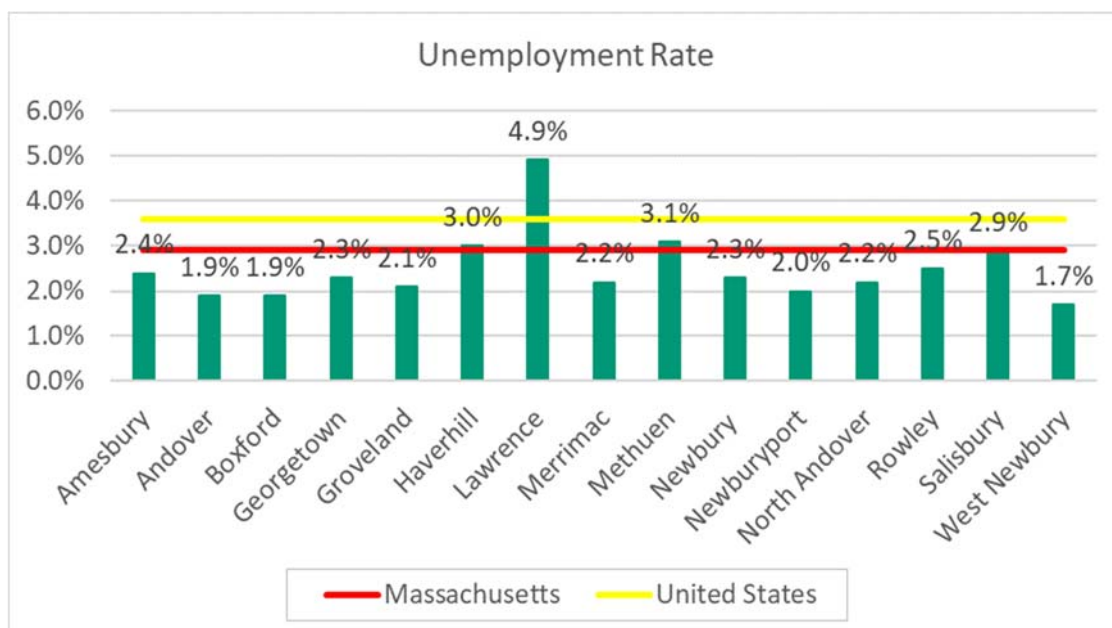
% of Population Living in Households with Incomes Below the Federal Poverty Level - Age and Gender							
Town/City	Overall	Under 5 Years	6 to 17 years	18 to 64 years	65 years and over	Male	Female
Amesbury	6%	5%	8%	6%	7%	6%	6%
Andover	4%	2%	3%	4%	6%	4%	4%
Boxford	2%	0%	5%	1%	1%	2%	3%
Georgetown	2%	0%	3%	1%	7%	2%	3%
Groveland	3%	0%	3%	1%	9%	2%	3%
Haverhill	13%	23%	22%	11%	8%	12%	14%
Lawrence	24%	28%	31%	20%	29%	22%	26%
Merrimac	6%	0%	11%	6%	2%	5%	6%
Methuen	9%	14%	13%	7%	12%	10%	9%
Newbury	7%	7%	8%	6%	9%	6%	8%
Newburyport	5%	3%	8%	5%	4%	5%	6%
North Andover	5%	6%	5%	4%	5%	5%	5%
Rowley	4%	26%	2%	4%	2%	5%	4%
Salisbury	7%	0%	9%	8%	7%	4%	11%
West Newbury	7%	16%	13%	6%	2%	6%	7%

Source: 2018 American Community Survey 5-Year Estimates

Employment and Education in Merrimack Valley

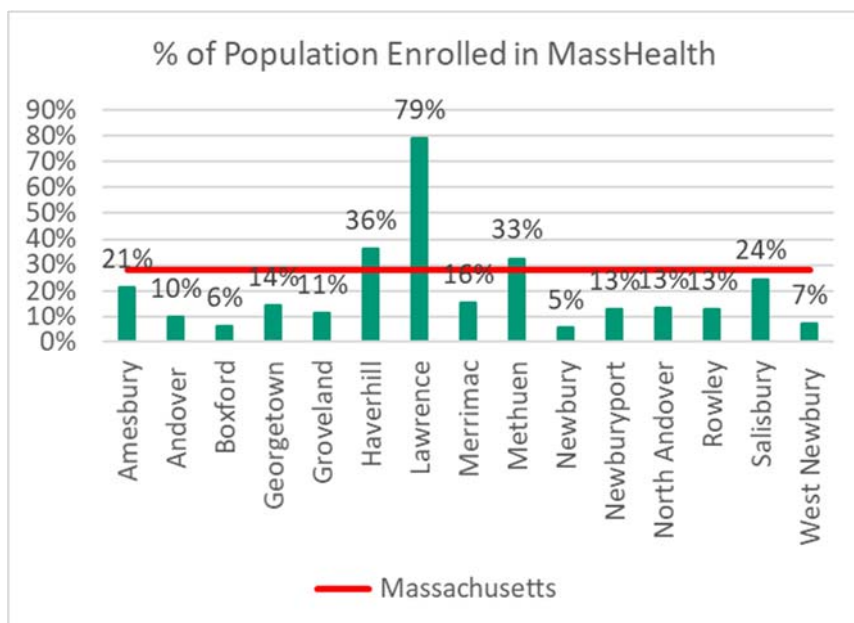


Unemployment rates and educational attainment for communities across the Merrimack Valley are shown on this page. **There is an inverse relationship between unemployment rates and the percentage of adults with at least a high school diploma.** Communities with the highest educational attainment rates (Boxford and West Newbury) also have the lowest unemployment rates. The same is true for Lawrence and Methuen, which have the lowest educational attainment and highest unemployment rates.



Source: 2018 American Community Survey 5-Year Estimates

Health in Merrimack Valley

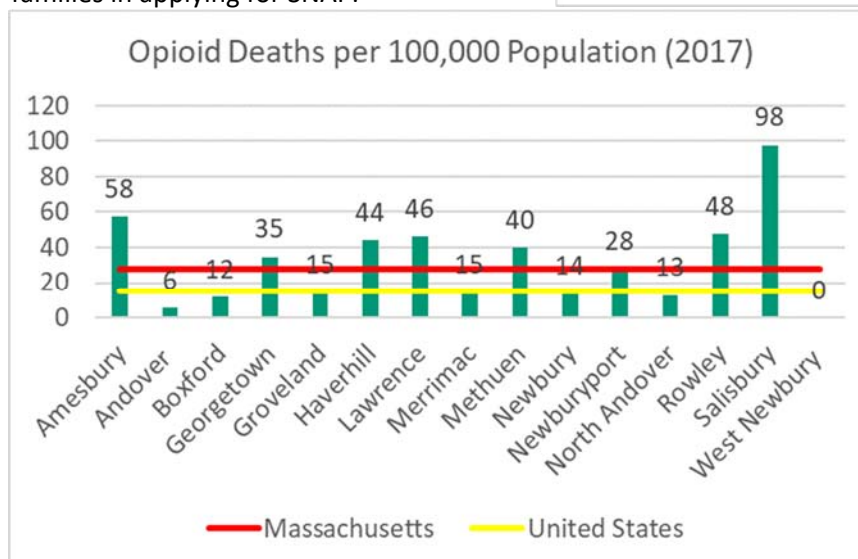
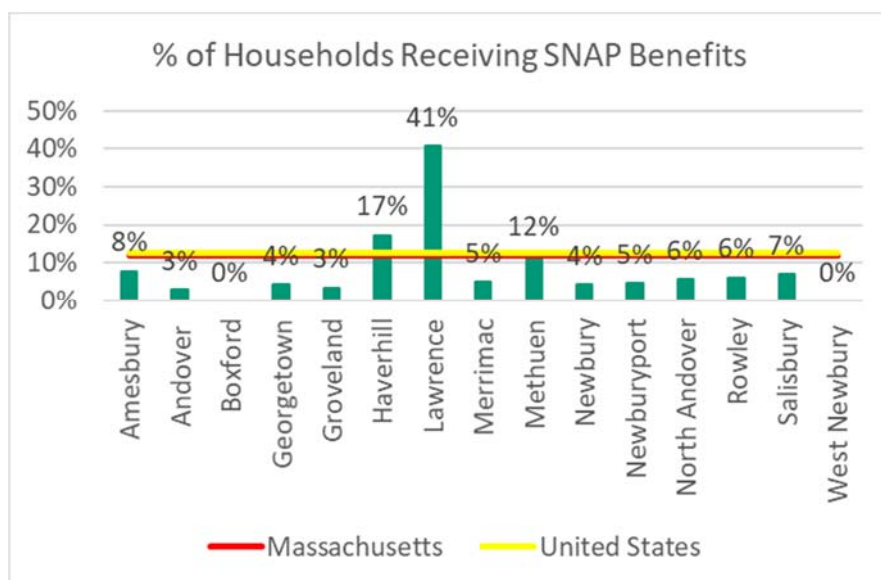


In 2017, Massachusetts had the lowest uninsured rate in the United States, at 2.8%, compared to the national uninsured rate of 8.7%.

Among cities in the Merrimack Valley, only Lawrence exceeded the national rate with 10.4% of its population being uninsured.

Lawrence also has the highest rate of MassHealth participation in the region. The city's 79% MassHealth participation rate is more than 2.5x the state rate of 28%. This correlates with Lawrence's poverty rate (24%), which is more than double the state's (11%).

Only two communities in the Merrimack Valley have higher Supplemental Nutrition Assistance Program (SNAP) participation rates than the state and national averages of 12%. Lawrence and Haverhill's SNAP participation correlates with their higher than average poverty rates. **SNAP participation in Lawrence is particularly high, at more than 3x the state and national averages.** This may be related to the high proportion of children in Lawrence's population. Programs serving young families often encourage and assist families in applying for SNAP.

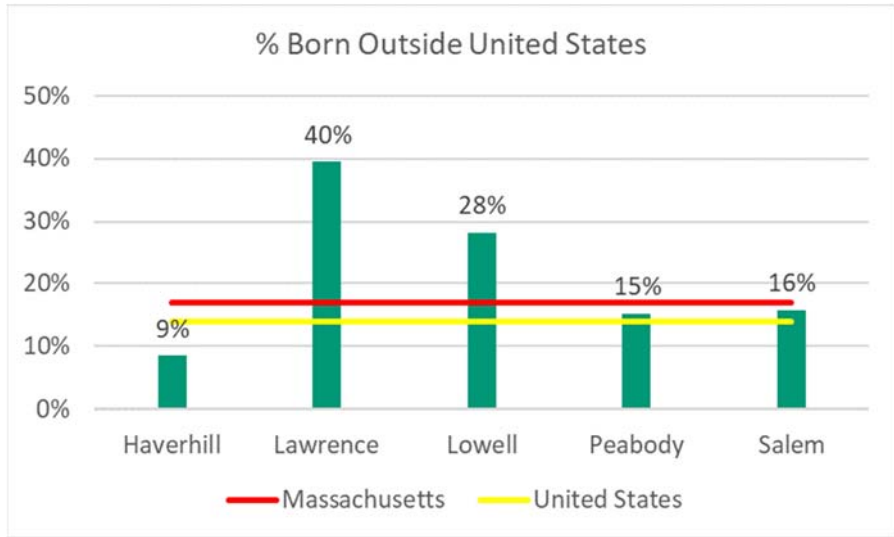
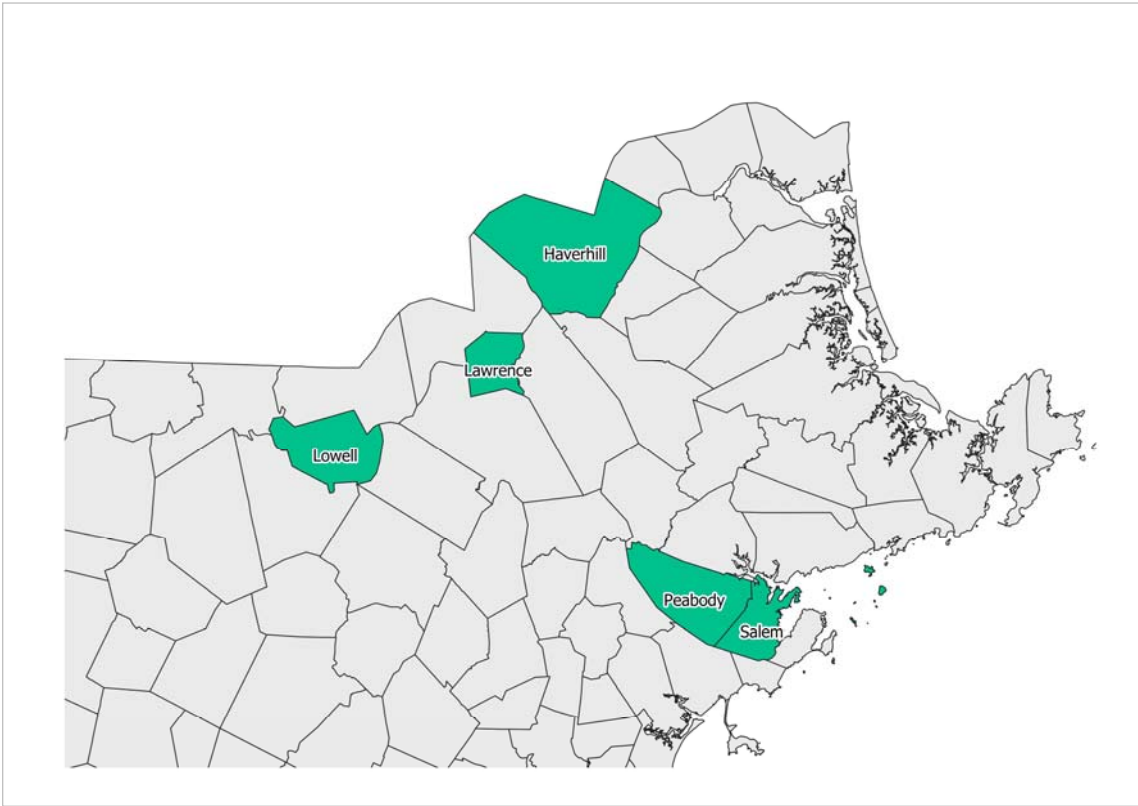


The opioid epidemic has had devastating effects in Massachusetts, resulting in a statewide opioid overdose death rate of 29.3%, nearly double the national rate of 14.9%. **Salisbury has been hit particularly hard, with a death rate of more than 3x the state average.**

Source: 2018 American Community Survey 5-Year Estimates

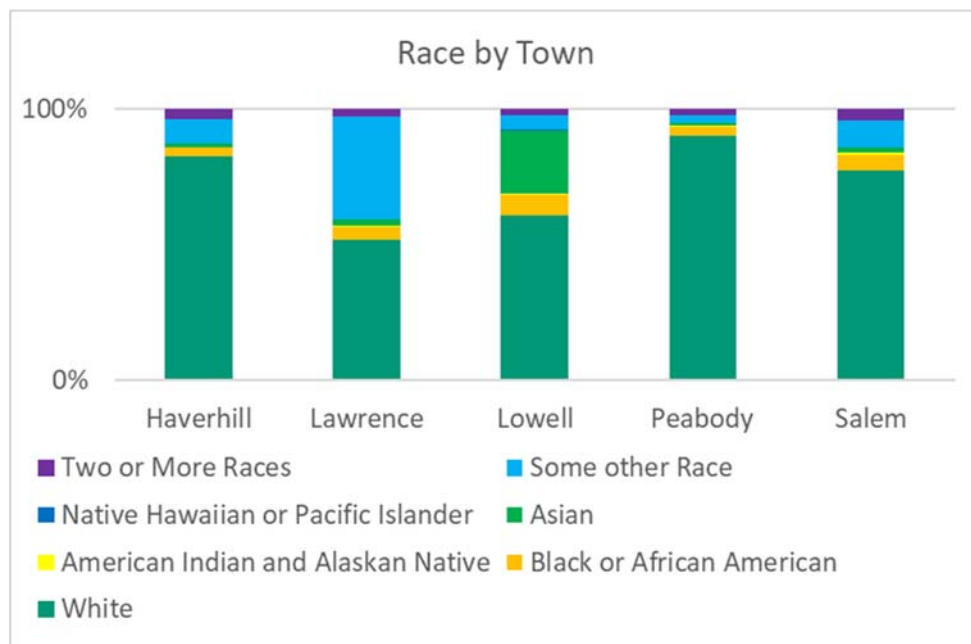
Population of Gateway Cities

Gateway Cities are midsize urban centers that anchor regional economies around the state. For generations, these communities were home to industry that offered residents good jobs and a “gateway” to the American Dream. Over the past several decades, manufacturing jobs slowly disappeared. Lacking resources and capacity to rebuild and reposition, Gateway Cities have been slow to draw new economy investment. Community Teamwork services the gateway cities of Haverhill, Lawrence, Lowell, Peabody, and Salem.



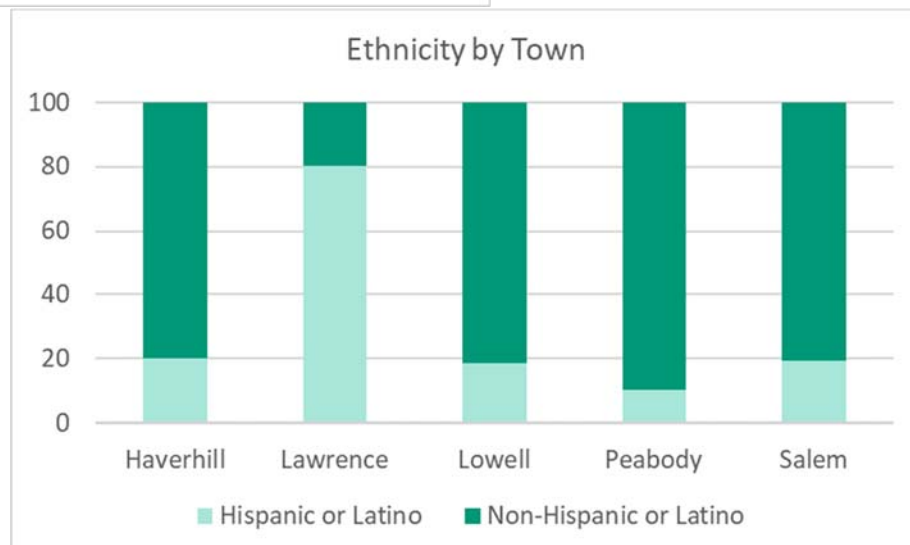
Diversity among communities in the Gateway Cities varies greatly. Not only is 40% of the population of Lawrence born outside of the US, 79% of households speak a language other than English at home. In Lowell, 43% of households speak a language other than English at home. In Salem it is 24%, Peabody is 21% and 19% in Haverhill. The percentage of individuals who were born outside the US is below the state and national averages (17% and 14% respectively) in Haverhill, close to the state and national averages in Salem and Peabody while above in Lawrence, and Lowell.

Source: 2018 American Community Survey 5-Year Estimates



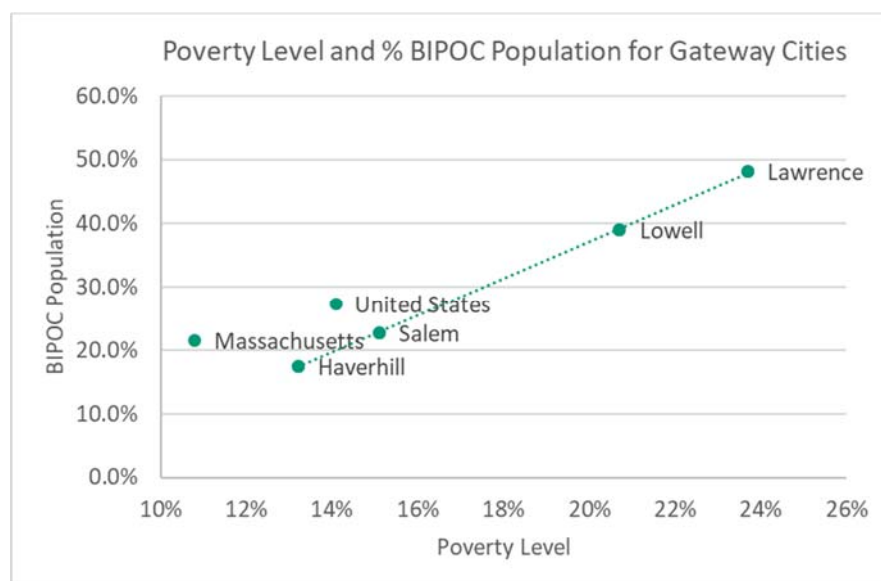
Races, other than White, vary between the Gateway Cities. Hispanic or Latino populations are significantly higher in Lawrence than Haverhill, Lowell and Salem. The high Hispanic and Latino population in Lawrence is likely the cause of the larger than normal population of "Some other Race." **Lawrence is the most racially diverse city among these Gateway Cities. Lowell is the second-most racially diverse city among these cities.**

Lawrence is the only town among the Gateway Cities within Community Teamwork's service area that is majority Hispanic/Latinx. At nearly 80%, Lawrence has a Hispanic/Latinx population that is four times that of the next-most diverse towns in terms of Hispanic/Latinx ethnicity (Haverhill, Lowell, and Salem).



Spotlight on Racial Inequity

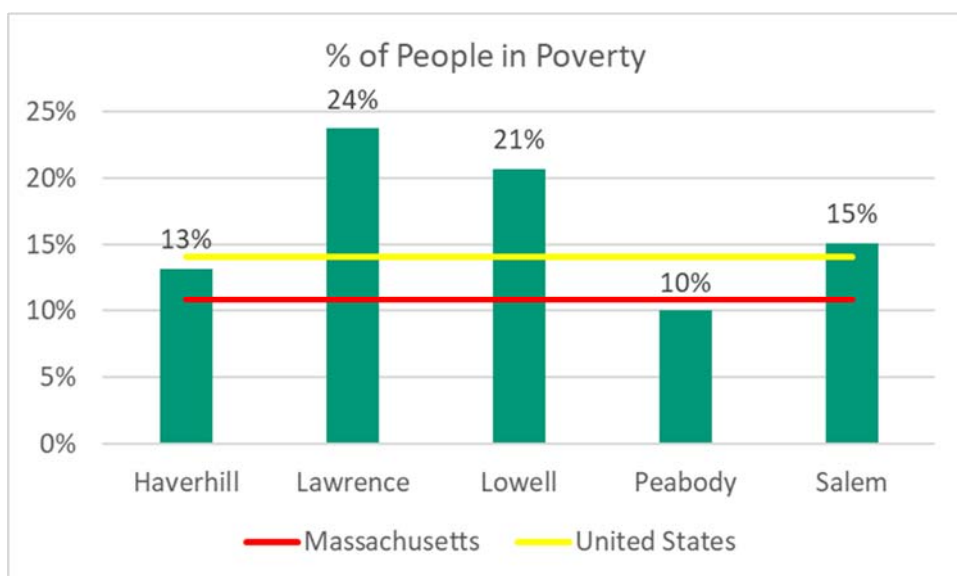
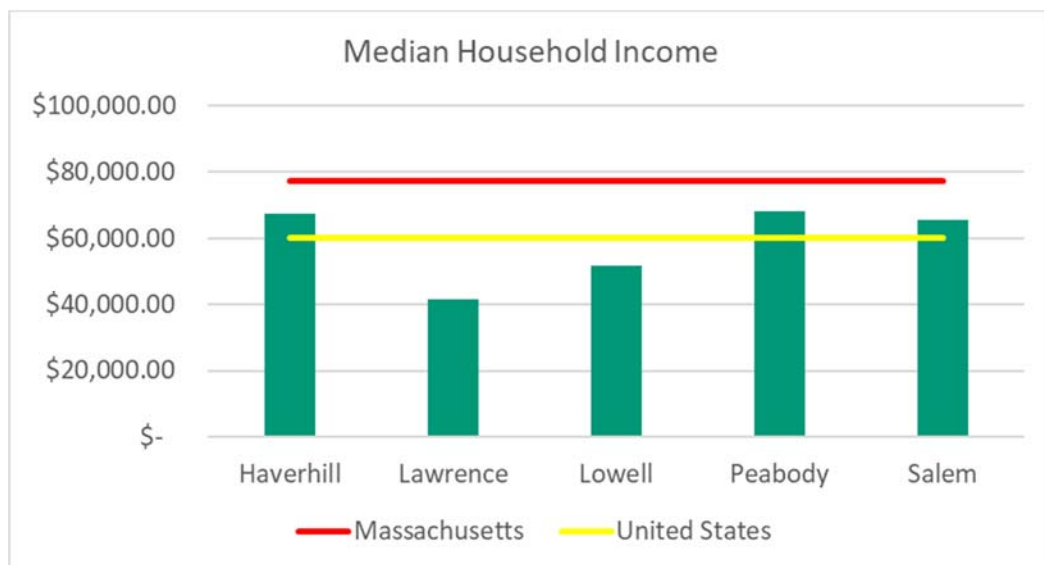
As demonstrated in Greater Lowell and in the Merrimack Valley Topic Briefs, Gateway Cities also see a relationship between a town's racial diversity and the number of people living in poverty in that town. **The more racially diverse a town is, the greater its poverty level.**



Source: 2018 American Community Survey 5-Year Estimates

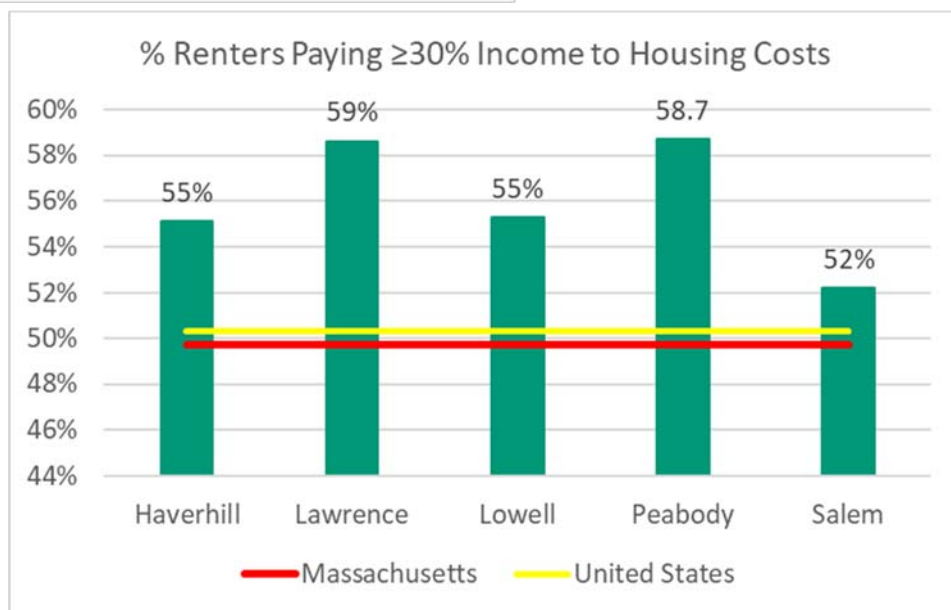
Poverty and Income in Gateway Cities

Median Household Income varies across the Gateway Cities, with Lawrence as the lowest with \$41,583/year and Peabody \$68,387/year as the highest. **All five towns are below the state average and Lawrence and Lowell have lower median incomes than the national average.**



All of the Gateway Cities, except Peabody, were above the state poverty average for residents in poverty (11%). Additionally, Lawrence, Lowell and Salem's poverty rates exceeded the national rate (14%).

All of the Gateway Cities have higher percentages of households that are rent burdened than both Massachusetts and the United States. This speaks to the high cost of housing in the region.



Source: 2018 American Community Survey 5-Year Estimates

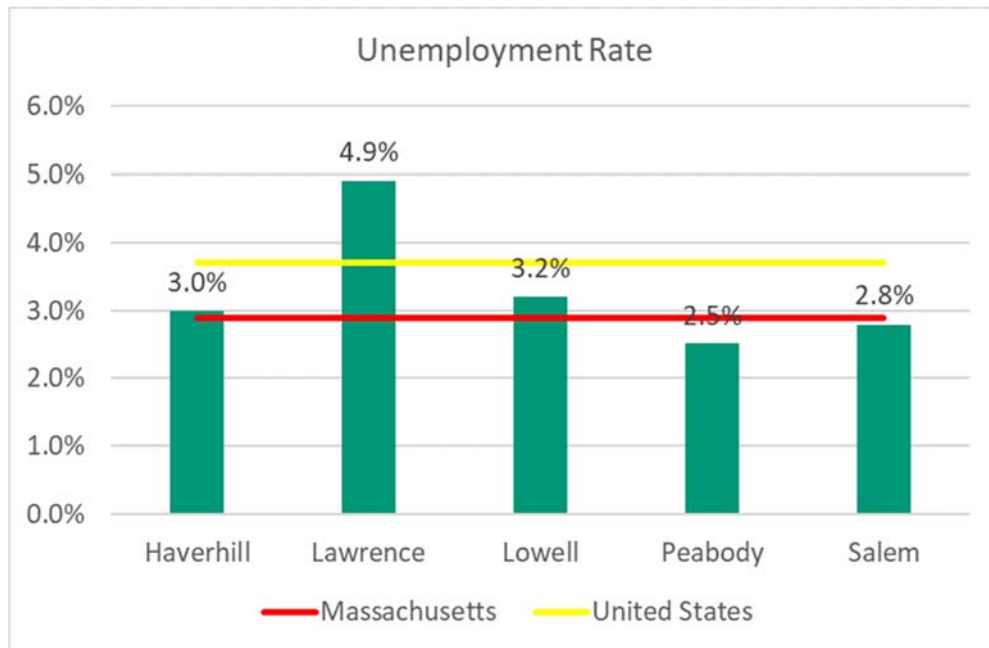
% of Population Living in Households with Incomes Below Poverty Level - Race and Ethnicity									
Town/City	Overall	White	Black/ African American	American Indian/ Alaska Native	Asian	Some other race	Two or more races	Hispanic	Non- Hispanic White
Haverhill	13%	12%	11%	31%	0%	22%	21%	29%	9%
Lawrence	24%	23%	18%	40%	13%	27%	10%	26%	16%
Lowell	21%	19%	23%	33%	17%	50%	25%	40%	14%
Peabody	10%	8%	15%	0%	11%	40%	31%	22%	8%
Salem	15%	11%	21%	39%	13%	31%	32%	33%	9%

This page shows the percentage of individuals in poverty in each community in the Gateway Cities by race, ethnicity, age, and gender. **With few exceptions, the highest poverty rates across the region are in communities of color.** Children, the elderly, and women are also more likely to be living in poverty than working-age adults or men.

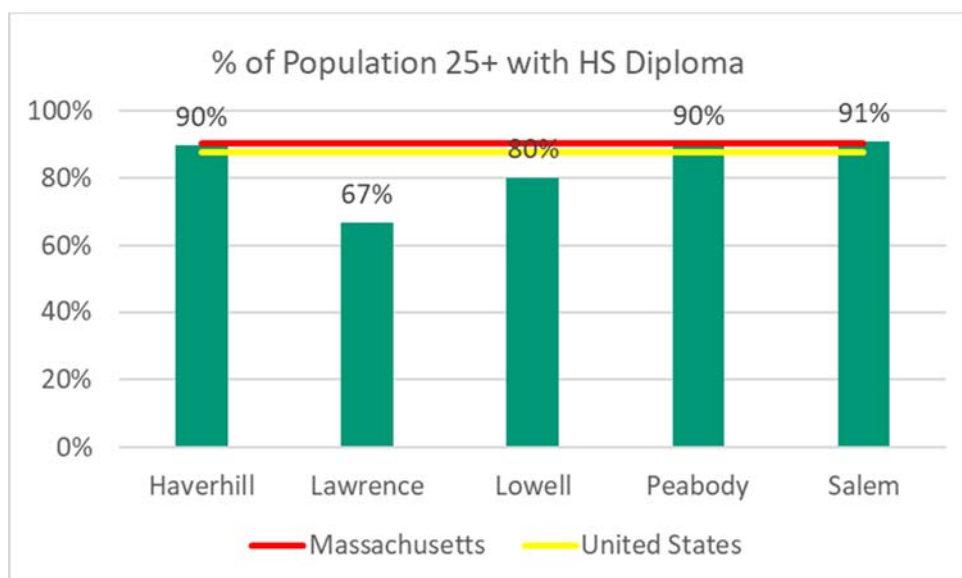
Percentage of Population Living in Households with Incomes Below the Federal Poverty Level Age and Gender							
Town/City	Overall	Under 5	5 to 17	18 to 64	65+	Male	Female
Haverhill	13%	23%	22%	11%	8%	12%	14%
Lawrence	24%	28%	31%	20%	29%	21%	26%
Lowell	21%	30%	25%	20%	16%	21%	21%
Peabody	10%	30%	11%	8%	8%	8%	12%
Salem	15%	18%	23%	14%	11%	11%	19%

Employment and Education in Gateway Cities

Unemployment in Gateway cities served by Community Teamwork is similar to statewide trends, and is below the national average. **The exception to this is Lawrence, which is far higher than both the national average and the Massachusetts average.** Peabody is the only town that is below both Massachusetts and national averages.

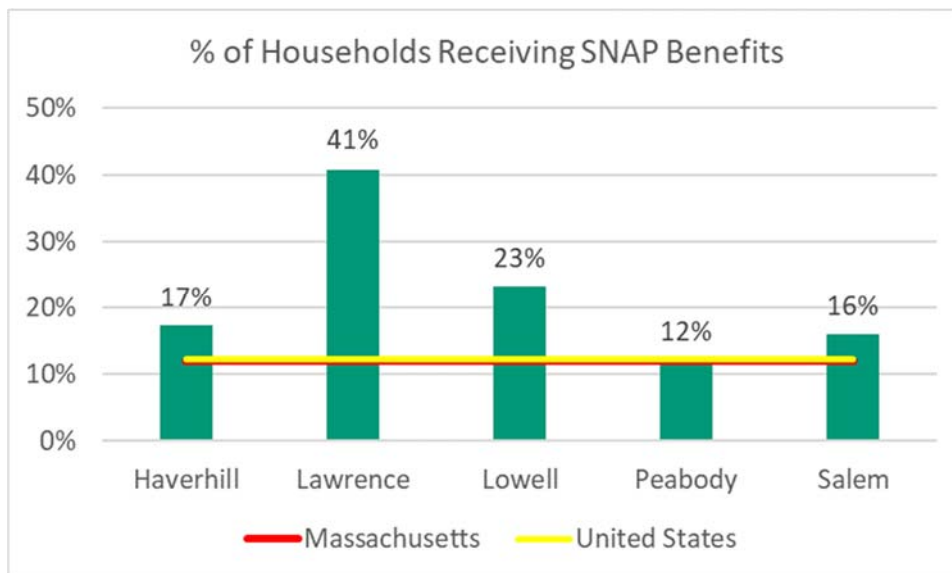
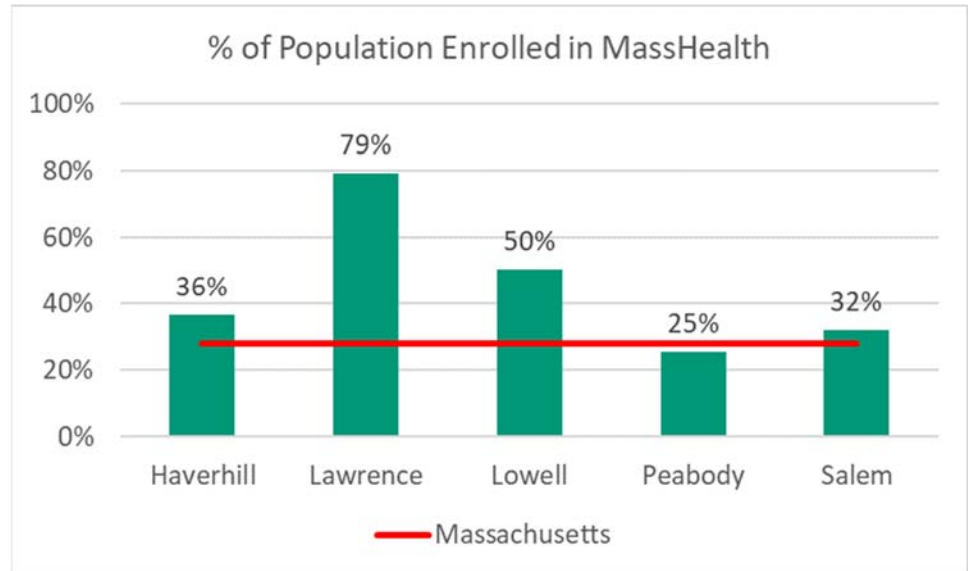


Communities with the highest educational attainment rates (Haverhill, Peabody, and Salem) also have the lowest unemployment rates. Conversely, Lawrence and Lowell have the lowest educational attainment and highest unemployment rates. **This tells us that more job opportunities and better paying jobs are available to those who have attained at least a high school diploma, and that a lack of educational attainment presents a significant barrier to financial stability.**



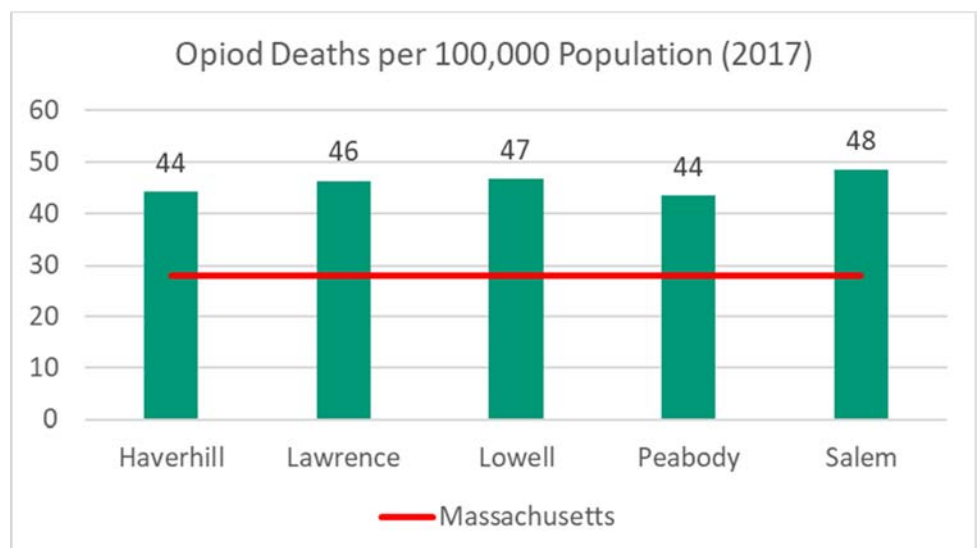
Health in Gateway Cities

All of the Gateway cities have higher enrollment in MassHealth than the state average (28%). Haverhill, Lawrence, and Lowell also have higher uninsured rates than the state average (2.8%) while Salem and Peabody are slightly below (1.9%).



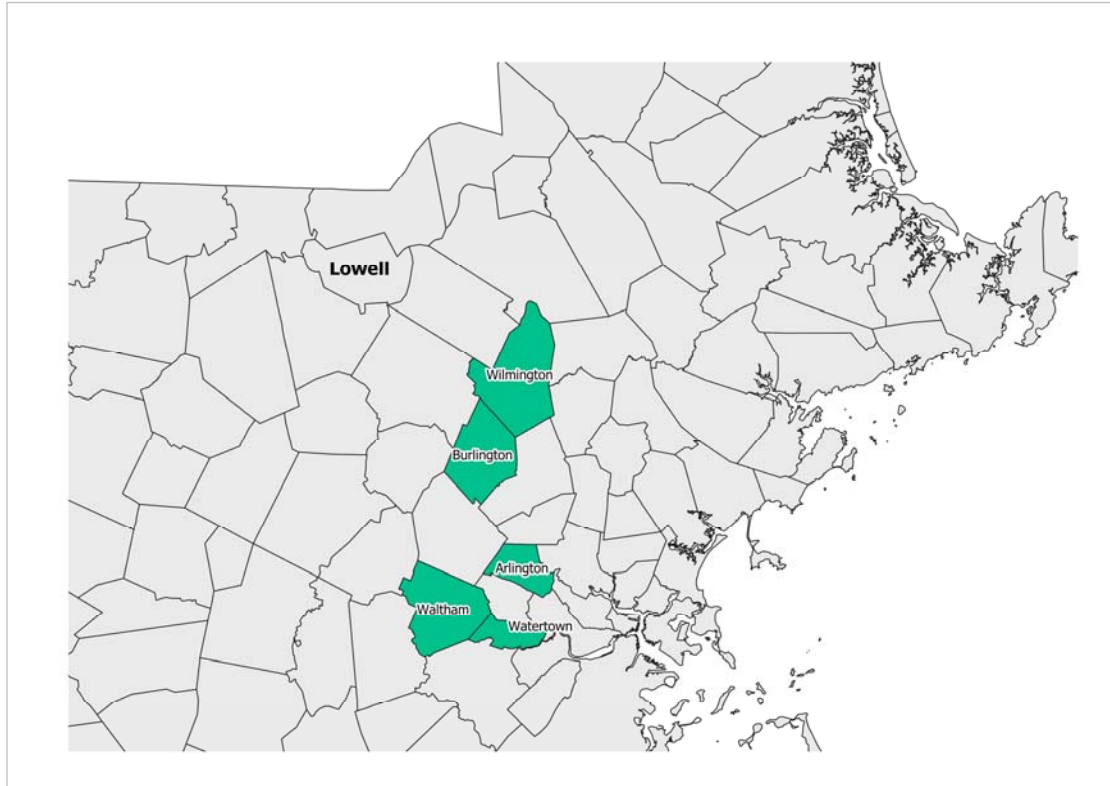
All of the Gateway Cities have higher Supplemental Nutrition Assistance Program (SNAP) participation rates than the state and national averages of 12%, except for Peabody which is tied. **These high rates can be correlated to the cities' higher than average poverty rates.**

The opioid epidemic has had devastating effects in Massachusetts, resulting in a statewide opioid overdose death rate of 29.3 deaths per 100,000 individuals. **All of the Gateway Cities have a higher death rate than the state average.**

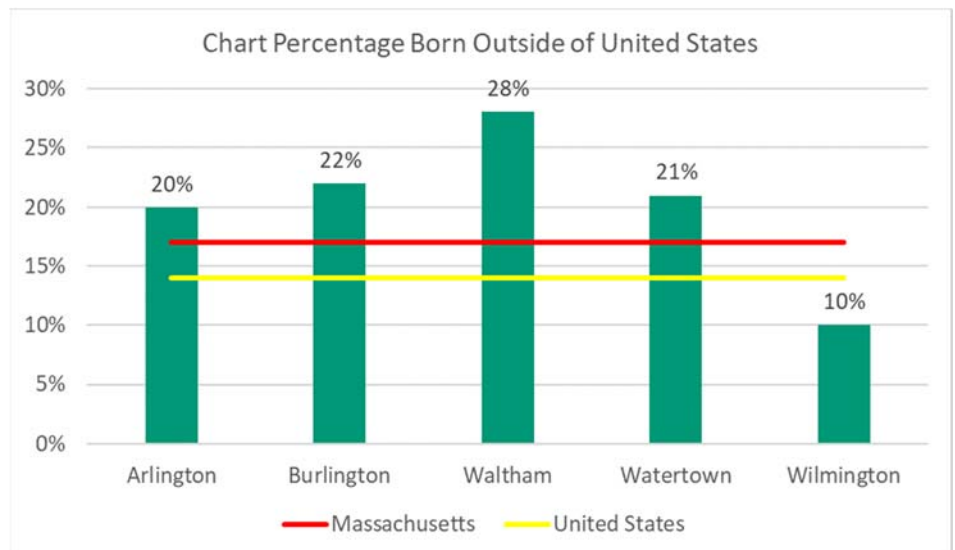


Population of Expanded Coverage Towns

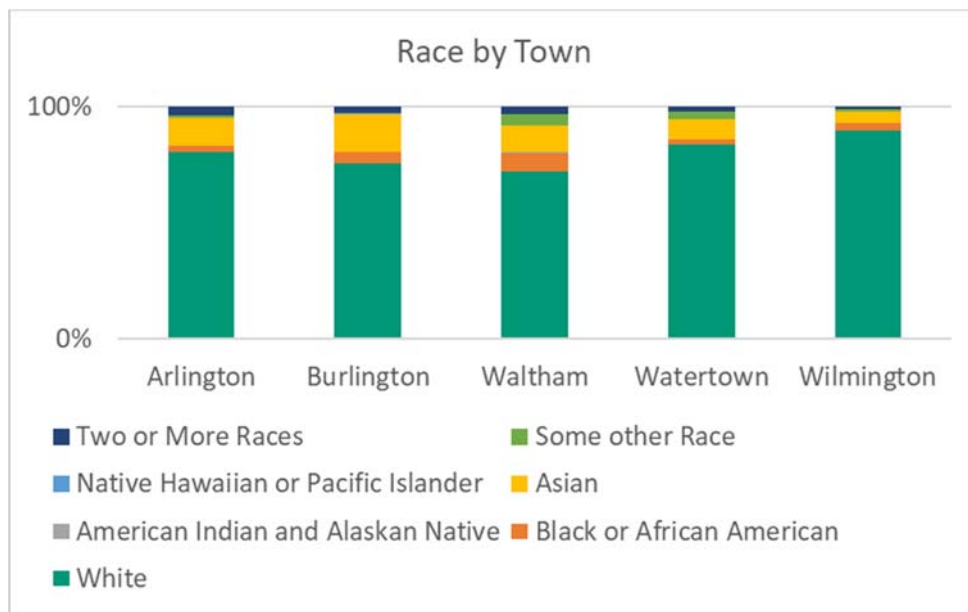
The Expanded Coverage Towns represent towns outside of Greater Lowell, the Merrimack Valley, and Gateway Cities. Residents of Expanded Coverage Towns constitute at least 1% of the total services utilized by clients of Community Teamwork. The Expanded Coverage Towns include Arlington, Burlington, Waltham, Watertown and Wilmington.



Diversity among the extended coverage towns shows that with the exception of Wilmington, more than 20% of residents were born outside of the United States. The percentage of individuals who were born outside the United States in Arlington, Burlington, Waltham and Watertown is above both the state and national averages (17% and 14% respectively). Over 22% of people in those four towns speak a language other than English at home. Wilmington has 11% of residents speaking a language other than English at home.

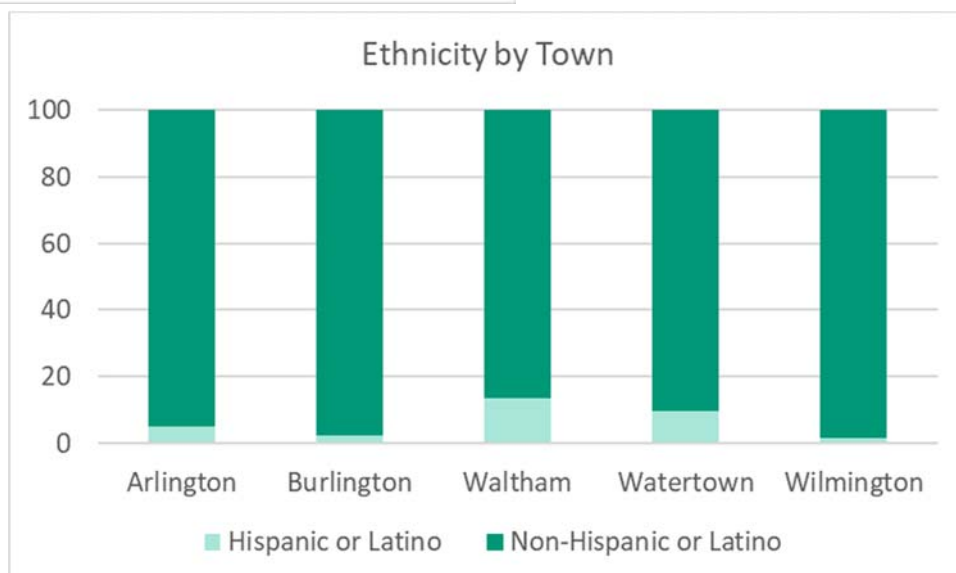


Source: 2018 American Community Survey 5-Year Estimates



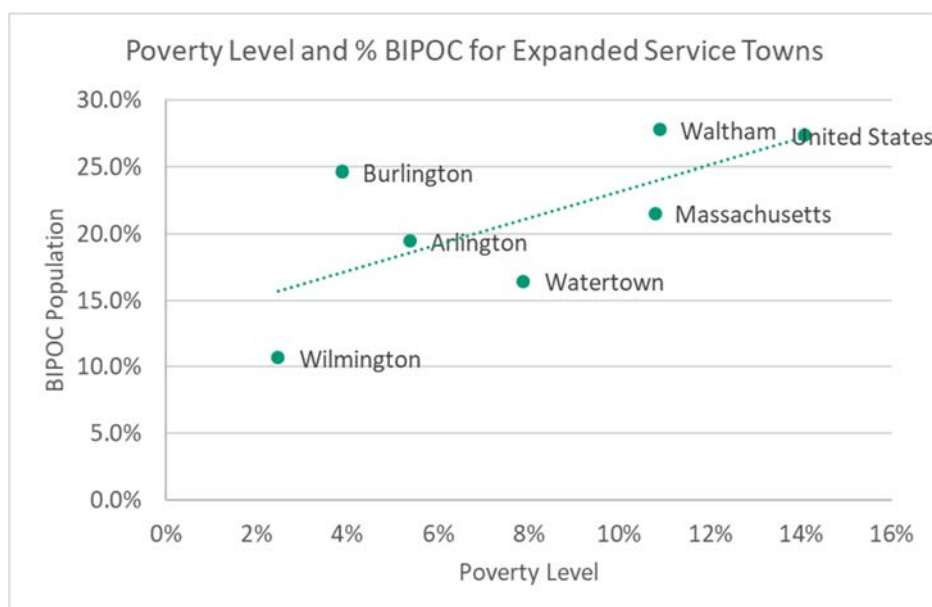
At least 75% of the population in the Expanded Coverage Towns is White with Asian as second-largest racial demographic in most towns. Waltham is the most racially diverse town in this area, followed by Burlington.

Hispanic or Latino populations are most present in Waltham but all towns have less than 20%. **Generally, these Expanded Coverage Towns are less diverse in terms of race and ethnicity than most cities in Greater Lowell and the Gateway Cities served by Community Teamwork.** The Merrimack Valley region does also have several towns whose racial and ethnic makeup is on par with these Expanded Coverage Towns.



Spotlight on Racial Inequity

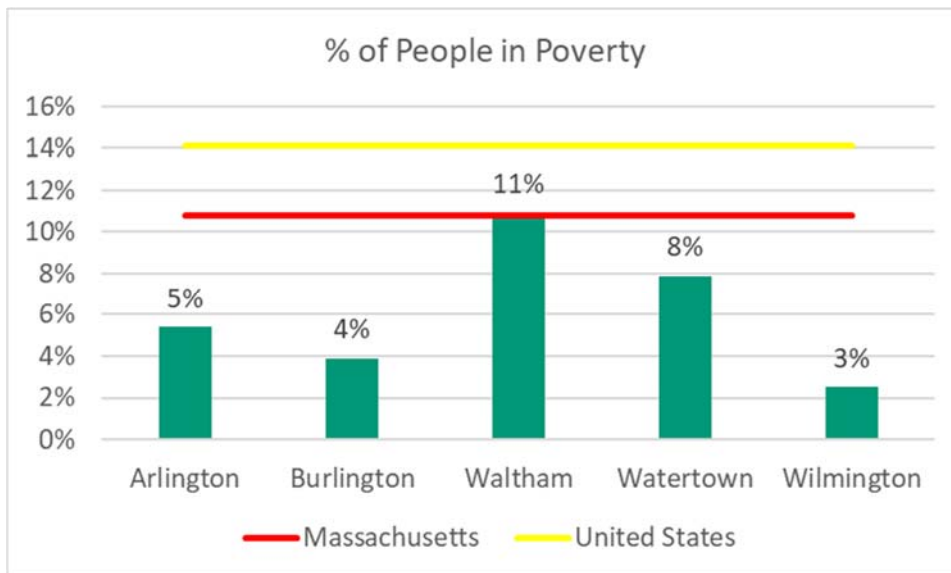
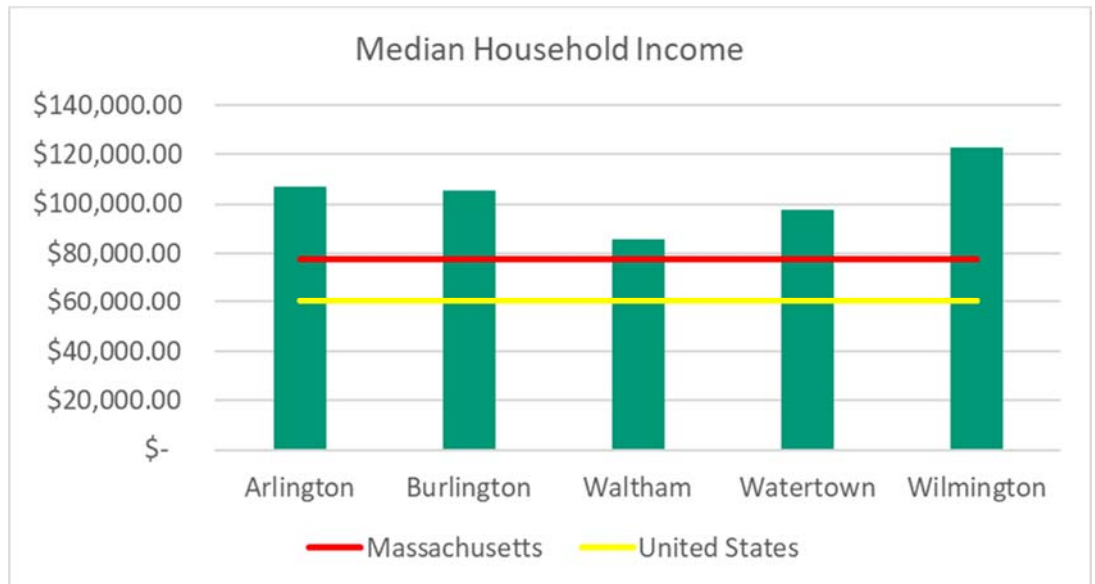
As demonstrated in the Greater Lowell, Merrimack Valley, and Gateway Cities topic briefs, The greater the poverty level in a town, the more likely it is that the town will be more racially and ethnically diverse than more affluent towns.



Source: 2018 American Community Survey 5-Year Estimates

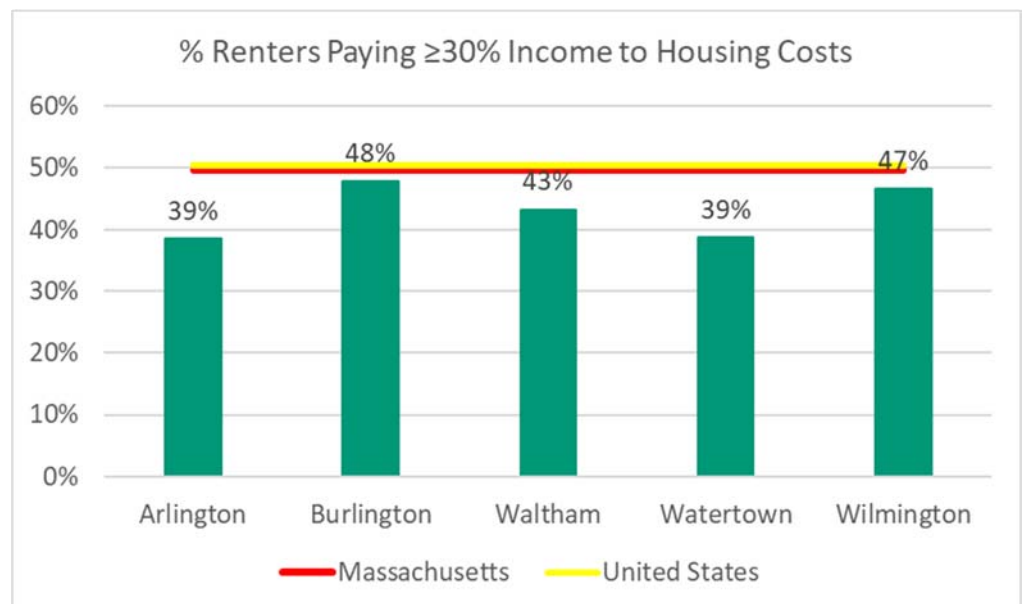
Poverty and Income in Expanded Coverage Towns

The Median Household Income for the expanded coverage towns are above the state and national average. **Limited services requested from these towns would suggest limited need.**



With the exception of Waltham (11%), all of the expanded coverage towns were below the state poverty average for residents in poverty (11%) and the federal average (14%).

All of the Expanded Coverage Towns have lower percentages of households that are rent burdened than both Massachusetts and the United States. **This speaks to the higher median income for these towns.**

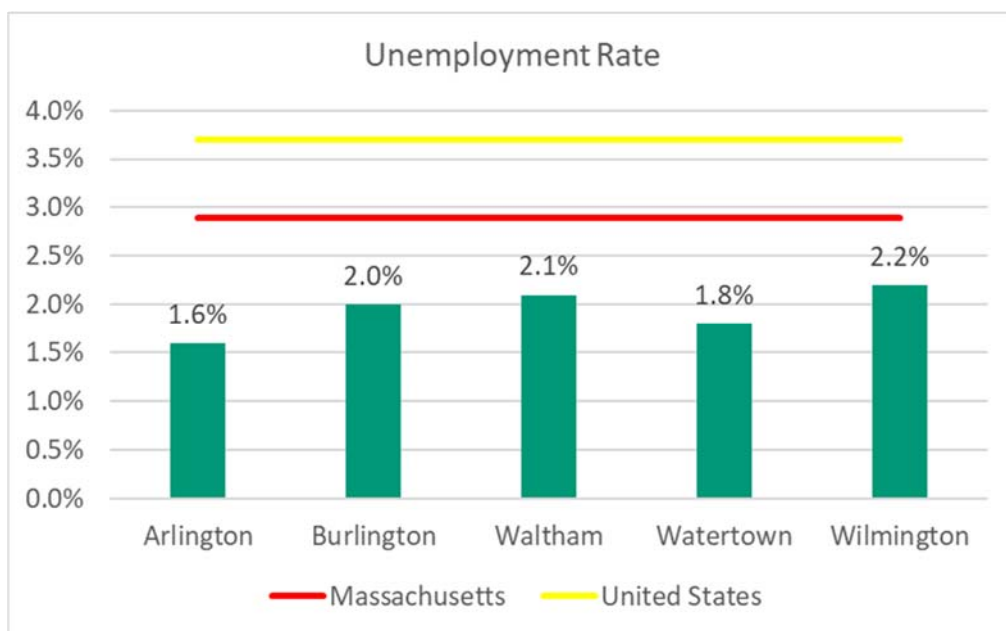


% of Population Living in Households with Incomes Below Poverty Level - Race and Ethnicity									
Town/City	Overall	White	Black/ African American	American Indian/ Alaska	Asian	Some other race	Two or more races	Hispanic	Non- Hispanic White
Arlington	5%	4%	3%	0%	12%	8%	9%	6%	4%
Burlington	4%	4%	9%	0%	4%	2%	0%	19%	3%
Waltham	11%	8%	12%	9%	23%	29%	13%	23%	6%
Watertown	8%	8%	4%	0%	7%	4%	6%	21%	7%
Wilmington	2%	3%	3%	-	2%	1%	0%	9%	2%

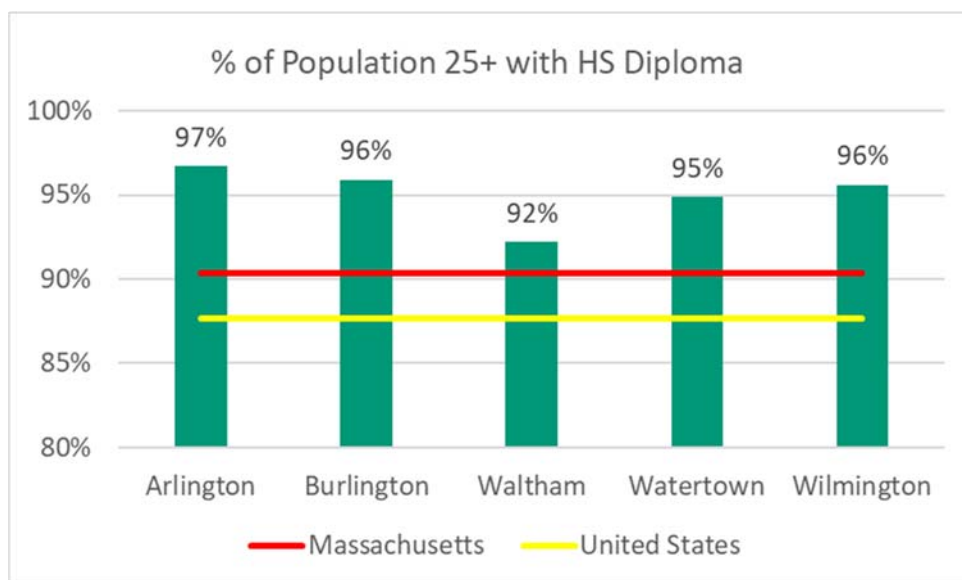
These tables shows the percentage of individuals in poverty in each community in the Expanded Coverage Towns by race, ethnicity, age, and gender. **With few exceptions, the highest poverty rates across the region are in communities of color.** Waltham shows higher poverty for all demographics but that can be attributed to the town's higher poverty rate.

% of Population Living in Households with Incomes Below the Poverty Level - Age and Gender							
Town/City	Overall	Under 5 Years	6 to 17 years	18 to 64 years	65 years and over	Male	Female
Arlington	5%	4%	4%	5%	11%	5%	6%
Burlington	4%	5%	4%	3%	6%	3%	5%
Waltham	11%	19%	10%	11%	9%	10%	12%
Watertown	8%	9%	11%	7%	9%	7%	9%
Wilmington	2%	1%	3%	2%	4%	3%	2%

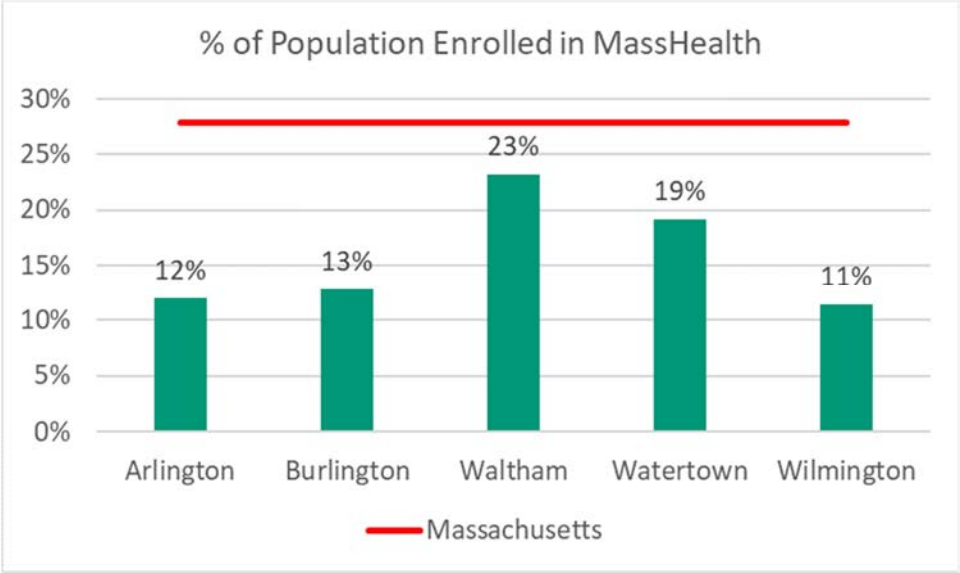
Employment and Education in Expanded Coverage Towns



Unemployment rates and educational attainment for communities across the expanded coverage towns are shown on this page. **There is an inverse relationship between unemployment rates and the percentage of adults with at least a high school diploma.** All of the towns were below the state and federal unemployment lines while being above the state and federal average for individuals 25 or older with a high school diploma.

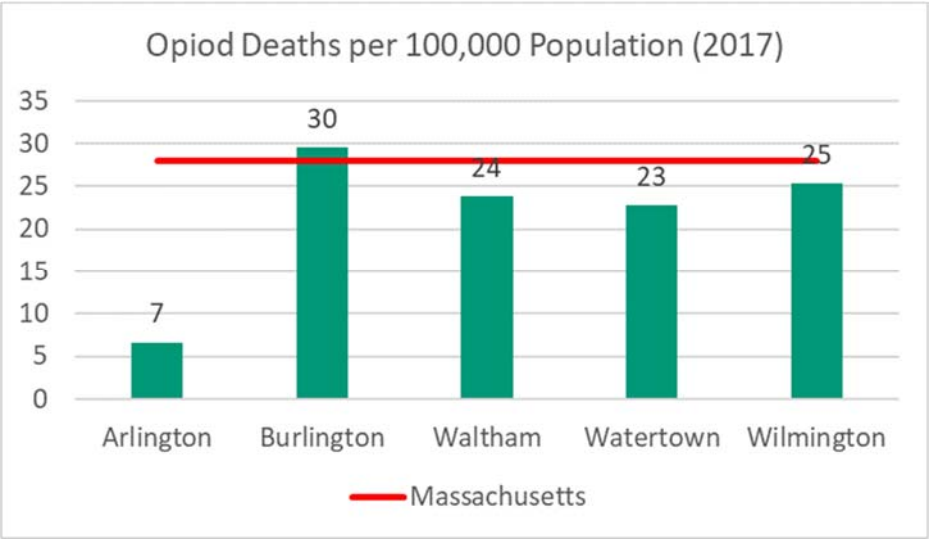
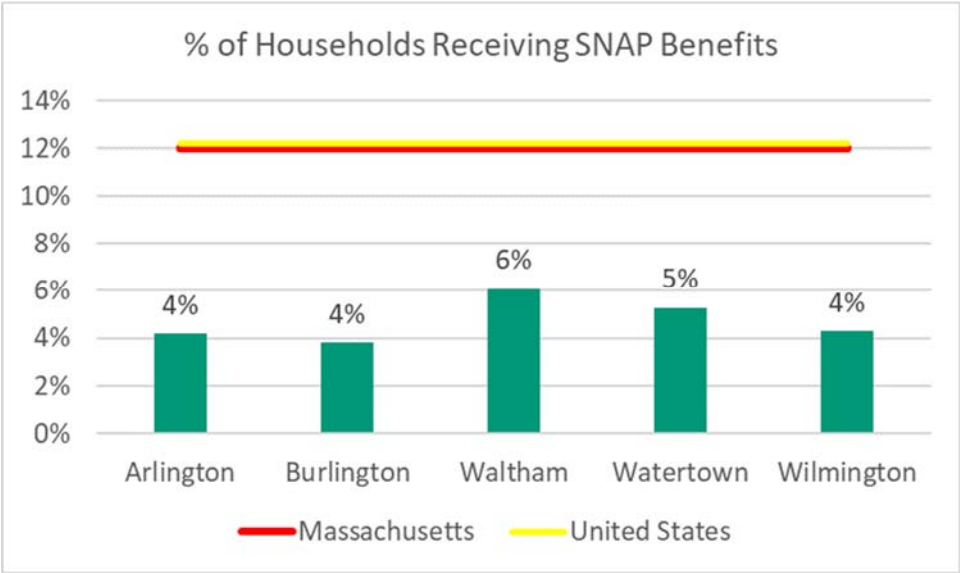


Health in Expanded Coverage Towns



All of the Expanded Coverage Towns are below the state average for percent enrolled in MassHealth and are roughly equal to or below the state average for uninsured rate. **These numbers can be related to the lower poverty rates seen across all five towns.**

Similar to health insurance, all of the Expanded Coverage Towns fall below the state and federal levels for percentage of households receiving Supplemental Nutrition Assistance Program (SNAP). This too is most likely related to low poverty rates in these towns.



The opioid epidemic has had devastating effects in Massachusetts, resulting in a statewide opioid overdose death rate of 29.3 deaths per 100,000 individuals, nearly double the national rate of 14.9 per 100,000. **Only Burlington has more deaths due to opioid overdose than the state average.**

Source: 2018 American Community Survey 5-Year Estimates

Racial Inequity in Greater Lowell

Community Teamwork is committed to the work of anti-racism. We recognize that our work thus far is only the beginning, and that past efforts have fallen short. As such, we have renewed our focus on racial equity and the ways in which institutional racism impacts our staff and clients following the murder of George Floyd by police in Minneapolis in May 2020. In June 2020, we surveyed staff and asked how they were impacted by ongoing civil unrest around the country as well as how staff wanted the agency to respond. Staff requested the following: training and education, discussions and town hall events, advocacy, and for the agency to directly support protests and racial justice organizations. Additionally, staff indicated the need for internal changes at the agency including hiring, recruitment, staff training, and better paths to handle racism experienced at work.

Our Executive Team, in conjunction with our Diversity and Inclusion Committee, is working to develop a roadmap of concrete action to address racial equity both within the organization and in the community as a whole. We have convened a staff-elected Racial Justice Advisory Committee consisting of staff (majority people of color) from all levels of leadership and programs, as well as board members. This committee is the liaison between the Diversity and Inclusion Committee and the Executive Team, and guides the Executive Team and Board's action steps and progress toward creating a more just and equitable Community Teamwork. The Diversity and Inclusion Committee is exploring strategies to increase the agency's capacity for anti-racism work, including hiring a consultant or staff member to review hiring practices and advise leadership on ongoing initiatives. In keeping with the response to the June 2020 survey, we will conduct training with leadership and front-line staff.

In conducting this cycle's Community Needs Assessment, we have made an effort to call out discrepancies in lived experience with poverty based on racial lines, as demonstrated through data. We conducted a targeted analysis of empirical data sources, as presented in the Spotlights on Racial Inequity throughout the Topic Briefs. We also distributed a second survey on racial justice to staff which yielded 101 responses. Finally, we conducted three focus groups on racial equity, including our internal Diversity and Inclusion Committee, our Lowell Youth Action Board (a coalition of young people who have experienced homelessness), and the Diversity, Equity, and Inclusion Consortium of Lowell. The Diversity and Inclusion Committee assisted in developing the staff survey and focus group questions.

History of Racial Justice in Greater Lowell

While many believe that we live in a post-racial era, two significant events in Greater Lowell's recent history demonstrate that racism is prevalent in the systems and institutions within the community. In 1988, a class-action lawsuit was brought against the Lowell Public Schools system by "linguistic minority parents" who demanded access and equity for their children's education following racial violence, immigrant intolerance, and a widespread "English only" campaign in the City, which was embraced by a City Council member. This violence culminated in the death of a 13-year-old Cambodian student at the hands of a White classmate. The Lowell School Committee agreed to racial reforms for the school system in an out-of-court settlement brokered by the then-Mayor and Superintendent.

In 2017, a coalition of BIPOC residents of Lowell sued the City of Lowell, claiming that the at-large election system for City Council and School Board elections diluted the voters of the BIPOC population. According to the Lowell Sun, "Oren Sellstrom, an attorney with Lawyers for Civil Rights who represented the plaintiffs, said the plaintiffs took issue with the fact that all seats on those governance bodies were considered "at-large" — meaning all voters get to vote for every seat.

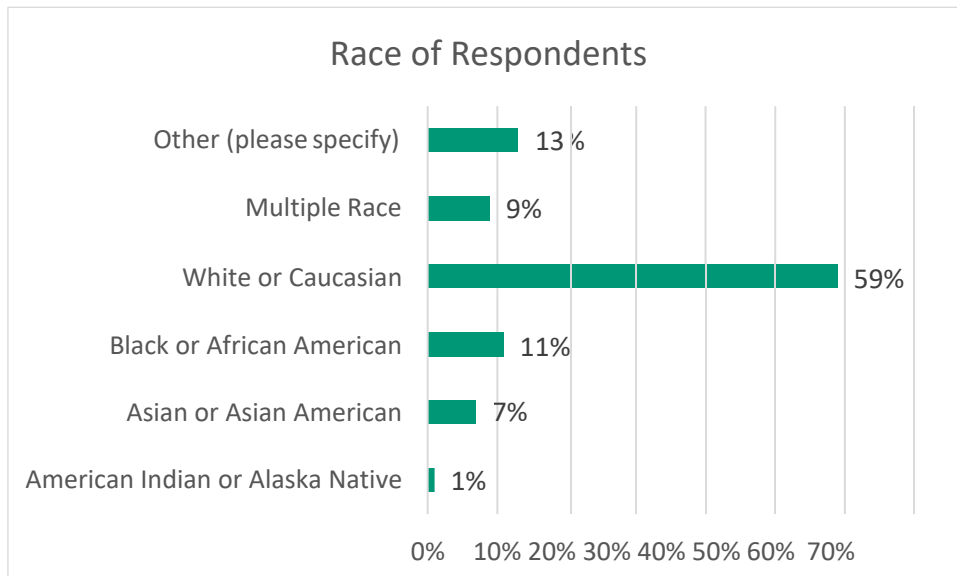
'What an at-large electoral system essentially does is allows for a majority voting bloc of 51% to control 100% of the seats in 100% of the elections,' Sellstrom said."^{xvii}

With a 2019 federal settlement ruling in favor of the plaintiffs, Lowell will increase its City Council from 9 to 11 members, eight of whom will be elected from districts and three elected in an at-large process. The School Committee will be composed of four district-elected members and two at-large members. These measures are intended to increase equity for BIPOC voters and allow them to use their voice and agency to shape their communities. Historically, the City Council and School Board have been predominantly White; this measure may serve to increase the diversity of Lowell's

leaders.

Staff Experiences with Racism and Discrimination Survey

This survey provided more in-depth detail as to the experiences with racism shared by staff in the Confronting Racism survey distributed in June of 2020 by the agency's Diversity and Inclusion Committee. The purpose of the June survey was to quickly assess the needs of staff in light of the country's reckoning with racism. Following this, the Staff Experiences with Racism and Discrimination Survey sought to gather data as to who experiences racism, racial bias, and racial discrimination, how they experience it, and when they experience it. In total, 101 staff members responded to the survey. Two responses were completed in Spanish.



The survey also asked the same demographic questions as the Community Needs Assessment Survey for ease of comparing the two data sets. Because the survey seeks to understand racial inequity and race is the dominant social construct in United States society, we examined the results of the survey predominantly from the lens of the race of respondents. The respondents of the survey were 60% White, which is slightly higher than the full staff's actual racial composition (54% White). Because there was not a clear secondary response from another racial group, we compared the results of White responses and those of Black, Indigenous, and People of Color (BIPOC).

Other demographics of survey respondents is as follows:

- 49% are residents of Lowell.
- 21% were aged 25 to 34; 29% were aged 35 to 44; 24% were aged 45 to 54; 17% were 55 to 64; and 7% were aged 65 and older.
- 81% were female and 19% were male.
- 22% were Hispanic/Latinx and 78% were non-Hispanic/Latinx.
- 6% had household incomes of \$2,000/month, 39% had household incomes of \$2,000-\$4,000/month, 32% had household incomes of \$4,001-\$6,000/month, and 23% had household incomes of over \$6,000/month.

Experiences with Racism, Racial Bias, and Racial Discrimination

When asked whether they or a member of their household had experienced racism, racial bias, or racial discrimination, 76% of BIPOC respondents cited experiencing at least one of these options. 50% of White respondents cited experiencing at least one of these options. We did not want to limit the question to just those who experience racism as a victim, as this would discount the instances in which a non-victim experiences racism as a witness, which give a fuller understanding as to the prevalence of racism when examined together.

Racial Privilege

We also asked respondents whether they felt they benefited from racist systems. The question was worded as: "If you are NOT typically a victim of racism, racial bias, or racial discrimination, do you feel you benefit from racist systems?" No respondent who identified as BIPOC indicated that they felt they benefited from racist systems. Conversely, 27% of respondents who identified as White indicated that they did feel that they benefited from racist systems. Across racial

groups, approximately one-third of respondents answered, “I don’t know,” indicating either that the question was confusing to them, or simply that they did not know whether or not they benefit from racist systems. Anti-racism work requires a very honest assessment of one’s privilege, and given that many staff are learning these ideas for the first time, it is understandable that staff may not know whether or not they benefit from racism. Among White respondents, 43% reported they did not feel they benefited from racist systems, and 3% felt they were victims of racism.

When asked to explain their answer to the question, “If you are NOT typically a victim of racism, racial bias, or racial discrimination, do you feel you benefit from racist systems?” 19 White respondents provided an explanation. Of these, 15 respondents acknowledged that their race resulted in better treatment or privilege than their BIPOC community members. Several White respondents added that they witnessed this differential treatment firsthand, as they as White people received positive treatment, while their relatives of color received negative treatment in similar situations.

The following is a selection of responses:

As a White woman I recognize that I have benefited from this by never having to worry about racial discrimination. One scenario that illustrates this well is that my disabled son was consistently given opportunities despite his disruptive behavior. I know if he was Black, he would not have graduated high school. I was actually pulled aside and advised what my rights as a parent are to keep him protected from consequences. This would not have happened if I was Black or Brown.

As a White person, even as a woman, I am and have been afforded privileges and advantages my entire life that I don't have to think about. I don't have to think about "being White."

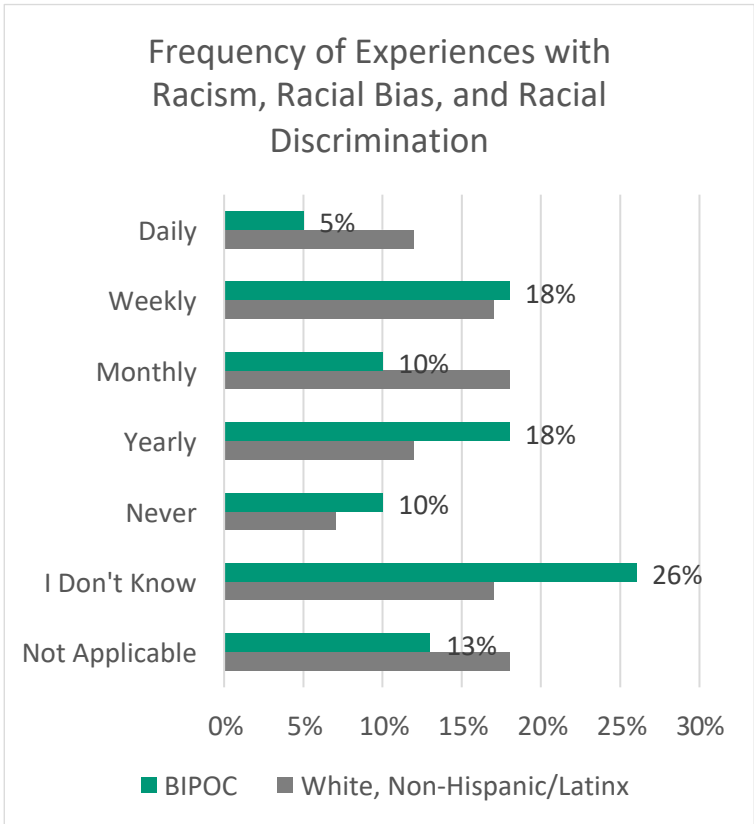
I am a White male, so in general the social and political systems around me have been designed and upheld by people who look like me. Throughout my life I have generally not faced discrimination for my name, appearance, language spoken, where I come from, etc.

Frequency of Experiences with Racism, Racial Bias, and Racial Discrimination

As a way of documenting data points for the prevalence of racism, we asked respondents how frequently they experience racism, racial bias, and racial discrimination, as either a victim, a witness, or other. Responses did not lend a consensus, but rather show that the prevalence of racism is wide-ranging depending on the individual.

Settings Where Respondents Most Often Experience Racism, Racial Bias, or Racial Discrimination

We sought to understand in what settings individuals are most likely to experience racism, racial bias, and racial discrimination. Again, it was important in this question to capture the experiences of both victims and witnesses. Across BIPOC respondents, White respondents, and all respondents, there was consensus among the top five most common settings for experiencing racism, etc. with little variation. BIPOC respondents cited Restaurants as the third-most common setting,



whereas White respondents cited Community Centers/Public Services, also in the third rank.

Outside of this, both BIPOC and White respondents cited Stores/Shopping as the most common setting to experience racism, etc., followed by Encounters with Law Enforcement/First Responders, Recreational Activities, and Online (Social Media, Dating Sites, etc.) in varying order. A member of the agency's Diversity and Inclusion Committee commented that the visibility of racism, etc., likely influences respondents' perception of where racism is most common.

In what settings do you typically experience racism, racial bias, or racial discrimination (either as a victim, a witness, or other)?					
BIPOC Respondents (40)		White Respondents (59)		All Respondents (99)	
Stores/Shopping	63%	Stores/Shopping	47%	Stores/Shopping	54%
Encounters with Law Enforcement/First Responders	48%	Online (Social Media, Dating Sites, etc.)	46%	Online (Social Media, Dating Sites, etc.)	38%
Restaurants	43%	Community Centers/Public Services	29%	Encounters with Law Enforcement/First Responders	36%
Recreational Activities	33%	Encounters with Law Enforcement/First Responders	29%	Restaurants	30%
Online (Social Media, Dating Sites, etc.)	28%	Recreational Activities	27%	Recreational Activities	29%

Focus Groups

We conducted three Focus Groups with an emphasis on reflecting the diversity of Greater Lowell. Knowing that anti-racism work should be informed by the perspective of BIPOC voices and those voices left disenfranchised by the systems in place, we requested participation from three existing groups that we felt would provide a nuanced, informed, and experience-based perspective. Focus groups are as follows:

- **The Lowell Youth Action Board (LAB):** The LAB is a youth-led panel of young people with lived experience with homelessness and housing insecurity. The LAB seeks to end youth homelessness in Greater Lowell.
- **Community Teamwork Diversity and Inclusion Committee:** The agency's internal Diversity and Inclusion Committee (D&I Committee) seeks to create a more just, equitable, diverse, and inclusive Community Teamwork. The committee's mission is to work continually to dismantle systemic injustices within Community Teamwork through staff education initiatives and influencing internal policymaking that reflect our agency's diverse and inclusive values.
- **Diversity, Equity, and Inclusion Consortium of Lowell:** The Diversity, Equity and Inclusion Consortium of Lowell is a group of local community members, voters, academic, civic, faith, nonprofit and business leaders who have been working together for several months to address racial disparities and lack of representation in our community. The Consortium has been instrumental in organizing the community around anti-racism, including the widely-publicized motion for the City of Lowell to declare racism a public health crisis. (The majority-White City Council ultimately voted 5-4 against the motion on July 14, 2020.)

A small working group from the D&I Committee helped draft the Focus Group questions, which were modeled off the original Focus Group questions for the main Community Needs Assessment to support data continuity.

Question 1: Are you impacted by systems of oppression in Greater Lowell? If so, how?

LAB: Throughout the Focus Group with LAB members, young people of color contributed the most to the conversation. Participants expressed anger and passionate views based on their experiences with racism. Some expressed apathy, feeling that the present movement will dwindle and real change will not happen.

In providing specific examples of their experiences with racism, participants described altercations with the police and the importance of knowing your rights and self-advocacy in such situations. It was striking that multiple young people all expressed feeling that the onus of deescalating a conflict with the police rested on them, the untrained young person. Other examples included experiencing discrimination at work and in shops, both for race and ethnicity. Young people described the difference in treatment between themselves as a light-skinned person of color and their darker-skinned peers.

Quotes from the LAB:

When I straighten my hair, I look pretty White because I'm light skinned. I walk into a place and my friends that have darker complexions get treated like dirt and I get treated like gold. And then when my hair is natural, I get the same treatment.

At my job I can't even speak Spanish 'cause people look weird. Yeah, I speak Spanish 'cause that's my first language, and you're speaking English and I don't judge you. I get that a lot. It's very frustrating. I'm not doing nothing to you. Am I hurting you? No. So leave me alone.

It's our daily lives. It builds up after a while, and we get really angry and we just explode.

I was having a lot of problems with the police while I was homeless. Before my current situation, I didn't realize how bad it was or how cops take their authority and run with it. I witnessed some really bad ways of handling stuff on the cops end and they usually get away with it.

D&I Committee: Experiences with systems of oppression varied based on the identity of participants. Several White participants acknowledged that they benefit from White privilege, and therefore benefit from systems of racial oppression. Those with mixed race families saw clear differential treatment, with family members of colors experiencing worse treatment than White family members. For example, a White man received a positive response when applying for apartments, while his Black fiancé did not receive calls back on her housing applications. BIPOC participants spoke to the difficulty of navigating overt and covert racism. Examples of covert racism included being singled out for tone and undermined when speaking out against racism. One participant experienced a lack of empathy and inadequate support when seeking emergency shelter. Repeatedly, participants raised concern for their children of color.

Participants also reported experiencing forms of oppression other than racism. For example, a woman reported experiencing sexism in the workplace. A person with a transgender son expressed concern for the transgender community. Some participants reported that their accent draws unwanted attention in public. Multiple times, participants said that hate and the current political climate have been exacerbated by the Trump administration.

DEI Consortium Lowell: The perspective of participants ranged from White participants who understand that they benefit from racist systems to people of color who shared many examples of their experience with racism and discrimination. Some people shared similar experiences, including difficulty getting hired as an educator at Lowell Public Schools despite being highly qualified, experiencing stigma for having an accent or wearing natural hair, being tokenized, and the general feeling of fear. One participant shared his perspective as a parent whose child experienced racism at school. Another participant shared his perspective as a minority man who lost a recent bid for local office, saying that he learned that in Lowell there are three groups: those who are progressive, want change, and embrace all races; those

who are overtly racist; and those who are covertly racist. This participant felt the third group was most pervasive in the City of Lowell and the key to making progress is harnessing and educating that group.

Participants also provided examples of oppression that they had witnessed. One participant is a public defender who sees clients being criminalized for poverty. Several participants cited the lack of racial and ethnic representation on the school committee and City Council, pointing out that Lowell Public Schools are two-thirds people of color, yet there has only ever been one person of color on the school committee.

Quotes from the DEI Consortium Lowell:

I have the experience and education – what am I lacking? Why did it take so long to get a job? I can speak Khmer and Spanish. They say they don't have enough educators of color because they don't have an educated hiring pool. Now that I'm in the system they understand how much I bring to the system.

In terms of systemic racism, we can't talk about that unless we talk about immigration and what makes someone legal or illegal.

Majority of students at charter schools are minorities. But the teachers are 90% white. That in itself is implicit discrimination.

I want to understand how it is that Lowell is a minority majority city, yet we only get one or two [minority] people elected in the power structure. You want the city to reflect the population. You have Africans, African Americans, Haitians, Indians, Cambodians.... You have diversity but it's not reflected there.

Professionally, I have been tokenized very often. I have been told that I speak very eloquently as if with shock. I'm used very often because my skin because I'm eloquent and can rabblouse... I don't have a pathway for moving up. I should be able to grow, but there isn't potential to grow... You're told you ought to be happy with what you have. You're not a regular Black, you're a special Black. I'm Black. I'm treated differently, people follow me in stores, grab their purse. If I have my African earrings on or if my hair is in an afro poof, I'm treated differently than if I have my pearls or straight hair.

Question 2: Are there groups or populations that are more vulnerable to the impacts of racism in Greater Lowell? If so, what are these groups and what barriers to they experience?

LAB: Participants provided a wide range of vulnerable populations. Though much of the dialogue throughout the Focus Group centered on the experiences of Black and Hispanic/Latinx people, participants also cited racism against Asians and Asian Americans as a result of COVID-19, as well as a general fear of what will happen to vulnerable populations because of the pandemic. In one poignant example, quoted below, a participant shared her perspective as an immigrant from Africa who previously did not know what it meant to be black and experience racism until she came to America. Other vulnerable groups mentioned included disabled people of color, patients of color at LGH, and people of color during interactions with law enforcement.

Quotes from the LAB:

One my Asian friends got beat up and jumped because of Corona. That's racism too... There are ways you can be racist with other races.

As an African who just moved to the United States in the past four years, I didn't know I was Black until I got here. I realized I was Black and my family was different and I could get different treatment based on how I talked or looked. I felt like, what did I get myself into? What is happening here? You get this image of the black American man as an aggressive person or a threat to you. Even though I'm black I was told they were a threat....

I got pulled over by a cop, and I had to remind myself that you're black and remind myself how to act.

D&I Committee: Participants most frequently cited the immigrant community as particularly vulnerable to racism in Greater Lowell. It is more difficult for immigrants to obtain resources; according to participants, the only resource specifically catering to immigrants is the International Institute. Undocumented immigrants are not able to receive many mainstream benefits, and they often take longer to move out of shelter. Participants also stated that immigrants may feel less comfortable communicating with police and therefore crimes against immigrants or within immigrant communities may be under-reported. Immigrants also have trouble finding a culturally competent doctor and building their system of care. African immigrants in particular have difficulty finding translators and have a more difficult adjustment to the culture in Greater Lowell.

Participants also stated that the Asian community was increasingly targeted due to the Trump administration's characterization of the pandemic as an "Asian virus." Subpopulations of people of color who were considered particularly vulnerable included young people, single parents, those with mental illness, large families with children, victims of domestic violence, and those living in poverty.

Quotes from the D&I Committee:

If you live in Greater Lowell with brown skin you will experience racism. For example, I worked with an Iraq immigrant. Nice kid. He was picked on, bullied, someone called in a bomb threat saying he had a bomb in his locker. An Asian kid wearing a blue shirt was assumed gang [affiliated]. In housing, kids with marijuana getting charged and jailed.

Black and brown youth are most vulnerable, and are disproportionately punished, quickly and severely.

Youth are dismissed and their experiences of how to navigate barriers of systemic racism is limited.

Immigrants in general are more vulnerable, don't speak language, aren't familiar with system, do not know the rules, do not know how to use public transportation.

Immigrants are disproportionately the ones receiving services from CTI. They do not have a network/family to rely on nearby when problems arise.

DEI Consortium Lowell: Participants mentioned a range of populations who are most vulnerable. The most commonly cited groups included the Black community, new refugee and immigrant communities, the Cambodian community, the African community, the Hispanic/Latinx community, and young people. Several participants explained the particular patterns in which society harms Black men and Black women. The systems that keep races divided have been in place for a long time. During this conversation about vulnerable groups, several participants shared that covert racism poses more of a threat than overt racism. The fear of retaliation for speaking out was echoed by multiple participants.

Quotes from the DEI Consortium Lowell:

The most at risk are those who buck the system. Those who rock power structures.

There is an innate fear of the Black male. They're not in the largest number in the Lowell but what happened with Mr. Floyd is what erupted all of this change. There's this unique power that the Black male have that causes fear and also enacts change.

Black women are the most vulnerable in terms of being mistreated both outwardly or personally.... They are in the position of advocating for [themselves] and protecting others.

Among all the minorities, those I found to be most vulnerable are those who are recent newcomers to Lowell – the immigrant population. The type of challenges they have are very unique. They can't converse, it's hard to get a job. Even though many had been in the United States for years, but they [were unable to] participate in electoral process, community forums.... When something happens in the community, 1) they're afraid to express themselves and 2) they don't have the language to express themselves.

Question 3: What are existing anti-racism initiatives in Greater Lowell?

LAB: Several participants said that if anti-racism initiatives exist, they were not aware of said initiatives. This suggests that existing initiatives need better outreach, visibility, and accessibility. Other individuals said that there simply are not anti-racism initiatives in Greater Lowell. One young person said that even though she is aware of initiatives and would like to participate, she is afraid of retaliation, including fear of ICE.

Quotes from the LAB:

I get emails about town hall meetings on Zoom that I thought about being a part of. But I'm afraid of being identified by someone if I say something they don't like.

D&I Committee: Participants cited several examples of community organizing around the work of anti-racism, including: the Merrimack Valley Diversity, Equity, and Inclusion Consortium, rallies to defund the police and eliminate police brutality, the movement to declare racism a public health crisis (which was approved by the Lowell School Committee and Congresswoman Lori Trahan), and organizations and businesses working with consultants and legal teams to assess their practices. Specific organizations focused on anti-racism work include: Teen Block at the Lowell Community Health Center, the Greater Lowell Health Alliance Health Equity task force, UTEC, the Greater Lowell Community Foundation's Racial Equity Fund, Girls Inc., the Center for Hope and Healing, Community Teamwork, Lowell Mutual Aid, the Kindred Project, Free Soil Collective, the Lowell Public Schools Superintendent task force, and the Lowell Underground Railroad project.

In general, some felt unaware of resources or where to search for organizations focused on anti-racism. Some expressed a desire for increased conversation about the work that is being done, outside of rallies and events. Other participants expressed apathy, feeling that although some organizations are focused on this work, we cannot create lasting change without many individuals doing the work as well.

Quotes from the D&I Committee:

Went to a rally and was a positive experience, direct civil disobedience, groups with guides with orange vests to direct traffic-appeared to be a social experiment, we all agreed to guidelines-social distance, stay together, chalk for kids, friendly/positive. Negotiation happened with police, no arrests, 2 speakers had lost parents due to shootings. I see that as youth organizing to promote anti-racism.

I look at anti-racism part and wonder what that really means, on the ground, your daily lives.

DEI Consortium Lowell: Participants felt strongly that minority-led organizations are doing the anti-racism work, such as the African Community Center of Lowell, United Teachers of Lowell, the Cambodian Mutual Assistance Association, the Refugee & Immigrant Support and Engagement Coalition (RISE), the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA), the DEI Consortium, the Latinx Community Center for Empowerment, and the Center for Hope and Healing. High school students and the young people are energized and doing good work in organizing. Though Community Teamwork, the Boys and Girls Club of Greater Lowell, and the Greater Lowell Community Foundation were cited as doing good work, predominantly White agencies are generally not thought to be conducting the real work of anti-racism. Several participants did not feel that most organizations are producing real outcomes, despite public efforts. They expressed frustration that the only tangible outcomes are more meetings and conversations, and questioned what

self-proclaimed allies are doing outside of meetings. Participants felt that nonprofits who strive to be anti-racist need to address their internal practices before the external work. Nearly all participants expressed significant frustration with the existing power structures in the City of Lowell.

Quotes from the DEI Consortium Lowell:

Nonprofits are doing good work but they're fighting just to survive. [They are] beleaguered, under-resourced, and tired.

The only initiatives that are actually anti-racist are very few and far between. They're grassroots like the DEI Consortium. There are cracks and divisions in that too. People are stressed out and there's retaliation in the city and pressure that limits how far people are able to stick their necks out.

It is the people feeling the pain who are bringing the change.

City Hall, administrations, various boards and departments, the School Committee, and the City Council. These are the people who have the ability to implement policies and pass legislation that actually impacts people of color. They had be dragged kicking and screaming to do the bare minimum on this lawsuit. They had to be sued in federal court to make that little change happen.... They do the bare minimum to calm people down. This fundamentally is not sustainable in my opinion.

I'm a person of color. I'm tired, I'm exhausted. I have to go to work and smile and shine. But [allies] are nowhere to be found. I have to encourage these people when potentially getting beat down every day.

Question 4: In the Greater Lowell area, what initiatives (which do not currently exist) would be have the greatest impact on the anti-racism movement?

LAB: Overwhelmingly, LAB participants felt that education is critical to the anti-racism movement. Many expressed the desire for a history class on racism like history or science. Participants of color felt that schools teach a rosy picture of racism, but their lived experience is very different. Several young people also repeated the need for "know your rights" resources to teach people of color how to avoid agitating police in altercations. In a general sense, participants felt that society needs to embrace the discomfort of unrest for lasting change to occur.

Quotes from the LAB:

The riots aren't that bad. White people were doing it years ago. But it looks bad for us because we're minorities. If it wasn't violent, it wouldn't be revolutionary. What black people are doing right now is what people were doing in the history books.

[We need an] education center or a consultant in which we learn more about the history. We're taught one thing in school then we learn another thing then as we live our lives; we see and breathe another thing.

As I explained to my son what happened with Christopher Columbus. I brought it up with the teacher that I didn't agree [with sanitizing the history] and that I wasn't going to condone it. Teacher said it's too violent for a young age. But I'm at home watching people getting shot on the news and I have to explain that to my 6 year old.

For a long time, people were being very passive with their speech and voice. But now we are at a place where people who are in the position to speak need to speak, and people who can help others lead need to lead.

D&I Committee: Many participants had suggestions at the policy/municipality level. Many expressed frustration that the City of Lowell City Council failed to declare racism a public health crisis. Generally, participants wanted to see policy

changes that decriminalize poverty and race. For example, one participant cited a need for reporting housing discrimination in fair housing programs, as there is currently no process for reporting discrimination at either the local and federal level. Other suggestions for improving the City of Lowell's anti-racist practices include required diversity and anti-racism training for all elected officials, regular town halls and listening sessions, and hiring an independent auditor to review the City's hiring practices. Participants felt strongly that a private citizen review board of policing was necessary for police reform. Other suggestions for police reform included working with a psychologist when hiring officers and requiring intensive training lasting longer than the current six-month requirement. Participants also emphasized the importance of individuals recording police encounters on their smart phones.

At the organization level, participants recommended that organizations review hiring practices and work with an independent auditor to assess their policies. One participant recommended that human resources staff across Lowell should work collectively to increase diversity. Participants also expressed the need for increased and improved education on racism and how to be an anti-racist, both in schools and for adults.

In general, the group shared the need to address the root causes of system racism through the development of new policies and systems for accountability. On the individual level, participants felt that White people needed to hold themselves and their peers accountable to the emotional work of anti-racism. Finally, the group shared that the various races in Greater Lowell are currently divided, but if they organized under a uniform platform they would be a powerful force for change.

Quotes from the D&I Committee:

[We need] actions and initiatives that would decriminalize poverty and race, and really looking at the whole legal system and how structured. What is criminal what is not. How that impacts people's lives, such as housing, access to credit, how businesses effectively leach off poor and disabled, etc.

People are afraid to cause problems or racial tension, which turns into a Black and Brown people versus White people situation.

At school, [students] have been spoon-fed this narrative: there was slavery, people were treated bad, then the civil rights movement made everything is good.

The biggest contributor is law enforcement. Having citizens help reshape policies would make a difference.

DEI Consortium Lowell: In general, the conversation emphasized that anti-racist initiatives need to prioritize building spaces for people of color to dictate change. It is not sufficient for White institutions to develop a roadmap for change and then tell people of color what it is they need. Participants suggested several specific initiatives to affect change in Greater Lowell that are rooted in this sentiment. Participants wish to see all levels of government and the school department adopt stated goals and accountability measures for increasing diversity. Lowell is a majority minority city, but its citizen leaders need to mobilize the vote. The community must rally behind a slate of minority candidates in order to have a legitimate path to elect people of color to office, regardless of the implementation of a district voting system. Several nonprofits must work in partnership on a large-scale voter registration campaign. Another popular initiative among participants is creating a diversity and inclusion position within City Hall that has firing power (rather than a position without power that is merely advisory). Community oversight of policing must include minority representation. Finally, racism must be declared a public health crisis.

Quotes from the DEI Consortium Lowell:

We need a real DEI or anti-racism office in City Hall. There has to be real structural person. Not one PTE as a show thing. A real resourced office or hub with teeth and power. To fire people if necessary.

Let those who are affected by racism select people who can speak for them at City Hall. Not those in power to select people from their own choice.

We don't want to look to the leadership that's already in power. Even in nonprofits. Those leaders have been in power for 25+ years. Time for new blood, time for youth, time for POC.

This is minority majority city. There is a big need for voter registration. Many citizens of color live in this city but aren't registered to vote.

Question 5: Have you noticed any changes in the Greater Lowell Area in the past 3 years as relates to racism?

LAB: Generally, participants felt that society's collective racism ebbs and flows over time, and the visibility and conversation about racism in the present moment does not necessarily mean that racism has increased in recent months or years. Participants felt that this increase in conversation and awareness is the result of more individuals filming incidents on smart phones. The accessibility of social media also allows individuals to influence the narrative, where previously news outlets controlled the narrative. Some participants also expressed pride and inspiration because young people are at the forefront of the current movement.

Quotes from the LAB:

So proud of this generation for not wanting to continue living the way older generations used to.

Used to be black people are on the news only for gang and violence. Now people are physically seeing police abusing their power. You saw it before if you were living it but now people who haven't lived it can see it for themselves.

D&I Committee: Groups shared that since the 2016 election, inequities have become more pronounced. Society has become more charged and news outlets, social media, and general rhetoric have become more polarized. Participants felt that the present reckoning with racism is seeing action, such as lawsuits against the City of Lowell and Lowell Public Schools for discriminatory practices, and the implications for challenging existing power structures with legal action. Some felt that watching the community come together to force the change was frightening or uncomfortable but necessary, and attributed the cultural shift to the visibility of racism due to smart phones and social media. Others expressed apathy, saying they have "seen this before" and while some change has occurred, there is much more to be done.

Quotes from the D&I Committee:

People are more aware and maybe less afraid to say what they are thinking, not keeping it to themselves. Maybe more uncomfortable conversations are happening.

DEI Consortium Lowell: Participants felt that there has been incremental progress in Greater Lowell but there is still much work to be done. The group expressed some skepticism of White allies' commitment to the long battle for change, as well as disparaged "big initiatives about nothing." The group felt that what has changed for the better in recent years is the result of the hard work of Black people and young people. Additionally, nonprofits were credited with encouraging City Hall's increased engagement with the community. The group also cited technology advances as critical in forcing society to open their eyes to the brutality that has been happening for years. One participant felt that the explosion of support for Black Lives Matter has since died down, and thinks the pandemic may be stifling the momentum the movement had in the spring.

Quotes from the DEI Consortium Lowell:

I would caution – one thing that I'd want to see is for the minorities to get educated, to unite. The establishment

will always try to divide and rule. If minorities unite, they will win and change city hall. They will try to divide us around 7-10 candidates. To unite behind one or two or three minority candidates.

Systemically, things are not changing because of the entrenched white power structure.

George Floyd's death, calling out for his mother, called out to the world in a way that they weren't anticipating. Something you can't avoid. Seeing somebody die like that in the way that he did, it was a catalyst.

These conversations are exhausting and it feels exhausting to have conversations that feel unfruitful. I don't want to be tokenized and I will use my voice the way I want to.

COVID-19 Impact on Greater Lowell - Addendum

This update to the Community Teamwork Community Assessment was completed in November 2020, with updates in January 2021, in response to the COVID-19 pandemic.

Background

This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.

Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. **It is likely that as needs evolve, some of those needs will not be captured in this update and therefore some necessary community responses may not connect to the needs identified in this document.**

Our community is primarily our CSBG area, the City of Lowell and the seven towns surrounding the city. These are Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsborough, and Westford, Massachusetts, all located in Middlesex County. For our Housing and Consumer Education Center (HCEC) our range widens to include all of the Middlesex County communities, and those in Essex County. Major priorities of HCEC services are in the City of Lowell, the City of Lawrence, the City of Haverhill, and the town of Methuen, which abuts both Lawrence and Lowell. The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by the US Census Bureau)ⁱ. The following table illustrates how the 200% eligibility standard will expand the number of local residents eligible for services:

	Population # 2018	# below 125% (CSBG standard)	% of Population	# below 200% (updated CARES standard)	% of Population	Additional # eligible to be served (# Below 200% - # below 125%)
Population in Service Area	291,458	40,408	13.9%	63,617	21.8%	23,209
Billerica	43,044	2,454	5.7%	4,979	11.9%	2,525
Chelmsford	35,086	1,614	4.6%	3,280	9.4%	1,666
Dracut	31,266	3,064	9.8%	5,795	18.6%	2,731
Dunstable	3,345	117	3.5%	220	6.6%	103
Lowell	111,249	29,147	26.2%	42,376	39.8%	13,229
Tewksbury	31,002	2,232	7.2%	3,523	11.6%	1,291
Tyngsborough	12,272	982	8.0%	1,676	13.7%	694
Westford	24,194	798	3.3%	1,768	7.3%	970
Massachusetts	6,830,193	1,154,303	16.9%	1,526,696	23.2%	372,393
United States	322,903,030	74,267,697	23.0%	100,490,740	31.9%	26,223,043

As illustrated in the above chart, the impact of the widening of income eligibility for CSBG funding is large. For our CSBG service area, there could be more than 23,000 additional individuals who would be income eligible for services. Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be

used to view current and emergent needs related to this crisis.

National, State and Local Public Health Crisis

State and local health authorities responded to the outbreak by placing restrictions on travel, business and recreation that have had a number of impacts on the community.

As of January 2021, Massachusetts currently has only one state approved for travel without quarantine – Hawaii. Throughout the summer, there was allowable travel to New Hampshire, Vermont, and Connecticut, but those adjacent New England states have had spikes to a level to now require quarantine and reporting. Also, the summer of 2020 had the Administration implement on and off restrictions on travel to Maine and Rhode Island.

With this unprecedented public health crisis, Community Teamwork is providing additional COVID-19 focused data to the Community Needs Assessment highlighting the significant emergency and immediate impacts on the community, and a number of short-, intermediate- and longer-term impacts that are expected.

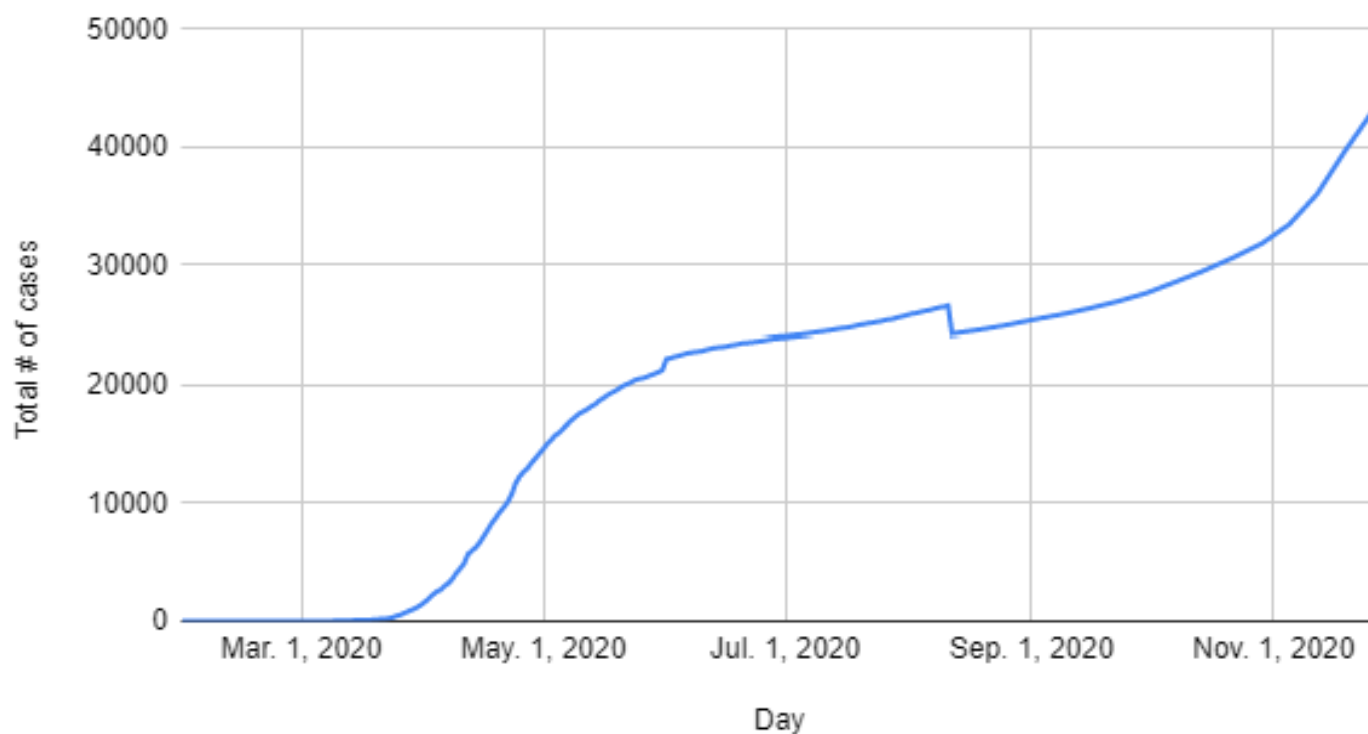
Through the COVID-19 reporting as of November 30th, 2020, the two counties which the preponderance of Community Teamwork services are delivered are in the top three of case counts for Massachusetts.ⁱⁱ As indicated in the chart below, Middlesex County, where our CSBG Communities are sited, has the largest number of cases in the Commonwealth.ⁱⁱⁱ

Massachusetts Department of Public Health, COVID-19 Dashboard

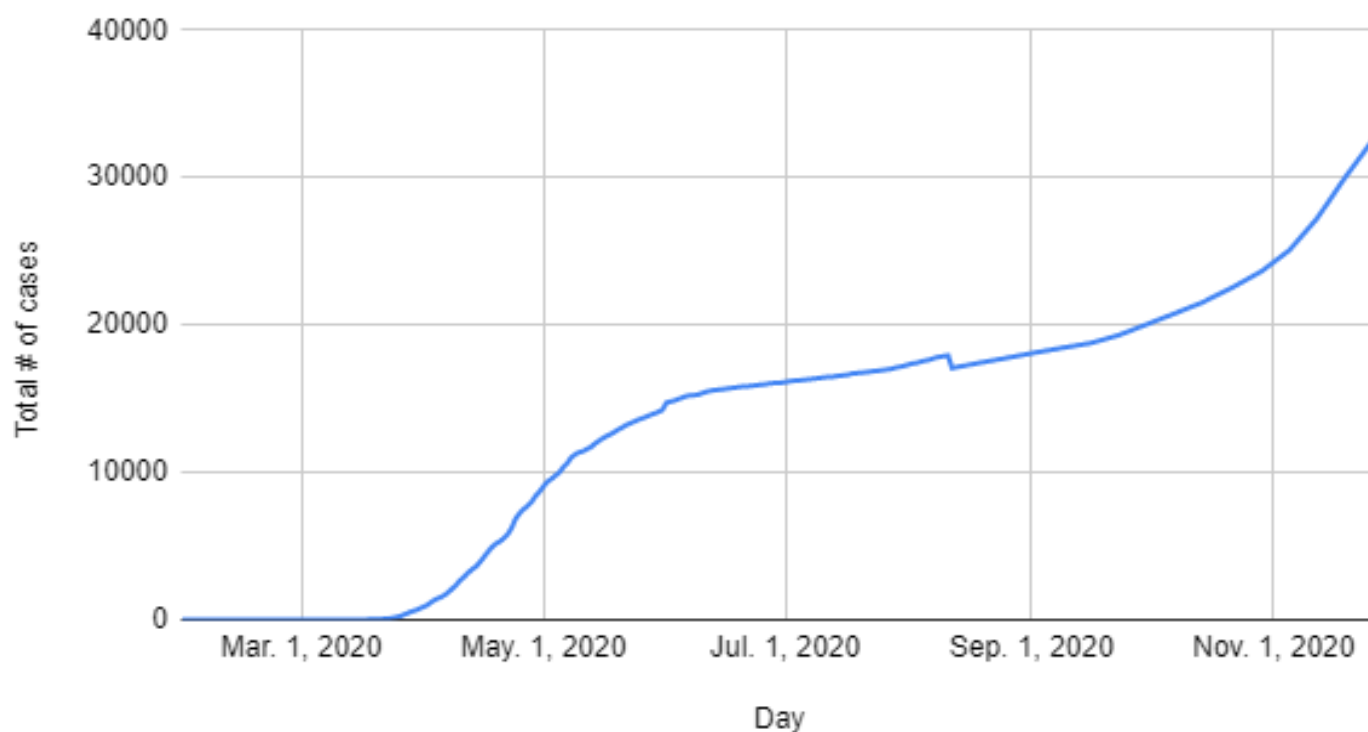
County and Population		Total Case Count To Date	% of Total
Middlesex:	1,600,842	43,538	21.0%
Suffolk:	796,605	35,688	17.2%
Essex:	783,676	32,898	15.9%
Worcester:	824,772	23,611	11.4%
Bristol:	561,037	18,754	9.0%
Norfolk:	700,437	15,391	7.4%
Hampden:	467,871	15,167	7.3%
Plymouth:	515,303	14,083	6.8%
Barnstable:	213,496	2,829	1.4%
Hampshire:	161,032	2,185	1.1%
Berkshire:	126,425	1,423	0.7%
Franklin:	70,577	605	0.3%
Dukes & Nantucket:	28,480	528	0.3%
Unknown		584	0.3%
Massachusetts		207,284	

The other county above which receives significant Community Teamwork services is Essex County. These data points are updated regularly by the Massachusetts Department of Public Health, and they have been tracked since the onset of the COVID-19 pandemic. As can be seen in the two charts below, the trending for COVID-19 cases in both Middlesex and Essex Counties have been steadily increasing, which correlates with the increases seen in the Commonwealth of Massachusetts, as well as nationally.

Middlesex County COVID-19 cases



Essex County COVID-19 cases



Sources: *Boston.com*, Charts: *Tracking the number of coronavirus cases in every Massachusetts county^{iv}; MA DPH Weekly COVID-19 Public Health Report^v*

Immediate Impacts on the Community

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Action Network have been in the areas of health, education, employment, human services provision, and community resources. In this community, areas of highest vulnerability are in those communities with high population density, high uninsured rates and a high proportion of older residents. Nationwide, early data suggest that the following groups have experienced disproportionately higher rates of infection and/or complications/death as a result the COVID-19 pandemic:

- Males
- Individuals 65+ years old
- People of color, particularly African Americans and Native Americans
- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)

The following outlines some of the critical areas of impact to the local community thus far:

Health Impacts:

New studies have now made correlations between obesity and higher risks of complications and death due to COVID. In a November article by the American Heart Association, a new study was presented to highlight “on the intersection of a global pandemic and the national epidemic of obesity (Hendron).” The study of 88 U.S. Hospitals demonstrated that those patients with obesity were “more likely to be hospitalized and had an increased risk of being put on a ventilator or dying compared to normal-weight patients. Risk progressively increased as body mass rose.”

The United States is twelfth world-wide on the 2020 list of most obese countries, with an obesity rate of 36.2%. The U.S. is also first on the list of industrialized “first-world” countries. The eleven countries that have higher obesity rates than the United States have less than 2% of our population combined, and if you compare to the actual number of individuals who are obese in America against those eleven total populations, those countries have less than 4% in total population to our population identified as obese. With at least two new COVID-19 vaccines being fast-tracked, there is a new report that the Centers for Disease Control (CDC) may prioritize vaccines for obese Americans.^{vi}

According to most recent state of childhood obesity report (2019), Massachusetts ranks 47th in the nation, with a 25.2% Adult Obesity rate (compared to the number one obese state of Mississippi with a 40.8% Adult Obesity Rate), released by the Robert Wood Johnson Foundation and the Trust for America’s Health.^{vii} However, many Gateway Cities in Massachusetts and immigrant communities have significantly higher rates of obesity, and thus, may explain the higher rates of impact and death from COVID-19 in those communities and populations. The chart below documents the clinical diagnoses being tracked by the Federally Qualified Health Centers that serve our communities throughout Greater Lowell, the Merrimack Valley and the Northshore. The two clinical conditions related to obesity include high blood pressure (Hypertension) and Diabetes.

2019		Clinical Data			
Health Center	Total Patients	# with Hypertension	% with Hypertension	# of Diabetes Patients	% Diabetes Patients
Lowell Community Health Center	34500	5611	24.71%	2975	13.47%
Greater Lawrence Family Health Center	56270	11527	29.91%	6271	16.87%
North Shore Community Health, Inc.	13272	2366	26.77%	1111	13.04%

Data Source: data.HRSA.gov: 2019 Uniform Data System (UDS) Reports

Community Teamwork works in collaboration with the Greater Lowell Health Alliance (GLHA) which is the Community Health Needs Area for our region. GLHA has been closely tracking and reporting on the overall impact of COVID-19 and infection rates in our area through data collected from the Lowell Health Department, City of Lowell. Additionally, in Massachusetts, the University of Massachusetts, Donahue Institute conducts regular tracking mechanisms to show the impact of the Coronavirus, and the longitudinal impact to our communities.

Based on the City of Lowell's Health Department report, as of January 8, 2021, there were 11,412 cases in the City of Lowell to date.

Racial Data	Known Cases Total	% of Cases
American Indian/ Alaskan Native	30	0.3%
Asian	2596	22.7%
Black/ African American	1051	9.2%
Hawaiian Native/ Pacific Islander	11	0.1%
Hispanic	2809	24.6%
White	3341	29.3%
Other	1017	8.9%
Missing/ Unknown	557	4.9%

COVID DATA POINT: *Individuals over 65, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19. Those in congregate settings (e.g. nursing homes) are a particular concern in this community.*

Community data is limited, however, for the Commonwealth of Massachusetts, it is clear that urban areas, and urban areas with high low-income populations are more severely impacted by the pandemic. Recent data report from the City of Lowell indicates that 17.6% of the known cases impact individuals aged 60 years of age and older; this while the population of individuals over 60 in the City are 16% of the total population. From the City of Lowell's Department of Public Health see the full age range of COVID-19 cases in the chart below:

CITY OF LOWELL COVID DASHBOARD^{viii}

Age Group	Known Cases	% of Known Cases
0-19	1907	16.7%
20-29	2132	18.7%
30-39	2148	18.8%
40-49	1658	14.5%
50-59	1553	13.6%
60-69	1169	10.2%
70+	845	7.4%
60 years and above totals	2014	17.6%
TOTAL	11412	

On November 25, 2020, the Kaiser Family Foundation published a new report on COVID deaths in Nursing Homes nationally.^{ix} This report indicates that from March to November, 2020, more than 100,000 residents of long-term facilities have died from COVID-19. According to the report, “In 18 states, COVID-19 deaths in long-term care facilities account for at least half of all deaths due to the pandemic (NH, RI, CT, MN, KY, PA, MA, NE, ME, ND, OH, DE, WA, OR, IN, VT, MD, NC).” As noted, the Commonwealth of Massachusetts is one of those eighteen states. According to the Kaiser Family Foundation state data, Massachusetts has reported that the Long Term Care COVID-19 positive cases as a share of the overall state cases is 13%, more than double the national average of 6%.^x And, of even more of a concern, the long-term care COVID-19 deaths as a share of statewide total deaths to COVID-19 is 63%, compared to the national average of 40%.

For additional context as to the Massachusetts response to COVID-19 and nursing homes, the Boston Globe Spotlight Team wrote articles on the Administration’s plans and the results of this pandemic on these long-term facilities, highlighting the historical issues of financial support, oversight, and focusing on the impact on this most vulnerable population.^{xi} More recently, in January, 2020, it was reported that OSHA cited and fined more than 20 nursing homes in Massachusetts for COVID-19-related violations. According to the Lowell Sun, four nursing homes in our region were cited. The violations and fines were different by facility, but included violations defined as serious, including failure to develop a comprehensive written respiratory protection program for its employees, record-keeping violations, and also failure to notify OSHA in a timely way of an employee death. The facilities in our region which were identified were Life Care Centers of Littleton, Leominster, and Merrimack Valley (located in Billerica) and CareOne of Lowell.^{xii}

COVID DATA POINT: *Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others. Limited Intensive Care and other hospital services in this community would mean others NOT directly affected by COVID might lack access to care.*

The Greater Lowell Community is served by Lowell General Hospital and the Lowell Community Health Center as the primary health institutions. These regional health supports were adversely impacted by the COVID-19 pandemic, due to loss of revenue from non-emergent procedures, well visits, etc. As reported in the Lowell Sun in April of 2020, Lowell General Hospital CEO Jody White reported that the hospital had lost approximately 40% of its monthly revenue, due to the cancellation of elective procedures and appointments.^{xiii} With the loss of revenue, the hospital and Circle Health furloughed nearly 21% of its staff. The initial furlough was planned for ninety days, requiring 163 employees to lose all hours, and 684 employees to work reduced hours. As of March 27th, 2020, the local Community Health Center was forced to furlough over 30% of its staff due to revenue

losses as a result of the COVID-19 pandemic, approximately 160 staff members. The Lowell Community Health Center (LCHC) experienced a rapid 50% reduction in patient revenue. The LCHC moved services that could be provided remotely; and ensured that they did not furlough any providers. As of November 2020, slightly more than half of this staff has returned to work. These healthcare institutions continue to be impacted by this pandemic and reduced elective procedures and well visits, and likely the layoffs will remain in place.

The pandemic and its impact on healthcare systems was supported by the Baker Administration (Governor of Massachusetts) through an executive order on March 10, 2020, regarding the expansion and utilization of telehealth by providers. The order allowed providers to conduct clinically appropriate, medically necessary services via telehealth. Additionally, the executive order ensured no reduction in reimbursement for these services, i.e. payment would be the same as if the services were provided in person.^{xiv} The Commonwealth of Massachusetts launched a “Stop the Spread” campaign, which included widespread access to free COVID-19 testing. According to the City of Lowell Department of public health, “Stop the Spread” was launched on July 10 and was intended to curb transmission of COVID-19 through expanding the availability of testing to asymptomatic residents in communities throughout Massachusetts. Lowell was among the original eight communities served by the program, which expanded to eighteen communities across the Commonwealth. From April through June, CVS operated a rapid testing site at the Showcase Cinema parking lot in Lowell, conducting up to 1,000 COVID-19 tests per day. As of Saturday, June 27, 2020, that local rapid testing site has closed.

In partnership with Trinity EMS and the Lowell Community Health Center, the City of Lowell's Health Department has offered no-cost COVID-19 testing to all Lowell residents through the state's "Stop the Spread" initiative at sites throughout the City. Stop the Spread testing in Lowell was ended by the state in September based on diminished transmission metrics at the time. As of mid-November, there is currently no free testing available in Lowell through the Stop the Spread program. There remains a “Stop the Spread” site in the City of Lawrence, and a mobile unit in Lawrence, that is available for residents of that Gateway City. The City of Lowell Health Department recently announced limited resident testing, but at this time, there is no Greater Lowell free testing response as a whole.

COVID DATA POINT: Behavioral health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period. Issues such as domestic violence, elder abuse, child abuse, drug abuse, suicide and other indicators of behavioral health issues are a particular concern in this community.

A recent MassInc. Polling Group study, released on November 18, 2020 highlighted that “around half (52%) of parents say the current school year is having a negative impact on their child in terms of academics. Similar numbers say the same of mental/emotional health as well as social/behavioral skills (both 49% negative).

COVID DATA POINT: Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.

The Lowell School Department announced on March 13th, that it would close schools for two weeks from March 16th through to March 27th of 2020. There were concerns about nutrition, as Lowell is a community that has a free breakfast and lunch program which began in 2015, based on the USDA federal funding that allowed two free meals each school day to students regardless of income. At the time, 74% of the students were classified as low-income. This was an alternative presented, called the Community Eligibility Provision (CEP), which allowed high need districts to provide free lunch to all students.

On March 24, 2020, the Lowell School District began to deliver bagged breakfasts and lunch to each bus and van stop on the Lowell School District routes. This was done in partnership with Aramark, the food service provider, the Lowell School District transportation, with additional assistance from the Community Teamwork transportation department, including Bus Monitors to hand out the breakfasts and lunch. At the start of the new school year (2020-2021), the School Department offered five sites throughout the City for daily meal services for remote learners, and an additional

five sites that support meals services three days a week. All ten sites are available on Fridays for families to pick up grab and go meals for the weekend.

Other Nutritional Impacts:

As the regional Women, Infant and Children (WIC) provider for the Greater Lowell region, Community Teamwork's WIC program worked with its funders and the United States Department of Agriculture (USDA) to move the program to remote application and service provision. Community Teamwork experienced a 150% Increase in calls to our WIC (nutritional and formula services to Mothers and Children from 0 to 5) Program, and a 200% increase in applications prior to COVID-19. The program is at 100% of our caseload at this time for WIC.

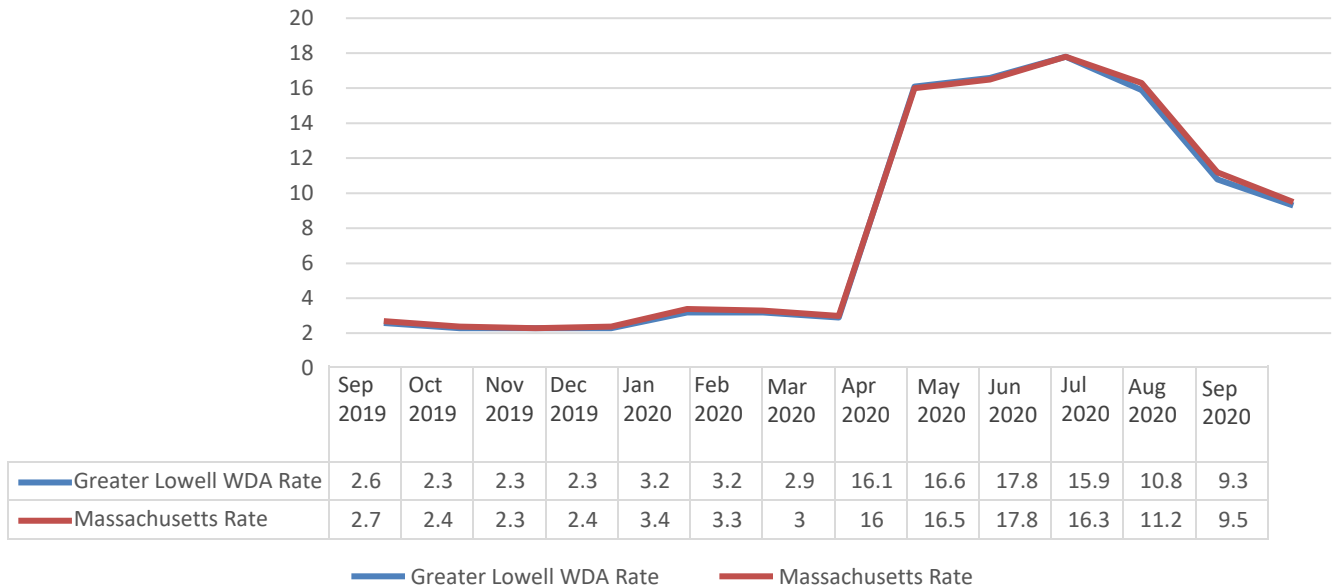
A partner that has also seen increases in demand is the Merrimack Valley Food Bank, which continues to be impacted by the school closures (as a source of family nutrition), increased unemployment and income loss, and general increased food insecurity due to the pandemic. As noted in a recent article in the Lowell Sun, "Amy Pessia, executive director of the Merrimack Valley Food Bank, said demand in the area has increased nearly 40% from about 50,000 individuals in November 2019, to nearly 70,000 in November 2020, the highest demand ever in a month for MVFB. Many folks seeking donations are newcomers, according to Pessia, and job losses and a lapse in unemployment benefits have led them to seek help. She anticipates the financial impact of the pandemic and ensuing food insecurity to continue 'for the foreseeable future.'"^{xv}

Employment Impacts:

COVID DATA POINT: Employment impacts of the pandemic have been immediate and profound. Anecdotal information as well as early data about unemployment claims from March and April confirm a significant emerging need in the area of employment.^{xvi} Local indicators show that national patterns of unemployment are being seen in this community.^{xvii} For the Greater Lowell Workforce Development area, the four industries in our region with the highest number of layoffs are construction, retail, accommodation and food services, and health care and social assistance, based on initial COVID impact period in May, 2020.^{xviii} These are the areas impacted by required closures that occurred early on in the Commonwealth's response to the pandemic.

According to unemployment data from our MassHire Greater Lowell Workforce Development Board, and the Bureau of Labor Statistics, the regional unemployment rate jumped from 2.9% in March 2020 to over 16% at the start of the COVID-19 pandemic. Statistics indicate that the Greater Lowell Workforce Area followed closely with the Commonwealth of Massachusetts increase in unemployment. In July and August of 2020, Massachusetts had the highest unemployment rate in the country. In July, Massachusetts' rate was nearly 5.9% higher than the national unemployment rate and August continued that trend. In September, the Massachusetts unemployment rate decreased, largely due to hiring in the health care and education sector, as well as some return in the leisure and hospitality sector which was devastated by the Commonwealth's closure order, and the limited returns to work. The pandemic has strongly impacted women, particularly women of color, who have been leaving the workforce at high rates, likely to provide childcare.

Greater Lowell Workforce Area Unemployment Rate During COVID-19



Source: BLS Local Area Unemployment Statistics (LAUS) compiled by MA DUA/ Greater Lowell Workforce Development Board.

COVID DATA POINTS:

- *Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.^{xix}*
- *Individuals in the educational field are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.^{xx}*
- *Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.^{xxi}*

In the Greater Lowell area, as noted below, the service sector is one of the hardest hit by the Pandemic.

Industries Employed by Claimants			
2 Digit NAICS	Industry	# of Claimants	% of All Claimants
72	Accommodation & Food Services	2,701	17%
62	Healthcare & Social Services	2,666	16%
56	Admin & Support & Waste Management	1,413	9%
44-45	Retail Trade	1,447	9%
31-33	Manufacturing	1,074	7%

The above chart is from our MassHire Greater Lowell Workforce Development Board September 2020 meeting, highlighting the industries in our region significantly impacted by COVID, with the claims continuing through August 2020.

Another area where the economic impacts have been seen in our community is with the loss of employment, families are more at risk of losing their housing.

In April of 2020, Governor Charlie Baker signed a law to pause evictions and foreclosures, through Chapter 65 of the Acts of 2020, *An Act providing for a moratorium on evictions and foreclosures during the COVID-19 Emergency*. This law's limitations on evictions and foreclosures have allowed many tenants and homeowners impacted by COVID-19 to remain in their homes during the state of emergency. The law was recently extended to October 17th, 2020. The following evictions are non-essential and are paused by the moratorium:

- Nonpayment
- Foreclosure
- No fault/no cause
- Any fault/cause, except Criminal activity that impairs health and safety of other residents, health care workers, emergency personnel, persons lawfully on the subject property, or the general public (collectively, "others"); Or Lease violations that may impact the health or safety of "others".

As noted in July 2020 reporting on WBUR, "The eviction moratoriums aren't forgiving the rent — they're just saying that the renter can't be evicted," said Whitney Airgood-Obrycki, a researcher at Harvard's Joint Center for Housing Studies. "So, for a lot of cash-strapped renters in particular, it's going to be even harder a couple of months down the line to pay several months of rent. So, this eviction moratorium alone is just delaying ... this eventual wave of evictions."^{xxii}

Since April, 2020, the Community Teamwork received additional funding specifically focused on Rental Assistance for Families in Transition (RAFT) for families impacted by COVID-19, and with unemployment rates increasing so rapidly, our work to proactively prevent homelessness and the known increase in COVID-19 exposure and health risks associated with homelessness. From April 1st to May 15, approximately seven weeks, Community Teamwork has utilized 100% of the additional COVID RAFT funds, assisting 364 households comprised on more than 900 individuals. As of the start of FY21, Community Teamwork has been awarded an additional pool of funding to support families, more than \$3.6 million in RAFT and ERMA funds, and is working to connect these services to the Housing Court, in order to directly intervene once the eviction sessions begin onsite at the courts.

According to the 2020 Stout Risius Ross, LLC Pulse Survey, in Massachusetts, there are an estimated 306,000 rental households unable to pay rent and are at risk of eviction. The estimated rental shortfall is \$429,000,000. Rental

households unable to pay rent and at risk of evictions is nearly 32.26% of the population. These statistics are based on the total potential eviction filings in the next four months.

On October 12, 2020, in advance of the moratorium expiring, the Governor of Massachusetts announced an “Eviction Diversion Initiative,” with the goal of connecting resources across agencies, and increasing support to keep people in their homes. The Initiative not only increases and expands the Residential Assistance for Families in Transition (RAFT), expanding the Housing Consumer Education Centers (HCECs), there were new initiatives which were introduced to address the legal and court issues. First, there is new Community Mediation Pre-Court program, to offer pre-court and pre-trial mediation services for situations that cannot be resolved with RAFT and Emergency Rental and Mortgage Assistance (ERMA) fund support. Second, there is new Legal Representation and Related Services program, providing funding to regional legal aid offices in order to hire more lawyers and paralegals with a focus on helping low-income tenants. For our region, these funds will support the Community Teamwork HCEC program, with increases in RAFT funds and staffing; and Northeast Legal Aid, which is a partner of Community Teamwork in Housing Court work in both Lawrence and Lowell, Massachusetts. For the newly signed FY21 budget, these efforts are funded with \$171 million dollars; of this amount, \$112 million is new funding to support new and expanded housing stability programs for the rest of the fiscal year (ending on 06.30.2021).

Another issue that has impacted families in our region is loss of Employer Sponsored Health Insurance (ESI). With the high levels of unemployment forced by business closures and loss of businesses, these former workers also lose the benefits attached to their jobs. In a brief from the Commonwealth Fund released in October, 2019, the W.E. Upjohn Institute for Employment Research published a research paper on the extent of ESI loss, based on employment loss due to the pandemic. A summary presented highlighted that an estimated 7.7 million workers lost their jobs with ESI from February through to June 2020. Of even more impact, an estimated 6.9 million dependents of those workers also lost employer sponsored health insurance, for a total of 14.6 million individuals being impacted.^{xxiii}

Educational Impacts:

COVID DATA POINT: Closings of public schools in the Community Assessment area are having an immediate impact on children’s education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.

It is a well-known phenomenon that children experience regression in learning during periods of disruption to their education, most commonly seen after summer breaks (termed the “summer slide” by most educators). Experts predict that closures during the upcoming academic year will have a negative impact on children, particularly those children experiencing homelessness. The NWEA, a non-profit research agency specializing in education outcomes, predicts that low-income children will “suffer inequitable learning losses as a result of the cumulative effect of the ‘COVID-19 Slide’ and summer break.” NWEA also estimates that “students are likely to retain only 70 percent of what they learned this year in English and 50 percent in math. By this September, children in some grades could lose an entire year” (NWEA, April 2020). Lowell Public School System has altered its learning models several times throughout the 2020-2021 academic year as the landscape of the pandemic continues to shift. As of January 2021, the school system has moved to fully remote learning without a set date to return to either a hybrid model or fully in-person model. Community Teamwork anticipates that students will continue to experience disruptions to their learning and their social lives. As the pandemic continues indefinitely, the isolation and lack of connection to in-person supports has begun manifesting as behavioral changes among children in our programs.

COVID DATA POINT: Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation

and educational outcomes for their children will be affected.^{xxiv}

The MassInc Polling Group conducted a statewide survey of over 1,500 K-12 Parents in Massachusetts between the period of October 16, 2020 and November 1, 2020, focused on employment issues, and future plans for continued education and training. Of the parents that responded, 48% stated they were a “Stay-At-Home Parent or Caregiver.” Within the survey the parents were asked if they were not planning on looking for a job, training, or education, what was the reason, and 25% responded, “Challenges with Childcare.” An additional 17% noted they were “Caring for another family member.”^{xxv}

Impacts on Human Services Provision:

COVID DATA POINT: Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating, leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time.

On March 16th, 2020, Community Teamwork followed the guidelines set forth by the Governor and Commonwealth of Massachusetts, and put protocols in place for all non-essential services to protect staff and constituents at the start of the COVID-19 Emergency, while still keeping all programs operating. During the initial stages of the pandemic response, CTI and its programs quickly moved to remote and online service provision where possible. A centralized emergency phone number and emergency COVID-19 email addresses by department were set up. As the agency was inundated with calls and emails for assistance, staff were re-routed and trained to respond to requests for assistance and to move these centralized requests to the correct department and programs. There were immediate impacts on programs, but CTI worked closely with its local and state funders, quickly moving applications to remote submissions, updating as necessary the requirements around document submission, providing a drop-box and other efforts to ensure applications, forms, required eligibility documents, could be sent to our teams through uploads, contact-less drop-offs, and revised application processes.

Our Resource Center fielded an average of 360 calls and 350 emails weekly for assistance and for general information about COVID-19, nearly four times our pre-COVID weekly average; this demand for assistance continues nearly a year into the pandemic.

Community Resource Impacts:

COVID DATA POINT: The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.

The emergent community impact that COVID-19 raised as an issue was that of Food Insecurity. The immediate closure of non-essential businesses, the significant employment loss, elimination or reduction of income for individuals and families, and the immediate request to limit community excursions, all led to fear and uncertainty at the onset of the pandemic. Additionally, the issue of food insecurity emerged, as families lost income due to job loss, and were choosing between paying for their housing and other needs versus food. From the period of March 2020 through the end of October 2020, our Resource Center provided 614 households with more than \$27,000 in food gift cards to these families. Our WIC program experienced a 150% increase in calls, and a 200% increase in applications prior to COVID-19 for the nutritional and formula services to mothers and children (0 to 5 years of age).

Initially, our Head Start and Early Childhood programming was moved to remote support, with additional programming implemented to provide a weekly dinner program, for six weeks at the start of the emergency, serving not only families from our Early Learning, but also those families of our YouthBuild program participants, and the 82 seniors citizens who are part of our Volunteer Center (Foster Grandparents, Senior Companions, and Retired Senior Volunteers).

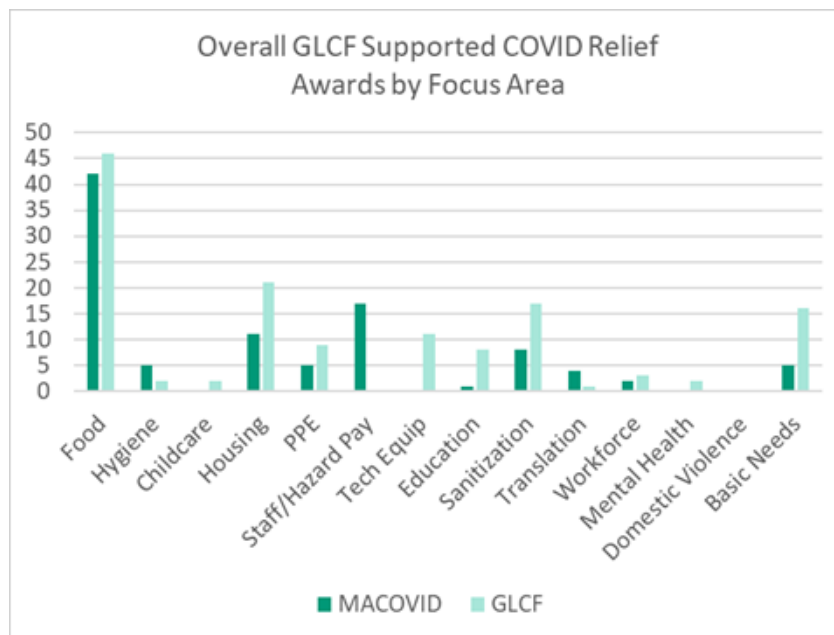
Community Teamwork also de-populated our congregate Family Shelters, paid our Residential staff (staff required to remain in the group shelter sites) Essential Pay, and implemented an initial system of delivered dinners to group sites, and food gift card dissemination to those in scattered sites (apartments) to encourage families to shelter at home and reduce community contact. For the fifteen-week period from mid-March to the end of June, nearly \$9,000 in food grocery gift cards were provided to these homeless families in our shelter program. A chart outlining an overview of the Food Insecurity impacts as experienced by the constituents of Community Teamwork is appended.

COVID DATA POINT: *The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others.*

As the Community Action Agency for the region, Community Teamwork plays an important role convening organizations, people and resources to support families. Another key player in obtaining and distributing resources is the Greater Lowell Community Foundation. In Massachusetts, through the leadership of the Commonwealth’s First Lady, Lauren Baker, and a group of philanthropic leaders, the Massachusetts COVID-19 Fund was launched, and funds were funneled to community agencies through the advocacy and systems of Community Funds. For the Greater Lowell area, this was the Greater Lowell Community Foundation (GLCF) which also raised local funds to support the emergency work of the agencies providing services and support to the residents throughout the Greater Lowell region.

A total of 98 separate agencies were provided support through the Greater Lowell Community Foundation, either funded with the GLCF Local COVID-19 grant funds or through the GLCF submission to access the MA COVID-19 Relief funds. In total, as of mid-August, 2020, 174 grants were awarded to regional agencies focused on the distinct needs of their constituents and communities. In total, the GLCF funded or supported the funding of over \$2,436,782 in emergency grants throughout the Greater Lowell area.

As can be seen in the chart below, both sources of funds offered the most impact in the Food Insecurity area. A strength of the GLCF managing both pools of funds is evidenced in the identification of funding needs that could not be supported by the MA COVID-19 Statewide fund, but could be supported with local funds; specifically, in the areas of Childcare and Technology. The GLCF COVID Funds supported 104 grants to 85 agencies, averaging \$2,678 per award. The largest grant was for \$25,000 (only one given) and the smallest for \$500.00. Most awards fell within the \$1,000 to \$4,000 range.



City of Lowell

In addition to the state-level philanthropic support, additional resources for services were provided through the City of Lowell federal share of the CARES Act funding, specifically Emergency Support Grants (ESG) funds and Community Development Block Grants (CDBG) funds. These Housing and Urban Development (HUD) CARES Act funds were distributed through two (2) competitive Request for Proposals (RFPs). The ESG funds are specifically focused on homeless interventions, while the CDBG funds supported COVID emergency agency programming.

Emergency Services Grant (ESG) COVID (CARES) Act Funding and Use		
Support Area	Round 1	Round 2
Homeless Outreach	\$174,300	\$153,507
Homeless Prevention through Housing Supports	\$125,000	-
Homeless Shelter with Re-Housing Support		\$323,590
Shelter Operations and Emergency Shelter (Round 2 Included Shelter Improvements)	\$268,236	\$1,375,484
Youth Homelessness Supports		\$201,330
FEMA Winter Protocol Support & Hotel Program		\$150,000
TOTAL	\$567,536	\$2,203,912

Community Development Block Grant (CDBG) COVID (CARES) Act Funding and Use		
Support Area	Round 1	Round 2
Food Insecurity/ Food Programming	\$185,800	\$233,922
Small Business Support/ Business Assistance and Economic Infrastructure (Round 2)	\$50,000	\$324,000
Agency Personal Protective Equipment (PPE)	\$20,000	\$15,000
Interpretation Services	\$18,000	-
Homeless Food and Hygiene	\$101,000	-
Eviction and Homeless Prevention Educational Guides	-	\$85,000
Outreach and General Program Services	\$98,151	
Workforce Development/ Job Training	-	\$165,000
Youth Programming	-	\$82,000
Senior Citizen Outreach/ Isolation Prevention	-	\$50,133
Healing, Health, and Fitness Programs	-	\$45,000
City of Lowell Economic Development	\$500,000	-
City of Lowell Sanitation/Cleaning	\$66,000	-
TOTAL	\$1,038,951	\$ 1,000,055

In Round 1 of both ESG and CDBG Funds, there were 21 grant awards, of which three were supporting ongoing efforts of the City of Lowell, itself, and there were 16 local agencies funded. In Round 2, there were 24 awards, supporting 15 local agencies and three support grants for the City. However, one of the City programs was to support occupational skills training programs and case management for the Greater Lowell MassHire Career Center, providing direct services to Lowell residents. These federal CARES Act funds provided over \$4.8 million dollars of additional COVID-19 related grant supports to the City of Lowell and its local non-profit partners to address the impact of the pandemic on its residents. Over \$2.7 million of ESG funding was directly supporting the needs of those residents at-risk or experiencing homelessness, including expanding shelter capacity and youth services.

In addition to the funding from the Commonwealth and raised through philanthropy, federal support was provided to the Health Agencies charged with supporting low-income patients. In FY20, the U.S. Health and Human Services (HHS) Department distributed additional resources to Community Health Centers. These supports were focused on offering some stabilization funds to the system racked by reduced revenue, and to expand their support for COVID-19 related health work. The additional resources that impacted our broader service area are as follows:

Health Center	Area Served	FY20 Coronavirus Supplemental Funding	Health Center CARES Act Funding	FY20 Expanding Capacity to Coronavirus Testing (ECT)	Total Additional Funding Received	Gateway Cities Served
Lowell Community Health Center	Greater Lowell	\$71,807	\$1,052,420	\$615,829	\$1,740,056	Lowell
Greater Lawrence Family Health Center	Merrimack Valley	\$92,833	\$1,501,205	\$942,379	\$2,536,417	Lawrence, Haverhill
North Shore Community Health, Inc.	Northwest Coastal	\$66,266	\$809,600	\$297,409	\$1,173,275	Salem, Peabody

Additional resources to support the provision of services by Community Teamwork were obtained through federal, state, federal CARES Act funding, foundations, and private philanthropy.

The impact our agency has on the residents we serve is significant, and with the COVID-19 funding, is focused on a number of areas, including PPE, sanitization and hazard pay to support and keep Community Teamwork staff members safe; food, both direct food delivery (prepared meals and bags of food) and grocery gift cards; rental assistance and housing funds to support families at risk of eviction and losing their homes (both rental and mortgage assistance); basic needs; technology support, remote learning support, etc.

Below is an overview, by division of our COVID -19 Funding to date.

Agency Funds (General Operations and Specific COVID-19 Protection): Supporting Personal Protective Equipment (PP&E) for Staff, Hazard Pay, Sanitization, Site/Facilities Safety Preparation, Technology, and Grocery Gift Cards, Basic Needs Supplies, Diapers and Wipes, and Food Support, including prepared meal delivery to Shelter Families, five weeks of dinners for seniors, Head Start Families, YouthBuild Families, and Homeless Youth.

Total Funding	Sources of Funding
\$796,317	Federal DHCD CSBG COVID CARES Act Funds; DCU COVID Donation (Technology); Greater Lowell Community Foundation (GLCF) MA COVID-19 Relief Funds; MASSCAP COVID Funds (DHCD/CSBG Special Initiatives); and United Way (for Grocery Gift Cards to our constituents).

Child and Family Services Division: Head Start, Early Head Start, Before and After School Programming and Family Child Care Services. Includes support for Remote Learning Support, Facilities, PP&E and General Support:

Total Funding	Sources of Funding
\$1,150,990	Sources of Funding: Hannaford Charitable, Eastern Bank Charitable, EHS Partnership Summer & COVID; Head Start Summer & COVID; CARES Act EEC Remote Learning Grant City of Lowell/ GLCF; CARES Act EEC (Lowell Family Child Care); Child Care Circuit; CARES Act EEC (Wakefield Family Childcare Supplemental)

Community Resources and Energy Division:

Funding	Program Area	Sources of Funding
\$50,000	Entrepreneurship Center	City of Lowell CARES Act E-Center Business Coaching CDBG
\$1,336,289	Energy Department	CARES Act LIHEAP Energy
\$12,521,744	Housing Consumer Education Center (HCEC): Supporting RAFT, ERMA, Rental Assistance and Mortgage Assistance	Essex County Community Foundation- MA- COVID-19 Relief Fund; Greater Lowell Community Foundation - MA-COVID - 19 Relief Fund; DHCD RAFT Additional COVID;
		United Way; Stay at Home Fund; FEMA EFSP; ERMA - MTW; ERMA CDBG Funds.
\$114,284	Volunteer Center	Fallon Health Foundation (Food Support) Greater Lowell Community Foundation: Technology for Seniors; and City of Lowell CARES Act, CDBG Senior Advocacy (1); Lowell CARES Act CV 2
\$10,000 (in addition to support under Agency above)	Resource Center Food Assistance	General Community Support: United Way, for Grocery Gift Cards Total: \$10,000 (with \$5,000 provided to the New American Center).

Housing and Homelessness Division:

Funds	Program Area	Sources of Funding
\$26,125	CFS/ Shelter (Remote Learning Support)	Nellie Mae Educational Fund; Eastern Bank Charitable Foundation; Alice's Kids
\$1,227,915	Shelter Program: Compensation, PPE, Meals, Sanitization	DHCD ESG COVID-19
\$11,258	Rental Assistance Program: Support Purchase of PPE	DHCD HCVP

Community Teamwork is a long-standing vendor and partner with DHCD in the efforts to reduce Homelessness, stabilize families, and support those experiencing or at-risk of homelessness. It is for this reason, and the work of the community

of Lowell with municipal leadership to address chronic homelessness, that Community Teamwork is taking the lead on this program, a new partnership to address the needs of this vulnerable population during the COVID pandemic. The partnership is focused on increasing emergency shelter beds, moving stabilized shelter residents into housing quickly, and then, from subsidized and supportive housing into more permanent, independent living situations. With Housing First in mind, our program is a pipeline into permanent and supported housing opportunities to provide a longer-term solution to chronic homelessness, while dealing with the exigency of COVID and the coming winter. As recommended by the CDC, this is a “whole community” response plan.

Community Teamwork has partnered with Life Connection Center, a new shelter agency, and has worked with DHCD to access FEMA funding and other state and city supports. Funding is need to support the increased efforts to address the Homeless Individuals issues, based on the increased vulnerability those living unsheltered, without proper medical care, PPE, and access to testing and safe, housing. Working with our partners and the City of Lowell, there has been increased efforts to obtain funding to increase Shelter beds, to offer increased Winter Protocol Hotel beds, and to strengthen the “Housing First” community plan in place in the City of Lowell. Funding outlined below is managed by Community Teamwork, but may be part of a partnership and supporting other agencies.

Funds	Program Area	Sources of Funding
\$201,330	Youth Services: increased SROs and staffing.	City of Lowell ESG COVID-2
\$2,074,207	Shelter, Temporary Shelter, and Winter Protocol Hotel Stays (Includes youth)	DHCD FEMA Winter Protocol
\$150,000	Shelter support for Winter Protocol programming, including Rapid Re-Housing Staffing	City of Lowell ESG COVID-2
\$343,590	Year Round Housing Support, following FEMA (After Winter Protocol completes)	City of Lowell CARES Act ESG CV; City of Lowell ESG COVID-2 and TUFTs Health Plan Momentum Challenge

Anticipated Near- and Long-Term Impacts

The needs above are already established through initial data and anecdotal reports from customers, staff, board members and community stakeholders. Based on these already-observed events, it is likely that there will be near-term (one to three months) and longer-term (greater than three months) impacts that that require immediate planning. According to CDC data, as of November, 2020, the number of new cases in the U.S. has risen every day for more than a month, based on a rolling seven-day average. That daily average is now more than twice as high as it was during any point this summer. A partial, but not complete, list of the anticipated impacts includes:

- *Prolonged service disruptions: The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long-term issues. For example, learning loss, and domestic violence/child abuse, have become larger problems due to service disruptions.*^{xxvi}
- *Exacerbated housing issues: Due to the immediate economic impact of the COVID-19 pandemic, renters face one or more months where they may lack the funds to pay rent; homeowners with a mortgage may miss mortgage payments.*^{xxvii}

Through our Housing Consumer Education Center (HCEC), Community Teamwork has seen an increase in Rental Assistance

for Families Transitioning (RAFT) applications, which help pay arrears, rent, mortgage, from about 100 a month (pre-COVID) to nearly 150 applications a week. To give you a sense of the need, Community Teamwork received Emergency COVID-19 Residential Assistance for Families in Transition (RAFT) funds, specifically focused on RAFT for families impacted by COVID-19, and with unemployment rates increasing so rapidly, our work to proactively prevent homelessness and the known increase in COVID-19 exposure and health risks associated with homelessness. From April 1st to June, 2020, approximately 12 weeks, Community Teamwork utilized 100% of the additional COVID RAFT funds, over \$1 million dollars, assisting 499 households comprised of nearly 1,050 individuals. With new allocations in July, and emergency funding for additional housing supports, Community Teamwork has already disbursed nearly \$3 million dollars in housing support in the first five months of this fiscal year, an amount almost equal to our usual annual allocation. According to our COVID funding chart, Community Teamwork has received over \$12 million dollars to support the housing issues throughout our service region.

COVID DATA POINT: Prolonged employment issues: Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.^{xxviii}

Longer term employment issues that may impact our communities include loss of labor force, reduction in demand due, and permanent closure of businesses. According to the MassHire Greater Lowell Workforce Board utilizing data from the Bureau of Labor Statistics, the Labor Force for the Greater Lowell region has reduced from 161,752 in February of 2020 (pre-COVID), to 152,000 as of October 2020, a loss of over 9,700 individuals active in the labor force. Also interesting is that in October 2020, the Greater Lowell UI Claimant data (from the Division of Unemployment Assistance, EOLWD), indicates that most claimants were women (56% female v. 44% male) and that 49% of the claimants earned less than \$700 a week when employed (\$36,400 annualized).

COVID DATA POINT: Prolonged agency capacity issues: Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.

As noted above, the pandemic negatively impacted our anchor health institutions. Due to reduced revenues, Lowell General Hospital and our community health center, Lowell Community Health Center, implemented furloughs very quickly at the start of the pandemic (March 2020). Other institutions moved to remote services, and increased social media and direct outreach efforts to communicate with residents on new methods for accessing services. As we enter into December, 2020, as evidenced by the surge in cases in Massachusetts, it is expected that the healthcare providers will continue to be impacted negatively, and that capacity issues will remain.

COVID DATA POINT: Prolonged community resource/coordination issues: The short-term community coordination needs cited in this Assessment are presumed to continue into the long-term. Current conditions may persist for an extended period; recovery efforts will require coordination; ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.^{xxix}

City Government Impacts:

According to a May 28th, 2020 study of the Federal Reserve Bank of Boston, New England Public Policy Center, the COVID-19 pandemic will impact state revenues across New England, and for Massachusetts,” are forecast to decline between \$3.3 billion to \$3.9 billion between FY2019 and FY2020.”^{xxx}

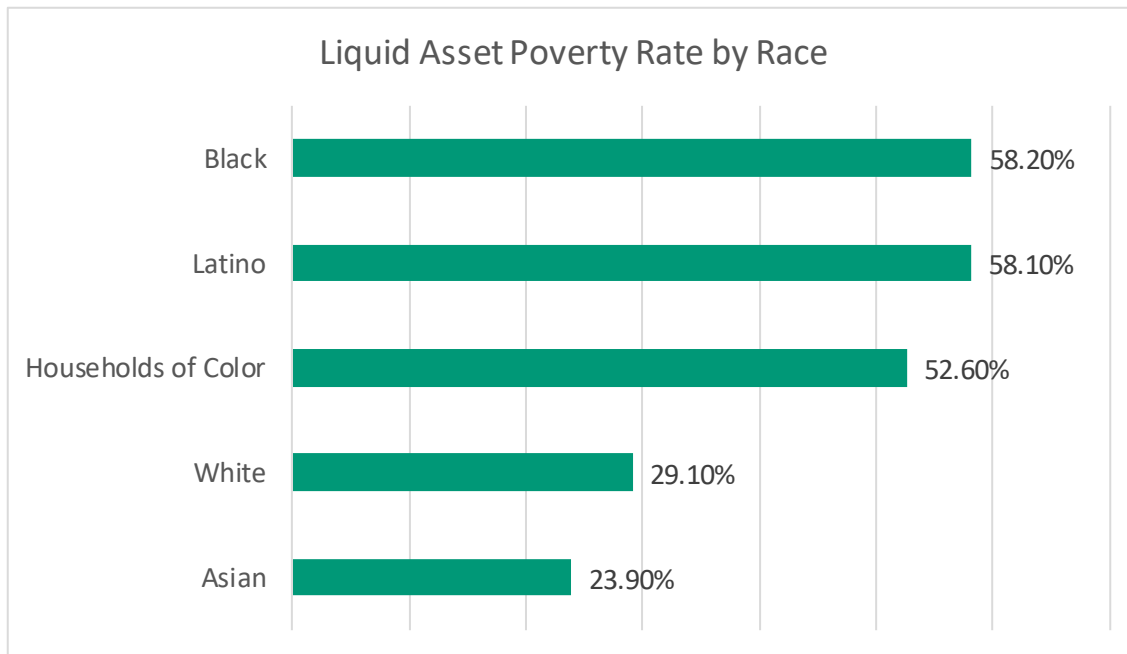
This is of a significant concern for the five (Gateway Cities’ Community Teamwork provides services in, as according to Mass Inc. “on average, Gateway Cities fund more than half of their annual budgets through state aid.” Additionally, the Gateways Cities rely heavily on property taxes, and with significant unemployment increases and the rising overall living costs, individuals may forego these expenses in order to handle medical and increased food expenses. It should be expected that there will be longer term impacts on our communities and the ability to continue to provide for services, at a level similar to prior years.

Addressing Equity Implications:

Though immediate data may not yet be easily obtained regarding the demographics of those most impacted by the COVID-19 pandemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. Community Action recognizes the obligation to ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond. According to the Prosperity Now Scorecard, in the April 2020 publication titled, “The Unequal Impact of the COVID-19 Crisis on Household’s Financial Stability,” the most vulnerable during an economic crisis reflects the demographics of our populations in the Greater Lowell area, and the Gateway Cities, and mirrors some responses from our Community Needs Assessment Constituent Survey. The report highlights the vulnerability of households without cash on hand to weather an emergency, let alone an emergency situation that has lasted over eight months.

The report indicates that the scorecard’s, “analysis of the latest Survey of Income and Program Participation data shows that 37% of U.S. households—over 45 million households total—are liquid asset poor. This means that households don’t have enough cash on hand, emergency savings, or retirement savings to subsist at the poverty level for three months without income.”^{xxxi} In addition to those employed in low wage jobs, the scorecard pointed out the disparity issue of this pandemic impacting racial and ethnic minorities, immigrants, and women, all of whom are more likely to work in low-wage occupations, including the impact of those working in the hospitality and service industry which has been severely impacted in our communities, with the closures and restrictions in place by the Commonwealth’s policies. Black and Hispanic or Latinx workers nationally are “two times as likely to be liquid asset poor as White households.” Immigrants were identified as vulnerable, again, based on the lack of savings, and the higher percentage of employment in those industries impacted by COVID-19 policies, including service, and hospitality.

From the Prosperity Now Scorecard: Key Takeaways, it can be seen the impact of poverty by race as documented below:



CONCLUSION:

The areas highlighted in this addendum illuminate the issues that the COVID-19 pandemic have had on our residents and the communities served by Community Action agencies. The quantitative data presented in the Community Needs Assessment indicate the populations that are the most vulnerable to any catastrophic situation, the low-income, asset poor, and already vulnerable to any negative change. The impact on the remote and hybrid learning model implemented through COVID is widespread, from learning loss, to behavioral health issues, as well as to the loss of family income as one parent may need to remain at home. The loss of income for our families has heightened the instability of housing and of obtaining food and healthcare. Families are having to make decisions on priority purchases, including needed food and medicine.

For the Community Teamwork Strategic Plan, this data and the impacts of this emergency must be considered. This includes the increased demand for Family Childcare, Early Learning, small business services, housing assistance, and emergency shelter. Clear from the experience, food instability and asset development are areas which may need a more robust programmatic response from our community and partner agencies.

Update on COVID-19 Food Supports by Program and Type						
Program	Type of Food Support			Description	Funded By	Population
	Prepared Meals	Grocery Gift Cards	Food Support			
Senior Corps Volunteers	83			Delivered- Prepared Dinner(s)	Fallon Health	Low Income Senior Citizens; Enrolled in our Senior Volunteer Program
Senior Corps Volunteers	82			Five Weeks of Prepared Meals from Community Teamwork Food Program	MA COVID-19; GLCF	Low Income Senior Citizens; Enrolled in our Senior Volunteer Program
Early Learning Program	288			Five Weeks of Prepared Meals from Community Teamwork Food Program	MA COVID-19; GLCF	Families in need, Head Start and Early Head Start Program
School Age Program	222		74	Five Weeks of Prepared Meals from Community Teamwork Food Program; Delivery of Food Bags through Partnership with Lowell Public Schools and Aramark	MA COVID-19; GLCF; Lowell Public Schools, USDA	Families in need, School Age Before and After School Program
YouthBuild Lowell	40		30	Five Weeks of Prepared Meals from CTI Food Program; Ongoing weekly Food Bag Distribution to YouthBuild Families, in partnership with MV Food Bank and Grocery Gift Cards; 150 to 175 individuals weekly.	MA COVID-19; GLCF	YouthBuild Lowell At-risk Youth and their Families
Youth Services			29	Through an Onsite Pantry, in partnership with the MV Food Bank, provision of Grocery Bags of Food ; Delivery of Food for Youth housed in Youth Apartment Sites.	MA COVID-19; GLCF	Youth experiencing homelessness or at-risk of homelessness.
Secure Jobs		54		54 Individuals in the Program received grocery gift cards to help during the pandemic. A total of \$7,600 was spent to support these families. At least 48 households received \$150 in support; 2 households received \$100, and Four new enrollees recived \$50 - three distribution times for the cards account for the differences.	Secure Jobs Funding, MA COVID-19 GLCF	Secure Jobs Enrollees and Recent Graduates (Low-Income ; Shelter and other at-risk residents.)

Emergency Shelter Program	91	93		Prepared Dinners delivered to Families in Congregate Shelters for over 12 weeks. Approximately 100 individuals residing in our congregate units. 3,852 Meals delivered. Provided Grocery Gift Cards to those families in Scattered sites (93 families)	MA COVID-19; GLCF; DHCD Emergency Solutions Grant COVID	ESP is an Emergency Shelter program for Homeless Families; Prepared Dinners were provided to Families in Congregate Shelters (for at least 12 weeks) and Grocery Gift Cards were provided to families in Scattered Site Shelter (apartments).
Resource Center		1129		For the period 03.15.2020 to 11.15.2020; the Resource Center distributed \$28,225 in Gift Cards (1,129 \$25 gift cards) to 629 families in need.	MA COVID-19; GLCF; United Way of Mass Bay and Merrimack Valley	The Community Teamwork Resource Center was the primary contact point for families in need. In addition to the increased requests for housing assistance; the Resource Center saw an exponential increase in requests for food assistance.

Glossary of Terms

AMI: Area Median Income. The median, or midpoint, of an area's income distribution. An equal number of households earn more or less than the median. Many housing programs take AMI into an account when setting income eligibility thresholds. For example, a household income limit may be set at 50% of the area median income to ensure that affordable housing is designated to the lowest-income families.

Anti-Racist/Anti-Racism: An action-oriented process of identifying, challenging, and dismantling racism at individual, policy, and systemic levels. The concept of anti-racism is championed by the Black Lives Matter movement and the premier text defining and explaining anti-racism is *How to Be an Antiracist* by Dr. Ibram X. Kendi.^{xviii}

BIPOC: Black, Indigenous, and people of color. At the time of writing, BIPOC is the term predominantly used in media to describe individuals who do not identify as White as a collective, while also maintaining specificity of different races and avoiding describing racial identities in a manner that centers Whiteness as the norm. We acknowledge limitations in the term BIPOC, specifically that any term lumping all "non-White" identities together can serve to erase identities. However, for clarity and brevity in this document, we have chosen to use BIPOC throughout.

CAA: Community Action Agency. According to MASSCAP, the Massachusetts Association of Community Action, "the 'Community Action Program' ('CAP') was established in 1964 by Congress as a centerpiece of the War on Poverty. The goal of the program, which is now part of the Community Services Block Grant, is to reduce poverty, revitalize low-income communities, and empower low-income individuals and families to become fully self-sufficient. The program is carried out by a national network of more than 1,000 designated Community Action Agencies ('CAAs'), which provide a diverse array of services to and advocacy on behalf of low-income individuals and families."^{xix}

Cliff Effect: The term "cliff effect" describes a phenomenon in which an individual or household experiences an increase in income (ostensibly a positive event) which elevates them into an income bracket that disqualifies eligibility for public benefits. Therefore, the individual or family loses a public benefit they rely upon and potentially is in a worse financial situation than prior to the increase in income.

CSBG: Community Services Block Grant. CSBG programs are funded through the federal Office of Community Services. Per the National Community Action Partnership, "States receive funds according to a statutory formula. In turn, states fund a network of local entities with 90 percent of their CSBG grant award. These local entities include, but are not limited to, local governments, migrant and seasonal farm worker organizations, and Community Action Agencies (CAAs). The local entities provide services and activities addressing employment, education, improved financial management, housing, nutrition, emergency services, and/or healthcare. Services most often provided include employment training and placement, income management, education, emergency services, health, nutrition, transportation, housing assistance, and providing linkages among anti-poverty programs."^{xx}

ELI: Extremely Low Income. The Federal Reserve Bank of Boston calculates ELI households as those with incomes at or below 30% of AMI.

FMR: Fair Market Rent. Per the Federal Department of Housing and Urban Development, "Fair Market Rents (FMRs) are used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project-based Section 8 contracts, to determine initial rents for housing assistance payment (HAP) contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab), rent ceilings for rental units in both the HOME Investment Partnerships program and the Emergency Solution Grants program, calculation of maximum award amounts for Continuum of Care recipients and the maximum amount of rent a recipient may pay for property leased with Continuum of Care funds, and calculation of flat rents in Public Housing units. The U.S. Department of Housing and Urban Development (HUD) annually estimates FMRs for Office of Management and Budget (OMB) defined metropolitan areas, some HUD defined subdivisions of OMB metropolitan areas and each nonmetropolitan

county.”

FPL: Federal Poverty Level. The United States Department of Health and Human Services adjusts the federal poverty level annually via a calculation that takes into account the Census Bureau’s poverty thresholds and the Consumer Price Index for All Urban Consumers (CPI-U). FPL is used to determine income eligibility for public benefits such as Medicaid and food stamps (SNAP).

Latinx: Latinx is a term used to promote gender-inclusivity for individuals identifying as Latin-ethnicity. Traditionally, Latino/Latina is used to describe such ethnicity. Furthermore, Latinx ethnicity is a category describing individuals’ cultural and ethnicity, whereas Hispanic is a linguistic category. For example, an individual from Brazil might identify as Latinx but not Hispanic, whereas an individual with Spanish heritage might identify as Hispanic but not Latinx. As with other identifiers, individuals should have the agency to choose the term that they identify with.

SNAP: Supplemental Nutrition Assistance Program. SNAP is a program of the United States Department of Agriculture. The program provides food assistance to income-eligible households. SNAP was previously known as ‘food stamps.’

Poverty: Throughout this document, “poverty” is referred to as a working term. While various and disparate state and federal programs may define poverty differently, Community Teamwork herein uses poverty to generally describe individuals, households, and families who experience financial hardship.

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children. According to the WIC website, the program provides, “supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.”^{xxi}

YYAs: Youth and Young Adults. This term is used by Community Teamwork’s Youth Services program to describe clients. The term originated from an effort to describe clients not by their situation or experience (such as homelessness or housing instability) but by their humanity.

Appendix

Enclosed with this Community Needs Assessment are sector analyses for the assessment tools used to conduct our analysis, as well as full data reports for some tools.

Community Teamwork Service Area Poverty Data 112

Community Survey Sector Analysis 118

Community Survey Respondent Demographics 121

Focus Group Sector Analysis 123

Key Informant Sector Analysis 124

Community Teamwork Service Area Poverty Data

Gender and Poverty

Community	Population	# in Poverty	% in Poverty	Male	%	Female	%	Male -% Below Poverty Level	Female -% Below Poverty Level
CSBG Communities									
Billerica	43,044	1581	3.8	21,900	50.9	21,144	49.1	3.9	3.7
Chelmsford	35,086	1331	3.8	17,211	49.1	17,875	50.9	2.2	5.4
Dracut	31,266	2320	7.5	15,434	49.4	15,832	50.6	6.8	8.1
Dunstable	3,345	83	2.5	1,680	50.2	1,665	49.8	2.2	2.8
Lowell	111,249	22,042	20.7	55,742	50.1	55,507	49.9	20.5	21
Tewksbury	31,002	1,798	5.9	15,021	48.5	15,981	51.5	5.1	6.6
Tyngsborough	12,272	802	6.5	6,005	48.9	6,267	51.1	4.3	8.7
Westford	24,194	612	2.5	11,862	49	12,332	51	2.4	2.7
Gateway Cities									
Haverhill	63,280	8,190	13.2	30,999	49	32,281	51	12	14.3
Lawrence	79,841	18,655	23.7	39,382	49.3	40,459	50.7	21.6	25.7
Peabody	52,865	5,222	10	25,341	47.9	27,524	52.1	7.9	11.8
Salem	43,302	6,247	15.1	19,684	45.5	23,618	54.5	10.8	18.7
Other Service Areas									
Acton	23,561	842	3.6	11,434	48.5	12,127	51.5	2.9	4.3
Amesbury	17,378	1,068	6.2	8,582	49.4	8,796	50.6	6.2	6.3
Andover	35,609	1,402	4.1	17,176	48.2	18,433	51.8	4.3	3.9
Arlington	45,147	2,405	5.4	21,008	46.5	24,139	53.5	4.8	5.9
Bedford	14,126	457	3.3	7,003	49.6	7,123	50.4	2.1	4.5
Beverly	41,731	3,171	8.2	19,437	46.6	22,294	53.4	7.4	9
Boxborough	5,794	314	5.4	2,982	51.5	2,812	48.5	6.4	4.4
Boxford	8,270	169	2	4,036	48.8	4,234	51.2	1.5	2.6
Burlington	27,059	1,049	3.9	12,910	47.7	14,149	52.3	2.6	5
Carlisle	5,186	153	3	2,706	52.2	2,480	47.8	3	2.9
Concord	19,323	843	4.8	9,898	51.2	9,425	48.8	2.5	1.7
Danvers	27,631	1,637	6	12,968	46.9	14,663	53.1	5.3	6.7
Essex	3,713	228	6.2	1,852	49.9	1,861	50.1	6.2	6.2
Georgetown	8,649	205	2.4	4,185	48.4	4,464	51.6	1.5	3.2
Gloucester	30,049	2,674	9.0	14,563	48.5	15,486	51.5	7.3	10.5
Groton	11,301	499	4.4	5,528	48.9	5,773	51.1	4.6	4.3
Groveland	6,749	169	2.5	3,526	52.2	3,223	47.8	2.1	2.9
Hamilton	8,020	809	10.3	4,057	50.6	3,963	49.4	9.3	11.3
Hudson	19,868	1,151	5.8	9,795	49.3	10,073	50.7	4.8	6.8
Ipswich	13,901	945	6.8	6,720	48.3	7,181	51.7	4.6	8.9
Lexington	33,480	1,197	3.6	16,252	48.5	17,228	51.5	2.8	4.4
Littleton	9,935	470	4.8	4,914	49.5	5,021	50.5	4.1	5.5
Lynnfield	12,847	238	1.9	5,944	46.3	6,903	53.7	1.4	2.3
Manchester	5,370	208	3.9	2,632	49	2,738	51	2.8	4.9

Marblehead	20,488	968	4.8	9,423	46	11,065	54	4.2	5.3
Marlborough	39,776	2475	6.3	18,793	47.2	20,983	52.8	5	7.5
Merrimac	6,839	387	5.7	3,234	47.3	3,605	52.7	5.3	6.1
Methuen	50,019	4597	9.3	24,275	48.5	25,744	51.5	9.5	9
Middleton	9,779	330	3.8	5,069	51.8	4,710	48.2	3	4.5
Nahant	3,495	110	3.2	1,679	48	1,816	52	3.3	3.1
Newbury	7,031	478	6.9	3,004	42.7	4,027	57.3	5.8	7.6
Newburyport	17,990	928	5.2	8,338	46.3	9,652	53.7	4.6	5.8
North Andover	30,589	1395	4.8	14,964	48.9	15,625	51.1	4.7	4.8
North Reading	15,642	452	2.9	7,950	50.8	7,692	49.2	2.6	3.3
Pepperell	12,083	511	4.2	5,966	49.4	6,117	50.6	5.8	2.7
Reading	25,100	808	3.2	12,462	49.6	12,638	50.4	5.8	2.7
Rockport	7,212	530	7.4	3,051	42.3	4,161	57.7	6	8.5
Rowley	6,298	266	4.3	2,946	46.8	3,352	53.2	4.9	3.8
Salisbury	9,209	669	7.3	4,638	50.4	4,571	49.6	4	10.6
Saugus	28,158	2659	9.5	13,698	48.6	14,460	51.4	8.9	10.1
Stoneham	22,144	1177	5.3	10,815	48.8	11,329	51.2	5.8	4.9
Stow	7,098	268	3.8	3,332	46.9	3,766	53.1	3.7	3.8
Swampscott	14,755	438	3.0	6,796	46.1	7,959	53.9	1.7	4.1
Topsfield	6,551	314	4.9	3,155	48.2	3,396	51.8	6.6	3.3
Wakefield	26,960	1078	4.0	12,981	48.1	13,979	51.9	3.6	4.5
Waltham	62,979	6108	10.9	31,034	49.3	31,945	50.7	10	11.8
Watertown	35,103	2756	7.9	16,248	46.3	18,855	53.7	7.2	8.5
Wenham	5,208	62	1.7	2,217	42.6	2,991	57.4	0.6	2.6
West Newbury	4,581	309	6.8	2,379	51.9	2,202	48.1	6.3	7.3
Wilmington	23,658	580	2.5	11,620	49.1	12,038	50.9	2.6	2.4
Winchester	22,677	551	2.5	11,098	48.9	11,579	51.1	2.3	2.6
Woburn	40,298	2328	5.8	20,127	49.9	20,171	50.1	4.4	7.3

American Community Survey 5 Year Estimates (2014-2018)

Age and Poverty

Community	Population	# in Poverty	% in Poverty	% Children Under 18 in Poverty	18 to 34 years - % Below Poverty Level	35 to 64 years - % Below Poverty Level	65 years and over - % Below Poverty Level
CSBG Communities							
Billerica	43,044	1581	3.8	3.8	3.2	3.5	5.4
Chelmsford	35,086	1331	3.8	3.7	4.1	3.6	4
Dracut	31,266	2320	7.5	9.6	6.8	7.2	6
Dunstable	3,345	83	2.5	3.1	3.5	1.9	2.3
Lowell	111,249	22,042	20.7	26.4	22.9	16.9	16.2
Tewksbury	31,002	1,798	5.9	7.8	4.6	5	7.5
Tyngsborough	12,272	802	6.5	9.3	8.9	5.9	0.4

Westford	24,194	612	2.5	1.6	3.8	1.6	6.3
Gateway Cities							
Haverhill	63,280	8190	13.2	22.5	13	9.6	7.9
Lawrence	79,841	18655	23.7	29.7	20	20.7	28.5
Peabody	52,865	5222	10	17.3	11.8	6.6	8.3
Salem	43,302	6247	15.1	21.7	16.8	12.3	11.4
Other Service Areas							
Acton	23,561	842	3.6	1	4.3	3	9
Amesbury	17,378	1068	6.2	6.9	8.2	4.9	6.7
Andover	35,609	1402	4.1	3.1	6.9	3.3	5.9
Arlington	45,147	2405	5.4	4.1	6.6	3.6	10.5
Bedford	14,126	457	3.3	2.8	3.3	3.1	4.6
Beverly	41,731	3171	8.2	9.3	7.3	9.6	5.1
Boxborough	5,794	314	5.4	4.6	7.8	4.3	7
Boxford	8,270	169	2	4.5	0	1.6	1
Burlington	27,059	1049	3.9	4.3	2.8	3.4	5.6
Carlisle	5,186	153	3	2	3.7	3	3.5
Concord	19,323	843	4.8	5.1	7.7	4.4	3.9
Danvers	27,631	1637	6	3.2	8.3	5.3	8.2
Essex	3,713	228	6.2	8.4	6.4	3.3	10.2
Georgetown	8,649	205	2.4	2.4	1.8	1.2	6.6
Gloucester	30,049	2674	9.0	10.7	9.8	8.4	8.2
Groton	11,301	499	4.4	1.1	11.6	3.8	5.1
Groveland	6,749	169	2.5	2.2	0	1.1	9.2
Hamilton	8,020	809	10.3	11.9	14.7	9.6	4.5
Hudson	19,868	1151	5.8	5.7	7.7	5.1	5.6
Ipswich	13,901	945	6.8	6.1	7.9	7.2	6
Lexington	33,480	1197	3.6	3.1	6.7	3.2	3.4
Littleton	9,935	470	4.8	4.4	6.2	4.2	6.1
Lynnfield	12,847	238	1.9	2.6	2.2	0.7	3.1
Manchester	5,370	208	3.9	0	15	3.6	3.9
Marblehead	20,488	968	4.8	3.8	8.2	3.6	6.6
Marlborough	39,776	2475	6.3	6.6	7.7	5.6	5.6
Merrimac	6,839	387	5.7	9.3	8.8	4.8	2.3
Methuen	50,019	4597	9.3	13.2	7.6	7.1	12.3
Middleton	9,779	330	3.8	5	5.4	2.3	3.8
Nahant	3,495	110	3.2	1.3	3.1	0.7	9.1
Newbury	7,031	478	6.9	8.1	2.5	6.7	8.5
Newburyport	17,990	928	5.2	6.6	9.9	4.1	3.6
North Andover	30,589	1395	4.8	5.5	3.5	4.8	5.1
North Reading	15,642	452	2.9	1.8	3.4	3	3.7
Pepperell	12,083	511	4.2	3	4	3.6	8.6
Reading	25,100	808	3.2	3.6	3.8	2.5	4.4
Rockport	7,212	530	7.4	11.7	2.1	9.2	4.9
Rowley	6,298	266	4.3	7.8	0.1	4.7	2
Salisbury	9,209	669	7.3	6.4	7.4	7.9	6.5

Saugus	28,158	2659	9.5	12.5	11.3	7.8	8.9
Stoneham	22,144	1177	5.3	4.1	2.8	6	7.4
Stow	7,098	268	3.8	5.4	6.6	2.3	2.6
Swampscott	14,755	438	3.0	2.1	3.5	2.2	5.6
Topsfield	6,551	314	4.9	9.8	2.9	3.4	2.5
Wakefield	26,960	1078	4.0	3.3	3.1	3.9	6.4
Waltham	62,979	6108	10.9	13.4	16.5	6.1	9.4
Watertown	35,103	2756	7.9	9.8	9.6	5.6	8.8
Wenham	5,208	62	1.7	0	3.4	2	2
West Newbury	4,581	309	6.8	13.3	6	5.5	1.9
Wilmington	23,658	580	2.5	2.6	2.8	1.6	4.4
Winchester	22,677	551	2.5	0.8	6.2	1.7	4.5
Woburn	40,298	2328	5.8	7.4	6.6	4.2	7.1

American Community Survey 5 Year Estimates (2014-2018)

Race and Ethnicity and Poverty

Community	Population	# in Poverty	% in Poverty	White - % Below Poverty Level	Black or African American - % Below Poverty Level	American Indian and Alaskan Native - % Below Poverty Level	Asian - % Below Poverty Level	Native Hawaiian & Other Pacific Islander - % Below Poverty Level	Some Other Race - % Below Poverty Level	Two or More Races - % Below Poverty Level	Hispanic or Latino Origin - % Below Poverty Level	White Alone, not Hispanic or Latino - % Below Poverty Level
CSBG Communities												
Billerica	43,044	1581	3.8	3.7	7.4	-	2.7	0	7.4	4.8	4.3	3.7
Chelmsford	35,086	1331	3.8	3.3	20.8	0	5.5	0	3.1	11.3	1	3.4
Dracut	31,266	2320	7.5	6.8	4.4	-	7.7	0	5.6	37.4	20.7	6.3
Dunstable	3,345	83	2.5	2.6	-	-	0	-	0	0	0	2.7
Lowell	111,249	22042	20.7	18.7	22.8	33.4	17.4	0	50.4	25.3	39.8	14.2
Tewksbury	31,002	1798	5.9	5.2	44.3	0	402	-	18.8	1.7	0.6	5.2
Tyngsborough	12,272	802	6.5	6.7	0	0	8.6	-	0	0	0.5	6.9
Westford	24,194	612	2.5	2.4	0	-	2.9	-	0	4.7	4.4	2.4
Gateway Cities												
Haverhill	63,280	8190	13.2	12.1	10.7	30.8	0.1	0	22.4	20.7	29.1	8.8
Lawrence	79,841	18655	23.7	22.7	18.3	40.2	12.7	-	27.3	9.6	25.8	16
Peabody	52,865	5222	10	8.4	14.7	0	10.8	-	37.9	30.8	22.4	7.6
Salem	43,302	6247	15.1	11.4	21.4	38.5	13.3	-	31	31.8	33.4	8.9
Other Service Areas												
Acton	23,561	842	3.6	3.9	9.9	0	2	0	0	8.3	6.9	3.9
Amesbury	17,378	1068	6.2	5.9	5.5	56	0	-	0	12.8	16.1	5.8
Andover	35,609	1402	4.1	3.5	0.5	0	6.3	-	27.6	2.7	9.8	3.5
Arlington	45,147	2405	5.4	4.4	2.5	0	11.5	-	7.6	8.7	5.9	4.3
Bedford	14,126	457	3.3	2.6	0.6	0	7.4	-	0	7.8	0	2.7
Beverly	41,731	3171	8.2	7.9	17.3	0	14.7	0	30.4	4.2	45.7	6.4

Boxborough	5,794	314	5.4	5.8	0	-	5.6	-	0	0	40.1	3.9
Boxford	8,270	169	2	2.2	-	-	0	-	-	0	0	2.2
Burlington	27,059	1049	3.9	3.6	8.5	0	4.3	0	1.7	0	18.8	3.2
Carlisle	5,186	153	3	2.7	-	0	2.7	-	100	0	16.7	2.8
Concord	19,323	843	4.8	4.4	0.8	-	11.5	-	13.7	0.2	2.5	4.5
Danvers	27,631	1637	6	6.1	0.9	0	1.6	-	36.5	0	26.2	5.5
Essex	3,713	228	6.2	6.2	-	-	-	-	0	0	0	6.2
Georgetown	8,649	205	2.4	2.5	0	0	0	-	0	0	4.7	2.4
Gloucester	30,049	2674	9.0	8	38.5	0	9.2	-	10.7	40.9	13.5	7.8
Groton	11,301	499	4.4	4	100	0	3.6	-	0	14.4	7.1	4.1
Groveland	6,749	169	2.5	2.6	0	0	0	-	0	0	3.6	2.5
Hamilton	8,020	809	10.3	6.2	0	-	82.8	0	100	0	12.1	6.3
Hudson	19,868	1151	5.8	5.5	31.2	-	6.1	-	14.6	0	5.3	5.6
Ipswich	13,901	945	6.8	6.2	51.6	-	0.9	-	21.9	0	10	6.3
Lexington	33,480	1197	3.6	3.1	2.4	0	5	-	4.2	2.2	2.3	3.1
Littleton	9,935	470	4.8	5.2	0	0	0	-	-	4.3	0	5.2
Lynnfield	12,847	238	1.9	2	3.7	-	0	-	100	0	0.3	2
Manchester	5,370	208	3.9	3.9	-	-	0	-	-	0	43.2	3.3
Marblehead	20,488	968	4.8	4.9	0	-	0	-	13.3	5.9	3.3	5
Marlborough	39,776	2475	6.3	5.8	3.4	0	6.7	100	9.6	8.6	8.5	6
Merrimac	6,839	387	5.7	5.5	-	-	32.3	-	0	0	0	5.7
Methuen	50,019	4597	9.3	7.2	17.5	0	16.6	-	16.5	15.7	14.6	5.6
Middleton	9,779	330	3.8	3.9	-	-	0	-	0	0	54.9	2.8
Nahant	3,495	110	3.2	3.3	0	-	0	-	0	3.6	23.3	3
Newbury	7,031	478	6.9	5.8	-	0	0	-	0	0	0	5.8
Newburyport	17,990	928	5.2	6.9	0	-	0	-	0	61.8	9.4	7
North Andover	30,589	1395	4.8	4.4	9.8	-	2.8	-	27.6	6.6	24.7	3.5
North Reading	15,642	452	2.9	3	7.4	15.8	0	-	0	0	14	2.9
Pepperell	12,083	511	4.2	4.5	5.7	-	0	-	0	0	9.2	4.3
Reading	25,100	808	3.2	3.1	1.1	0	0	-	39.2	3.9	18.1	2.9
Rockport	7,212	530	7.4	6.5	0	-	-	-	52.1	33.3	56.6	5.7
Rowley	6,298	266	4.3	4.5	0	-	1.3	-	0	0	2.5	4.4

Salisbury	9,209	669	7.3	6.9	0	100	0	0	0	33.5	16.9	6.8
Saugus	28,158	2659	9.5	9.3	14	0	13	-	12.2	5.3	24	8.2
Stoneham	22,144	1177	5.3	5.1	1.4	-	13.3	-	11.6	7.1	8.4	5.1
Stow	7,098	268	3.8	4.1	0	-	0	-	0	0	0	4.2
Swampscott	14,755	438	3.0	3	1.6	-	0	-	20.5	0	5.8	3
Topsfield	6,551	314	4.9	4.9	55.6	-	0	-	0	17.4	10	4.9
Wakefield	26,960	1078	4.0	3.9	1.6	0	0	-	13.4	7.6	5.9	4
Waltham	62,979	6108	10.9	7.6	11.5	9.3	23.3	-	29.2	13	23.3	6.3
Watertown	35,103	2756	7.9	8.3	4.2	0	6.7	-	4.3	5.9	21.2	6.6
Wenham	5,208	62	1.7	1.7	100	-	0	-	-	0	5.6	1.5
West Newbury	4,581	309	6.8	6.9	-	-	0	-	0	0	0	7
Wilmington	23,658	580	2.5	2.6	2.9	-	1.9	0	0.5	0	8.7	2.4
Winchester	22,677	551	2.5	1.8	10.4	-	5.5	0	16.2	0.5	0.8	1.9
Woburn	40,298	2328	5.8	4.4	18	-	1.2	-	22	12.1	17.4	4.3

American Community Survey 5 Year Estimates (2014-2018)

Community Needs Assessment Survey Sector Analysis

Participating Entity	Sector
Vinfen	Behavioral Health
ACTION (Acre Coalition To Improve our Neighborhood)	Community Groups
BCNA (Back Central Neighborhood Association)	Community Groups
BNA (Belvidere Neighborhood Association)	Community Groups
CCC (Centralville Community Coalition)	Community Groups
CFCE Group - Billerica playgroup	Community Groups
CFCE Group - Dracut playgroup	Community Groups
CFCE Group - Tewksbury playgroup	Community Groups
CFCE Group - Tyngsboro playgroup	Community Groups
CNAG (Centralville Neighborhood Action Group)	Community Groups
Greater Lowell YMCA	Community Groups
HCNG (Highlands Circle Neighborhood Group)	Community Groups
HNA (Highlands Neighborhood Association)	Community Groups
JAMBRA (Jackson Appleton Middlesex Business Residents Association)	Community Groups
LDNA (Lowell Downtown Neighborhood Association)	Community Groups
LHNG (Lower Highlands Neighborhood Group)	Community Groups
PCC (Pawtucketville Citizens Council)	Community Groups
Alternative House	Domestic Violence
Asian Task Force	Domestic Violence
Dracut Public Schools	Education
Family Child Care Providers	Education
Greater Lowell Technical High School	Education
Groton-Dunstable Regional School District	Education
Lowell Community Charter Public School	Education
Lowell Public Schools	Education
Rogers School STEM Academy	Education
South Bay Early Intervention	Education
Thom Anne Sullivan Early Intervention	Education
University of Massachusetts - Lowell	Education
Westford Public School	Education
Billerica Senior Center	Elder Services
Chelmsford Senior Center	Elder Services
Dracut Senior Center	Elder Services
Dunstable Senior Center	Elder Services
Lowell Senior Center	Elder Services
Tewksbury Senior Center	Elder Services
Westford Senior Center	Elder Services
CCF Ministries	Faith
Life Connection Center	Faith
Peniel Church	Faith
Temple Emanuel of the Merrimack Valley	Faith
St. Vincent De Paul	Faith

Citywide Ministries	Faith-Based Organizations
Iglesia Cristiana Ebenezer Asambleas De Dios	Faith-Based Organizations
Orthodox Churches Council of Churches	Faith-Based Organizations
The Eliot Presbyterian Church	Faith-Based Organizations
Greater Lowell Health Alliance	Healthcare
Lowell Community Health Center	Healthcare
Lowell General Saints Campus	Healthcare
Town of Westford, Westford Health Department	Healthcare/Public
Acre Family Child Care	Human Services
Boys and Girls Club of Greater Billerica	Human Services
Boys and Girls Club of Greater Lowell	Human Services
Childcare Circuit - Lowell	Human Services
Fuel Assistance	Human Services
Habitat for Humanity	Human Services
House of Hope	Human Services
Housing Inspectors	Human Services
Hunger and Homelessness Coalition	Human Services
Latinx Community Center for Empowerment	Human Services
Lowell Alliance	Human Services
Lowell Transitional Living Center	Human Services
Lowell Public Schools Resource Center	Human Services
Massachusetts Alliance of Portuguese Speakers	Human Services
MassHire Lowell Career Center	Human Services
Merrimack Valley Housing Partnership	Human Services
Mill City Grows	Human Services
Mill You	Human Services
New American Center	Human Services
Project Learn Inc.	Human Services
Salvation Army	Human Services
Seven Hills Foundation	Human Services
The Wish Project	Human Services
WIC Events	Human Services
Working Cities Lowell	Human Services
African Community Center of Lowell	Immigrant and Refugee Services
Cambodian Mutual Assistance Association of Greater Lowell, Inc.	Immigrant and Refugee Services
Coalition for a Better Acre	Immigrant and Refugee Services
International Institute of New England	Immigrant and Refugee Services
RISE Coalition	Immigrant and Refugee Services
Merrimack Valley Food Bank	Nutrition
Westford Food Pantry	Nutrition
Enterprise Bank staff	Private
Fred C. Church	Private
Greater Lowell Chamber of Commerce	Private
Peabody Properties	Private
Small Business Association Loan Committee	Private
18th Essex District, Massachusetts Legislature	Public

City of Lowell - City Hall	Public
Massachusetts Department of Children and Families	Public
Massachusetts Department of Transitional Assistance	Public
Lowell Police Department	Public
Town of Billerica - Town Hall	Public
Town of Dracut - Town Hall	Public
Town of Dunstable - Library	Public
Town of Tyngsborough - Library	Public
Town of Tyngsborough - Town Hall	Public
The Megan House	Substance Use
Lowell Veterans' Services	Veterans

Community Needs Assessment Survey Respondent Demographics

Respondents by Demographic – Town Population					
Town	Raw # of Respondents	Raw # of Population	Percentage of Respondents	Percentage of Total Population	Variance between % of Respondents and % of Total Population
Billerica	94	43,044	6%	15%	-9%
Chelmsford	70	35,086	5%	12%	-7%
Dracut	131	31,266	9%	11%	-2%
Dunstable*	9	3,345	1%	1%	0%
Lowell	760	111,249	51%	38%	13%
Tewksbury	55	31,002	4%	11%	-7%
Tyngsborough*	48	12,272	3%	4%	-1%
Westford	65	24,194	4%	8%	-4%
Unknown Town	250		17%		
Total	1,482	291,458	100%	100%	1%

Respondents by Demographic – Age					
	Raw # of Respondents	Raw # of Population	Percentage of Respondents	Percentage of Total Population	Variance between % of Respondents and % of Total Population
18-24	140	21,569	9%	7%	2%
25-44	668	75,613	45%	26%	19%
45-64	404	83,069	27%	29%	-2%
65+	187	39,911	13%	14%	-1%
Unknown Age	73		5%		
Total	1482	291,458	100%	100%	

Respondents by Demographic – Race					
	Raw # of Respondents	Raw # of Population	Percentage of Respondents	Percentage of Total Population	Variance between % of Respondents and % of Total Population
American Indian or Alaska Native	9	858	1%	0%	1%
Asian	113	39,900	8%	14%	-6%
Black or African American	84	12,052	6%	4%	2%
Native Hawaiian/Other Pacific Islander	8	152	1%	0%	1%
White	992	224,422	67%	77%	-10%
Multiple Race	80	6,072	5%	2%	3%
Other (Please Specify)	105	8,002	7%	3%	4%
Unknown	91		6%		
Total	1,482	291,458	100%	100%	

General Breakdown of Survey Respondents	
Respondent Subgroup	Respondents
CTI Clients (Unduplicated)	378
CTI Staff (Unduplicated)	303
Both CTI Clients and Staff (Duplicated)	94
General Population (Neither CTI Staff nor Clients) (Unduplicated)	801
Total	1482

Respondents by Demographic – Ethnicity					
	Raw # of Respondents	Raw # of Population	Percentage of Respondents	Percentage of Total Population	Variance between % of Respondents and % of Total Population
Hispanic	257	27,291	17%	9%	8%
Non-Hispanic	1,111	264,167	75%	91%	-16%
Unknown	114		8%		
Total	1,482	291,458	100%	100%	

Focus Group Sector Analysis

Focus Group Sector Analysis	
Sector	Completed
Community Based Organizations	
RISE Coalition	02.14.2020
Latinx Community Center for Empowerment (LCCE)	02.08.2020
Private Sector	
Small Business Association (SBA) Loan Committee	01.28.2020
Road Scholar	02.28.2020
Family Childcare Providers	01.14.2020
Community Teamwork Constituents: Education	
YouthBuild Lowell	12.19.2019
Head Start Policy Council	02.19.2020
Community Teamwork Constituents: Housing and Homelessness	
Shelter Families: Milly's Place	01.15.2020
Shelter Families: Merrimack House	01.22.2020
Lowell Youth Action Board (LAB)	01.08.2020
Community Teamwork Constituents: Financial Education	
VITA Volunteers	01.29.2020
Secure Jobs Retention Group	12.12.2019
Community Teamwork Staff	
Bus Monitors and Bus Drivers	12.13.2019
Facilities Staff	12.12.2019
Focus Group Subcommittee	12.04.2019

Key Informant Sector Analysis

Name	Affiliation	Role	Sector	CSBG Towns Served
Allison Lamey	Lowell Plan	Executive Director	Community Development	Lowell
Amy Pessia	Merrimack Valley Food Bank	Executive Director	Nutrition	All
Bob Spinney	St. Vincent De Paul Society	Community Leader	Religious	Lowell
Craig Thomas	City of Lowell	Deputy Director of Planning and Development	Public	Lowell
Daniela Johnson	Vinfen	Associate Director of Services	Health	All
Deborah Chausse	House of Hope	Executive Director	Human Services	Lowell
James Mabry	Middlesex Community College	President	Education	Lowell
Emma Tobin	International Institute of New England	Lowell Program Director	Human Services	Lowell
Jeffrey Stephens	Town of Westford	Health Director	Public	Westford
Kelly Richardson	Lowell Police Department	Superintendent	Public	Lowell
Kerrie D'Entremont	Greater Lowell Health Alliance	Executive Director	Health	All
Lisa Taylor-Montminy	Lowell General Hospital	Community Benefits Manager	Health	All
Paul Cohen	Town of Chelmsford	Town Manager	Public	Chelmsford
Peter Farkas	MassHire Greater Lowell Workforce Development Board	Executive Director	Workforce Development	All
Richard Montouri	Town of Tewksbury	Town Manager	Public	Tewksbury
Sheila Och	Lowell Community Health Center	Chief of Community Health Policy	Health	All
Yun-Ju Choi	Coalition for a Better Acre	Executive Director	Human Services	All
Eric Slagle	City of Lowell	Director of Development Services	Public	Lowell
Steven Sadwick	Town of Tewksbury	Assistant Town Manager	Public	Tewksbury

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Lisa Taylor-Montminy, Lowell General Hospital
Paul Cohen, Town of Chelmsford
Peter Farkas, MassHire Greater Lowell Workforce Development Board
Richard Montouri, Town of Tewksbury
Sheila Och, Lowell Community Health Center
Yun-Ju Choi, Coalition for a Better Acre
Eric Slagle, City of Lowell
Steven Sadwick, Town of Tewksbury
RISE Coalition
Latinx Community Center for Empowerment (LCCE)
Small Business Association (SBA) Loan Committee
Road Scholar
YouthBuild Lowell
Head Start Policy Council
Lowell Youth Action Board (LAB)

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