



NORTH CENTRAL MASSACHUSETTS  
COMMUNITY NEEDS  
ASSESSMENT  
REPORT

**2024-2026**

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**COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM**

**Fiscal Year 2024-2026**

**Community Assessment Report**

**BOARD AUTHORIZATION FORM**

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**Community Action Agency:** Making Opportunity Count, Inc.

**Date of Board Approval:** July 25, 2023

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CAA AUTHORIZATION

*To the best of my knowledge, the information in this Community Assessment Report is correct and has been reviewed and approved by the Board of Directors of Making Opportunity Count, Inc. during a duly called meeting prior to submission of this document to the Executive Office of Housing and Livable Communities.*

Executive Director's Signature: *Kevin Reed* Date: Jul 25, 2023  
Kevin Reed (Jul 25, 2023 13:28 EDT)

Board Officer's Signature: *Paul S. MacKinnon* Date: Jul 25, 2023  
Paul S. MacKinnon (Jul 25, 2023 14:53 EDT)

## **EXECUTIVE SUMMARY**

Established in 1966 in response to President Johnson's call to action, Making Opportunity Count, Inc. (MOC) is a dynamic community action agency with a deep-seated history. MOC stands alongside numerous other community action agencies across the country, all sharing a common mission: to enhance opportunities for low-income populations. Each year, MOC addresses the needs of roughly 15,000 under-resourced individuals from 30 cities and towns across the North Central MA region. Despite our wide operational area, MOC places particular emphasis on recognizing and addressing the distinct strengths and needs of every community we serve. Through this approach, MOC strives to intensify local efforts to alleviate poverty, ensuring a broad and effective reach in our pursuit to open the door to opportunities for everyone.

In the wake of the tumultuous years of 2020/2021 that informed our previous strategic goals, MOC is embarking on a new strategic plan for 2024-2026 armed with fresh perspectives, deeper insights, and innovative systems. The turmoil of these years has not only reshaped the landscape of our operations but also brought to light urgent issues that demand our focus. Our new strategic plan will be the result of these takeaways combined with the valuable insights gathered from our newest Community Needs Assessment. The assessment provides a deeper understanding of the specific struggles our community faces that require our attention and intervention. Together this lived experience coupled with new insights will help MOC set attainable goals that ensure we make every opportunity count for the individuals and communities we serve.

Our 2024-2026 Community Assessment Report serves as a guide for the decisions we will make in the coming years about programs, service models, partnerships, infrastructure, and investments.

### **The Approach**

To assess the needs of low-income families and individuals in MOC's Service Area, MOC gathered quantitative data from sources including the U.S. Census Bureau, various governmental and private agencies, needs assessments, strategic plans, and data compiled by local organizations. Additionally, MOC conducted a comprehensive community needs assessment, involving a broad cross-section of the community through tools such as surveys, focus groups, stakeholder feedback, and customer satisfaction surveys.

New to our data compilation this year was the use of *MySidewalk*, a data visualization tool that offers statewide and community-level insights by presenting key poverty indicators in

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Massachusetts. It provides specialized dashboards across various domains, enhancing access to crucial data for Community Needs Assessment Reports and creating a unified view of poverty throughout the community action network in the state. The data is refreshed annually by the sources, therefore we recommend visiting the dashboard for the most up to date information. It can be accessed at <https://dashboards.mysidewalk.com/community-needs-assessment-north-central>.

### **The Findings**

Data from our 2024-2026 Community Needs Assessment indicates that families in the MOC Service Area face interconnected challenges due to an economy dominated by low-wage jobs, causing difficulties in affording necessities like stable housing, childcare, and good nutrition. While the report provides greater detail for each category, key takeaways are captured below.

#### *Economy and Income:*

- Despite low weekly wages in MOC's Service Area, the median annual income is higher than the state average, potentially due to residents commuting to higher wage jobs elsewhere.
- There is less income inequality in MOC's Service Area than the state average according to the Gini Index. However, there are disparities in income in individual communities and across racial and ethnic lines.
- High cost of living exacerbates the issue of low wages. Expenses in the Fitchburg/Leominster area are higher than the national average, placing significant burdens on residents.

#### *Housing:*

- Housing indicators suggest MOC's Service Area is generally an affordable and stable place to live. However, high vacancy rates in certain areas and low home ownership in some Urban Centers indicate challenges.
- There's a significant lack of affordable housing units across the region.
- High percentages of renters and homeowners are "cost-burdened," meaning they spend more than 30% of their income on housing.

#### *Childcare:*

- The number of available childcare slots is insufficient for the number of children under five years old.
- High childcare costs burden families, especially low-income ones, with costs amounting to 25% of a household's annual wages.

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*Health:*

- 15.6% of adults in MOC's Service Area self-report their health status as "fair" or "poor".
- Health indicators in Worcester County, where MOC's Service Area lies, are worse than the state's average. This includes higher rates of death from various causes and higher rates of drug overdose deaths and suicides.
- Poor access to healthy food and health services further exacerbates health challenges.

In summary, despite the higher median income, the MOC Service Area faces significant challenges due to low wages, high cost of living, limited affordable housing, high childcare costs, and poor access to health services and nutritious food. These factors collectively contribute to stress, ill health, and reduced well-being of residents, particularly those with lower incomes.

Through this analysis, combined with qualitative feedback from our community, four domains have emerged as the areas of greatest need among our clients and community, which will guide our forthcoming goal-setting process for our 2024-2026 strategic plan: 1) High Housing Costs including Heat & Utilities; 2) Behavioral Health; 3) Childcare (including before, after, & summer programs); and 4) Food & Nutrition. Each of these areas will be addressed using a three-pronged approach to our objectives to address needs at the: **Individual/Family-Level** by *developing & enhancing programming to address individual and family needs*; 2) **Agency-Level** by *building activities to address agency factors that contribute to needs across the region*; and 3) **Community-Level** by *developing & strengthening external collaborations to address issues of access to resources*.

We look forward to applying strategic measures that symbolize MOC's commitment to meet the needs of our communities. By embracing a future-oriented approach to our service delivery, programs, and community connections, we aim to enhance our effectiveness. This approach will enable us to leave a significant impact on those striving for economic security in our community, both now and in the future.

## **AGENCY DESCRIPTION**

Making Opportunity Count, Inc. is the designated community action agency for North Central Massachusetts. As such, MOC's Service Area encompasses 30 cities and towns, 15 of which are community action agency designated: Ashburnham, Athol, Berlin, Bolton, Clinton, Fitchburg, Gardner, Lancaster, Leominster, Phillipston, Royalston, Sterling, Templeton, Westminster, and Winchendon.

Our mission is to empower families to achieve economic security by eliminating barriers and creating opportunities. We have long-been dedicated to promoting the wellbeing of low-income people in North Central Massachusetts by providing direct services, collaborating with other public and private entities and applying comprehensive strategies that help to address the complex issues of poverty. Our work began with the establishment of the Head Start program by the federal government in 1966 and has grown in scope of services to include programs that are essential to combatting poverty in our communities. Over the past 56 years, our key achievements include: creating an adult education learning center; forming the North Central Coalition on Housing, the North Central MA Minority Coalition, and the Joint Coalition on Health; hosting the area's first Poverty Symposium; establishing a regional resource center for homelessness; launching a human services led behavioral health clinic, and multiple initiatives around employment, health, and community development.

Today, we operate approximately 25+ programs targeting individuals across the lifespan as we address root causes of poverty and work toward pathways to success. Our current program portfolio includes the following: North Central WIC, Head Start, Early Head Start, a variety of Center- and Family-Based Child Care, parent education & engagement services, Family Resource Center, after school and summer camps, youth workforce development, a Youth Innovation Center, adolescent sexuality education, family planning, rent and utility assistance, fuel assistance, weatherization, supportive housing, CARE AIDS services, financial literacy, VITA Tax Preparation, home delivered and congregate dining for older adults, and behavioral health services.

MOC employs approximately 291 full-time and 81 part-time individuals through multiple programs operated out of various sites that span the North Central region. Our staff assures the diverse representation of the communities we serve with many ethnicities, races, and cultures represented. Forty-four percent of MOC's workforce represent the ethnic and racial minority population of the region and 83% self-identify as female. We are also fortunate for the many hours of support our programs receive from more than 500 volunteers in our Head Start and Child Care classrooms, Meals on Wheels program, after school and summer camps, income tax preparation program, and more.

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MOC has developed a reputation among its funders, both public and private, of strong fiscal management and effective service delivery. Our total funding is currently in excess of \$47 million and comes from a variety of sources including over 50 state, federal, private and local grants and contracts. The diversity of our funding has been identified as a strength.

For the past several years we have seen annual growth, both fiscally and programmatically as we have developed services that address pressing community needs for vulnerable populations. While doing so, we remain committed to continuing our focus to address root causes and promote sustainability, social justice and racial equity by partnering with organizations and leaders to collectively effect greater change throughout our community.



**MISSION STATEMENT**

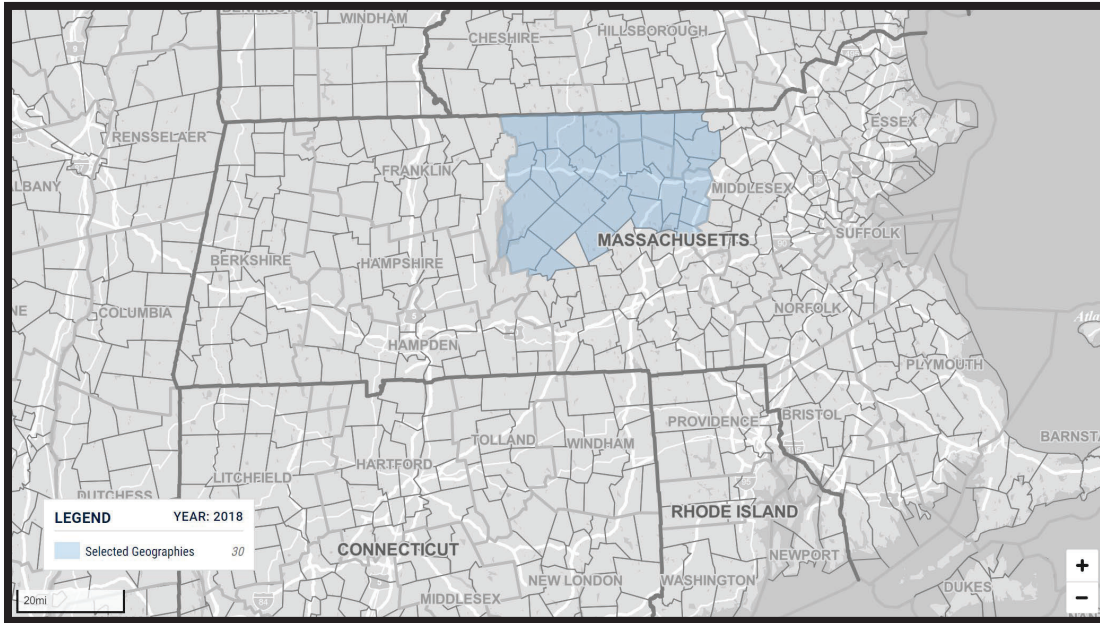
***Empower families to achieve economic security by eliminating barriers and creating opportunities.***

*\*\* Voted on and approved by the Board of Directors on July 22, 2014; reviewed October 8, 2019*

**COMMUNITY PROFILE**

Making Opportunity Count (MOC), Inc. was established in 1966 for the primary purpose of promoting the well-being of low-income people in the cities and towns of North Central Massachusetts.

**MOC’s Service Area within North Central Massachusetts**



*Source: US Census Bureau, Explore Census Data, Maps Feature.*

MOC’s Service Area encompasses 30 communities (listed below), 15 of which are Community Action Agency designated cities or towns (denoted with \*).

**MOC Service Area Cities and Towns**

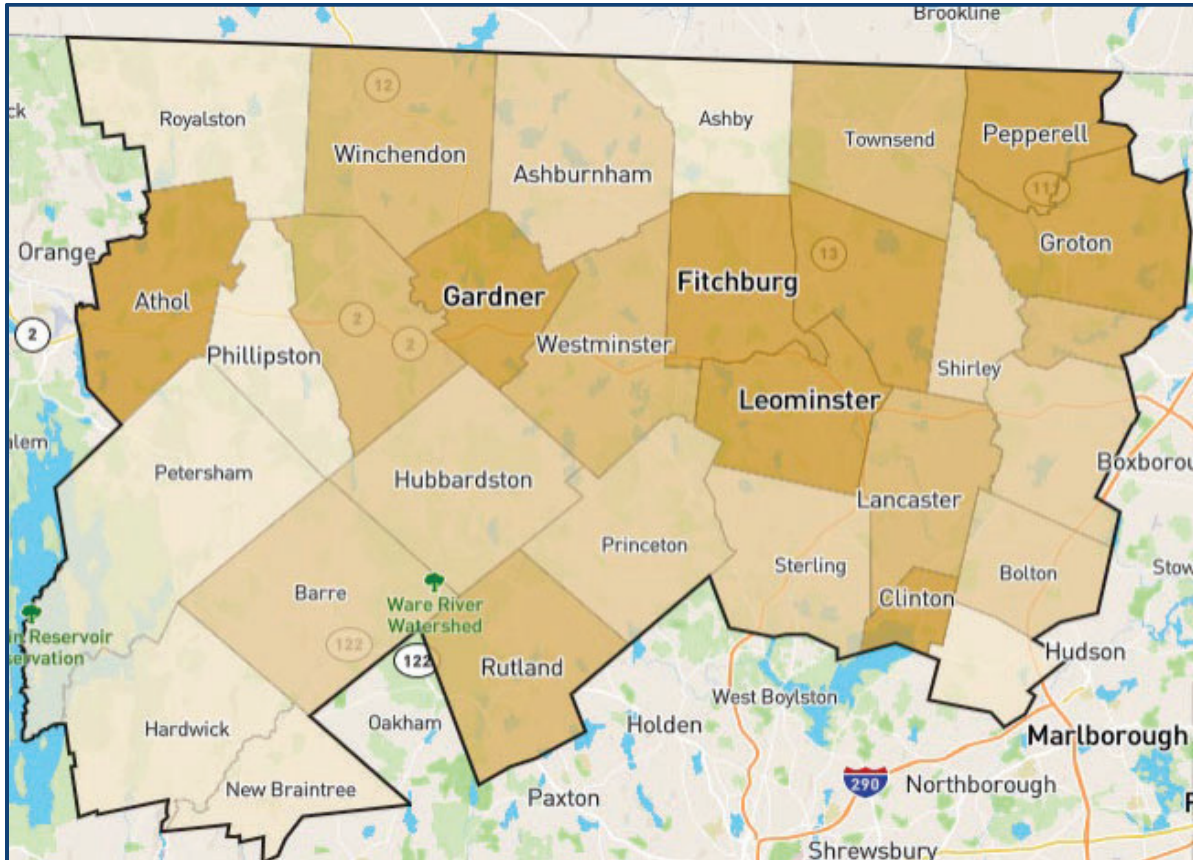
Ashburnham*	Groton	Phillipston*
Ashby	Hardwick	Princeton
Athol*	Harvard	Royalston*
Ayer	Hubbardston	Rutland
Barre	Lancaster*	Shirley
Berlin*	Leominster*	Sterling*
Bolton*	Lunenburg	Templeton*
Clinton*	New Braintree	Townsend
Fitchburg*	Pepperell	Westminster*
Gardner*	Petersham	Winchendon*

The remaining 15 cities and towns surround the major Urban Centers of Athol, Clinton, Fitchburg, Gardner, Leominster, and Winchendon and fall within the overlapping service areas

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of MOC's major programs: Women, Infants, and Children (WIC), Elder Nutrition Services, Low-Income Home Energy Assistance (LIHEAP), and Child Care & Head Start Services.

**MOC's Service Area**



*US Census Bureau, American Community Survey 2017-2021. Accessed December 2022 via MySidewalk: North Central MA Community Needs Assessment Demographics Dashboard.*

**BASIC DEMOGRAPHICS**

**Geography & History:** MOC's Service Area lies in North Worcester County, approximately 10 miles south of New Hampshire and 50 miles west of the Boston metropolitan area. The region's six largest urban communities: Athol, Clinton, Fitchburg, Gardner, Leominster, and Winchendon (herein referred to as the Six Urban Centers) were once thriving industrial hubs whose mills attracted immigrants who settled in dense, multi-family housing located along the Nashua and Millers Rivers. As the manufacturing base began to move south in the mid 1900's and freight and passenger access to the region was limited with the closure of key branches of the Central

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Massachusetts Railroad Line, the region’s economic base declined and its demographics began to shift.<sup>1,2,3,4,5,6</sup>

**Total Population:** Today, the total population of MOC’s Service Area is 287,644.

**Population and Percent of Total Population of Communities in MOC’s Service Area**

Community	Population	% Total	Community	Population	% Total
Ashburnham	6304	2.2%	Leominster	41581	14.5%
Ashby	3211	1.1%	Lunenburg	11530	4.0%
Athol	11694	4.1%	New Braintree	1155	0.4%
Ayer	8158	2.8%	Pepperell	12113	4.2%
Barre	5562	1.9%	Petersham	1142	0.4%
Berlin	3312	1.2%	Phillipston	1915	0.7%
Bolton	5356	1.9%	Princeton	3466	1.2%
Clinton	13940	4.8%	Royalston	1451	0.5%
Fitchburg	40576	14.1%	Rutland	8799	3.1%
Gardner	20605	7.2%	Shirley	7616	2.6%
Groton	11322	3.9%	Sterling	8130	2.8%
Hardwick	3039	1.1%	Templeton	8115	2.8%
Harvard	6592	2.3%	Townsend	9497	3.3%
Hubbardston	4758	1.7%	Westminster	7874	2.7%
Lancaster	7984	2.8%	Winchendon	10847	3.8%
<b>Total Population = 287,644</b>					

*Source: US Census Bureau, American Community Survey 2017-2021. Accessed December 2022 via MySidewalk: North Central MA Community Needs Assessment Demographics Dashboard.*

<sup>1</sup> Wikipedia contributors. (2020, February 15). Gardner, Massachusetts. In Wikipedia, The Free Encyclopedia. Retrieved 10:08, February 17, 2020, from [https://en.wikipedia.org/w/index.php?title=Gardner,\\_Massachusetts&oldid=940847873](https://en.wikipedia.org/w/index.php?title=Gardner,_Massachusetts&oldid=940847873)

<sup>2</sup> Wikipedia contributors. (2020, February 17). Fitchburg, Massachusetts. In Wikipedia, The Free Encyclopedia. Retrieved 10:11, February 17, 2020, from [https://en.wikipedia.org/w/index.php?title=Fitchburg,\\_Massachusetts&oldid=941168899](https://en.wikipedia.org/w/index.php?title=Fitchburg,_Massachusetts&oldid=941168899)

<sup>3</sup>Wikipedia contributors. (2020, February 9). Leominster, Massachusetts. In Wikipedia, The Free Encyclopedia. Retrieved 10:13, February 17, 2020, from [https://en.wikipedia.org/w/index.php?title=Leominster,\\_Massachusetts&oldid=939922439](https://en.wikipedia.org/w/index.php?title=Leominster,_Massachusetts&oldid=939922439)

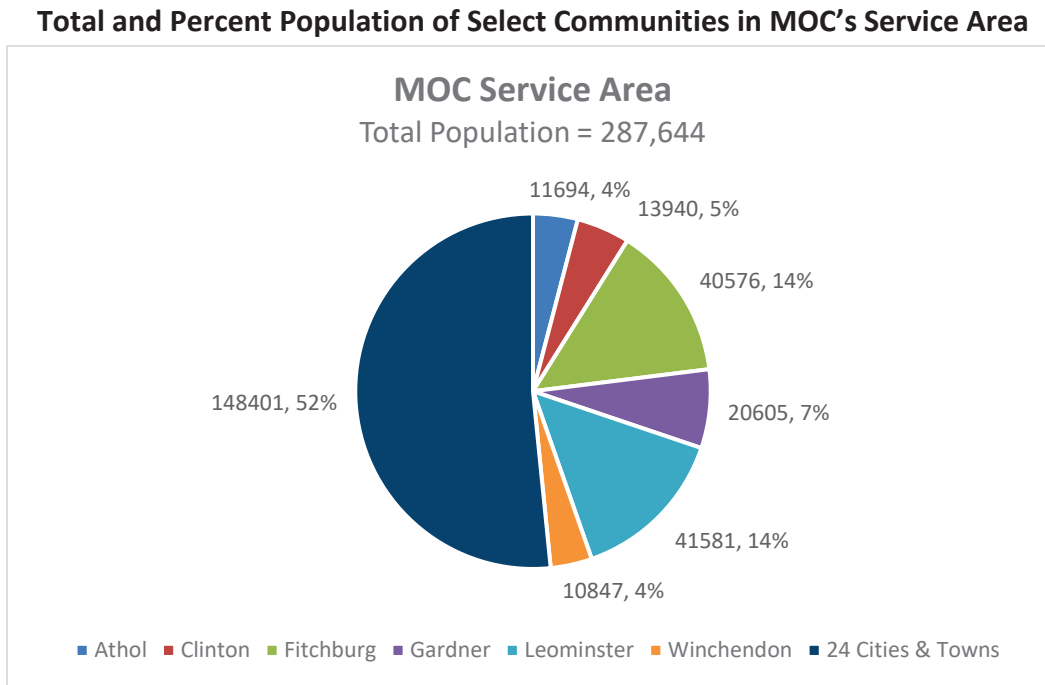
<sup>4</sup> Wikipedia contributors. (2020, February 15). Athol, Massachusetts. In Wikipedia, The Free Encyclopedia. Retrieved 10:14, February 17, 2020, from [https://en.wikipedia.org/w/index.php?title=Athol,\\_Massachusetts&oldid=940985075](https://en.wikipedia.org/w/index.php?title=Athol,_Massachusetts&oldid=940985075)

<sup>5</sup>Wikipedia contributors. (2020, February 5). Clinton, Massachusetts. In Wikipedia, The Free Encyclopedia. Retrieved 10:16, February 17, 2020, from [https://en.wikipedia.org/w/index.php?title=Clinton,\\_Massachusetts&oldid=939316029](https://en.wikipedia.org/w/index.php?title=Clinton,_Massachusetts&oldid=939316029)

<sup>6</sup> Wikipedia contributors. (2020, January 14). Winchendon, Massachusetts. In Wikipedia, The Free Encyclopedia. Retrieved 10:17, February 17, 2020, from [https://en.wikipedia.org/w/index.php?title=Winchendon,\\_Massachusetts&oldid=935733311](https://en.wikipedia.org/w/index.php?title=Winchendon,_Massachusetts&oldid=935733311)

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Nearly half (48.4%) of MOC’s Service Area population lives in the Six Urban Centers of Athol, Clinton, Fitchburg, Gardner, Leominster, and Winchendon.



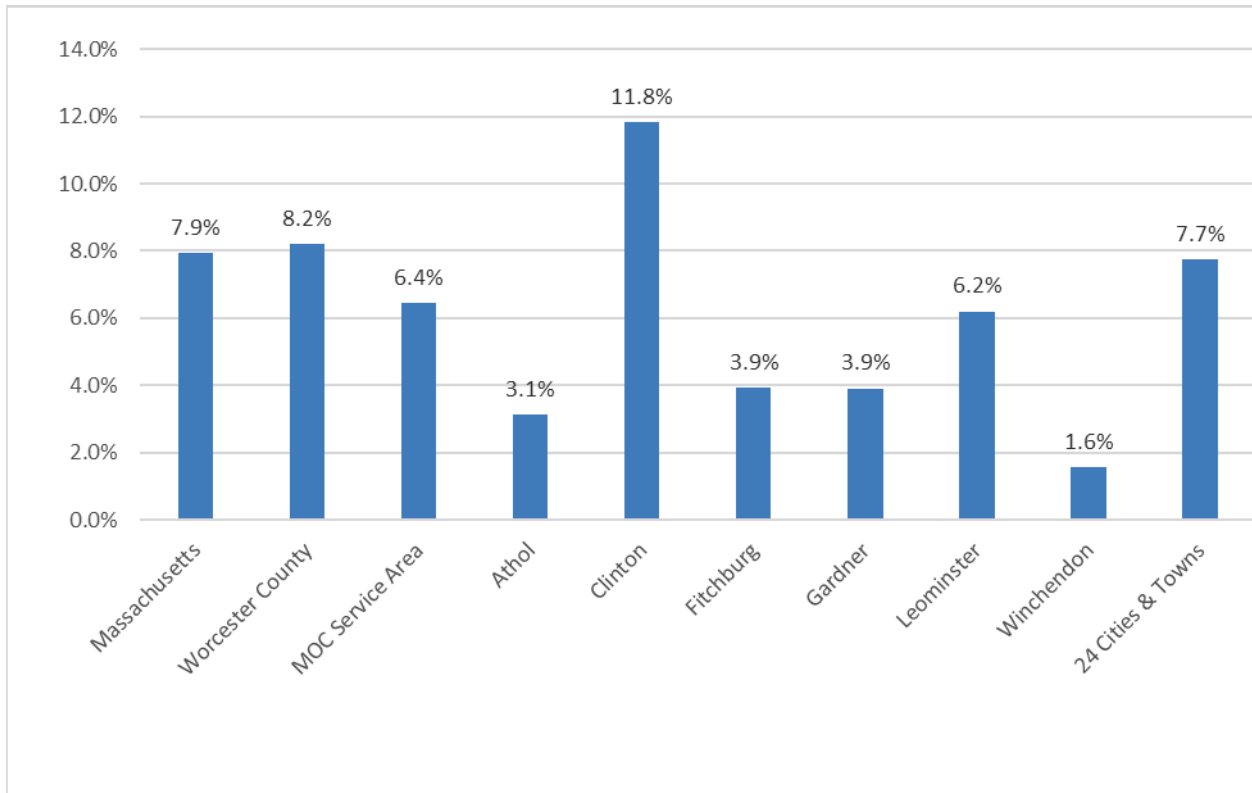
**Source: US Census Bureau, American Community Survey 2017-2021. Accessed December 2022 via MySidewalk: North Central MA Community Needs Assessment Demographics Dashboard.**

\* “24 Cities & Towns” includes Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Lunenburg, New Braintree, Pepperell, Petersham, Phillipston, Princeton, Royalston, Rutland, Shirley, Sterling, Templeton, Townsend, and Westminster.

From 2010 to 2021, the total population of MOC’s Service Area grew by 6.4%, representing less growth than Worcester County (8.2%) and less growth than the state (7.9%). Individual communities within MOC’s Service Area experienced population change ranging from 32.7% in Royalston to -14.8% in Petersham during this time. (NOTE: both of these communities are quite small, with total populations of fewer than 1500 residents. Consequently, change of this magnitude represents a small number of individuals.).

Interestingly, Clinton is the only one of MOC’s Six Urban Centers that experienced growth at or above the state rate (i.e., 11.8% in Clinton vs. 7.9% in MA).

**Percent Population Change in Select MOC Communities, 2010-2021**

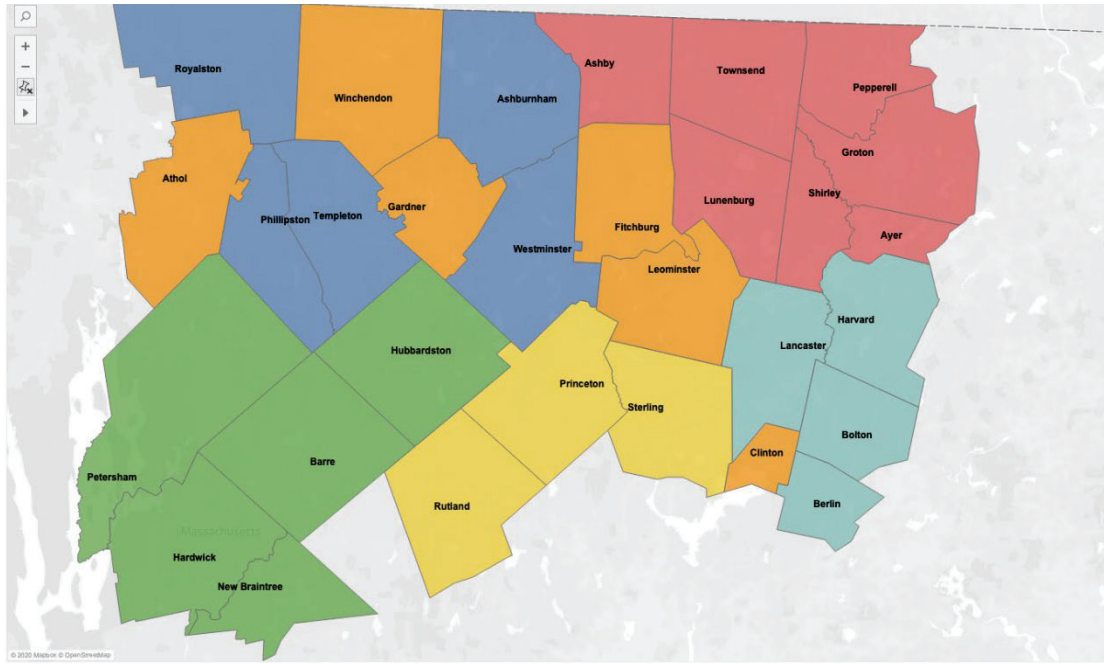


*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05 and American Community Survey 2006-2010, 5YR, Table DP05*

As the graph above shows, population growth in the non-urban areas of MOC’s Service Area has generally been higher than the Six Urban Centers, with the 24 Cities & Towns as a whole experiencing more growth (7.7%) from 2010-2021 than any of the Six Urban Centers, with the exception of Clinton. The 24 Cities & Towns have also experienced more growth than MOC’s Service Area as a whole (6.4%), but less growth than the comparison areas of Massachusetts (7.9%) and Worcester County (8.2%).

In order to determine whether there were more subtle shifts than urban vs. rural in population change from 2010-2021, data was aggregated to create “clusters” of communities based on location within MOC’s Service Area: Rural East (North), Rural East (South), Worcester Area, Rural West (North), and Rural West (South). The map and table below articulate which communities are included in each cluster.

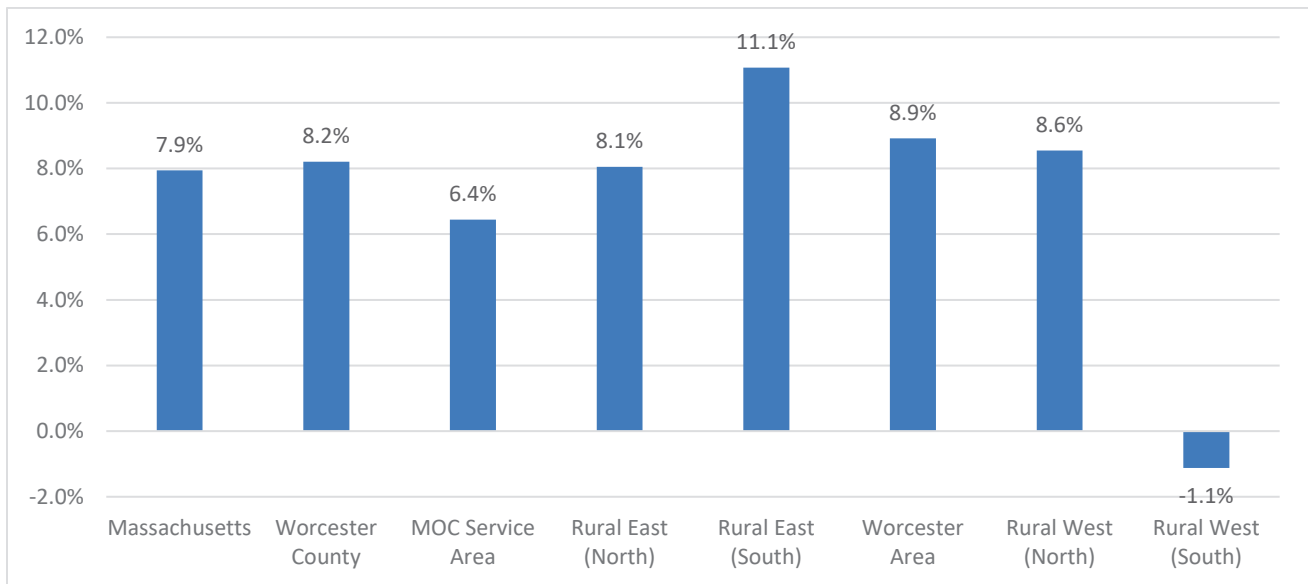
**Rural Clusters of MOC's Service Area**



Region	Community
Rural East (North)	Ashby, Ayer, Groton, Lunenburg, Pepperell, Shirley, Townsend
Rural East (South)	Berlin, Bolton, Harvard, Lancaster
Worcester Area	Princeton, Rutland, Sterling
Rural West (North)	Ashburnham, Phillipston, Royalston, Templeton, Westminster
Rural West (South)	Barre, Hardwick, Hubbardston, New Braintree, Petersham

As the graph below shows, population growth has been greatest in the communities that comprise Rural East (South) (11.1%). This finding is in keeping with the relatively large growth in Clinton (11.8%), which is the closest Urban Center to this Rural Cluster. The Worcester Area Rural Cluster (also geographically close to Clinton), saw the next greatest population growth at 8.9%. Rural West (North) (8.6%) and Rural East (North) (8.1%) both experienced more than 8% growth, which is more than the region as a whole as well as Massachusetts. Rural West (South) is the only Rural Cluster that saw a decrease (-1.1%) in population from 2010-2021.

**Percent Population Change in Rural Clusters, 2010-2021**



**Source:** US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05 and American Community Survey 2006-2010, 5YR, Table DP05

This pattern suggests movement out of more urban areas of Massachusetts (i.e., Metro Boston, the City of Worcester and perhaps even some of MOC’s Urban Centers) toward more rural communities to their north and west.

**Gender:** MOC’s total Service Area population is 48.8% female and 51.2% male. Most of the communities within MOC’s Service Area have a similarly equal divide along gender lines. Eight communities, though, have 5% or more males than females: Shirley, Lancaster, Harvard, Royalston, Templeton, Rutland, Petersham, and Gardner. Three communities have 5% or more females than males: Barre, Berlin, and Groton.

One likely explanation for the higher percentage of males in Shirley, Lancaster, Harvard and Gardner is the presence of state and federal correctional institutions in these communities. Massachusetts Correctional Institution – Shirley is located in Shirley; the Souza-Baranowski Correctional Center is located in Lancaster; the Federal Medical Center – Devens is located in Harvard; and the North Central Correctional Institution is located in Gardner. Each of these prisons has an average daily population of 500-1,000<sup>7,8</sup> males, who due to the Census Bureau’s

<sup>7</sup> Massachusetts Department of Corrections. January 1 Snapshot Dashboard. Accessed January 2023 at: <https://www.mass.gov/info-details/january-1-snapshot-dashboard>

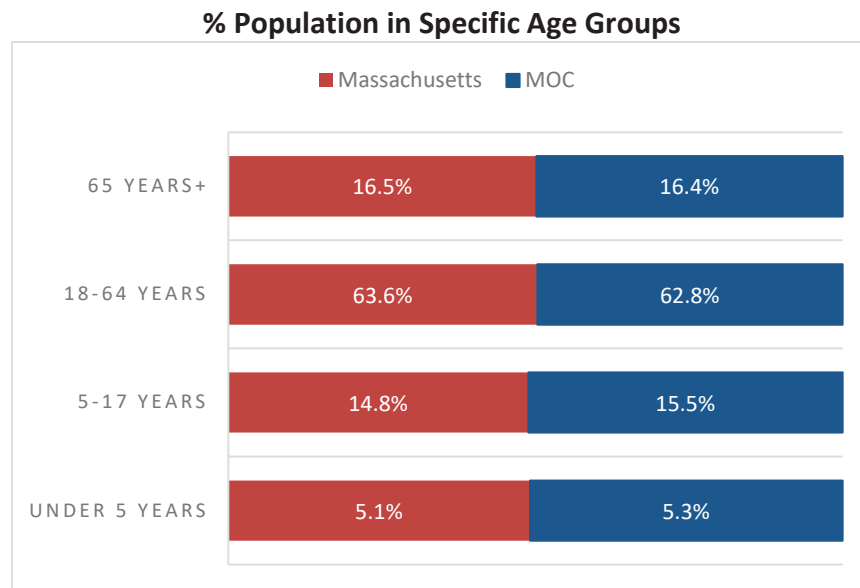
<sup>8</sup> Bureau of Prisons. FMC Devens (website). Accessed January 2023 at: <https://www.bop.gov/locations/institutions/dev/>



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Usual Residence Rule, are counted as residents of those communities, even if they do not live there when they are not incarcerated.<sup>9</sup>

**Age:** With a Median Age of 41.9 years, MOC’s Service Area is slightly older than the state of Massachusetts where the Median Age is 39.6 years and Worcester County where the Median Age is 40.2 years. However, when we look at the percentage of the population that falls within specific age ranges, MOC’s Service Area has a higher percentage of children (i.e., youth under 18 years) and a lower percentage of older adults (i.e., adults 65 years and over) than Massachusetts as a whole. That is, residents under 18 years in MOC’s Service Area comprise 20.8% of the total population vs. 19.9% in MA. And, residents 65 years and over comprise 16.4% of the total population of MOC’s Service Area vs. 16.5% in MA. This finding suggests that the “middle-age” population in MOC’s Service Area tends to be older than across Massachusetts.

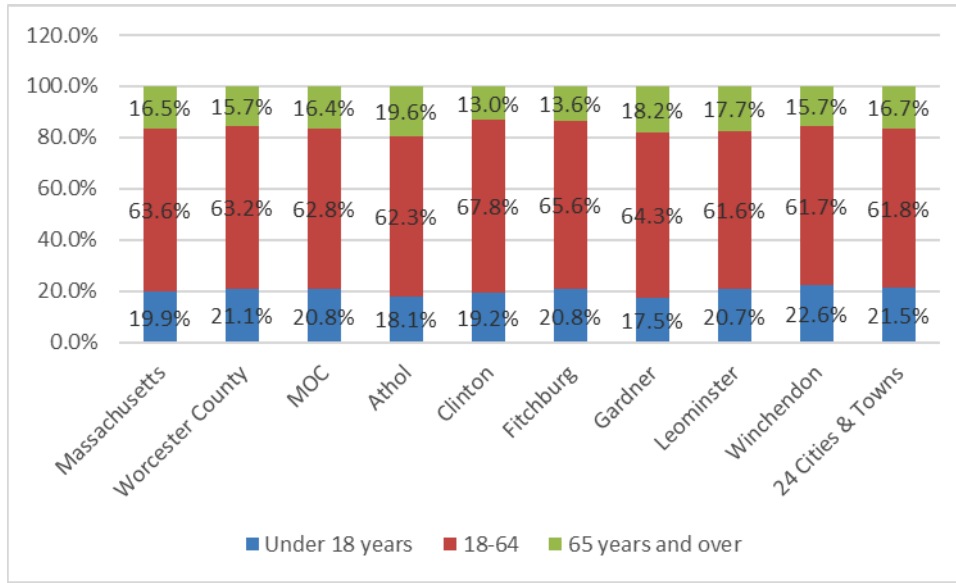


Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05

The table below provides a more detailed breakdown of age groups in the Urban Centers of MOC’s Service Area.

<sup>9</sup> Prison Policy Initiative’s Prison Gerrymandering Project. “Prison Populations and the Census – FAQs.” Accessed February 2020 at: <https://www.prisonersofthecensus.org/fag.html>

**% Residents by Age Group in Select MOC Service Area Communities**



Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05

As a provider of Child Care & Head Start services, Women, Infants & Children Nutrition Program (WIC), and Elder Nutrition Services, MOC has a special interest in the distribution of children, particularly young children, as well as older adults across the Service Area.

**MOC Service Area Communities with Highest Percentages of Select Age Groups**

Under 5 years		Under 18 years		65 years and over	
Massachusetts	5.1%	Massachusetts	19.9%	Massachusetts	16.5%
Worcester	5.3%	Worcester	21.1%	Worcester	15.7%
MOC Service Area	5.3%	MOC Service Area	20.8%	MOC Service Area	0.16421
Templeton	7.0%	Bolton	27.4%	Berlin	28.5%
Hubbardston	6.8%	Groton	26.6%	Petersham	27.0%
Harvard	6.8%	Rutland	25.4%	New Braintree	22.2%
Pepperell	6.6%	Ashburnham	24.6%	Westminster	21.8%
Bolton	6.5%	Harvard	23.7%	Hardwick	21.5%

Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05

The table above shows the 5 communities in MOC’s Service Area with the highest percentages of these two age groups. Of note, none of the Six Urban Centers makes it into the top 5 communities in MOC’s Service Area with respect to the percentage of the population comprised of Youth or Older Adults.

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One age related indicator of economic stability is the Dependency Ratio. According to the US Census Bureau, the Dependency Ratio is the ratio of the dependent-age population to the working-age population. While economists often define dependents or non-producers as those under 15 years and over 64 years, the Census Bureau adjusts the lower bound to 18 years as this better represents the age in the US when youth leave home for college or a more independent life. Regardless, the higher the Dependency Ratio, the greater the burden of support on the working population.<sup>10</sup>

The Dependency Ratio of MOC's Service Area is 59.2, which is higher than in Massachusetts (57.3) and Worcester County (58.2), indicating that people of working age (in this case 18-64 years) in MOC's Service Area carry a greater burden of support than their peers across the county and state.

Also notable with regards to age is that MOC's Service Area population is aging. This trend is consistent with Massachusetts and the country as a whole. According to the Population Reference Bureau, "the current growth of the population ages 65 and older, driven by the large baby boom generation, is unprecedented in U.S. history." Furthermore, the number of older Americans is projected to nearly double by 2060.<sup>11</sup>

From 2010 to 2021, MOC's Service Area saw a 29.9% increase in residents who are 65+ years old (vs. an increase of 24.2% at the state level). At the same time, the region saw a decrease of 8.7% in residents under 18 years of age (vs. an increase of 0.3% at the state level).

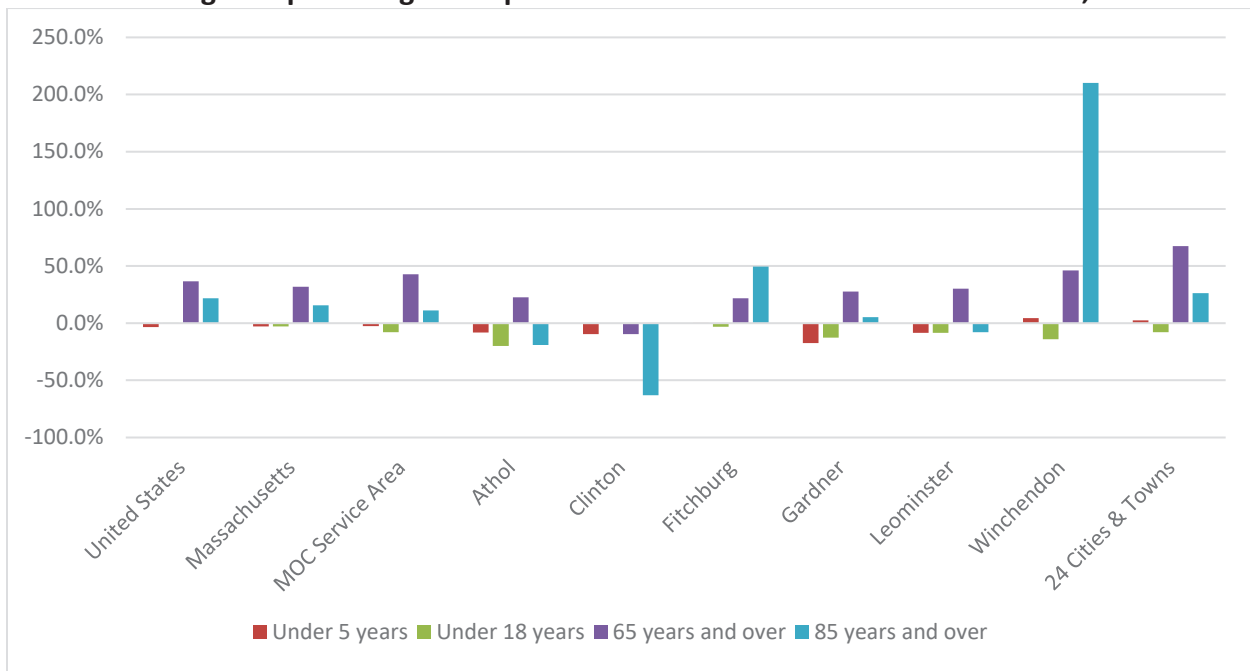
As the graph below shows, the change in the age distribution of residents across the Six Urban Centers has not been uniform over time. However, there is a trend: the younger demographic is decreasing and the older demographic is increasing.

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<sup>10</sup>File & Kominski. Dependency Ratios in the United States: A State and Metropolitan Area Analysis. Data from the 2009 American Community Survey. Accessed January 2023 at: <https://www.census.gov/hhes/well-being/files/Dependency%20Ratios%20in%20the%20United%20States.pdf>

<sup>11</sup> Mark Mather, Paola Scommegna, & Lillian Kilduff, "Fact Sheet: Aging in the United States," Population Bulletin 70, no. 2 (2019). Accessed March 2023 at: <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states>

**Percent Change in Specific Age Groups in Select MOC Service Area Communities, 2010-2021**



*Source: US Census Bureau, American Community Survey 2006-2010 and 2017-2021, 5YR, Table DP05*

This shift in age distribution, with younger residents decreasing and older residents increasing, will have significant impacts on the region’s social services and healthcare delivery systems. As a greater percentage of the population is comprised of Older Adults, services to care for a growing aged population will need to expand.

At the same time, the region will likely experience a shift in the labor force and economic productivity. Specifically, according to the RAND Corporation, as the population ages, there will be slower growth in the labor force (i.e., the total number of people available to work). In addition, the productivity of all workers across the age spectrum will slow as older and younger workers interact.<sup>12</sup> Finally, as the number of people who comprise the workforce decreases the tax burden on those who remain working will increase, impacting overall spending and saving.<sup>13</sup>

**Race/Ethnicity:** MOC’s Service Area is predominantly White (85.9% vs. 74.5% in MA). Roughly three percent (3.2%) of the region self-identifies as Black/African American, 2.5% as Asian, 5.5%

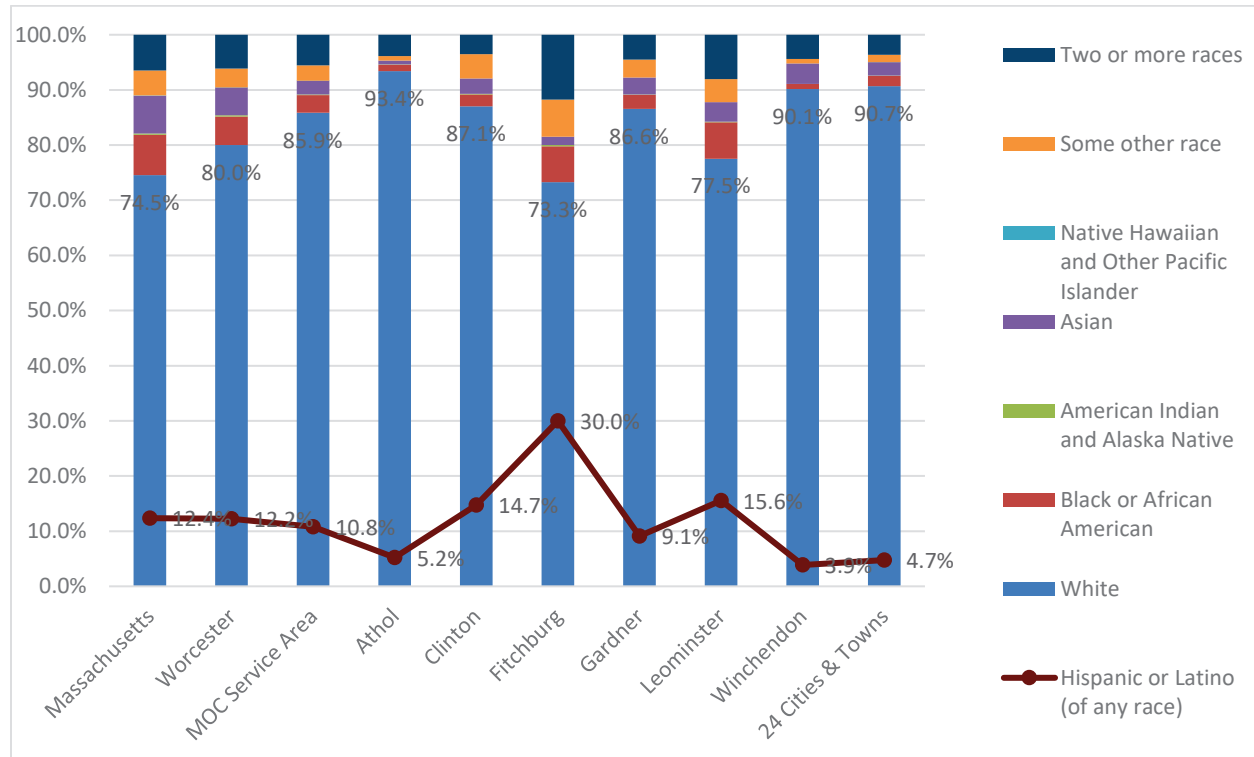
<sup>12</sup> Maestras, N. Mullen, K. & Powell, D. (2016). The Effect of Population Aging on the Economic Growth, the Labor Force and Productivity: a working paper. RAND Labor and Population. The RAND Corporation. Accessed January 2023 at: [https://www.rand.org/pubs/working\\_papers/WR1063-1.html](https://www.rand.org/pubs/working_papers/WR1063-1.html)

<sup>13</sup> Pettinger, T. (2016). The Impact of an Aging Population on the Economy. Economics Help. Accessed January 2023 at: <https://www.economicshelp.org/blog/8950/society/impact-ageing-population-economy>

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as Two or More Races, and 2.8% as Some Other Race. Additionally, 10.8% of the region self-identifies as Hispanic.

**Percent Population Comprising Specific Racial/Ethnic Groups in Select MOC Service Area Communities**



Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05

Only one of the Six Urban Centers, Fitchburg, has a population that is more racially diverse than the state. That is, 26.7% of Fitchburg residents self-report their race as something other than White vs. 25.5% of residents across Massachusetts. Fitchburg also has a Hispanic population that is, proportionally, over twice the size of the state’s (i.e., in Fitchburg, 30.0% of the population self-identifies as Hispanic vs. 12.4% in MA).

Leominster, the Service Area’s largest community, is close behind Fitchburg with regards to racial diversity. Specifically, more than 1 in 5 of Leominster’s residents (22.5%) self-report a race other than White. And, while Leominster’s Hispanic population is roughly half (15.6%), percentage-wise, of Fitchburg’s, it is still larger than the state’s.

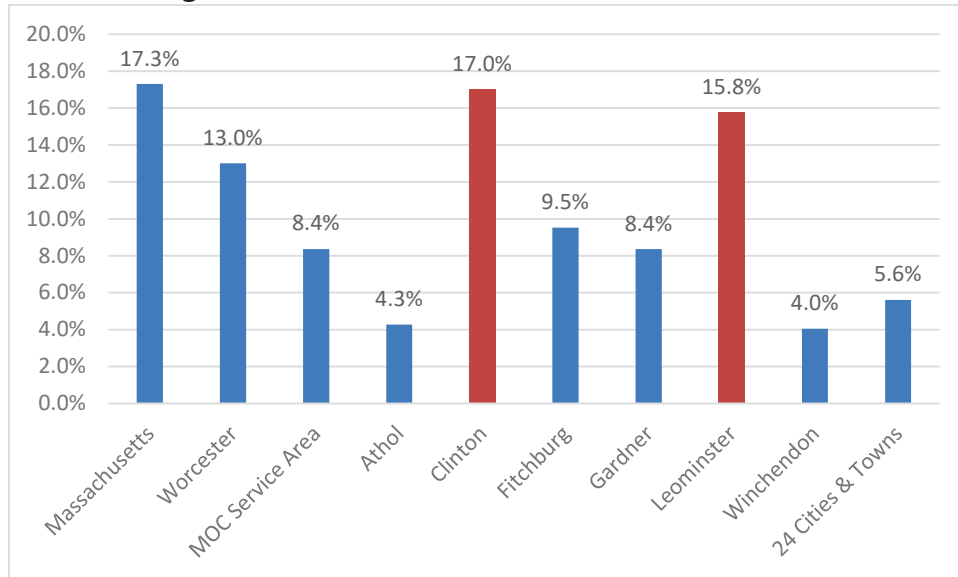
Since 2010, MOC’s Service Area has become more diverse. In 2010, MOC’s Service Area was 90.7% White. In 2021, it was 85.9% White (i.e., a decrease of 4.8 percentage points). During the same time period, Massachusetts decreased from 81.7% White to 74.7% White (i.e., a decrease

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of 8.6 percentage points). Consequently, MOC’s Service Area, as a whole, evidenced less racial diversification over the period 2010 to 2021 than Massachusetts.

**Foreign-Born:** In MOC’s Service Area, 8.4% of the total population is Foreign-Born. This number is smaller than Massachusetts where 17.3% of the total population is Foreign-Born. The eastern most Urban Centers of MOC’s Service Area (in red below) have the highest percentages of Foreign-Born residents.

**Percent Foreign-Born Residents in Select MOC Service Area Communities**



*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP02*

None of the communities in MOC’s Service Area has a percentage of Foreign-Born residents higher than the state. The non-urban communities in MOC’s Service Area with the highest percentages of Foreign-Born residents are shown in the table below.

**Non-Urban Communities in MOC’s Service Area with Highest Percentage of Foreign-Born Residents**

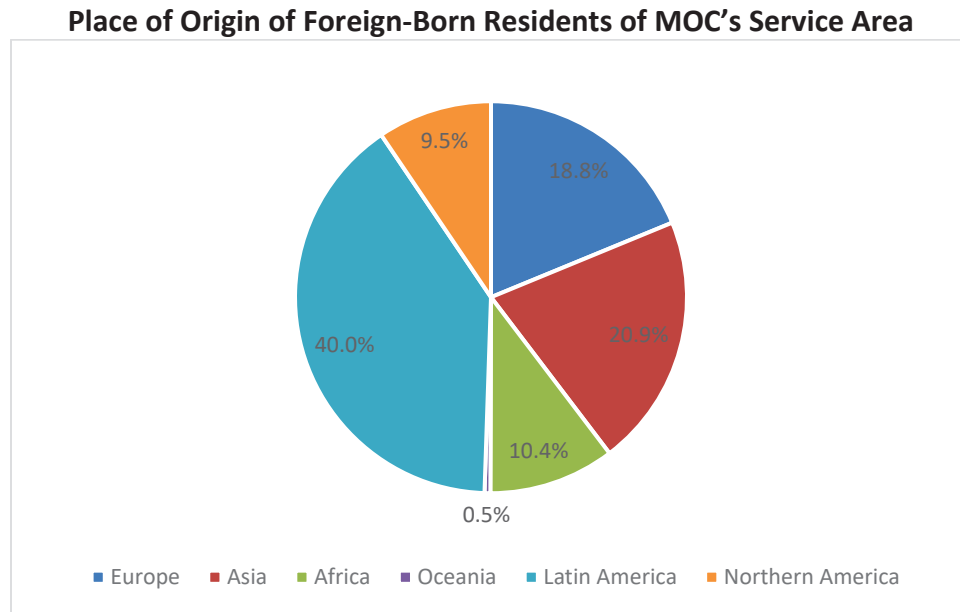
Geography	Percent Foreign-Born
Massachusetts	17.3
Worcester County	13.0
MOC Service Area	8.4
Harvard	10.0
Bolton	9.7
Shirley	9.1
Pepperell	7.7
Groton	7.5

*Source: US Census Bureau, American Community Survey 2017-2021 5YR, Table DP02*

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As with the Urban Centers with relatively high percentages of Foreign-Born residents, these non-urban communities all fall in the eastern portion of MOC’s Service Area.

According to the chart below, 40% of the Foreign-Born residents of MOC’s Service Area come from Latin America, 20.9% from Asia, and 18.8% from Europe.



Source: US Census Bureau, American Community Survey 2017-2021 5YR, Table DP02

The place of origin of the Service Area’s residents influences the types of resources needed in the region – resources that are responsive to the languages and cultures of the people who comprise the community. US Census Bureau data suggests that most people in MOC’s Service Area who speak a language other than English (i.e., 14.8% of the total population) report speaking English very well. That is, less than one-third of people who speak Spanish (31.9%) and Other Indo-European languages (27.6%) report speaking English “less than very well” while just over one-third of people who speak Asian and Pacific Island languages (37.1%) report speaking English “less than very well.”<sup>14</sup>

Despite the relative English fluency of the Foreign-Born population in MOC’s Service Area, research has shown that “language concordant care” and efforts to address cultural aspects of care improve health outcomes. Conversely, a lack of these components of care is often emblematic of a lack of understanding of or appreciation for the disparate impact of social determinants of health on minority community members, including those with limited English

<sup>14</sup> US Census Bureau, American Community Survey 2016-2020 5YR, Table DP02.

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proficiency<sup>15</sup> (see Factors Impacting Ability to Work: Health, page 87 for a description of social determinants of health). This lack of awareness of social determinants of health then contributes to further disenfranchisement of those most affected.

Not surprisingly, as racial/ethnic diversity in the region has grown over the past 11 years (see Race/Ethnicity on page 19), so has the percentage of Foreign-Born residents. In 2010, 4.1% of MOC's Service Area population was Foreign-Born. In 2021, that percentage had more than doubled to 8.4%. That level of growth in the local Foreign-Born population mirrors the state. In 2010, 8.0% of Massachusetts total population was Foreign-Born. By 2021, that number had grown to 17.3%. Both the state and MOC's Service Area saw more growth in the percentage of Foreign-Born residents than did Worcester County as a whole, where the population of Foreign-Born residents grew from 9.1% in 2010 to 13.0% in 2021.

**Mobility:** According to the US Census Bureau, mobility refers to the geographic movement of people across both short and long distances. Migration is one type of mobility and refers to movement across a boundary with domestic migration being movement across cities/towns, counties or states and international migration being movement across national borders.<sup>16</sup> Mobility has implications at the societal level as well as the individual level. Communities with high levels of mobility experience erosion of the "social fabric" which has been linked to problems like increased crime and delinquency. Similarly, for families, relocating can disrupt social ties which has been shown to have a particularly negative effect on children (e.g., lower educational attainment) when parents provide only modest support around the move.<sup>17</sup>

Mobility within MOC's Service Area as a whole is less than Massachusetts. Across MOC's Service Area 9.1% of people over one year of age reported having lived in a different house one year prior vs. 12.5% in Massachusetts. Of those MOC Service Area residents who reported living in a different house, 96.0% lived in another house in the US and 4.0% lived abroad. These numbers are grossly consistent with Massachusetts and Worcester County in which 92.9% and 94.1% of residents, respectively, reported having lived in a different house in the US the year prior.

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<sup>15</sup> Molina RL, Kasper J. The power of language-concordant care: a call to action for medical schools. *BMC Med Educ.* 2019 Nov 6;19(1):378. doi: 10.1186/s12909-019-1807-4. PMID: 31690300; PMCID: PMC6833293. Abstract accessed March 2023 at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6833293/>

<sup>16</sup> U.S. Census Bureau. About Geographic Mobility. Accessed March 2023 at: <https://www.census.gov/topics/population/migration/about.html>

<sup>17</sup> Coulton, C. & Turner, M.A. (2012) *Cityscape: A Journal of Policy Development and Research* • Volume 14, Number 3 • 2012 55 U.S. Department of Housing and Urban Development • Office of Policy Development and Research accessed March 2023 at: [https://www.huduser.gov/portal/periodicals/cityscpe/vol14num3/Cityscape\\_Nov2012\\_res\\_mobility\\_neigh.pdf](https://www.huduser.gov/portal/periodicals/cityscpe/vol14num3/Cityscape_Nov2012_res_mobility_neigh.pdf)



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Of those MOC Service Area residents who reported having lived in a different house, 20.1% report having moved within the same city/town; 43.6% report having moved from a different city or town, but within the same county; and 11.9% report having moved from a different state.

At the individual community level, shorter distance mobility rates tend to be higher in MOC's Six Urban Centers whereas higher distance mobility rates tend to be greater in the more rural areas. [Note: Rates that exceed Massachusetts rates are highlighted in green.]

**% Residents (>1 Year of Age) who Lived in a Different House in the United States  
1 Year Prior to Survey, Select MOC Communities**

	Moved w/in US Last Year	Same City/Town	Same County	Different State	From Abroad
Massachusetts	12.5	27.7	28.0	18.6	7.1
Worcester County	10.9	23.2	39.9	14.9	5.9
MOC Service Area	9.5	20.1	43.6	11.9	20.8
Athol	10.1	29.4	38.2	12.8	3.8
Clinton	14.1	7.3	57.6	7.8	1.2
Fitchburg	12.4	47.2	19.4	11.0	10.1
Gardner	9.1	43.8	32.7	4.1	2.6
Leominster	8.5	40.0	18.8	10.0	2.4
Winchendon	8.3	1.3	64.4	15.6	6.9
24 Cities & Towns	7.7	1.2	60.0	14.6	2.3

*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table B07204*

As the chart above shows, nearly half of the Fitchburg residents (47.2%) who reported a move within the past year moved within city limits. Similarly, more than four in 10 of Gardner (43.8%) and Leominster (40.0%) residents who reported a move did so locally as did nearly 30% (29.4%) of Athol residents reporting a move. Conversely, Winchendon is the only Urban Center that had an out-of-state mobility rate (15.6%) greater than the more rural 24 Cities & Towns (14.6%) of MOC's Service Area.

In fact, as the table below shows, four out of the Top 5 Communities with regards to short-distance mobility are Urban Centers whereas all of the Top 5 Communities with regards to long-distance mobility are small to mid-size rural communities.

**Top 5 Communities Short, Long & Very Long-Distance Mobility**

	<b>Short</b> (i.e., Same City/Town)		<b>Long</b> (i.e., Different State)		<b>Very Long</b> (i.e., From Abroad)
Massachusetts	27.7	Massachusetts	18.6	Massachusetts	7.1
Worcester County	23.2	Worcester County	14.9	Worcester County	5.9
MOC Service Area	20.1	MOC Service Area	11.9	MOC Service Area	20.8
Fitchburg	47.2	Groton	43.4	Pepperell	10.4
Gardner	43.8	Hardwick	30.2	Fitchburg	10.1
Leominster	40.0	Sterling	27.7	Phillipston	8.2
Athol	29.4	Ashburnham	24.8	Winchendon	6.9
Groton	8.7	Rutland	22.5	Groton	6.3

*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table B07204*

The mobility data presented here suggests that mobility in Urban Centers is more of a short distance shuffling or “churn” (i.e., movement between two high poverty neighborhoods)<sup>18</sup> vs. real growth, whereas mobility in the rural areas is actual migration (i.e., impacting the total population). These findings are consistent with the trend reported above related to total population change from 2010-2021: the more rural communities of MOC’s Service Area are growing at a faster rate than the Urban Centers (see page 12).

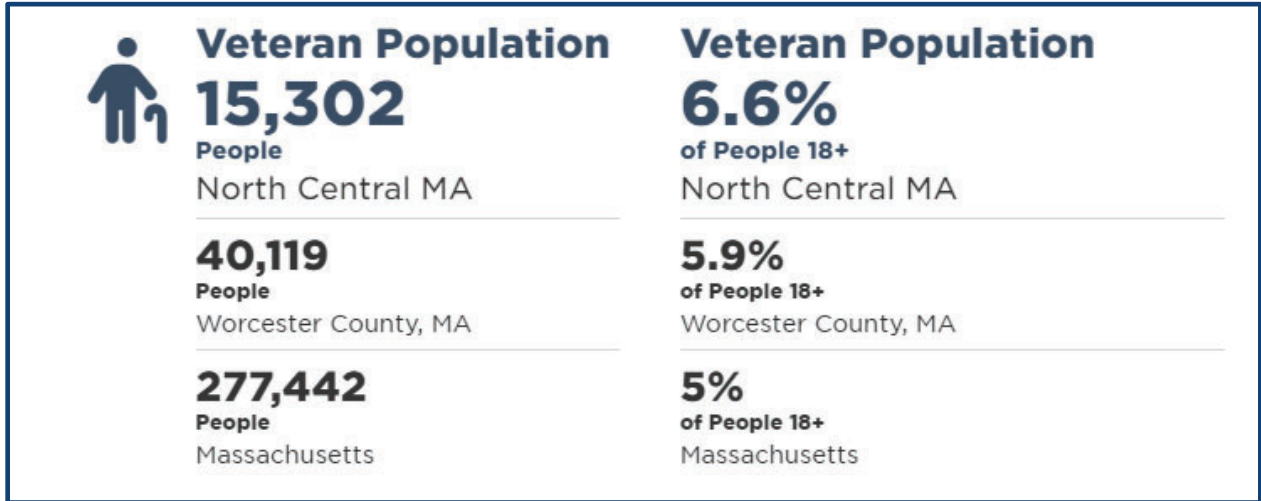
The “exception to this rule” is immigration from Abroad. The communities with the highest percentages of people who moved from Abroad within the past year tend to be the mid-to large-sized communities in MOC’s Service Area. Research by the Leir Institute at Tufts University shows that, by and large, refugees from other countries tend to settle in more urban communities.<sup>19</sup> That pattern seems to play out in MOC’s Service Area with four of the five Top 5 Communities for people moving from Aboard having a population of greater than 10,000. [NOTE: Phillipston is a very small community. The 8.2% of people who moved from Abroad represents only 4 individuals, likely one family.]

<sup>18</sup> Daepf, M.I.G., Grages, E.M., & Arcaya, M.C. (2020). Gateways to Opportunity? Neighborhood Trajectories of Massachusetts Residents. Federal Reserve Bank of Boston. Discussion Paper. Accessed March 2023 at: [https://www.bostonfed.org/publications/community-development-discussion-paper/2020/gateways-to-opportunity-neighborhood-trajectories-of-massachusetts-residents.aspx?utm\\_source=email-alert&utm\\_medium=email&utm\\_campaign=rco&utm\\_content=discussion-paper-201209](https://www.bostonfed.org/publications/community-development-discussion-paper/2020/gateways-to-opportunity-neighborhood-trajectories-of-massachusetts-residents.aspx?utm_source=email-alert&utm_medium=email&utm_campaign=rco&utm_content=discussion-paper-201209)

<sup>19</sup> The Fletcher School at Tufts University. Henry J. Leir Institute (September 2021). Social Capital and the Success of Refugees in Non-Urban Communities. Accessed March 2023 at: [https://sites.tufts.edu/journeysproject/files/2021/09/SocialCapitol\\_Essay\\_v1-1.pdf](https://sites.tufts.edu/journeysproject/files/2021/09/SocialCapitol_Essay_v1-1.pdf)

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**Veterans:** According to Forbes, Veterans tend to settle in more affordable places, rural areas, places with few immigrants, and near military bases.<sup>20</sup> Given the description of MOC’s Service Area above (i.e., predominantly rural and low racial/ethnic diversity) as well as the fact that MOC’s Service Area is home to Fort Devens, a former US Army Base which closed in 1996 as a result of the national Base Realignment and Closing Act,<sup>21</sup> it is not surprising that MOC’s Service Area has a higher percentage of Veterans (i.e., 6.6% of the total Civilian population age 18 years and over) than Worcester County (5.9%) and Massachusetts as a whole (5.0%).



Source: US Census Bureau, American Community Survey 2017-2021, 5YR. Accessed March 2023 via MASSCAP MySidewalk North Central MA Dashboard, Demographics.

The table below shows that 25 of the 30 communities in MOC’s Service Area have higher percentages of residents reporting Veteran status than the state.

<sup>20</sup> Where Veterans Live. Forbes.com. November 10, 2014. Accessed March 2023 at: <https://www.forbes.com/sites/trulia/2014/11/10/where-veterans-live/#1b3d51647484>

<sup>21</sup> Fort Devens Museum. History section. Accessed March 2023 at <http://fortdevensmuseum.org/history/>

**Percent Veterans in Civilian Population (18 years and Over) of  
 Select MOC Service Area Communities**

Geography					% Veterans				
Massachusetts					5.0%				
Worcester County					5.9%				
MOC Service Area					6.6%				
Athol	9.7%	Hubbardston	8.1%	Gardner	7.7%	Royalston	6.2%	Barre	5.5%
Westminster	9.2%	Pepperell	8.0%	Ayer	7.2%	Phillipston	6.1%	New Braintree	5.4%
Sterling	8.8%	Petersham	7.9%	Berlin	7.1%	Lancaster	6.0%	Townsend	5.4%
Templeton	8.7%	Hardwick	7.8%	Fitchburg	6.6%	Rutland	5.9%	Harvard	5.3%
Shirley	8.6%	Winchendon	7.7%	Leominster	6.3%	Lunenburg	5.8%	Bolton	5.1%

*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP02*

**Conclusion:** MOC’s Service Area is comprised of 30 cities and towns in North Central Massachusetts. The total population of MOC’s Service Area is 287,644, with nearly half (48.4%) of residents living in MOC’s Six Urban Centers: Athol, Clinton, Fitchburg, Gardner, Leominster, and Winchendon.

From 2010-2021, the total population of MOC’s Service Area grew by 6.4%. Local population growth has generally been greatest in rural communities. Clinton, in fact, is the only Urban Center in MOC’s Service Area that experienced growth greater than the region as a whole as well as Massachusetts, where the population grew 7.9% between 2010 and 2021. Interestingly, the rural communities surrounding Clinton (i.e., Rural East (South) and Worcester Area) saw the greatest growth among the Rural Clusters in MOC’s Service Area. This pattern of growth may be due to migration of people from more expensive areas of Massachusetts to more reasonably priced – rural - housing markets (see Housing section on page 74).

As with most data presented here, important differences between communities get lost in aggregation. At the individual community level, shorter distance mobility rates tend to be higher in MOC’s Six Urban Centers. Within City/Town mobility rates are more than 40% in three of the Six Urban Centers versus 1.2% for the 24 Cities & Towns. In contrast, rural areas see more mobility over greater distances. The Within City/Town numbers are very low for rural communities (i.e., 0-3%), but Different State numbers are quite high (i.e., 11 of MOC’s Service Area Cities & Towns had higher Different State mobility rates than the state (18.6%)).

These findings suggest that mobility in Urban Centers is more of a short distance shuffling (vs. real growth) whereas mobility in the rural areas is actual migration (i.e., impacting the total population numbers) and explains the greater growth in more rural areas even in the face of high mobility rates in the Urban Centers.

Like the population across the United States and Massachusetts, MOC's Service Area population is aging. According to the Population Reference Bureau, "current growth of the population ages 65 and older is one of the most significant demographic trends in the history of the United States."

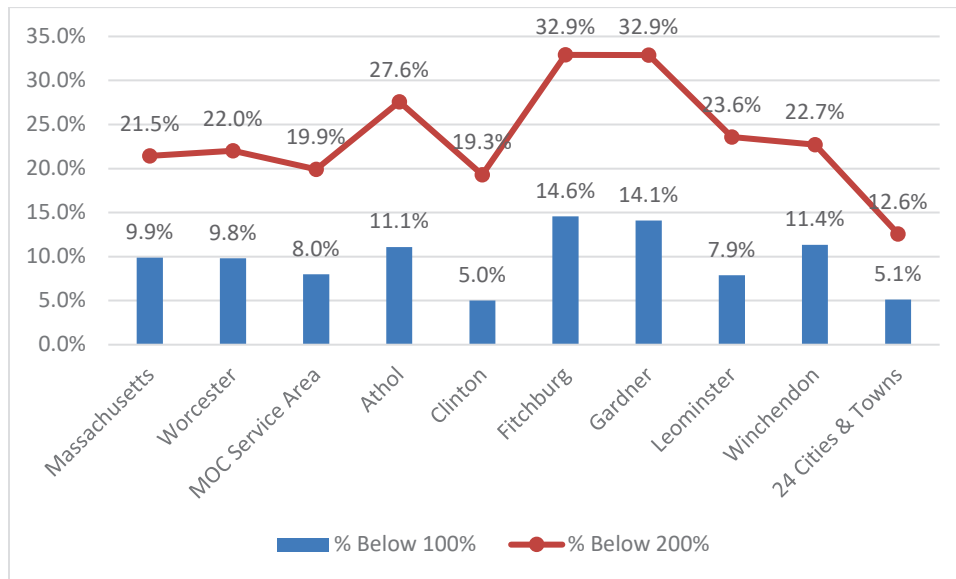
From 2010 to 2021, MOC's Service Area saw a 29.9% increase in residents who are 65+ years old. Given that MOC's Service Area currently has a relatively large "older" middle age population (45-64 year olds), we can expect the rate of growth in the older population to continue to be high in the coming years. This trend will have a significant impact on the economics of the region over the next decade as workers move into retirement age and industries shift to accommodate the needs of an aging population.

While MOC's Service Area is aging, it is also becoming more racially and ethnically diverse. In 2010, MOC's Service Area was 90.7% White. In 2021, it was 85.9% White (a decrease of 5.3%). As MOC's Service Area is becoming more racially diverse, it is also becoming home to more Foreign-Born residents. Both Urban Centers and more rural communities in the eastern portion of MOC's Service Area are home to the largest number of Foreign-Born residents (i.e., 17.0% of residents in Clinton, 15.8% of residents in Leominster, and 10% of residents in Harvard). Four in ten (40%) Foreign-Born residents in MOC's Service Area come from Latin America, 20.9% from Asia, and 18.8% from Europe. The place of origin of the Service Area's residents, along with their racial and ethnic heritage, are important signals of the types of resources needed in the region.

## **POVERTY**

**Overall Poverty:** As a whole, within MOC's Service Area, the percentages of people living in poverty and "near poverty" (i.e., below 200% of the Federal Poverty Level) are favorable as compared to the state. (See Appendix A for Poverty Data for All MOC Service Area Communities) However, when the numbers are aggregated across the region, the presence of several more affluent towns, particularly in the eastern part of MOC's Service Area, masks the very high rates of poverty and near poverty in many of MOC's communities.

**Percent Population Living Below 100% and 200% of Poverty in Select MOC Service Area Communities**

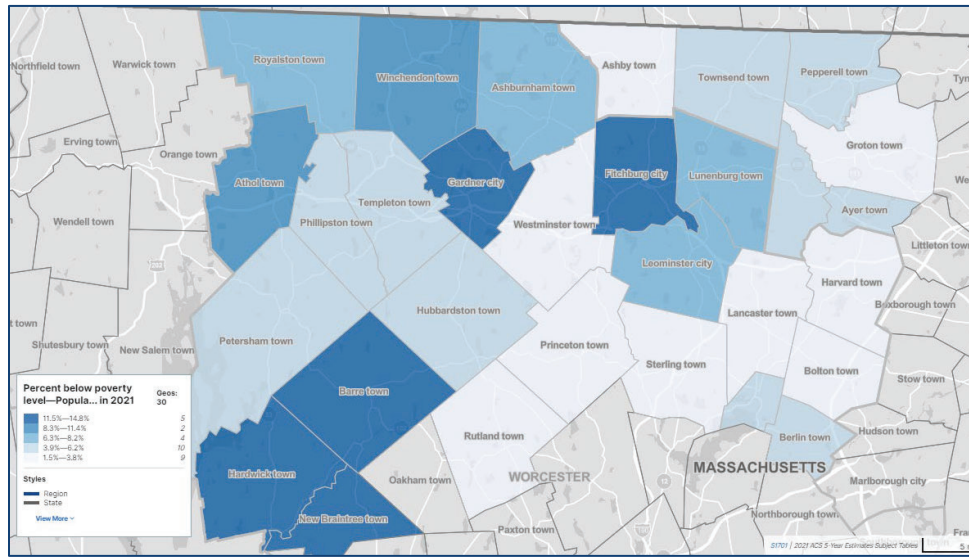


*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table S1701*

As the graph above depicts, four of the Six Urban Centers have higher percentages of residents living below 100% of poverty than Massachusetts and five of the Six have higher percentages of residents living below 200% of poverty than the state. Furthermore, the Urban Centers of Fitchburg and Gardner have percentages of residents living below 100% of poverty that are more than 1.25 times Massachusetts; and Fitchburg, Gardner, and Athol have percentages of residents living below 200% of poverty that are more than 1.25 times the state.

Aggregating data across the region, and even reporting it in tables or graphs, does not allow us to see the clusters of more concentrated poverty in MOC’s Service Area. The map below better illustrates the distribution of poverty across the region, with darker shading indicating higher percentages of people living in poverty.

**Percent of the Population Living Below Poverty Across MOC’s Service Area**



*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table S1701*

The Urban Centers of Fitchburg and Gardner sit at the core of MOC’s Service Area and are home to the highest concentration of people living in poverty. Poverty also appears to be centered around these two communities, with the smaller cities and towns flanking Fitchburg and Gardner generally having higher percentages of people living below 100% of the Federal Poverty Level. The Rural South (West) is its own pocket of concentrated poverty (i.e., 11.1% overall) with Hardwick, Barre, and New Braintree each having poverty rates more than 1.3 times Massachusetts. NOTE: These are the only non-urban communities in MOC’s Service Area to have poverty rates that exceed the state.

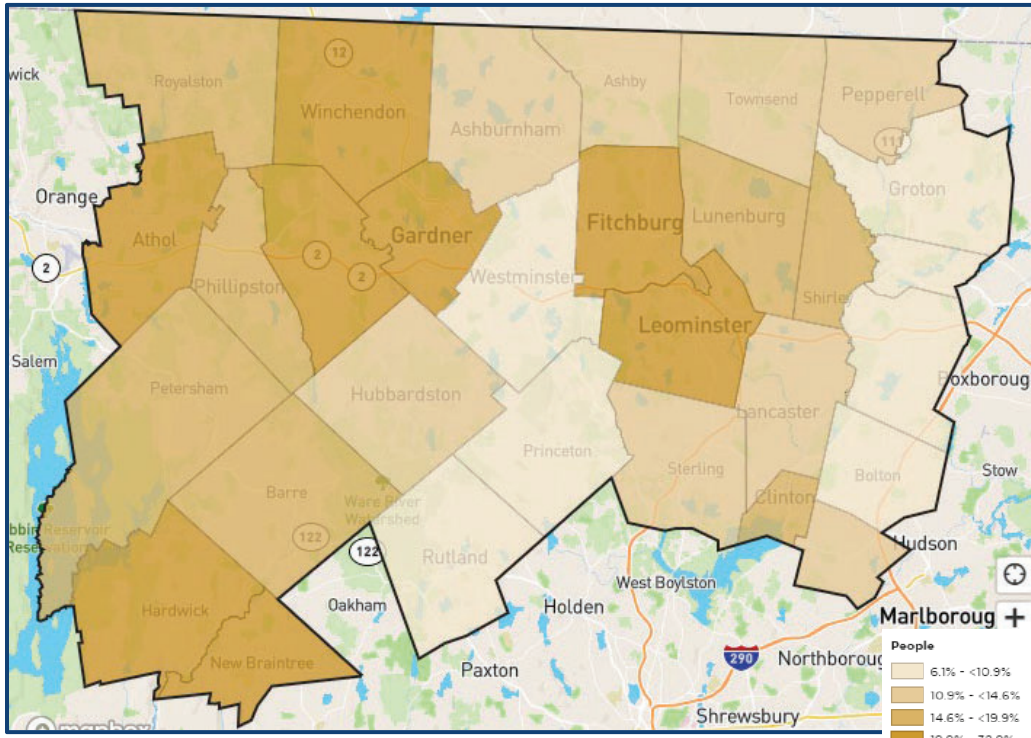
**Non-Urban MOC Service Area Communities with Higher Percentage of Residents Living Below 100% and 200% of Poverty than MA**

Geography	% Population At or Below 100% Poverty	Geography	% Population At or Below 200% Poverty
Massachusetts	9.9%	Massachusetts	21.5%
Hardwick	14.8%	Hardwick	25.2%
Barre	14.4%		
New Braintree	13.5%		

*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table S1701*

Hardwick also has a higher percentage of people living below 200% of the Federal Poverty Level than the state and is the only non-urban community in MOC’s Service Area to have that distinction.

**Percent of Population Below 200% of Poverty (i.e., Low-Income) Across MOC’s Service Area**



**Source: US Census Bureau, American Community Survey 2017-2021, 5YR. Accessed March 2023. Data visualization: North Central MA Community Needs Assessment Poverty Dashboard.**

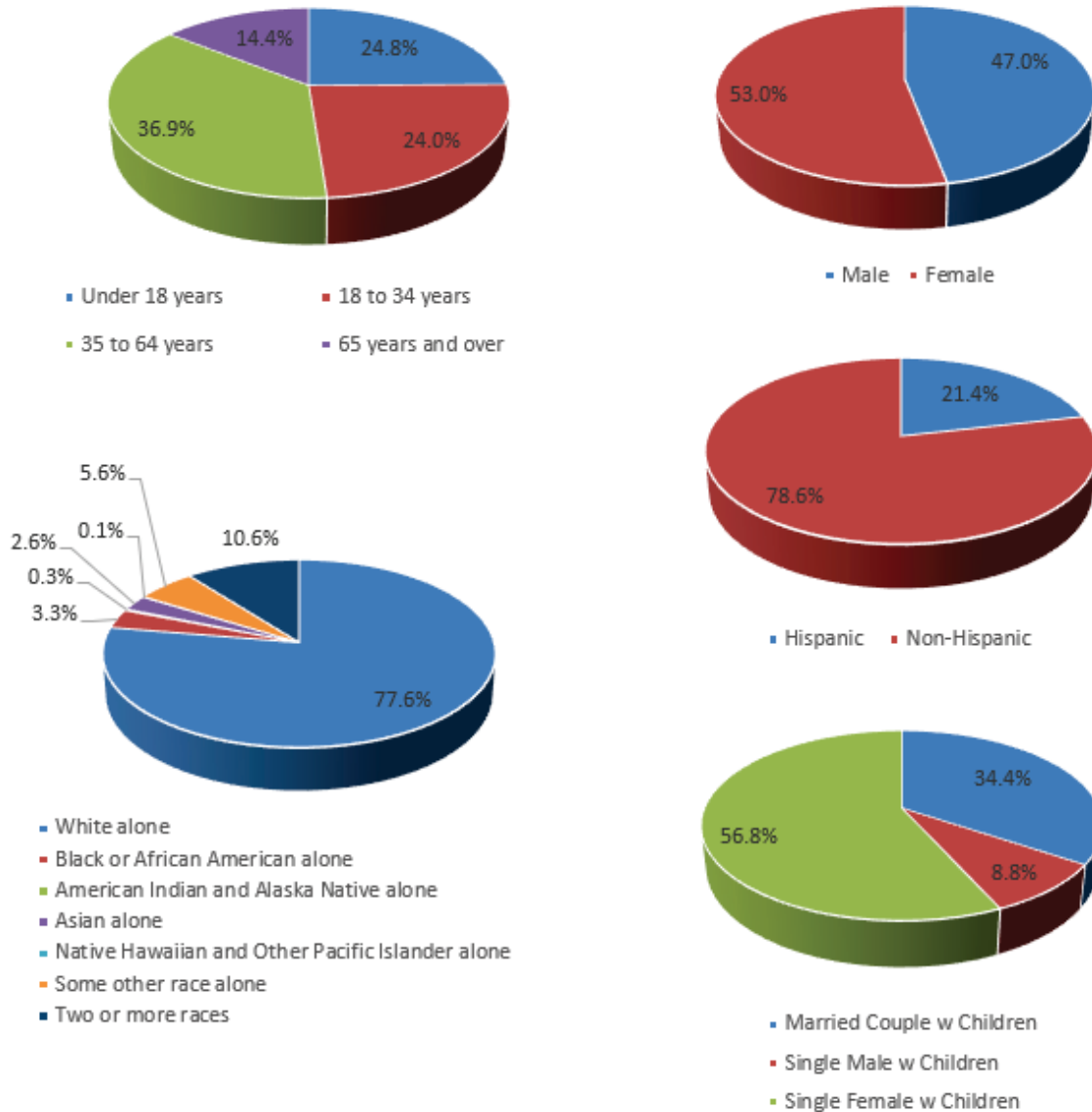
Poverty has a face in MOC’s Service Area: middle-aged, single, White, non-Hispanic females with children. That is, people ages 35-64 years of age; females, particularly single females with children; Whites; and non-Hispanics comprise the largest percentages of people living in poverty across MOC’s Service Area when each sociodemographic indicator is considered individually. Specifically:

- 36.9% of people living in poverty are age 35-65 years,
- 53.0% are female,
- 77.8% are White, and
- 78.6% are non-Hispanic.

Furthermore, of the families with children living in poverty, over half (56.8%) are headed by single females.



**Demographic and Family Characteristics of People Living in Poverty in MOC’s Service Area**



*Source: US Census Bureau, American Community Survey, 5YR, Tables S1701 & B17010*

This picture of poverty in MOC’s Service Area is consistent with state and national trends. That is, most people in Massachusetts and in the United State who earn incomes at or below the Federal Poverty Level, look like the people who are living in poverty in MOC’s Service Area.<sup>22</sup>

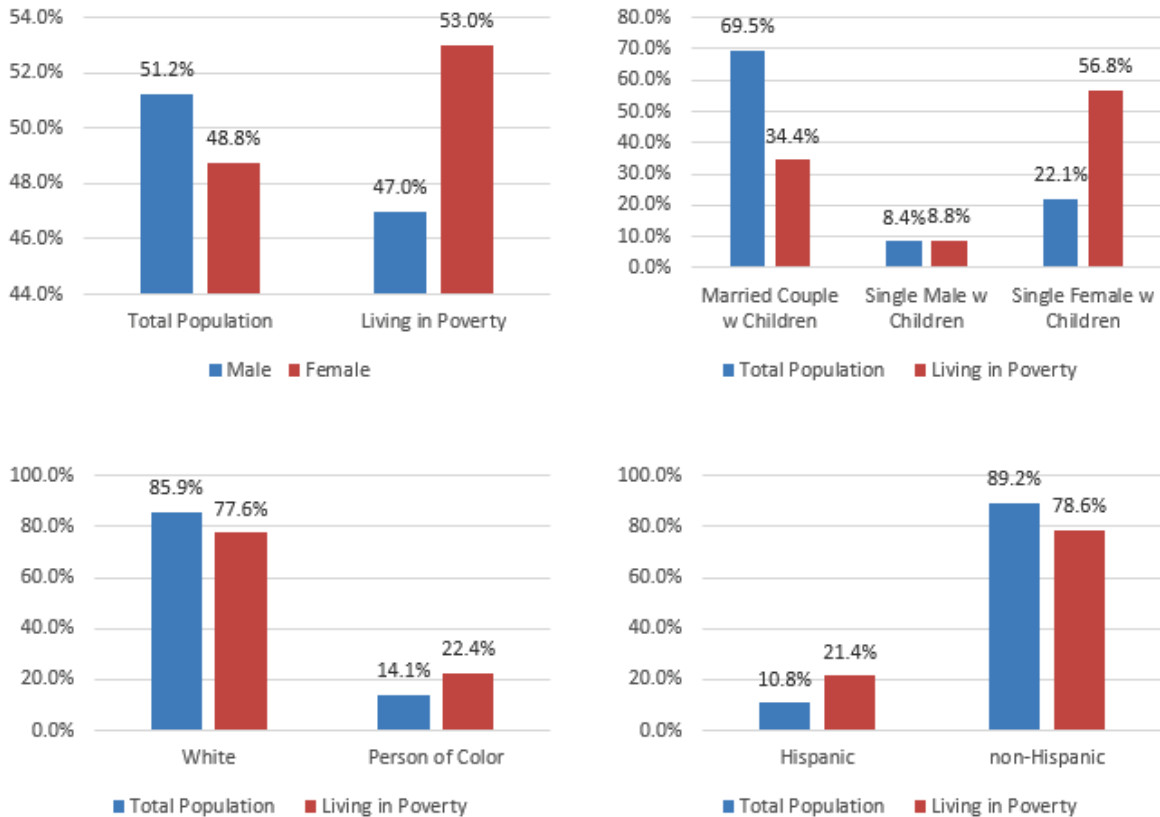
However, as with other indicators presented above, the story of poverty in North Central Massachusetts is lost when we aggregate statistics across the region and reduce the experience to numbers. Specifically, it erases the significant odds facing certain, historically disenfranchised

<sup>22</sup> US Census Bureau, American Community Survey 2017-2021, 5YR, Tables S1701 & B17010.

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populations living in our region. That is, if poverty were experienced equally across gender, race, and ethnic lines, we would expect the proportion of males, married couples, Whites, and non-Hispanics in poverty to be higher than they are simply because, on the whole, they make up a much larger percentage of the general population.

**Comparison of Certain Demographic Characteristics of the Total Population vs. People Living in Poverty Across MOC’s Service Area**



*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Tables DP05, S1701 & B17010*

The graphs above demonstrate that Females, Single Females with Children, People of Color, and Hispanic residents of MOC’s Service Area are overrepresented in the population of people living in poverty.

**Poverty Among Special Populations:** Poverty rates among Special Populations in MOC’s Service Area are similar, and in many cases even favorable, to those of Massachusetts. The table below, shows the rates for Children, Older Adults, Married Couples, Single Females with Children, and People of Color. Numbers that represent rates more than 1.25 times the state are in red.

**Percent Poverty among Special Populations in Select MOC's Service Area Communities**

	Total Population Below 100% Poverty		Total Population Below 200% Poverty	
Massachusetts	9.9%		21.5%	
Worcester County	9.8%		22.0%	
MOC Service Area	8.0%		19.9%	
Athol	11.1%		27.6%	
Clinton	5.0%		19.3%	
Fitchburg	14.6%		32.9%	
Gardner	14.1%		32.9%	
Leominster	7.9%		23.6%	
Winchendon	11.4%		22.7%	
24 Cities & Towns	5.1%		12.6%	

	Children under 5yrs	Children under 18yrs	Older Adults (65+)	Married Couples w/ Children	Single Females w/ Children
Massachusetts	13.0%	12.1%	9.5%	3.3%	28.2%
Worcester County	12.5%	11.7%	8.9%	4.0%	26.5%
MOC Service Area	11.0%	9.5%	7.0%	4.6%	23.8%
Athol	16.0%	9.0%	4.9%	2.3%	27.2%
Clinton	6.4%	4.7%	4.8%	3.9%	8.4%
Fitchburg	23.5%	17.5%	13.0%	12.9%	25.3%
Gardner	24.9%	21.0%	11.7%	10.7%	40.1%
Leominster	5.9%	10.6%	5.1%	5.2%	20.8%
Winchendon	22.8%	22.6%	5.2%	10.5%	51.8%
24 Cities & Towns	5.7%	5.1%	6.0%	2.0%	18.8%

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino
Massachusetts	7.8%	16.7%	24.0%	11.4%	18.3%	21.1%	16.3%	22.5%
Worcester County	8.5%	14.0%	39.4%	10.5%	9.5%	18.1%	16.5%	21.5%
MOC Service Area	7.2%	9.3%	23.6%	8.3%	88.5%	16.7%	15.3%	16.3%
Athol	11.0%	5.9%	70.0%	0.0%	-	51.5%	6.5%	15.6%
Clinton	4.7%	10.8%	0.0%	3.3%	-	12.0%	0.9%	13.6%
Fitchburg	11.3%	12.3%	23.9%	5.6%	-	30.2%	27.2%	25.3%
Gardner	12.8%	17.5%	-	22.4%	-	13.2%	34.0%	10.8%
Leominster	8.6%	4.0%	0.0%	11.1%	-	8.0%	3.1%	10.7%
Winchendon	10.1%	55.0%	-	11.3%	-	0.0%	30.8%	0.0%
24 Cities & Towns	4.8%	10.1%	39.7%	5.3%	88.5%	3.7%	10.3%	7.6%

Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Tables DP05, S1701 & B17010

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Per the table above, except for Married Couples with Children and Native Hawaiian and Other Pacific Islanders, MOC’s Service Area, as a whole, has lower rates of poverty among all Special Populations than the state. As mentioned previously, while rates look relatively favorable when aggregated across the region, several Urban Centers have poverty rates among Special Populations which are strikingly higher than Massachusetts (more than 1.25 times). Specifically:

- 1) All People: Fitchburg (14.6%) and Gardner (14.1%) have overall poverty rates of over 1.4 times Massachusetts.
- 2) Children (Under 18 Years): Fitchburg (17.5%), Gardner (21.0%) and Winchendon (22.6%) have child poverty rates roughly 1.4-1.9 times Massachusetts.
- 3) Young Children (Under 5 Years): Fitchburg (23.5%), Gardner (24.9%) and Winchendon (22.8%) have child poverty rates roughly 1.8-1.9 times Massachusetts.
- 4) Older Adults (65+ Years): Fitchburg (13.0%) has an Older Adult poverty rate 1.4 times Massachusetts.
- 5) Married Couples with Children: Fitchburg (12.9%), Gardner (10.7%), Leominster (5.2%) and Winchendon (10.5%) have poverty rates among Married Couples with Children more than 1.6-3.9 times Massachusetts.
- 6) Single Females with Children: Gardner (40.1%) and Winchendon (51.8%) have poverty rates among Single Females with Children that are 1.4-1.8 times Massachusetts.

Outside of the Six Urban Centers, the following communities and Rural Clusters showed rates of poverty more than 1.25 times Massachusetts among members of these Special Populations:

**MOC Service Area non-Urban Communities & Rural Clusters with Notably Higher (≥1.25 times) Poverty Rates Among Special Populations**

	Total Population Below 100% Poverty		Total Population Below 200% Poverty
Massachusetts	9.9%	Massachusetts	21.5%
Worcester County	9.8%	Worcester County	22.0%
MOC Service Area	8.0%	MOC Service Area	19.9%
Barre	14.4%	NA	NA
Hardwick	14.8%		
New Braintree	13.5%		

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**MOC Service Area non-Urban Communities & Rural Clusters with Notably Higher (≥1.25 times) Poverty Rates Among Special Populations, Continued**

	Children under 5yrs		Children under 18yrs		Older Adults (65+)
Massachusetts	13.0%	Massachusetts	12.1%	Massachusetts	9.5%
Worcester County	12.5%	Worcester County	11.7%	Worcester County	8.9%
MOC Service Area	11.0%	MOC Service Area	9.5%	MOC Service Area	7.0%
Barre	23.1%	Barre	27.0%	Ayer	13.6%
Hardwick	50.0%	Hardwick	31.8%	Phillipston	20.3%
Lunenburg	18.1%	New Braintree	19.0%		
New Braintree	36.4%	Rural West (South)	22.9%		
Rural West (South)	22.9%				
	Married Couples w/ Children		Single Females w/ Children		
Massachusetts	3.3%	Massachusetts	28.2%		
Worcester County	4.0%	Worcester County	26.5%		
MOC Service Area	4.6%	MOC Service Area	23.8%		
Ashburnham	7.1%	Barre	61.6%		
Groton	13.2%	Hardwick	52.4%		
Hubbardston	9.5%	Petersham	57.1%		
Lunenburg	8.2%	Royalston	41.2%		
New Braintree	7.2%	Rural West (South)	52.8%		
Pepperell	5.0%				
Rural West (South)	6.3%				
	Black/African American		Asian		Hispanic
Massachusetts	16.7%	Massachusetts	11.4%	Massachusetts	22.5%
Worcester County	14.0%	Worcester County	10.5%	Worcester County	21.5%
MOC Service Area	9.3%	MOC Service Area	8.3%	MOC Service Area	16.3%
Ashburnham	32.9%	Hubbardston	85.7%	Barre	70.8%
Berlin	42.9%	Lancaster	30.6%	Hardwick	60.4%
Bolton	100%	Sterling	48.6%	New Braintree	100%
Groton	66.7%	Rural West (South)	77.0%	Rural West (South)	45.5%
New Braintree	100%				
Princeton	100%				
Templeton	100%				
Rural West (North)	35.4%				

Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Tables DP05, S1701 & B17010

The data above suggests that high percentages of children, particularly from Single Female headed households, live in poverty especially in the Rural West (South) (i.e., Barre, Hardwick, Petersham and Hubbardston). It also suggests extreme poverty among certain racial and ethnic groups (i.e., Black/African Americans, Asians, and Hispanics) in several of MOC’s more rural communities.

**Conclusion:** Generally, poverty rates in MOC’s Service Area are comparable, and even favorable to, those of Massachusetts. However, certain Urban Centers, like Fitchburg and Gardner, which sit at the core of MOC’s Service Area, do have notably higher rates of overall poverty than the state (i.e., 14.6% in Fitchburg and 14.1% in Gardner vs. 9.9% in MA). Poverty also appears to be centered around these two communities, with the smaller cities and towns flanking Fitchburg and Gardner generally having higher percentages of people living below 100% of the Federal Poverty Level. The Rural South (West) is its own pocket of concentrated poverty (11.1% overall) with Hardwick, Barre, and New Braintree each having poverty rates more than 1.3 times Massachusetts.

It is important to note that overall poverty and near poverty (i.e., under 200% of the Federal Poverty Level) rates as well as poverty rates among Special Populations have fallen in MOC’s Service Area, almost without exception, since MOC’s last Strategic Planning Process which utilized data from 2018. The table below provides a summary of this finding at the MOC Service Area level.

**Change in Percentage of Special Populations Living in or Near Poverty  
 from 2018 to 2021 in MOC’s Service Area**

	<b>Percent in Poverty in 2018</b>	<b>Percent in Poverty in 2021</b>	<b>Difference in Percentage Points</b>
<b>Under 200% Poverty</b>	21.3%	19.9%	-1.40%
<b>Under 100% Poverty</b>	9.2%	8.0%	-1.20%
<b>Youth Under 5 Years</b>	13.9%	11.0%	-2.90%
<b>Youth Under 18 Years</b>	11.6%	9.5%	-2.10%
<b>Adults Over 65 Years</b>	7.6%	7.0%	-0.60%
<b>Married Couple Families</b>	2.6%	4.6%	2.00%
<b>Single Females with Children</b>	33.0%	23.8%	-9.20%
<b>Black/African American</b>	14.4%	9.3%	-5.10%
<b>Asian/Pacific Islander</b>	13.7%	8.3%	-5.40%
<b>Hispanics</b>	25.6%	16.3%	-9.30%

*Source: US Census Bureau, American Community Survey, 5YR, 2014-2018 and 2017-2021, Tables S1701, B17010*

Given that rates have fallen for every Special Population, except Married Couples with Children, it is likely that there has been a real decrease in poverty over the last several years.

One possible explanation for the dip in poverty rates is the federal government’s significant investment in families and working Americans since the onset of the COVID-19 Pandemic in

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early 2020. According to political historian, Heather Cox Richardson, “the pandemic prompted the United States to reverse 40 years of cutback to the social safety net.”<sup>23</sup>

In fact, per the US Government Accountability Office, over the past three years, through six COVID-19 relief laws, the federal government has provided approximately \$4.6 trillion dollars to help the nation respond to and recover from the pandemic.<sup>24</sup> Funding has gone to support: vaccine research; state and local efforts to stop the spread of the virus; businesses, including small businesses and manufacturers; infrastructure improvements; hospitals; and educational institutions as well as to individuals and families to relieve debt, prevent eviction, offset the costs of healthcare and nutrition, and supplement lost wages through paycheck protection and tax credits.

The federal government’s investments in citizens was likely a primary contributing factor to a dramatic decline in child poverty (~30%) and food insecurity (26%) in families across the United States, particularly those who received the expanded child tax credit.<sup>25</sup> Additionally:

*“wages for low-paid workers grew at their fastest rate in 40 years, with real income growing by 9%. Middle-income workers’ wages grew by only between 2.4% and 3.9% after inflation, but that, too, was the biggest jump in 40 years. Unemployment has fallen to its lowest level since 1969, and a record 10 million people have applied to start small businesses.”*

These national trends are evidenced in the local poverty data shown above as well as in the Economy and Income data below (see page 61). While the coronavirus had devastating impacts on people across the United State, particularly those who have traditionally been marginalized, the federal response to invest in the “demand side” of the economy has had the dramatic effect of lifting many people out of poverty - both across the nation and in MOC’s Service Area. The challenge ahead is maintaining the momentum, particularly as the covid-era federal investments in families and working Americans expire.

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<sup>23</sup> Cox Richardson, H. Letters from an American. April 3, 2023. Accessed April 2023 at: <https://heathercoxrichardson.substack.com/p/april-3-2023>

<sup>24</sup> US Government Accountability Office. Reports & Testamonies. COVID-19 Relief: Funding and Spending as of January 31, 2023. Accessed April 2023 at: [gao.gov/products/gao-23-106647](https://gao.gov/products/gao-23-106647)

<sup>25</sup> Cox Richardson, H. Letters from an American. April 3, 2023. Accessed April 2023 at: <https://heathercoxrichardson.substack.com/p/april-3-2023>

**COMMUNITY ASSESSMENT PROCESS**

**COMMUNITY ASSESSMENT METHODOLOGY**

To determine the needs of low-income families and individuals of MOC’s Service Area, MOC utilized quantitative data collected through sources such as the U.S. Census Bureau; federal, state, local, and private agencies including needs assessments and strategic plans; and data collected and compiled by local organizations. In addition, MOC conducted a comprehensive community needs assessment engaging as large a cross-section of the community as possible given time and resource constraints. To the extent possible, this strategy involved and engaged clients, MOC staff and management, MOC Board of Directors, MOC Child Care & Head Start Policy Council, and stakeholders including local officials, faith-based organizations, businesses, educational institutions, and the community at large. The table below shows the specific tools (i.e., assessment and engagement) MOC employed for the Community Needs Assessments and the stakeholder groups targeted by each:

<b>Assessment/ Engagement Tool</b>	<b>Strategic Planning Committee</b>	<b>Community Needs Survey</b>	<b>Focus Groups</b>	<b>Stakeholder Survey</b>
<b>Board</b>	X	X		
<b>Staff</b>	X	X		
<b>Clients</b>		X	X	
<b>Low-Income Individuals/Advocates (non- client)</b>	X	X	X	X
<b>Community Members</b>		X	X	
<b>Faith-based Organizations</b>		X		X
<b>Private Sector</b>	X	X		X
<b>Public Sector</b>	X	X		X
<b>Educational Institutions</b>		X		X
<b>Community Action Agencies</b>		X	X	

More specific information regarding each tool and the methods used to disseminate it and/or recruit participants is provided in the sections that follow.

It is important to note, given their integral role in setting the agency’s direction, that members of MOC’s Board of Directors were involved in the Strategic Planning Committee. In addition, the full Board Membership was offered data briefings, including opportunities for reflection and feedback, throughout the spring and early summer of 2023 to keep them abreast of the Community Needs Assessment process and findings.



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Also important to mention is the support MOC received from our Community Action colleagues throughout the Community Needs Assessment process and the preparation of this report. The Massachusetts Community Action network is known for its strong collaborative spirit. Through our statewide association, MASSCAP, representatives from member organizations meet regularly as part of nearly a dozen Communities of Practice: Planners, Human Resources, CFO/Fiscal, Communications & Development, New(er) EDs, VITA, EDs Friday Conversations, IT, SMC User Group, DEI Roundtable, Food Insecurity.

The Planners' CoP is long standing and has been a source of ongoing best practice sharing. Over the last year, in preparation for the 2024-2026 Community Needs Assessment Report & Strategic Plan (CARSP), the Planners' CoP has focused on CSBG compliance with Organizational Standards related to the ROMA cycle, Community Needs Assessment, and Strategic Planning. Specifically, the Planners' CoP has collaborated in three primary ways to prepare partner organizations for success in the CARSP process:

1. In fall of 2022, the MASSCAP Planners' CoP collaborated to develop and refine a list of standardized survey questions to assess community needs. The Community Needs Survey is intended to capture feedback from a wide range of stakeholders on the most pressing needs facing residents. The standardization of the survey tool throughout the network allows for aggregation of data collected across the Commonwealth, creating a more complete picture of state-wide needs as well as a comparison of needs between different geographical regions.

2. Also in the fall of 2022, a subgroup of the MASSCAP Planner's CoP worked with representatives from MySidewalk, a data curating and visualization tool, to create a common framework for presenting key indicators of the causes and conditions of poverty in Massachusetts. The result was a set of service-area specific dashboards representing key indicators in the domains of Demographics, Poverty, Education, Employment, Health, Social & Behavioral Development, Housing, Income, Infrastructure & Asset Development, and Transportation. These dashboards give each agency easy access to important secondary data for their own Community Needs Assessment Reports and provide a consistent framework through which to look at poverty across the Massachusetts community action network.

3. As a team, the MASSCAP Planners' CoP determined an efficient methodology for capturing both statewide and regional information about needs, existing services, and gaps would be to conduct Focus Groups with CoP Planners. Thus, in early March 2023, MASSCAP facilitated a series of Focus Groups with Planners who attended the regularly scheduled

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CoP meeting. The Focus Groups were broken out by top need area identified through the common Community Needs Survey process. At that time, top needs were: DEI/Immigrant Services, Mental Health & Healthcare, Inflation/Cost of Living & Basic Needs, and Housing. Findings from this series of Focus Groups was shared with all CAAs for incorporation into the Community Needs Assessment Report as deemed relevant by individual agencies.

**Community Survey**

- In late 2022/early 2023 a Community Needs Survey was distributed throughout the region to stakeholders, including: clients, staff, faith leaders, residents, municipalities, businesses, and community partners. The primary method of distribution was through strategically selected distribution lists and listservs aimed at maximizing cross-sector participation (e.g., MOC clients, the MOC Board, Three Pyramids/Minority Coalition, North Central Workforce Investment Board, North Central Chamber of Commerce, The North Central Massachusetts Faith Based Community Coalition, etc.). These surveys included both English and Spanish language versions and were available via the internet-based survey tool, JotForm. A total of 533 survey responses were received from community members from 25 of MOC's 30 Service Area cities and towns. The Community Survey consisted of questions regarding demographic information and a severity rating of various problems residents may currently be experiencing. In addition, there were questions concerning which MOC and other community-based resources respondents had utilized and their experience of interagency referral processes. It is important to note that MOC's Community Survey included several questions drafted by the MASSCAP Planners Community of Practice. These questions were intended to help the Executive Office of Housing and Livable Communities, MASSCAP, and the MA Community Action Network, as a whole, get a sense of common needs across the state.

**Focus Groups**

- In early 2023, MOC held 5 Focus Groups including a total of 57 participants from 7 communities (both urban and rural) across MOC's Service Area. Focus Groups targeted specific groups like youth, parents, older adults, and People of Color. Sixty percent of participants were adults (18 to 64 years), one quarter (25%) were adults over 65 years and the remaining 15% were youth ages 14-17. Seventy percent of participants were female. Forty-four percent (44%) self-identified as Latino and over half (55%) self-identified as a race other than White.

Focus Group Participants were asked to rank a list of "unmet needs" based on preliminary findings from the Community Needs Survey and then to discuss existing related resources as well as gaps in related services. Each Focus Group also reserved some time to discuss

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participants' current experience with the healthcare system and their ideas for making healthcare work better for them and their families.

**Stakeholder Survey**

- In the fall of 2022, MOC distributed a Stakeholder Survey to key community partners from a variety of sectors. The survey was available through the internet-based survey tool, SurveyMonkey, and it was distributed to potential respondents via personal invitation (email) from MOC's Vice Presidents. The survey was comprised of 17 questions, roughly half asking respondents to rank their level of agreement with statements about MOC and half open-ended. Twenty-two stakeholders responded to the invitation to participate in MOC's Stakeholder Survey. Roughly half (9, 41%) were parents or legal guardians of program participants. The remainder were State Agency Employees/Contractors (3), Other Social Services Providers (4), Medical Providers (1), Senior Center Directors (3), and Others (2), including one school official and one municipal employee.

**Customer Satisfaction Survey**

- In October 2022 and April 2023, MOC administered a Customer Satisfaction Survey. Per MOC's Customer Satisfaction Procedure, all MOC programs collect client feedback using a standardized Customer Satisfaction Survey at least twice per year. The MOC's Customer Satisfaction Survey is based on a tool developed by SMC Partners for MASSCAP and consists of 16 questions: 14 multiple choice and 2 short answer. In total, 561 Customer Satisfaction Surveys were returned in October 2022 and April 2023.

***A Note about the Potential for Sampling Error***

*The surveys and focus groups were intended to elicit the opinions and perceptions of key stakeholders (i.e., low-income clients, community members, and staff as well as representatives of faith-based organizations, the public and private sectors, and educational institutions). The data collected has been used in conjunction with available quantitative data to determine needs that MOC can address in the next 3 years (2024-2026).*

*As noted in the Assessment Process section, in the winter of 2022-2023:*

- *Community Surveys were distributed via email to agency and staff contact lists and forwarded from there.*
- *Focus Groups were all voluntary and occurred at meetings specifically scheduled for the task.*
- *Stakeholder Surveys were by invite only.*

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- *Customer Satisfaction Surveys were distributed to program participants according to program-specific workflows and response rates vary significantly across programs and time periods.*

*Given the distribution/recruitment methods, those participating in the Survey, Focus Groups, Stakeholder Survey, and Customer Satisfaction processes were generally self-selecting. As a result, potential sampling error may have occurred. Specifically, distribution/recruitment methods may have limited the validity of results as the samples are not purely random. Consequently, the qualitative data presented here are presented cautiously.*

## **KEY FINDINGS - NEEDS**

### **Community Survey**

In late 2022/early 2023 a Community Needs Survey was distributed throughout the region to stakeholders, including: clients, staff, community-based organizations, residents, municipalities, and businesses (See Appendix B for a copy of the Survey tool).

**Respondent Profile:** The survey received 533 responses from community members residing in 25 of MOC's 30 Service Area cities and towns. Respondents were primarily female (83.7%), aged 25 to 44 (45.4%), White (73.7%), and non-Hispanic (75.1%). Just over half (52.5%) reported living below 200% of the Federal Poverty Level and are, therefore, considered low-income and eligible for Community Services Block Grant-funded programs.

The graphs below compare the Community Needs Survey Respondents to MOC's clients on several key demographic characteristics.

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**Source: Making Opportunity Count, Inc. Community Needs Survey, 2022-2023 & Making Opportunity Count, Inc. Annual Report Data, 2022.**

While both groups tend to be female, White, non-Hispanic and low-income, they differ greatly in Age. Specifically, while nearly 50% of MOC's clients (46.7%) are Youth (i.e., under 18 years of age) only 11.9% of the Survey Respondents were youth. This discrepancy is not surprising.

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Given the nature and content of the survey, MOC did not actively distribute it to our youngest clients and, therefore, the age profile of our Survey Respondents is not consistent with our overall client population.

**Identified Needs:** As a component of the Community Needs Survey, respondents were asked to select from a list of 21 options the top 5 unmet needs for the Respondent and in the community where s/he lives. [Please note, this list was developed in collaboration with MASSCAP staff and other Community Action Agency Planners in the Massachusetts network through the Planners' Community of Practice. This list was meant to provide a standardized way of measuring Need across the state.]

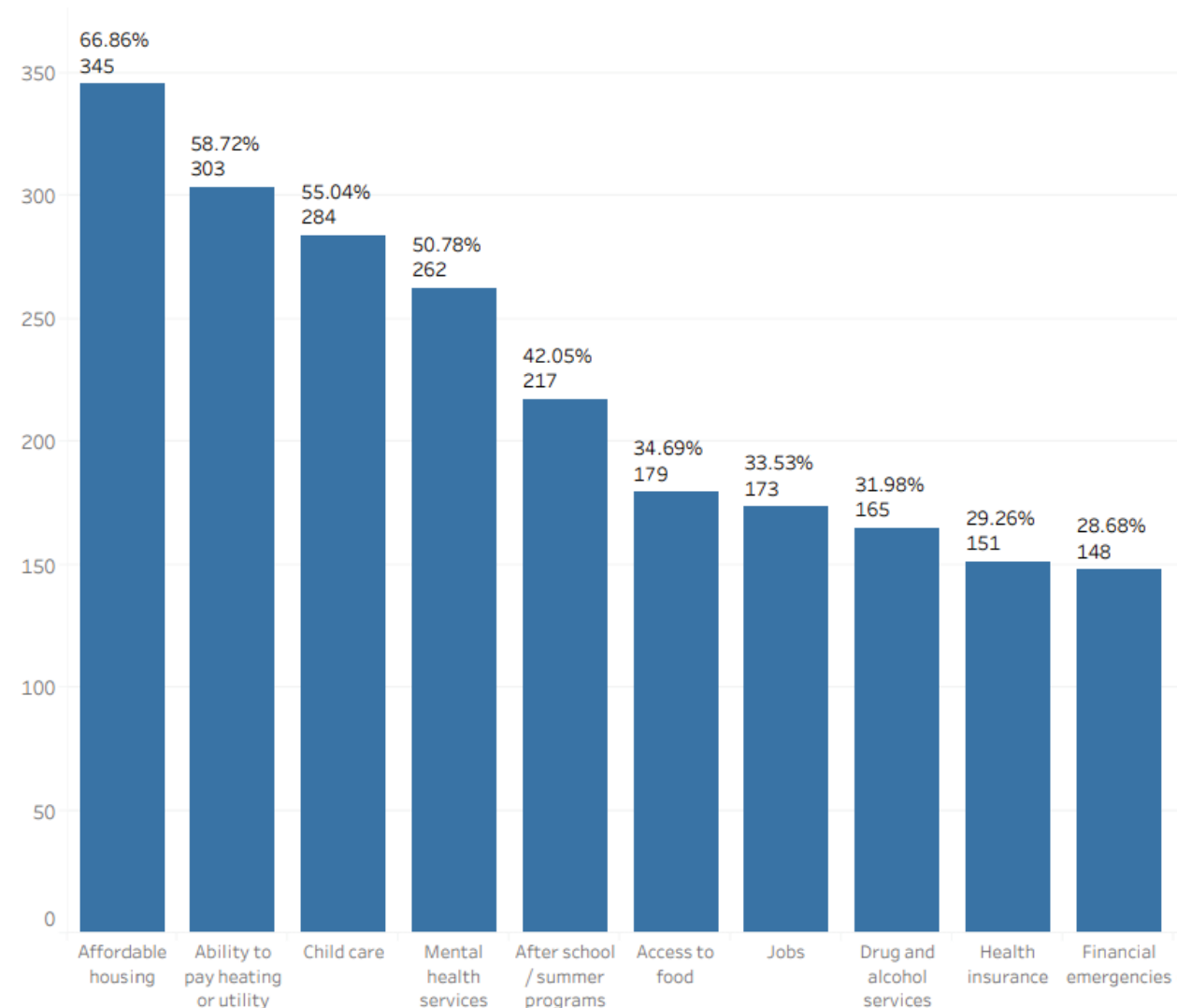
Options included:

- |  |                                     |
|--|-------------------------------------|
| 1. Child care  | 12. Domestic violence services      |
| 2. After school / summer programs for children and youth | 13. Safer neighborhood              |
| 3. Jobs  | 14. Transportation                  |
| 4. English classes                                       | 15. Ability to budget               |
| 5. Training or education to get a job or better job      | 16. Legal assistance                |
| 6. Elder services  | 17. Need for clothing               |
| 7. Affordable housing                                    | 18. Financial emergencies           |
| 8. Ability to pay heating or utility bills               | 19. Immigration issues              |
| 9. Access to food Health insurance                       | 20. Discrimination issues           |
| 10. Mental health services                               | 21. Access to technology / internet |
| 11. Drug and alcohol services                            |                                     |

The graph below shows the overall results. The top needs identified were:

1. Affordable housing (66.9%)
2. Ability to pay heating or utility bills (58.7%)
3. Child care (55.0%)
4. Mental health services (50.8%)
5. After school/summer programs for youth (42.1%)

**Top Ten Needs Identified, MOC Community Needs Survey, 2022-2023**



*Source: Making Opportunity Count, Inc. Community Needs Survey, 2022-2023*

It is worth noting, that when combined, “Affordable housing” and “Ability to pay heating or utility bills” (i.e., both Housing issues) were selected by 75.8% of Survey Respondents. Additionally, when combined “Child care” and “After school/summer programs for youth” (i.e., both Child care issues) were selected by 64.0% of Survey Respondents. Consequently, when we combine these highly related needs, the top needs identified could be stated as:

1. Housing Costs (75.8%)
2. Child care (infant, toddler, pre-K as well as before- and after-school, and summer) (64.0%)
3. Mental health services (50.8%)
4. Access to food (34.7%)
5. Jobs (33.5%)

**Identified Needs of the Low-Income Population:** To better understand whether there were differences across income in identified needs, survey responses were also analyzed at the subgroup level. The table below shows the top needs identified for the Total Respondent Population and the Low-Income Population (i.e., Below 200% of the Federal Poverty Level).

**Top Needs Identified by Community Needs Survey Respondents by Income Level**

<b>Total Respondent Population (N=525)</b>	<b>Lowest Income Population (&lt;200% Poverty) (N=276)</b>
Affordable housing (66.9%)	Affordable housing (71.0%)
Ability to pay heating or utility bills (58.7%)	Ability to pay heating or utility bills (62.0%)
Child care (55.0%)	Child care (57.6%)
Mental health services (50.8%)	Mental health services (48.6%)
After school/summer programs for youth (42.1%)	After school/summer programs for youth (43.8%)
Access to food (34.7%)	Access to food (35.1%)
Jobs (33.5%)	Jobs (34.1%)

*Source: Making Opportunity Count, Inc. Community Needs Survey. 2022-2023*

The table above shows the top needs, color coded by CSBG Domain. Brown represents Housing, green represents Education & Cognitive Development, blue represents Health and Social/Behavioral Development (including Nutrition), and orange represents Employment. For both respondent groups, concerns related to these four Domains were the top needs identified.

**The Persistent Impact of COVID:** While, in some ways, the nation is experiencing a “return to normal” following the height of the COVID-19 pandemic, the effects of the illness and the public health emergency are still felt across MOC’s Service Area. Data from MOC’s Community Needs Survey show that more than four in ten Survey Respondents (41%) feel “worse off” now than before the COVID-19 pandemic. Further, more than half (54%) say that the negative impacts from the COVID-19 pandemic are still affecting them today. Given that over half (58%) report having experienced “higher stress levels” and that more than a quarter “had trouble meeting housing, food, or other expenses”, “put off medical care,” or “lost income”, it is likely that the nature of the continued impact is financial and/or wellness-related.



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The persistence of this impact is particularly prevalent among the Low-Income Survey Respondent population and Survey Respondents of Color. When stratified (separately) by income level and race, Community Needs Survey data show that those living under 200% of the Federal Poverty Level and those self-identifying as a race other than White report more of a long-term impact than the overall Respondent population. Specifically, half of Low-Income Survey Respondents (50%) and 46% of Respondents of Color stated that they are “worse off” today than before the COVID-19 pandemic (vs. 41% of the Total Respondent population).

**Immediate and Long-Term Impact of COVID-19 By Respondent Group**

	<b>Total Respondent Population</b>	<b>Low-Income Population (&lt;200% Poverty)</b>	<b>Respondents of Color</b>
Compared to before the COVID-19 pandemic, are you and your family worse off now?	41%	50%	46%
Are any of the negative impacts from the COVID-19 pandemic STILL affecting you today?	54%	61%	68%
I experienced much higher stress levels.	58%	61%	64%
I had trouble meeting my housing, food, or other expenses.	32%	42%	35%
I put off medical care that I or my family needed.	27%	28%	23%
My household/family lost income overall.	27%	29%	31%

*Source: Making Opportunity Count, Inc. Community Needs Survey. 2022-2023*

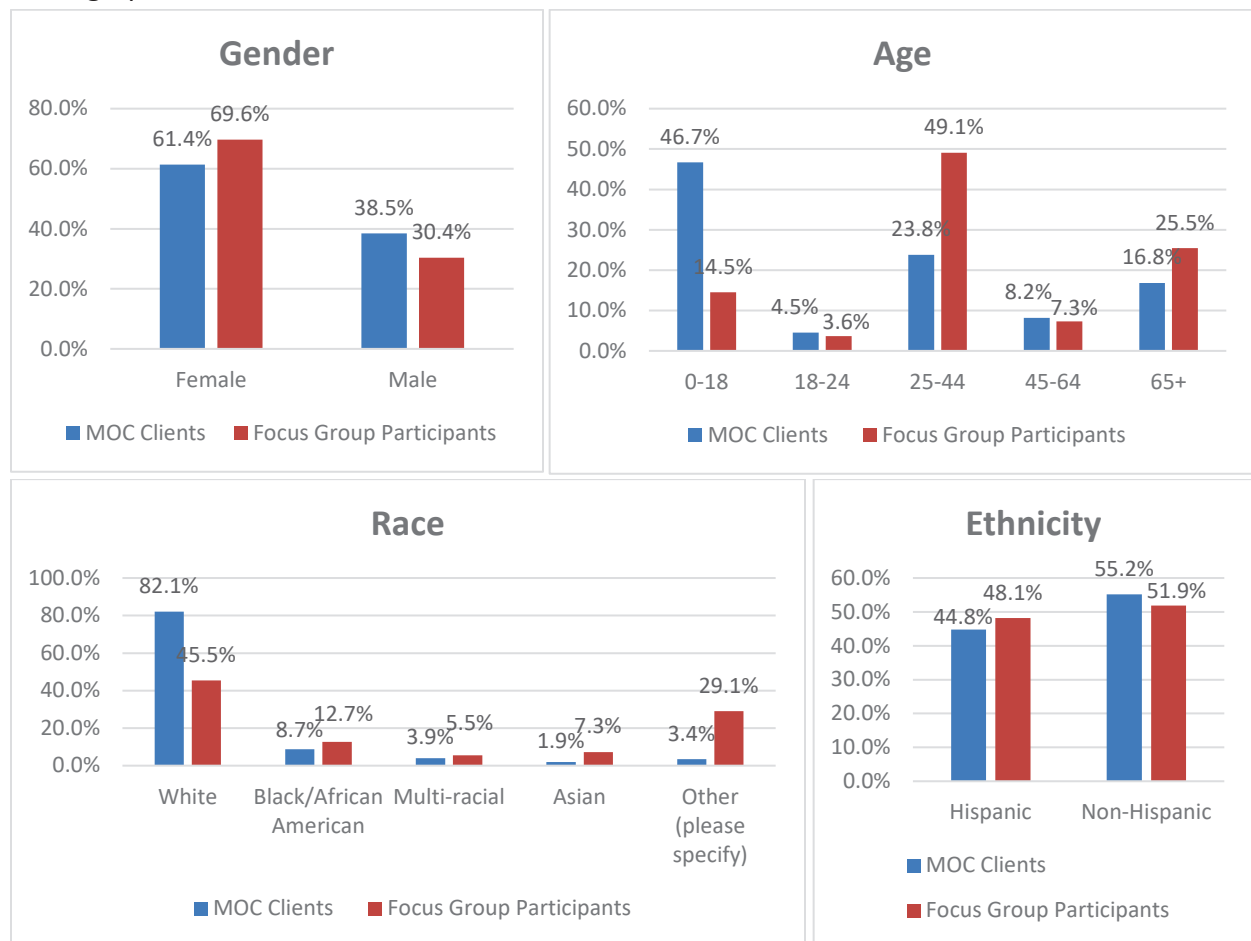
Additionally, higher percentages of Low-Income Survey Respondents and Survey Respondents of Color reported each of the following impacts during the pandemic than the overall Respondent population: “higher stress levels,” “had trouble meeting housing, food, or other expenses”, and “lost income”. Additionally, more Low-Income Survey Respondents reported having “put off medical care” than the overall Respondent population.

**Focus Groups**

To add some additional context to the findings of the Community Needs Survey and to get a better sense of whether the needs identified are occurring at the Individual/Family- (I/F). Community- (C), or Agency- (A) level, MOC held a series of Focus Groups in the spring of 2023. (See Appendix C for a copy of the Focus Group Guide).

**Participant Profile:** MOC’s recruitment goal for the Focus Groups was not necessarily to mirror the socio-demographic profile of our overall client population. Instead, it was to obtain varied perspectives on the needs in our Service Area. As a result, MOC staff targeted specific subgroups within our community: parents (mothers and fathers) of young children, People of Color, youth, and older adults. Whenever possible, existing groups were utilized to ensure a level of openness and comfort during the conversation.

The graphs below compare the Focus Group Participants to MOC’s clients on several key demographic characteristics.



**Source: Making Opportunity Count, Inc. Focus Group Participant Questionnaire. 2023**

Both groups tend to be female and non-Hispanic. However, the Focus Group Participants are much more racially diverse (i.e., 55.5% reporting a race other than White) and older (i.e., 86% reporting their age as 18 years and older) than MOC's clients in general. The racial diversity of Focus Group Participants is likely due to active efforts to engage people with diverse perspectives. The "White experience" was captured well in the Community Needs Survey so outreach efforts for the Focus Groups targeted voices less well heard. However, as with the Community Needs Survey, MOC did not actively recruit our youngest clients (i.e., Child care & Head Start and WIC participants, both groups of whom are generally ages 5 years and under) and, therefore, the age profile of our Focus Group Participants is not consistent with our overall client population.

It is also important to note that nine Focus Group Participants were Spanish-speaking.

**Identified Needs:** As part of the Focus Group, participants were asked to rank a list of unmet needs based on preliminary findings from the Community Needs Survey. The list included:

1. Housing
2. Heat/Utilities
3. Child Care/Early Education
4. Mental Health and Substance Abuse
5. Afterschool/Summer Opportunities for Youth
6. Food/Nutrition
7. Employment Opportunity
8. Healthcare

When data were aggregated across Focus Groups, the top needs identified were:

- Housing
- Heat/Utilities
- Mental Health & Substance Abuse
- Food/Nutrition

Housing was a "Top 3 Concern" in 5 out of 5 Focus Groups while Heat/Utilities, Mental Health & Substance Abuse, and Food/Nutrition were "Top 3 Concerns" in 3 out of 5 Focus Groups. These results overlap well with the Community Needs Survey, with the exception of Employment. While Employment (or "Jobs") made it into the top 5 needs identified on the Community Needs Survey, only the Youth Focus Group voted for "Employment Opportunity" as a "Top 3 Concern".

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Focus Group Participants expressed a range of concerns related to each of these broad topic areas. Specific concerns are categorized below as Individual/Family-level or Community-level to help us better understand at what level the barriers exist. When the issue directly relates to a service or program that MOC currently provides, that issue is also categorized as an Agency-level (A) issue as the agency should consider its own capacity to address the concern.

1. Housing
  - a. Not enough affordable housing in the region (C)
  - b. The cost of housing is too high (C)
  - c. Waitlists for housing programs are too long (C)
  - d. Housing Authority buildings are too far removed from the other places people need to be (C)
  - e. Not enough shelter options in the region (C) (NOTE: this is also an Agency-level issue as MOC is a Shelter provider)
  - f. Eligibility criteria for housing assistance are too rigid (C) (NOTE: this is also an Agency-level issue as MOC is a Housing Assistance (e.g., rent assistance) provider)
  - g. Quality and safety of housing is not good (C)
  - h. People's earned income and credit scores make it difficult to access housing (I/F)
2. Heat/Utilities:
  - a. Funding limits in assistance programs (C) (NOTE: this is also an Agency-level issue as MOC is an Emergency Assistance provider)
  - b. Time constraints on assistance programs (C) (NOTE: this is also an Agency-level issue as MOC is an Emergency Assistance provider)
  - c. People's earned income is too low to afford utilities (I/F)
  - d. Utility costs are too high (C)
3. Mental Health and Substance Abuse:
  - a. Costs are high (insurance and copays) (C)
  - b. Lack of services targeting youth and men (C)
  - c. Waitlists for services are long (C) (NOTE: this is also an Agency-level issue as MOC is a Behavioral Health provider)
  - d. Medical providers do not make necessary referrals (C)
  - e. Services lack language and cultural competence (C) (NOTE: this is also an Agency-level issue as MOC is a Behavioral Health provider)
  - f. People don't have personal transportation to get to mental health and substance abuse services (I/F)
  - g. Public transportation is not adequate for mental health and substance abuse services (C)

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- h. Lack of useful information about mental health and substance abuse services in the community (C)
- 4. Food/Nutrition
  - a. Too few access points to healthy food (e.g., Farmers Markets, food pantries, food stores) (C)
  - b. Healthy food is too expensive (C)
  - c. People's income does not allow them to purchase healthy foods (I/F)
  - d. Eating less healthy food exacerbates health problems (I/F)
  - e. Eligibility criteria for SNAP are too strict (C)
  - f. Food pantries don't have healthy food options (C)
  - g. People lack education about nutrition (I/F)
  - h. There are not enough nutrition education resources in the community (C) (NOTE: this is also an Agency-level issue as MOC is a Nutrition Education provider)

Focus Group participants tended to describe issues at the Community-level, suggesting a local awareness of the role of structural and institutional barriers (e.g., racism, classism, built environment, etc.) to people achieving economic stability. They also tended to note the discrepancy between residents earned income and the cost of various items like housing and food. This suggests that there is also an awareness of the high cost of living relative to the wages available in the region.

In addition to discussing needs related to their top concerns, Focus Group Participants also brainstormed ways in which MOC could help address the issues facing individuals and families in North Central Massachusetts. Their ideas are presented in the table below:

**Focus Group Generated Solutions to Top Needs**

<b>Housing</b>	<b>Heat/Utilities</b>	<b>Behavioral Health</b>	<b>Food/Nutrition</b>
Convert space (unused buildings) into shelter or affordable housing	Make internal referrals to LIHEAP and other Emergency Assistance programs	Offer additional modalities of treatment (i.e., other than 1 on 1 counseling)	Provide food pantry services
Offer financial counseling in support of paying housing costs	Share information about available services with the community	Create more safe spaces like the Youth Innovation Center	Expand nutrition education services
Advocate for housing price regulations (e.g., rent control)	Provide additional Emergency Assistance funding	Offer peer support programs	Offer summer feeding, including healthy options, to local youth
Raise income guidelines for housing-related programs	Expand weatherization programming to reduce utility costs	Share information about the Counseling Center at MOC with clients of other MOC programs	Add additional congregate feeding sites
Work with Housing Authorities to offer more satellite or scattered site housing options			

*Source: Making Opportunity Count, Inc. Community Needs Assessment Focus Groups. 2023*

**Healthcare:** In addition to discussing community needs, Focus Group participants spent a portion of the allotted time discussing healthcare. Specifically:

- Whether they have a primary care provider;
- Their likes and dislikes about appointments with their healthcare providers; and
- Whether healthcare in a place that has easy access to behavioral health and social services would benefit them and/or their families.

Generally, Focus Group Participants reported having primary care providers and felt the region had good access to hospital and urgent care services. Costs and wait times (for appointments as well as in the office) were the top challenges with the current healthcare system. Technology

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was seen as both a positive and negative aspect of healthcare, with some participants appreciating technology-assisted care and others considering it a barrier.

**Focus Group Participants’ Feedback about Healthcare**

<b>Pros</b>	<b>Cons</b>	<b>Solutions</b>
Family Physicians who see the whole family	Costs (insurance premiums, copays, prescriptions)	Provide medical transportation services
Pediatric Specialists	Health insurance dictates which providers you can see	Help clients access specialists
Primary Care Physicians who ask about other needs; not just physical health	Waitlists for appointments (no same day appointments)	Help clients access health screening services
Access to hospital services and urgent care in region	Wait times in office	Support local efforts to increase the pool of medical professionals (i.e., doctors, specialists, ER staff)
Easy to use prescription refill services	Lack of culturally and linguistically competent care	
Technology-assisted healthcare – telehealth, medical devices, My Chart	Poor provider relations (not listening, not taking concerns seriously, not being relatable to/for different populations)	
	Long waits for interpreters	
	Lack of transportation	
	Too much technology (computer check-in, telehealth)	

*Source: Making Opportunity Count, Inc. Community Needs Assessment Focus Groups. 2023*

Focus Group Participants’ suggestions as to how MOC could assist in the healthcare field centered around “access”. Participants suggested that MOC could help clients to access specific services, like specialists and screenings. They also suggested that MOC could provide medical transportation services. And, finally, they suggested that MOC could play a role in efforts to increase the pool of local medical providers.

### **Stakeholder Survey**

In the fall of 2022, MOC administered our first annual Stakeholder Survey. The impetus behind the survey was the recent launch of MOC's Behavioral Health clinic, The Counseling Center at MOC, and our quest for national accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). This specific accreditation signals a service provider's commitment to continually improving services, encouraging feedback, and serving the community. Within a few months of our initial licensure in mid-2021, MOC was granted a 1-year accreditation from CARF with the opportunity to pursue a 3-year accreditation in November 2022.

To reach CARF's required threshold for quality and performance improvement, MOC's accreditation team worked to develop and implement an agency-wide infrastructure including processes, procedures, and timelines for soliciting feedback from a range of internal and external customers. The Stakeholder Survey is part of that continuous quality and performance improvement process, offering parents and caregivers; partner organizations; local and state government department representatives; and others who interface with MOC during a client's engagement with the organization an opportunity to provide constructive feedback about MOC's services, transparency, and leadership (See Appendix D for a copy of the Survey tool).

**Respondent Profile:** MOC's Stakeholder Survey does not ask Respondents to provide any demographic information, simply their relationship to MOC. Roughly half (41%) of Respondents were parents or legal guardians of program participants. The remainder were State Agency Employees/Contractors, Other Social Services Providers, Medical Providers, Senior Center Directors, and Others.

**Identified Needs:** Much of the survey speaks to MOC's capacity to provide effective and efficient services and is, therefore, more appropriate for the Internal Assessment associated with the Strategic Planning process to come in mid- to late-2023. However, several questions allowed respondents to provide open-ended narrative. The following client needs were referred to in respondents' narratives:

- Better food/more meal options within MOC's Elder Nutrition program;
- More capacity to provide Behavioral Health Services, including programming for teens in crisis;
- Housing assistance; and
- More of a physical presence in Leominster.

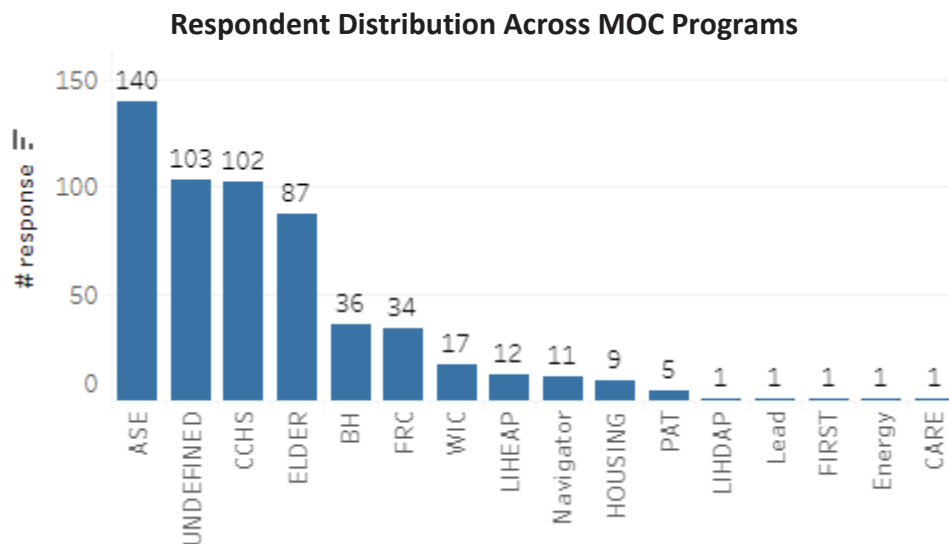
These findings dovetail with those of the Community Needs Survey and the subsequent Focus Groups. Specifically, all three highlight Housing, Mental Health and Substance Abuse (or Behavioral Health), and Food/Nutrition as concerns in the community.



**Customer Satisfaction Survey**

Per MOC’s Customer Satisfaction Procedure, all MOC programs collect client feedback using a standardized Customer Satisfaction Survey at least twice per year. The MOC’s Customer Satisfaction Survey is based on a tool developed by SMC Partners for MASSCAP and consists of 16 questions: 14 multiple choice and 2 short answer (See Appendix E for a copy of the Survey tool).

**Respondent Profile:** In total, 561 Customer Satisfaction Surveys were returned in October 2022 and April 2023. MOC’s Customer Satisfaction Survey does not ask Respondents to provide any demographic information, simply the name of the MOC program through which they were served. Of the 561 respondents, 25% participated in MOC’s Adolescent Sexual Education program (ASE), 18% participated in our Child Care & Head Start program (CCHS), and 16% participated in our Elder Nutrition program (Elder).



*Source: Making Opportunity Count, Inc. Customer Satisfaction Survey, October 2022 & April 2023.*

**Identified Needs:** Much of the Customer Satisfaction Survey speaks to MOC’s capacity to provide effective and efficient services and is, therefore, more appropriate for the Internal Assessment associated with the Strategic Planning process to come in mid- to late-2023. However, several questions allowed respondents to provide open-ended narratives. The following client needs were the most common referred to in respondents’ narratives:

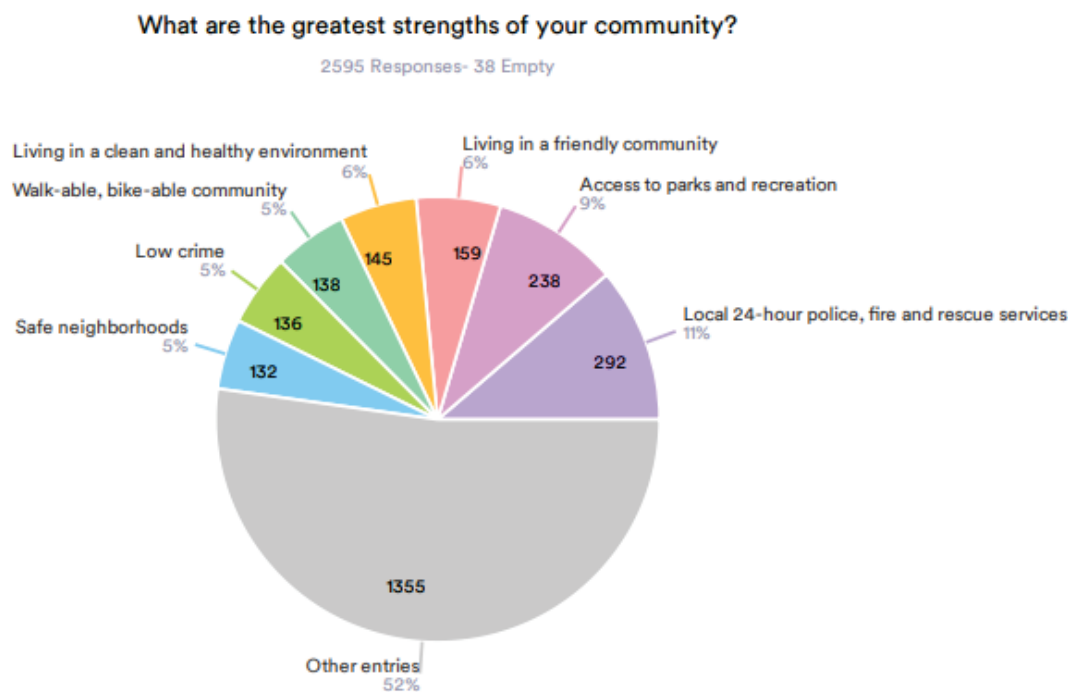
- Transportation
- Family Planning Services
- Housing
- Food
- Employment
- Behavioral Health Services
- Info on Resources Available at MOC and in the Community

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While none of these needs was highlighted by more than ten individual respondents, several do overlap with findings seen elsewhere in MOC’s Community Assessment process. Specifically, Customer Satisfaction data echoed findings from the Community Needs Survey, Focus Groups, and Stakeholder Surveys around the need for Housing, Food, and Behavioral Health related services and supports.

**KEY FINDINGS - SUMMARY OF LOCAL ASSETS**

In addition to being asked to rank problems/barriers to low-income families achieving economic security, Community Survey respondents were also asked to identify the strengths of their community. They were given a list of community assets and asked to check those they felt accurately described MOC’s Service Area. The pie chart below shows the distribution of responses:



Source: Making Opportunity Count, Inc. Community Needs Survey, 2022-2023.

Responses tend to indicate that respondents feel MOC’s Service Area is a prosocial place to live with strong emergency services to keep people safe; reasonable access to parks and recreation, including walking and cycling; and low crime rates, safe neighborhoods, and friendly neighbors.

Within their discussions about needs, Focus Group Participants also noted many local assets: Section 8 programming with priority given to crisis situations; food pantries, farmers markets,

the Spanish American Center and, specifically, its food truck; family medicine providers who see whole families and good access to hospital and urgent care services.

These assets should be considered in MOC's efforts to develop strategies to address the needs/barriers identified above.

## **CONCLUSIONS**

Data collected through the Community Needs Survey, Focus Groups, Stakeholder Survey, and Customer Satisfaction Survey were relatively consistent in their prioritization of problems/barriers facing low-income families across MOC's Service Area. Though there was some difference in the overall ranking of these issues between groups, the top three most pressing needs facing individuals and families in North Central Massachusetts are:

- Housing (including health and utilities),
- Behavioral Health, and
- Food/Nutrition.

In addition to these three issues, Child care (including infant, toddler, pre-K as well as before- and after-school and summer programming) received significant support from Community Survey Respondents as a top need for individuals and families in North Central Massachusetts. That is, nearly two-thirds (64.0%) of Survey Respondents or 341 individuals called out Childcare as an issue. Given that level of endorsement and MOC's position as a childcare provider across the region, Childcare has been added to the list of top issues facing residents of MOC's Service Area.

The table below shows these four areas of greatest need with specific Community-, Individual/Family-Level, and Agency-Level concerns highlighted. Identifying the need as Community-, Individual/Family-, or Agency-Level will help MOC to focus our strategic planning activities over the next several months. Note that the Community-Level and Agency-Level issues overlap when MOC is a provider of a related service. As a provider, MOC has a duty to our clients to respond to identified needs.

### **Key Findings: Top Four Issues of Greatest Need Facing MOC's Service Area**

- High Housing Costs (including heat and utilities)
  - Community-Level issues: lack of affordable units, particularly units that are conveniently located; lack of shelter opportunities; eligibility requirements for housing/shelter programs are too strict; eligibility requirements for emergency

assistance programs are too strict; funding and time constraints on assistance programs do not align with need; poor housing quality; high utility rates

- Individual/Family-Level issues: lack of income to pay high housing costs; lack of income to pay utility costs
  - Agency-Level issues: lack of shelter opportunities; eligibility requirements for housing/shelter programs are too strict; eligibility requirements for emergency assistance programs are too strict; funding and time constraints on assistance programs do not align with need
- Behavioral Health Concerns
- Community-Level issues – waitlists for services are too long; limited cultural and linguistic competence; lack of behavioral health resources targeting special populations (e.g., youth, men); lack of good information about behavioral health issues and services
  - Individual/Family-Level issues – lack of transportation to get to behavioral health services
  - Agency-Level issues: waitlists for services are too long; limited cultural and linguistic competence; lack of behavioral health resources targeting special populations (e.g., youth, men); lack of good information about behavioral health issues and services
- Food/Nutrition
- Community-Level issues: lack of healthy food access points (e.g., Farmers Markets, food pantries, food stores); high costs of healthy food; SNAP eligibility requirements are too strict; food pantries do not have healthy food options; lack of nutrition education resources
  - Individual/Family-Level issues: lack of income to purchase food; lack of knowledge about nutrition and healthy eating; poor nutrition leading to personal health issues
  - Agency-Level issues: lack of nutrition education resources
- Childcare (including before, after, and summer programming for youth)
- Community-Level issues: cost of care; lack of transportation; lack of available slots for childcare; times of care do not overlap with need; lack of opportunities for adolescents (e.g., after school and summer programs); lack of center-based opportunities; lack of conveniently located care opportunities (e.g., neighborhood-based)
  - Individual-/Family-Level issues: parents do not have the income to afford care; parents' work schedules do not align with available care; families do not have transportation to/from care

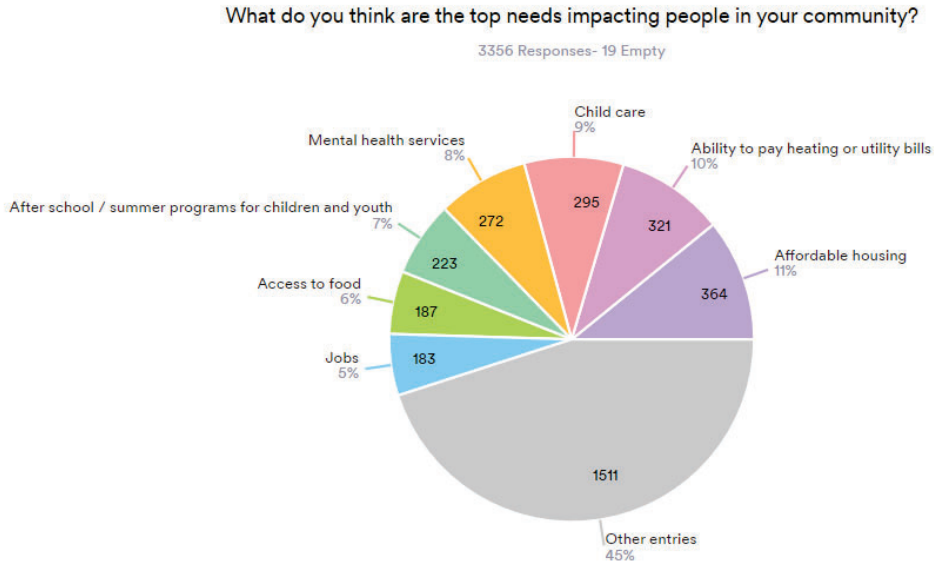
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- Agency-Level issues: cost of care; lack of transportation; lack of available slots for childcare; times of care do not overlap with need; lack of opportunities for adolescents (e.g., after school and summer programs); lack of center-based opportunities; lack of conveniently located care opportunities (e.g., neighborhood-based)

As mentioned above, local assets should be considered in MOC's efforts to develop strategies to address these needs/barriers as should the solutions generated by people with lived experience.

**LOCAL CONTEXT TO SUPPORT KEY FINDINGS**

Data presented below provides local context and helps to explain the Key Findings of the Community Needs Assessment. It also demonstrates the interconnectedness of the challenges facing families in MOC’s Service Area: an economy dominated by lower wage jobs makes necessities like stable, quality housing, childcare, and good nutrition difficult to afford which contributes to stress and ill health, particularly for low-income community members.

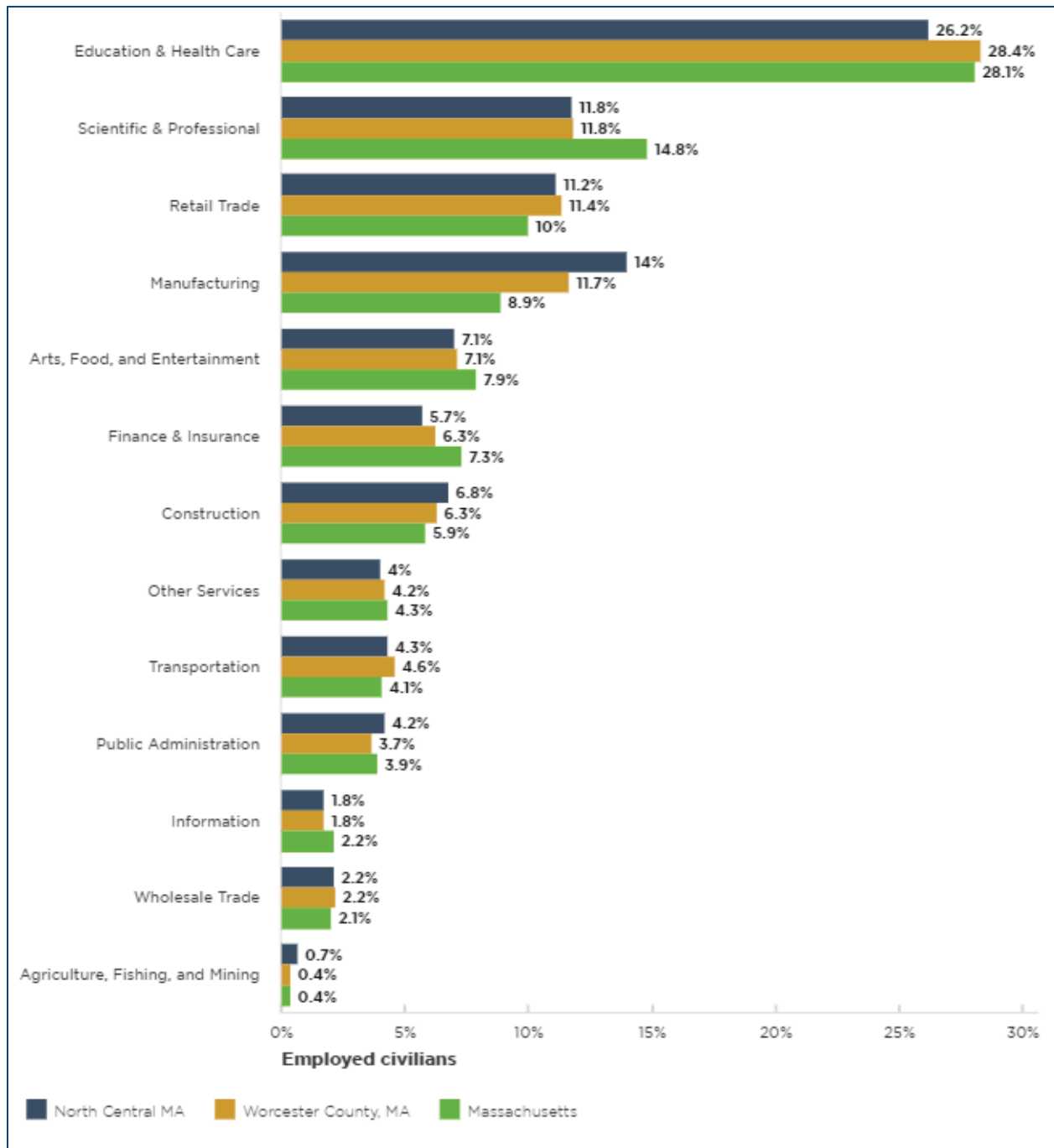


**THE ECONOMY AND INCOME**

**Description of the Region’s Economy:** As mentioned in the Community Profile section above, the economy of North Central Massachusetts has traditionally been manufacturing based. Though the region has experienced significant declines in this industry over the past 60 years as factories and mills have moved south and overseas, Manufacturing remains one of the largest industries, employment-wise, in MOC’s Service Area. Only Education & Healthcare employs a larger percentage of residents of MOC’s Service Area.

The graph below shows that over a quarter of residents (26.2%) work in Education & Healthcare, 14.0% work in Manufacturing and over 11% work in Scientific & Professional Services (11.8%) and Retail Trade (11.2%).

**Employment by Industry in MOC’s Service Area**



*Source: US Census Bureau, American Community Survey 2017-2021, 5YR. Accessed March 2023 via MySidewalk: North Central MA Community Needs Assessment Employment Dashboard.*

Within these industries, the most common occupations held by MOC Service Area residents are:

**Most Common Occupations in MOC’s Service Area**

<b>Occupation</b>	<b>Workers (#)</b>	<b>Median Annual Income (\$)</b>	<b>Typical Education Needed at Entry</b>
Total, All Occupations	81,200	\$46,821	
Top 10 Occupations	62,660	\$51,500	
Office and Administrative Support Occupations	9,080	\$45,852	No formal educational credential
Production Occupations	7,340	\$39,218	No formal educational credential
Sales and Related Occupations	6,900	\$30,243	No formal educational credential
Food Preparation and Serving Related Occupations	6,740	\$30,196	No formal educational credential
Educational Instruction, and Library Occupations	6,460	\$61,681	No formal educational credential
Transportation and Material Moving Occupations	6,220	\$36,829	No formal educational credential
Management Occupations	6,170	\$99,098	No formal educational credential
Healthcare Practitioners and Technical Occupations	5,090	\$76,144	No formal educational credential
Healthcare Support Occupations	5,080	\$36,360	No formal educational credential
Construction and Extraction Occupations	3,580	\$59,381	No formal educational credential

*Source: Massachusetts Department of Labor and Workforce Development. Occupational Employment and Wage Statistics, May 2021.*

Per the table above, the 10 most common occupations in MOC’s Service Area are jobs that require no formal education at entry and that pay an Average Median Annual Income of \$51,500. Across Massachusetts, the list of 10 most common occupations is nearly the same (i.e., eight out of 10 overlap) and, like in MOC’s Service Area, none requires a “formal educational credential” at entry. However, the Average Median Annual Income for the 10 most common occupations across Massachusetts is \$64,485, 25% higher than in MOC’s Service Area. Considering all occupations in MOC’s Service Area, the Median Annual Income is \$46,821, 20% less than Massachusetts’ \$58,540.

The table below provides Median Annual Income data for MOC’s Service Area, or the North Central Workforce Development Area (WDA), as well as Massachusetts for the top 10 most common occupations in the North Central WDA (NOTE: Massachusetts’ list of 10 most common occupations does not include Production Occupations or Construction and Extraction Occupations. It includes Business and Financial Operations Occupations and Computer and Mathematical Occupations instead, both of which are higher paying occupational categories. As a result, “Occupations listed here” has also been added to the table below to represent a truer comparison across regions).



**Median Annual Income for Specific Occupations in MOC’s Service Area vs. Massachusetts**

	Median Annual North Central WFDA	Median Annual Massachusetts	Difference
Total, All Occupations	\$46,821	\$58,540	(\$11,719)
10 Most Common Occupations	\$51,500	\$64,485	(\$12,985)
Occupations Listed Here	\$51,500	\$56,597	(\$5,097)
Office and Administrative Support Occupations	\$45,852	\$47,530	(\$1,678)
Production Occupations	\$39,218	\$43,110	(\$3,892)
Sales and Related Occupations	\$30,243	\$37,410	(\$7,167)
Food Preparation and Serving Related Occupations	\$30,196	\$30,980	(\$784)
Educational Instruction, and Library Occupations	\$61,681	\$63,110	(\$1,429)
Transportation and Material Moving Occupations	\$36,829	\$38,010	(\$1,181)
Management Occupations	\$99,098	\$127,300	(\$28,202)
Healthcare Practitioners and Technical Occupations	\$76,144	\$80,150	(\$4,006)
Healthcare Support Occupations	\$36,360	\$36,300	\$60
Construction and Extraction Occupations	\$59,381	\$62,070	(\$2,689)

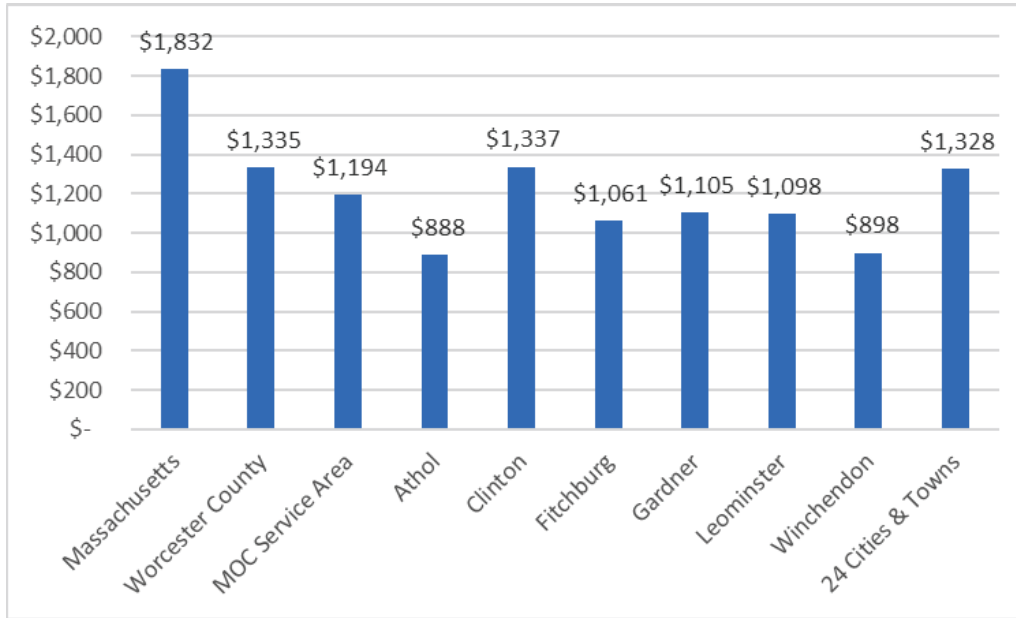
*Source: Massachusetts Department of Labor and Workforce Development. Occupational Employment and Wage Statistics, May 2021.*

Interestingly, only Healthcare Support Occupations are higher paying in MOC’s Service Area than in Massachusetts as a whole. Otherwise, down the line, Median Annual Income in MOC’s Service Area is less for all occupations as well as each category individually listed here. Findings from MOC’s Community Needs Survey conducted in late 2022/early 2023 echo this finding: over one-third (33.5%) of survey respondents indicated that “Jobs” are a top concern in the region.

Not surprisingly, disparities in income derived from jobs within MOC’s Service Area versus the rest of the state are also apparent in the Average Weekly Wages of people working in MOC’s Service Area. Average Weekly Wages for jobs available in MOC’s Service Area are \$1,194, just 65% of the \$1,832 for all jobs across Massachusetts.

As noted elsewhere, aggregation of data across MOC’s Service Area masks the stark differences between communities. The same is true for wages.

**Average Weekly Wages for Select Communities in MOC's Service Area,  
Fourth Quarter 2021**



*Source: Massachusetts Department of Labor & Workforce Development. Employment and Wages (ES-202), Quarter 4, 2021*

All of MOC's Six Urban Centers have an Average Weekly Wage less than Massachusetts. Athol and Winchendon, each around \$890 per week, are just under 50% of the Average Weekly Wage in Massachusetts.

As with many indicators presented here, the 24 Cities & Towns appear to be in a more favorable position than the Urban Centers. However, if we look at those communities individually, we see a broad range of figures with the lowest Average Weekly Wages in Phillipston at \$567 and the highest in Harvard at \$1,795.

**Non-Urban Communities with the Lowest and Highest Weekly Wages**

Geography		Average Weekly Wage	
Massachusetts		\$1,832	
Worcester County		\$1,335	
MOC Service Area		\$1,194	
Non-Urban Communities w/ Lowest Average Weekly Wages		Non-Urban Communities w/ Highest Average Weekly Wages	
Geography	Average Weekly Wage	Geography	Average Weekly Wage
Phillipston	\$567	Harvard	\$1,795
Princeton	\$845	Shirley	\$1,620
Royalston	\$845	New Braintree	\$1,491
Hubbardston	\$972	Pepperell	\$1,479
Petersham	\$972	Ayer	\$1,477

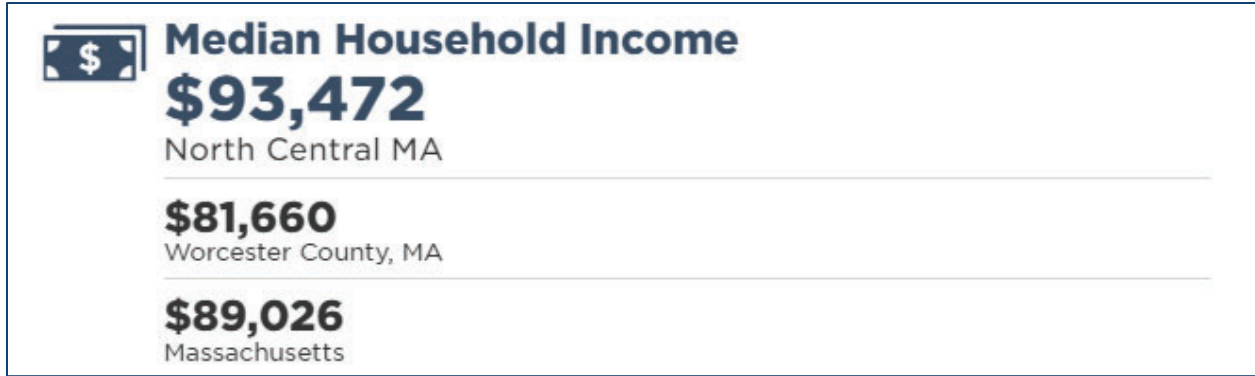
*Source: Massachusetts Department of Labor & Workforce Development. Employment and Wages (ES-202), Quarter 4, 2020*

With the exception of New Braintree, all of the communities with the highest Average Weekly Wages are in the eastern portion of MOC’s Service Area, nearest the MetroWest region where employers are likely to draw from a larger, more competitive and more skilled workforce. Conversely, all of the communities with the lowest Average Weekly Wages, with the exception of Princeton, are in the western portion of MOC’s Service Area.

It is important to note that the data presented so far represent occupations and wages available within MOC’s Service Area, not necessarily the occupations held and wages earned by people living in the region. However, given the large size of MOC’s Service Area and the Census finding that the average Mean Commute Time for workers in the region is 33.7 minutes,<sup>26</sup> it is likely that most residents of MOC’s Service Area also work in the area.

In contrast to Average Weekly Wages, the Median Household Income for residents of MOC’s Service Area, at \$93,472, is higher than Massachusetts where the Median Household Income is \$89,026.

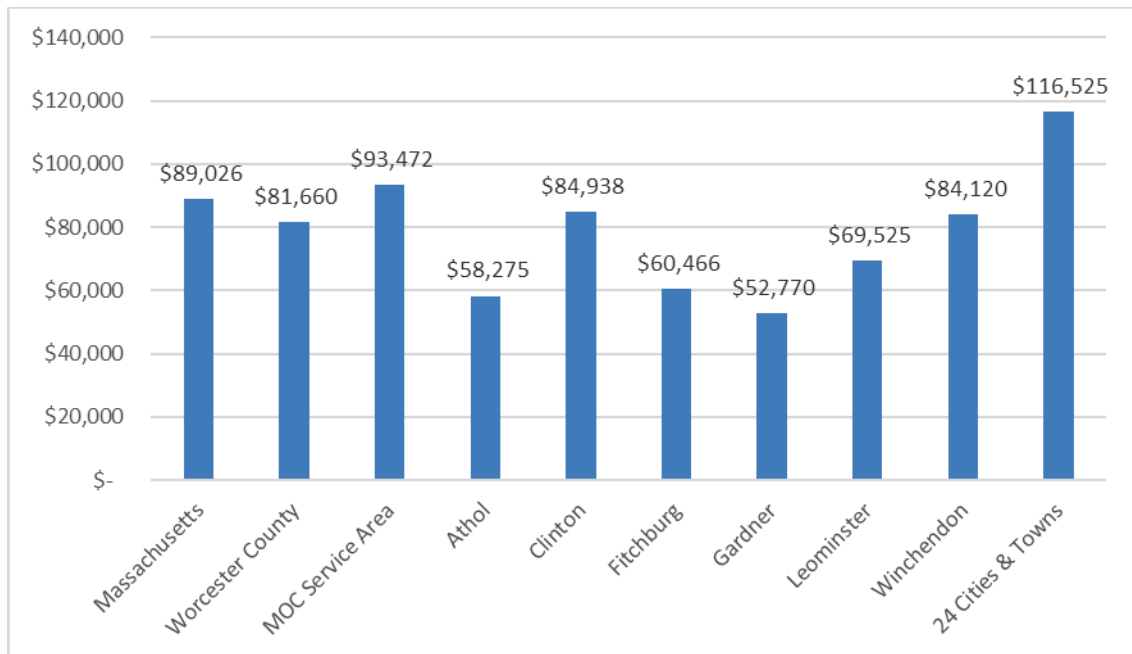
<sup>26</sup> Source: US Census Bureau, American Community Survey 2017-2021, 5YR. Accessed March 2023 via MySidewalk: North Central MA Community Needs Assessment Transportation Dashboard.



*Source: US Census Bureau, American Community Survey 2017-2021, 5YR. Accessed April 2023 via MySidewalk: North Central MA Community Needs Assessment Income, Infrastructure, & Asset Development Dashboard.*

Again, aggregation of data across the region hides differences between communities, particularly in the Urban Centers. All six of MOC’s Urban Centers have Median Annual Incomes less than Massachusetts’. At \$52,770, Gardner’s Median Annual Income is just 59% of Massachusetts’ (i.e., \$89,026).

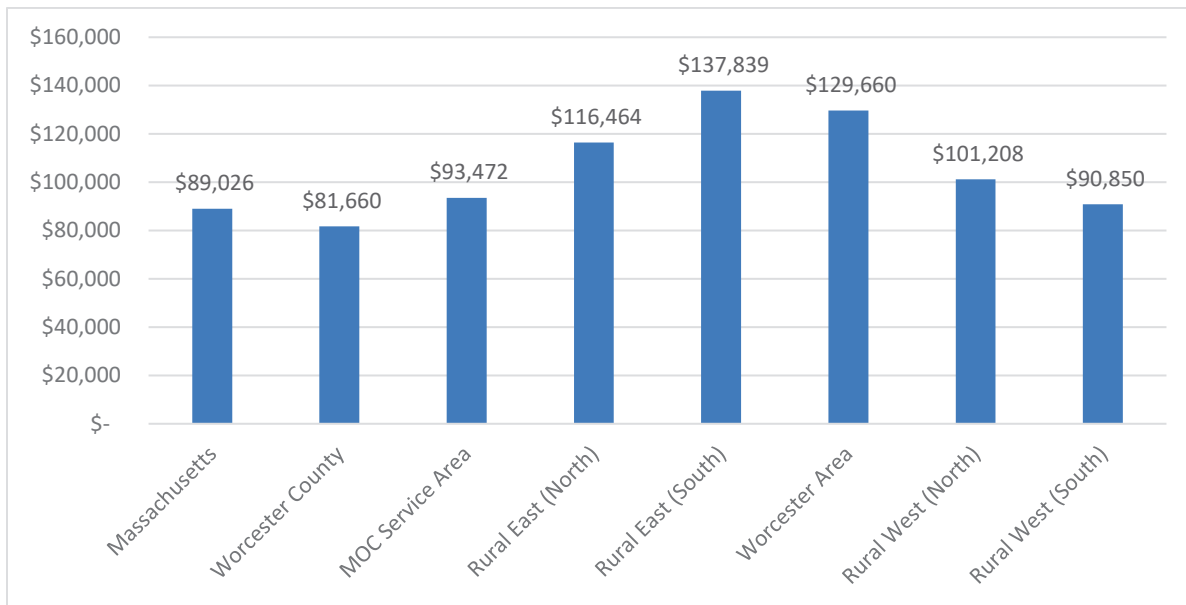
**Median Annual Income for Select Communities in MOC’s Service Area**



*Source: US Census Bureau, American Community Survey, 5YR, 2017-2021, Table DP03*

From the graph above, it is clear that the 24 Cities & Towns are again driving up the figures for the area, particularly the Median Annual Incomes in the eastern portion of MOC’s Service Area.

**Median Annual Income for Rural Clusters in MOC's Service Area**



*Source: US Census Bureau, American Community Survey, 5YR, 207-2021, Table DP03*

That is, at \$137,839 and \$116,464, Median Annual Incomes in Rural East (South) and Rural East (North) are 47% and 25% higher than MOC's Service Area as a whole. At \$129,660, Median Annual Income in Worcester Area is 39% higher than MOC's Service Area as a whole. With over a third (37%) of the households in MOC's Service Area, these three Rural Clusters are distorting the Median Annual Income for the region.

This distortion may be due, at least in part, to people working in MetroWest while living in the eastern portion of MOC's Service. Data concerning worker commutation (i.e., in-county vs. out-of-county) supports this theory. While only 31% of MOC Service Area residents work out-of-county, much higher proportions of workers in the eastern communities of MOC's Service Area work out-of-county (i.e., Harvard = 50%, Bolton = 46%, Berlin = 44%).

The Gini Index is the most commonly used index of income concentration and inequality. While Median Income figures compare earnings across communities, the Gini Index looks at the distribution of wealth within an individual community. According to the Census Bureau, the Gini Index is a statistical measure of income inequality ranging from 0 to 1. "A measure of 1 indicates perfect inequality, i.e., one household having all the income and rest having none. A measure of 0 indicates perfect equality, i.e., all households having an equal share of income."

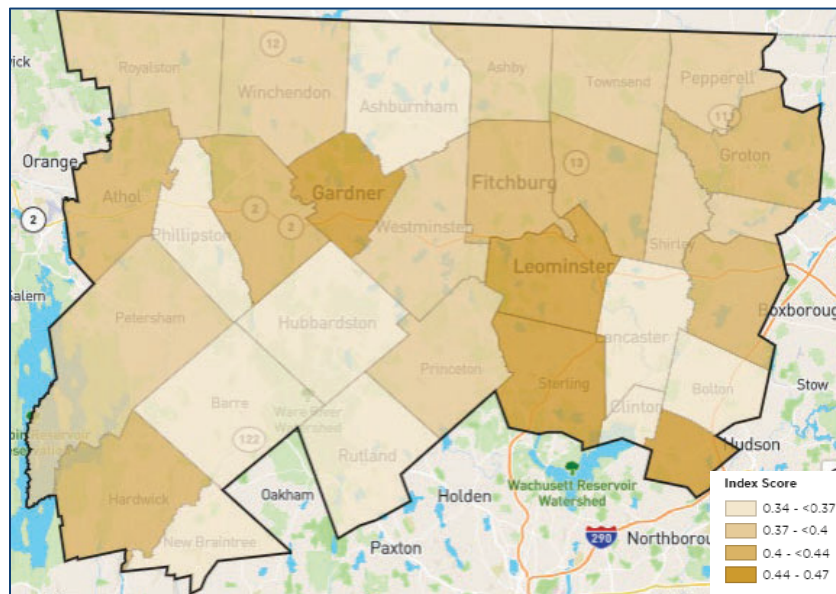


The Gini Index in MOC’s Service Area is 0.39, which is lower than the Gini Score in both Worcester County (0.45) and Massachusetts (0.49).

*Source: US Census Bureau, American Community Survey 2017-2021, 5YR. Accessed April 2023 via MySidewalk: North Central MA Community Needs Assessment Income, Infrastructure, & Asset Development Dashboard.*

The lower overall Gini Index score suggests less inequality in income distribution across MOC’s Service Area than in the county and state. According to the map below, in which the communities with the highest inequality are most darkly shaded, there are over a dozen individual cities and towns with Gini Index scores higher than the region as a whole: Shirley, Pepperell, Lunenburg, Athol, Groton, Fitchburg, Templeton, Hardwick, Harvard, Sterling, Gardner, Leominster, and Berlin. This suggests that income inequality is, in fact, an issue in MOC’s Service Area.

**Income Inequality (Gini Index) in MOC’s Service Area**

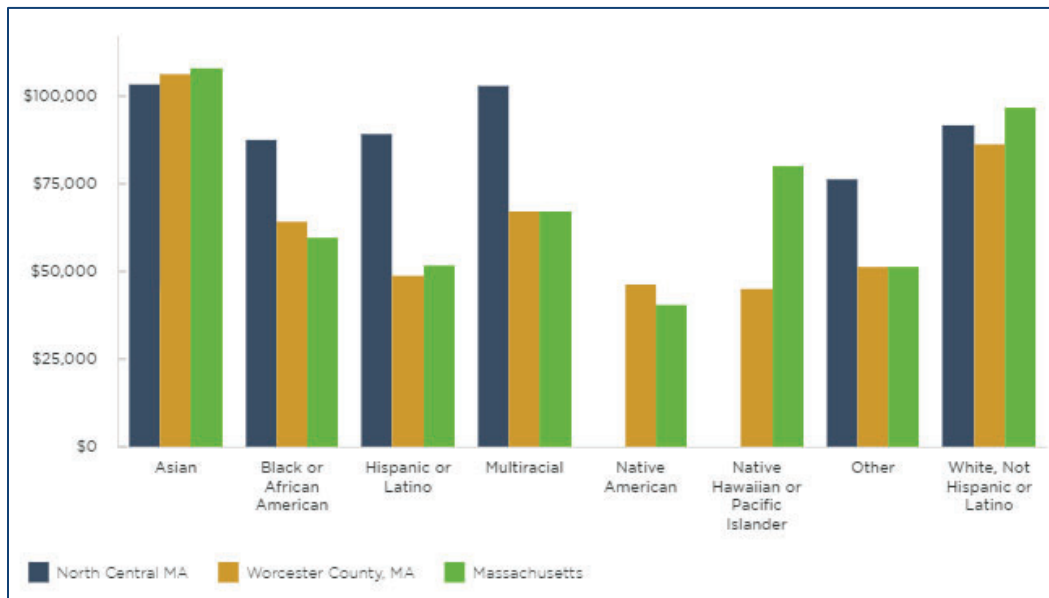


*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Income, Infrastructure, & Asset Development Dashboard.*

Berlin, at 0.47, has the highest Gini Index score with Gardner and Leominster both at approximately 0.45.

Not only are there disparities in income between and within MOC Service Area cities & towns, but there are also disparities along racial and ethnic lines.

**Median Income by Race/Ethnicity of Householder**



*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Income, Infrastructure, & Asset Development Dashboard.*

That is, the Median Income for people who self-identify as White, Not Hispanic (\$92,232); Hispanic or Latino (\$89,766); Black or African American (\$88,223); and Other (\$76,816) falls below the Median Income for the region and below the Median Income for people who self-identify as Asian or Multiracial.

Regardless of the type (e.g., racial/ethnic, geographic, social), high-income inequality not only has negative impacts on economic growth, but also on the health and well-being of children and families.

**Projected Changes in the Economy (2020-2030):** Projections about how the regional economy will grow and change over the next ten years (i.e., 2020-2030) show that Healthcare and Social Assistance will overtake Manufacturing as the largest industry in the region. This projection is in keeping with the finding presented earlier that MOC’s Service Area population is aging and that the economy will need to grow in areas that support an expanding population of older adults. Retail, Education, Hospitality, Social Assistance, and Construction round out the list of projected largest industries in 2030.

**Projected Largest Industries in MOC’s Service Area, 2030**

Industry Title	Employment 2020	Employment 2030	Change Level	Change Percent
Total All Industries	84,389	100,184	15,795	18.72%
Health Care and Social Assistance	14,881	17,526	2,645	17.77%
Manufacturing	13,600	15,260	1,660	12.21%
Retail Trade	9,774	10,460	686	7.02%
Educational Services	8,838	10,011	1,173	13.27%
Accommodation and Food Services	6,030	9,619	3,589	59.52%
Social Assistance	4,297	5,318	1,021	23.76%
Construction	3,987	5,214	1,227	30.78%
Self Employed and Unpaid Family Workers, All Jobs	4,196	4,998	802	19.11%
Ambulatory Health Care Services	3,730	4,880	1,150	30.83%
Plastics and Rubber Products Manufacturing	3,579	4,734	1,155	32.27%

*Source: MA Department of Labor. Labor Market Information. Industry Projections, 2020-2030. North Central WDA.*

The chart below shows projected growth in specific occupations within the industries above from 2020-2030.

**Long-Term Occupational Projections for MOC’s Service Area (2020-2030)**

Occupation Title	Employment 2020	Employment 2030	Percent Change	2021 Mean Annual OES Wage
Total, All Occupations	84,389	100,184	18.71%	\$58,997
Home Health and Personal Care Aides	3,174	4,137	30.34%	\$34,561
Fast Food and Counter Workers	2,544	3,360	32.07%	\$30,549
General and Operations Managers	2,357	2,915	23.67%	\$119,088
Retail Salespersons	2,210	2,551	15.42%	\$34,207
Cashiers	1,986	1,938	-2.41%	\$30,063
Registered Nurses	1,734	1,954	12.68%	\$88,275
Laborers and Freight, Stock, and Material Movers, Hand	1,476	1,679	13.75%	\$36,550
Office Clerks, General	1,262	1,344	6.49%	\$42,784
Customer Service Representatives	1,150	1,137	-1.13%	\$43,646
Teaching Assistants, Except Postsecondary	1,129	1,279	13.28%	\$39,573

*Source: Massachusetts Department of Labor. Labor Market Information. Long-Term Occupation Projections, 2020-2030. North Central WDA.*

Note that of the 10 occupations with the greatest number of projected openings in 2030, eight have Mean Annual Wages under \$46,736, 50% of the current Median Annual Income. Similarly, eight of the 10 have wages under \$94,727, the amount that the Economic Policy Institute sets as sufficient to “secure a modest yet adequate standard of living” in the Fitchburg/Leominster



metro area.<sup>27</sup> Consequently, people working in MOC’s Service Area are likely to continue to face jobs with low annual income.

**Income vs. Cost of Living:** Low Average Weekly Wages and Median Income in many of the communities of MOC’s Service Area are not necessarily problems, in and of themselves. The problem is a discrepancy between earned income and cost of living. Data available from the Council for Community and Economic Research's Cost of Living Index show that average monthly expenses for people living in the Fitchburg/Leominster area are higher than those, on average, across the nation.

**Total Monthly Expenses by Household Type for Fitchburg-Leominster, MA vs. the National Average**

Household Type	Total Monthly Expense		Difference
	National Average	Fitchburg-Leominster MA	
Married Couple with Children Under 6	\$6,596	\$7,549	+13%
Married Couple with Children 6-17	\$7,749	\$8,834	+12%
Home Owner	\$7,286	\$8,330	+13%
Renter	\$4,146	\$4,918	+16%

*Source: The Council for Community and Economic Research. Cost of Living Index. Comparison between Fitchburg/Leominster, MA, Boston, MA, and Nation. Quarter 1-3, 2022.*

Specific areas of cost burden are shown in the table below, with higher costs locally indicated in red.

**Index Comparison Fitchburg-Leominster MA vs. National Average**

Index	Fitchburg-Leominster MA	National Average	Difference
Composite	114.9	100	14.9
Grocery	98.2	100	-1.8
Housing	117.9	100	17.9
Utilities	129.9	100	29.9
Transportation	96.6	100	-3.4
Healthcare	118.6	100	18.6
Miscellaneous	120.2	100	20.2

*Source: The Council for Community and Economic Research. Cost of Living Index. Comparison between Fitchburg/Leominster, MA, Boston, MA, and Nation. Quarter 1-3, 2022.*

<sup>27</sup> Economic Policy Institute. Family Budget Map Fact Sheet. Family Budget Calculator. Fitchburg-Leominster, MA. Accessed April 2023 at: <https://www.epi.org/resources/budget/budget-factsheets/#/3821>

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All together, the cost of living is roughly 15 points higher in the Fitchburg/Leominster area than across the United States, with Utilities, Miscellaneous, Healthcare, and Housing being at least 17 points higher. Qualitative data compiled during MOC’s 2022/2023 Community Needs Assessment, particularly the Community Needs Survey and Focus Groups, highlighted that “costs” related to housing, utilities, and healthcare are, in fact, significant burdens on local residents. Specifically, almost 30% (29.3%) of Community Needs Survey Respondents indicated that “work full-time but [their] pay does not cover their expenses” and 41% indicated that they are not “able to pay [their] bills on time each month”.


It is important to note, though, that while cost of living is relatively high in MOC’s Service Area as compared to the nation, cost of living is lower in MOC’s Service Area than the Boston Area.

**Index Comparison Fitchburg-Leominster MA vs. Boston**

Index	Nation	Fitchburg-Leominster MA	Boston, MA	Difference Between Fitchburg/Leominster and Boston, MA
Composite	100.00	114.9	149.7	-34.8
Grocery	100.00	98.2	113.8	-15.6
Housing	100.00	117.9	224.3	-106.4
Utilities	100.00	129.9	125.4	4.5
Transportation	100.00	96.6	127.7	-31.1
Healthcare	100.00	118.6	119.2	-0.6
Miscellaneous	100.00	120.2	120.9	-0.7

*Source: The Council for Community and Economic Research. Cost of Living Index. Comparison between Fitchburg/Leominster, MA, Boston, MA, and Nation. Quarter 1-3, 2022.*

Of note, in the table above, is that utility costs are disproportionately high in MOC’s Service Area, even when compared to the Boston region where the overall (i.e., Composite) cost of living is 37 points higher than in Fitchburg/Leominster. This data suggests that the region’s growth, demonstrated earlier (see page 12), may be due, at least in part, to people who work in MetroWest and the Boston Area moving west into a region with lower cost of living where they can maximize earnings.



*"Not enough money to pay for housing because I have to pay for food, utilities, medication, and transportation." I "always must take money from one thing to pay for another."*

## HOUSING

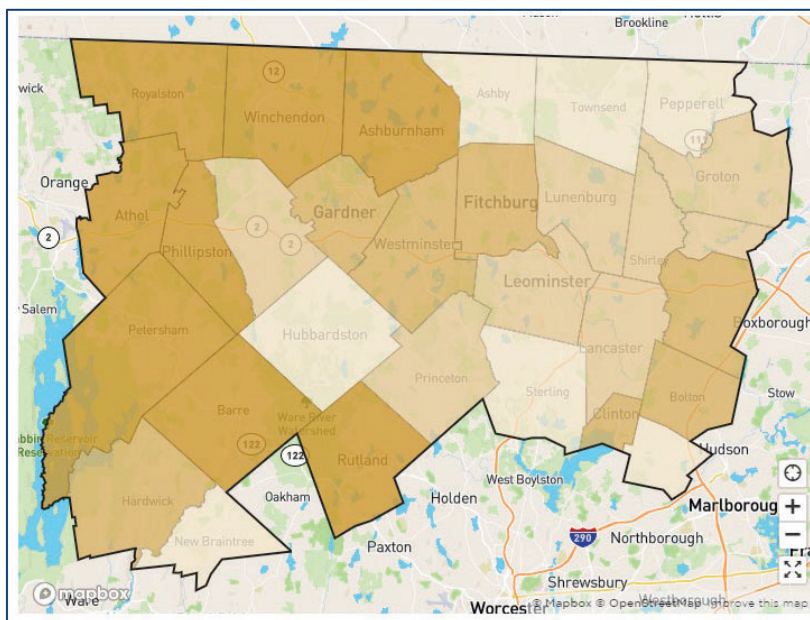
Key housing indicators show that MOC’s Service Area, as a whole, has:

- A relatively low housing vacancy rate and high owner occupancy rate;
- Relatively low median home values and median rental costs; and
- A relatively small proportion of homeowners and renters burdened by excessive housing costs.

On the surface, these characteristics suggest that MOC’s Service Area is an affordable, stable place to live and there is evidence (e.g., Population Changes, Median Incomes, Commutation Patterns – see Basic Demographics and The Economy & Income sections above) that people, particularly in the eastern portion of MOC’s Service Area, seem to be using the region as a “bedroom community.” That said, as with elsewhere, the aggregation of data across the region masks a range of housing-related challenges in the individual communities that make up MOC’s Service Area.

**Occupancy:** There are 119,743 housing units across MOC’s Services Area, 93.5% of which are occupied. MOC’s Urban Centers have occupancy rates ranging from 90.2% in Winchendon to 95.9% in Leominster. These rates are similar to Worcester County (93.5%) and generally higher than the state (91.1%).

### Vacancy Rates in MOC’s Service Area



Vacant units are clustered in the western portion of the region with vacancy rates over 14% in Barre (14.1%), Petersham (14.9%), Phillipston (17.2%), and Ashburnham (20.3%). High vacancy rates have negative impacts on the community.

*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Housing Dashboard.*

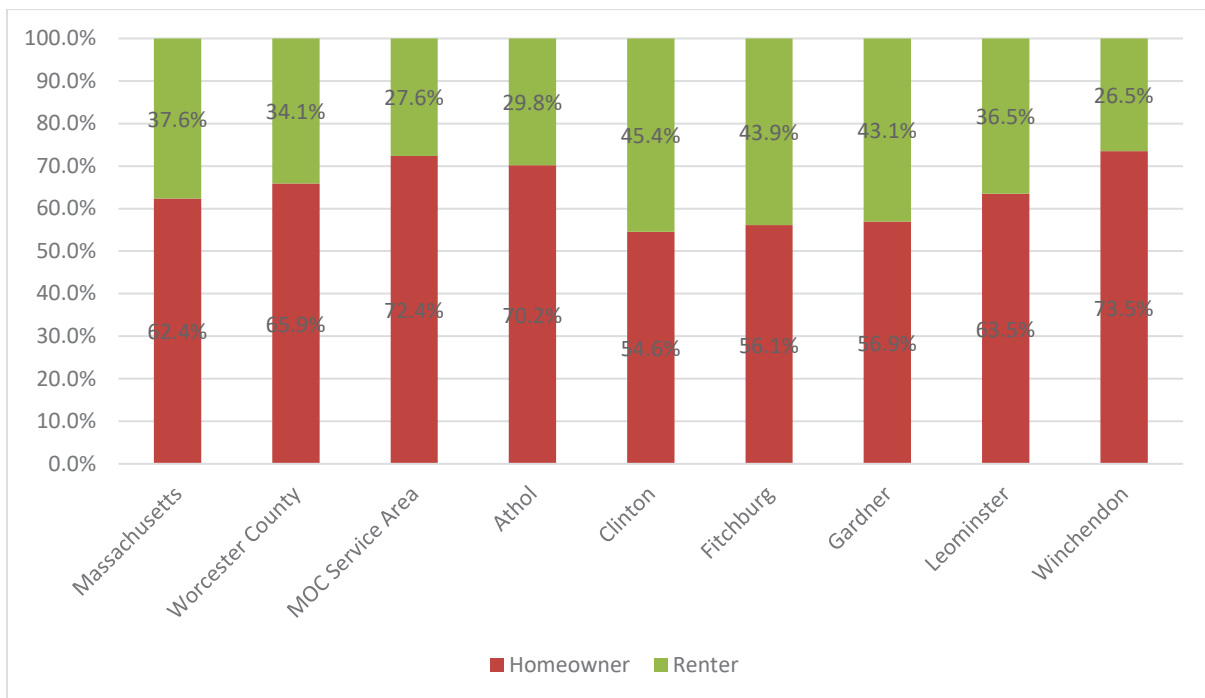
Researchers have long studied the negative impacts of abandoned properties on public health and safety. According to the US Department of Housing & Urban Development, along with

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"reduced property values, increased crime, and increased costs for municipal governments," vacant properties have proven to be detrimental to neighborhoods. Residents living in areas with many vacant properties can face decreased property values, which can negatively affect a family's financial security.<sup>28</sup> High vacancy rates can also signal a low-income workforce and a limited job market, both of which also negatively affect residents' prospects for financial security.<sup>29</sup>

When we examine the proportion of owner vs. renter occupied units in MOC's Service Area, both across the whole area as well as in individual communities, we see that MOC's Service Area has a relatively high homeownership rate (72.4% vs. 65.4% in Worcester County and 62.4% in MA).

**Proportion of Homeowners to Renters in Select MOC Communities**



*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Housing Dashboard.*

Much of that ownership, though, occurs outside of the Six Urban Centers. That is, the communities around MOC's Six Urban Centers have the highest homeownership rates while the

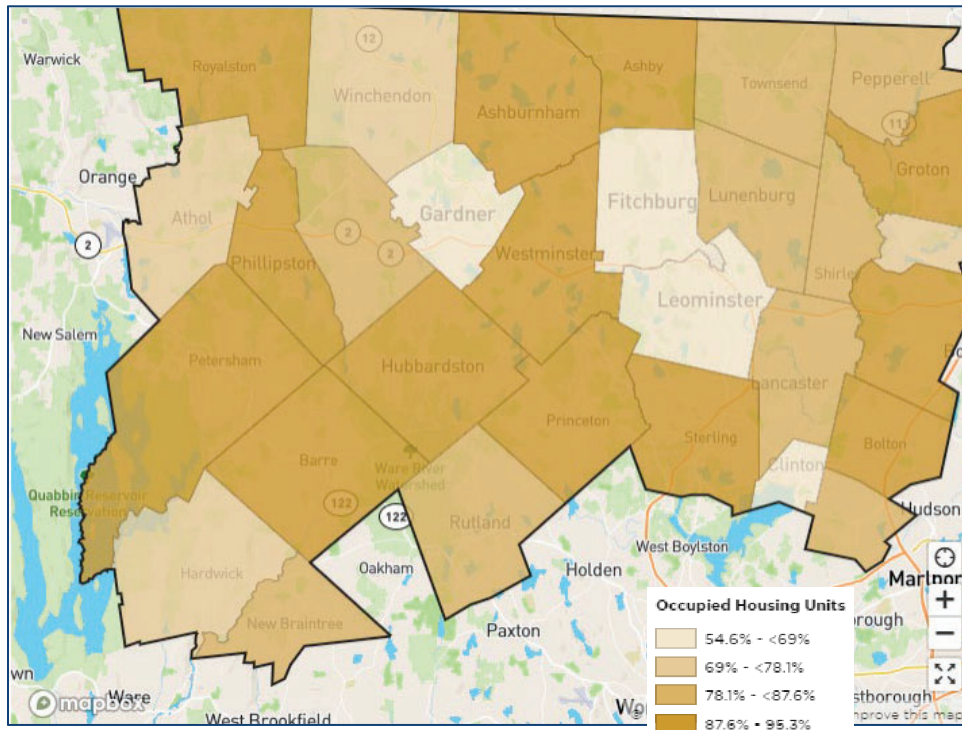
<sup>28</sup>US Department of Housing & Urban Development's Office of Policy Development & Research. Evidence Matters. Vacant and Abandoned Properties: Turning Liabilities into Assets. Winter 2014. Accessed April 2023 at: <https://www.huduser.gov/portal/periodicals/em/winter14/highlight1.html>

<sup>29</sup> Mansion Global. Vacancy Rate: What does vacancy rate mean? Updated March 7, 2022. Accessed April 2023 at: <https://www.mansionglobal.com/library/vacancy-rate#:~:text=A%20number%20of%20outside%20factors,lots%20of%20similar%20rental%20housing.>

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Urban Centers themselves have among the lowest rates in the region. Hardwick and Ayer are the two non-urban communities with the most similar homeowner/renter profiles to the Six Urban Centers (i.e., Hardwick (72.3% homeowner vs. 27.2% renter) and Ayer (69.0% homeowner vs. 31.0% renter)).

**Homeownership Rates in MOC's Service Area**

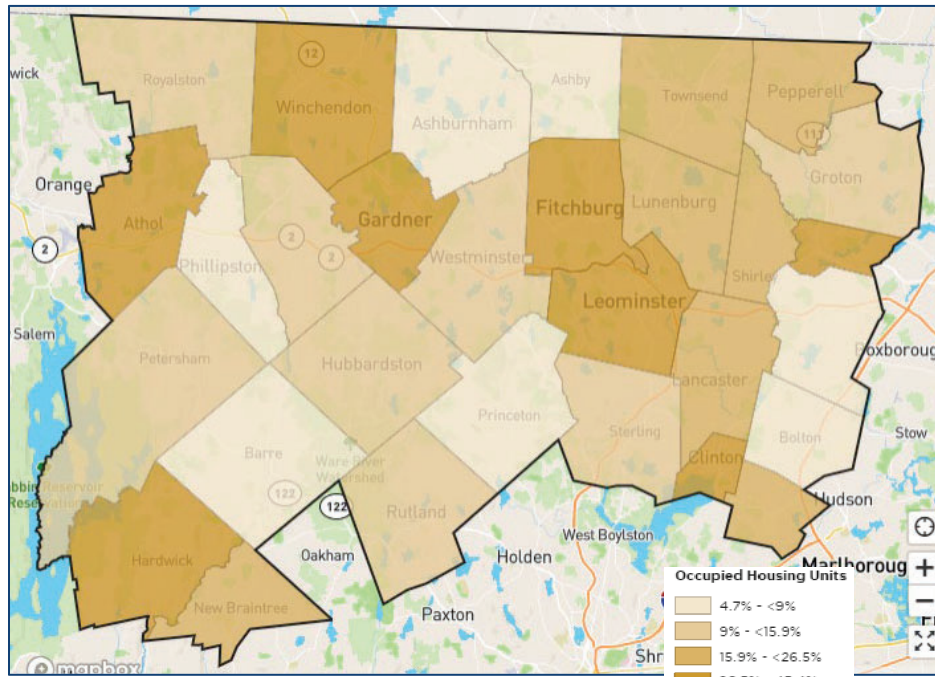


**Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via mytownwalk: North Central MA Community Needs Assessment Housing Dashboard.**

While MOC's rural communities tend to have higher homeownership rates, MOC's Six Urban Centers generally have higher rates of renter occupancy. This trend is consistent with national findings. That is, residents of cities are more likely to rent than residents of rural areas.<sup>30</sup>

<sup>30</sup> Montgomery, David. "Who Owns a Home in America, in 12 Charts." City Lab, August 8, 2018, Accessed February 2023 at: <https://www.citylab.com/life/2018/08/who-rents-their-home-heres-what-the-data-says/566933>

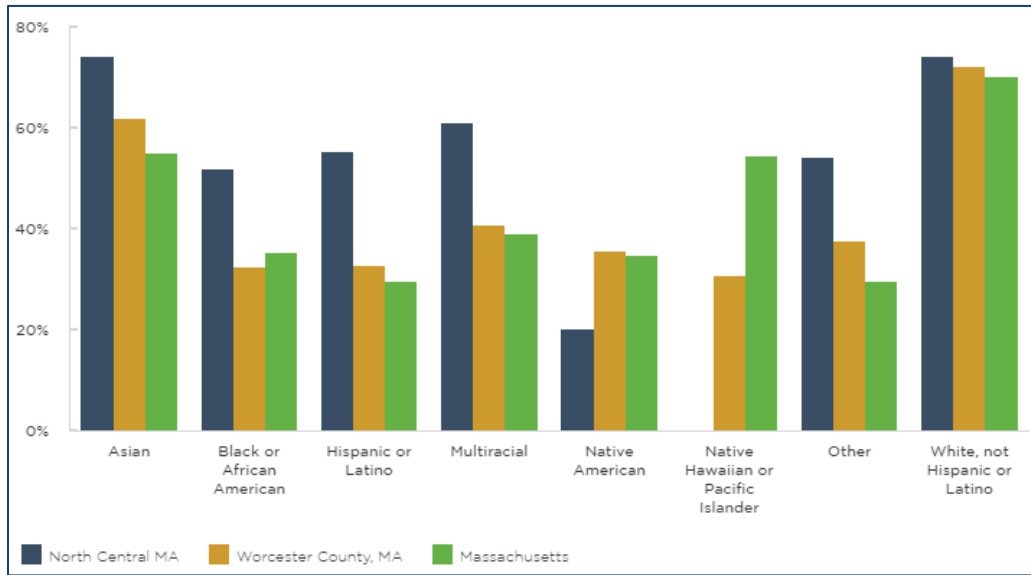
**Renter Occupancy Rates in MOC's Service Area**



**Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via Mapbox: North Central MA Community Needs Assessment Housing Dashboard.**

In addition to a rural vs. urban divide in homeowner vs. rental occupancy rates in MOC's Service Area, there is also a racial divide. That is, almost three quarters of people who self-identify as Asian (74.3%) or White, non-Hispanic (74.2%) own homes. All other racial/ethnic groups have homeownership rates that are considerably lower, with just over half Black/African American residents (51.9%), fewer than a quarter of Native American (20.4%) residents, and no Native Hawaiian or Pacific Islander (0.0%) residents owning homes.

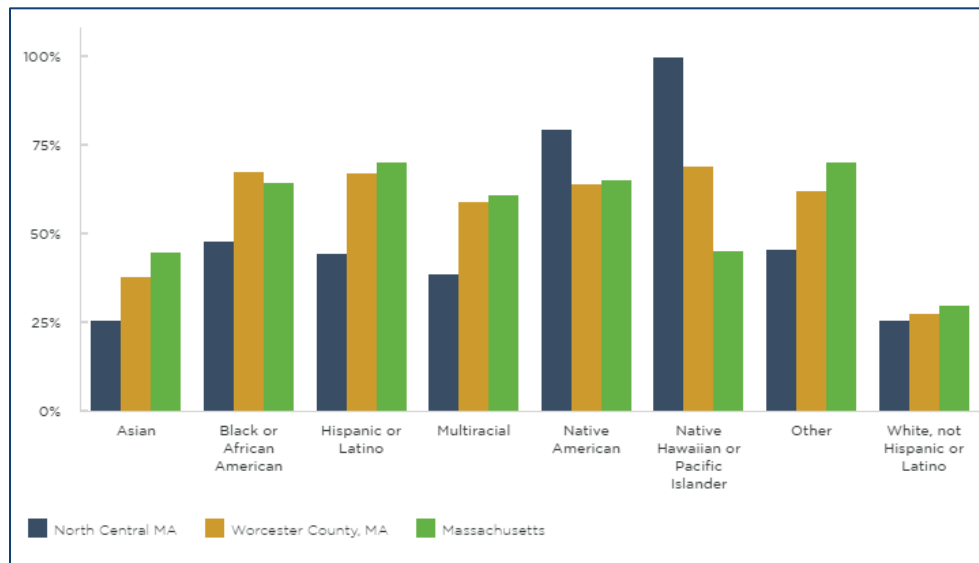
**Homeownership Rates by Race/Ethnicity in MOC’s Service Area**



*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Housing Dashboard.*

In contrast, all residents who self-identify as Native Hawaiian or Pacific Islander (100%) and nearly eight in ten (79.6%) of people who self-identify as Native American rent housing across MOC’s Service Area.

**Rental Rates by Race/Ethnicity in MOC’s Service Area**



*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Housing Dashboard.*

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While these numbers are consistent with state and national trends (i.e., higher percentages of people who are White or Asian own homes)<sup>31</sup>, they are evidence of the racial and ethnic disparity that is pervasive across the country and in MOC's Service Area.

In the Poverty section above (see page 28) we saw that a disproportionate percentage of people who self-identify as a race or ethnicity other than White are living in or near poverty in North Central Massachusetts. This racial/ethnic wealth gap is one reason behind the homeownership gap. "Four centuries of institutional and systemic racism...[bear] major responsibility for disparities in income...that continue to this day." <sup>32</sup> That is, the deliberate and systematic oppression of People of Color, particularly Black/African Americans, have left them without the financial resources to purchase homes, even in relatively affordable markets like MOC's Service Area (See Median Income by Race/Ethnicity on page 70).

**Affordable Housing:** In 1969, the state of Massachusetts enacted the Comprehensive Permit Law (Chapter 40B) to help address the shortage of affordable housing units within the state. The law encourages production of affordable homes, condominiums, and apartments by reducing unnecessary barriers created by local approval processes and zoning restrictions. The standard is for cities and towns to provide a minimum of 10% of their housing inventory as affordable, which means the units are generally priced at 70% or below of the median value and they are reserved for older adults or families who make less than 80% of the area's median household income.<sup>33</sup>

As a whole, in MOC's Service Area 7.1% of housing units are affordable vs. 10.1% in Massachusetts. Of the Six Urban Centers in MOC's Service Area, only Gardner exceeds the 10% goal with 15.0% affordable housing units. Fitchburg, Clinton, and Winchendon are all within 2 percentage points of the goal. Athol, at 5.5%, is the Urban Center with the lowest percentage of affordable housing units. Berlin is the only non-urban community in MOC's Service Area to

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<sup>31</sup> Bahey, A. March 2, 2023. The Gulf Between Black Homeowners and White is Actually Getting Bigger, Not Smaller. CNN Business. Accessed April 2023 at: <https://www.cnn.com/2023/03/02/homes/race-and-home-buying-nar/index.html#:~:text=The%20homeownership%20rate%20for%20White,Hispanic%20Americans%20it%20was%2050.6%25>.

<sup>32</sup> Mineo, L. June 3, 2021. Racial Wealth Gap May be a Key to Other Inequalities. The Harvard Gazette. Accessed April 2023 at: <https://news.harvard.edu/gazette/story/2021/06/racial-wealth-gap-may-be-a-key-to-other-inequities/>

<sup>33</sup> Citizens' Housing and Planning Association (2007). Factsheet on Chapter 40B: The State's Affordable Housing Zoning Law. Accessed April 2017 at: <http://www.acton-ma.gov/DocumentCenter/Home/View/335>



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achieve, and even exceed the 10% goal, at 17.0% affordable housing. Seventeen of the remaining 23 non-urban communities have less than 5% affordable housing units.<sup>34</sup>

**Top and Bottom 10 Communities in MOC’s Service Area by Percent Affordable Housing Units**

Geography			% Housing Units that are Affordable		
Massachusetts			10.1%		
MOC Service Area			7.1%		
Geography	% Housing Units that are Affordable	Geography	% Housing Units that are Affordable	Geography	% Housing Units that are Affordable
Berlin	17.0%	Harvard	5.8%	Rutland	3.0%
Gardner	15.0%	Groton	5.7%	Sterling	2.5%
Lancaster	9.8%	Athol	5.5%	Princeton	2.0%
Fitchburg	9.3%	Shirley	4.4%	Ashburnham	1.3%
Clinton	8.6%	Townsend	4.3%	Phillipston	0.8%
Winchendon	8.0%	Bolton	4.0%	Royalston	0.6%
Lunenburg	7.8%	Barre	3.8%	Hardwick	0.2%
Leominster	7.7%	Westminster	3.1%	Ashby	0.0%
Templeton	7.7%	Hubbardston	3.0%	New Braintree	0.0%
Ayer	7.4%	Pepperell	3.0%	Petersham	0.0%

*Source: Massachusetts Department of Housing and Community Development, Chapter 40B Subsidized Housing Inventory (SHI) as of December 21, 2020.*

Given the relative lack of affordable housing units in much of MOC’s Service Area, many low-income families are faced with paying Fair Market Rent (FMR) for housing. The table below shows Fair Market Rental rates, as determined by the US Department of Housing & Urban Development (HUD), for two-bedroom apartments across MOC’s Service Area. FMR ranges from \$1,254 in the western portion of MOC’s Service Area to more than double that amount (\$2,635) in the eastern portion of MOC’s Service Area.

<sup>34</sup> Department of Housing and Community Development. Chapter 40B Subsidized Housing Inventory (SHI) as of December 21, 2020. Accessed April 2023 at: <https://www.mass.gov/service-details/subsidized-housing-inventory-shi>

**Fair Market Rents for Two Bedroom Apartments in MOC’s Service Area  
 by HUD Metro Area, 2023**

<b>HUD Metro FMR Area</b>	<b>MOC Communities</b>	<b>FY20 FMR Two-Bedroom Apt</b>
Boston-Cambridge-Quincy, MA-NH	Ashby, Ayer, Shirley, Townsend	\$2,635
Lowell, MA	Groton, Pepperell	\$1,955
Eastern Worcester County, MA	Berlin, Bolton, Harvard, Lancaster	\$1,663
Worcester, MA	Barre, Clinton, Princeton, Rutland, Sterling	\$1,635
Fitchburg-Leominster, MA	Ashburnham, Fitchburg, Gardner, Leominster, Lunenburg, Templeton, Westminster, Winchendon	\$1,358
Western Worcester County, MA	Athol, Hardwick, Hubbardston, New Braintree, Petersham, Phillipston, Royalston	\$1,254

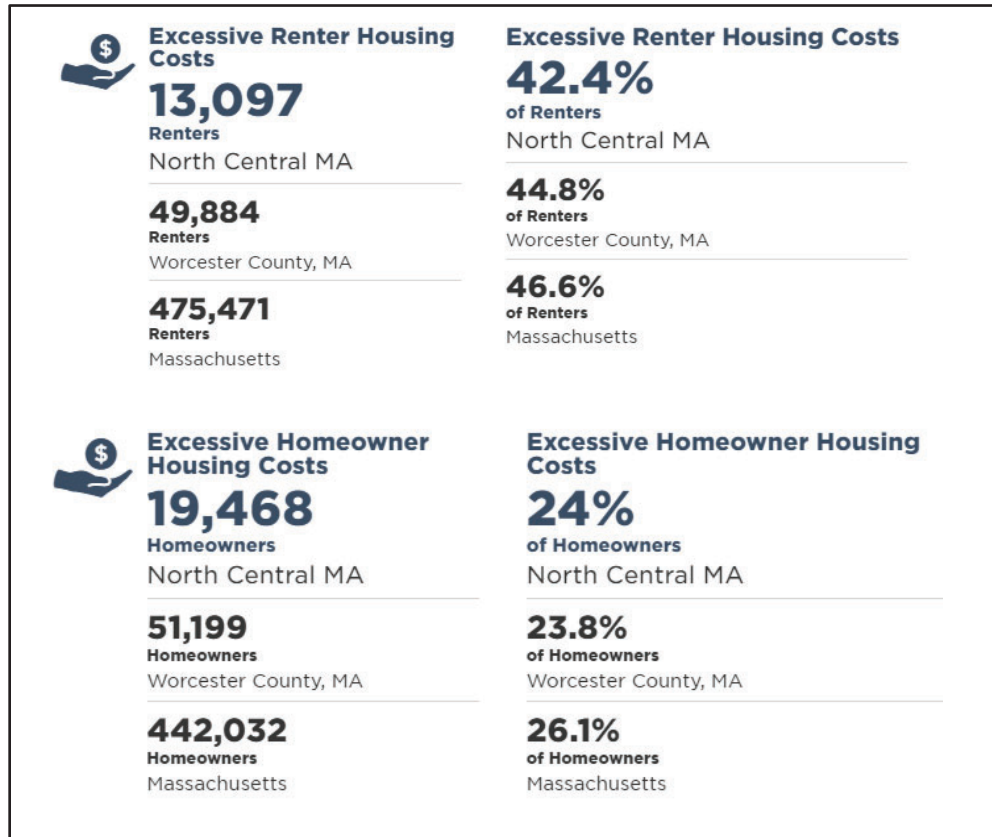
*Source: US Department of Housing and Urban Development, FY 2023 Fair Market Rent Documentation System*

According to HUD, families who pay more than 30 percent of their income for housing are considered “cost burdened” and may have difficulty affording necessities such as food, clothing, transportation, and medical care.<sup>35</sup> Using that benchmark and applying it to the Fitchburg-Leominster HUD Metro FMR Area (where the majority of MOC’s Service Area population lives), a household income of \$54,320 would be required to make a two-bedroom unit affordable. Assuming the Massachusetts minimum wage of \$15.00 per hour,<sup>36</sup> each household would have to work 69.64 hours per week, 52 weeks per year or have 1.74 wage earners working 40-hour weeks, 52 weeks per year in order to earn enough income to make such a rent affordable.

Unfortunately, wages in MOC’s Service Area make it difficult to earn sufficient income to cover housing costs (see The Economy & Income above on page 61) and, as a result, many residents are cost burdened. Specifically, in MOC’s Service Area, 42.4% of renters and 24.0% of homeowners are cost burdened. These percentages are generally lower than Worcester County (44.8%; 23.8%) and Massachusetts (46.6%; 26.1%), except for the percentage of homeowners in Worcester County experiencing cost burden.

<sup>35</sup> US Department of Housing & Urban Development. HUD User. PD&R Edge online magazine. Rental Burdens: Rethinking Affordability Measures. Accessed February 2023 at: [https://www.huduser.gov/portal/pdredge/pdr\\_edge\\_featd\\_article\\_092214.html#:~:text=HUD%20defines%20cost%2Dburdened%20families,of%20one's%20income%20on%20rent.](https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html#:~:text=HUD%20defines%20cost%2Dburdened%20families,of%20one's%20income%20on%20rent.)

<sup>36</sup> Mass.gov. Massachusetts Law about Minimum Wage. Accessed April 2023 at: <https://www.mass.gov/info-details/massachusetts-law-about-minimum-wage>



Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Housing Dashboard.

Like elsewhere in this report, these percentages do not reveal the extent of the cost burden in some of MOC’s communities. Per the table below, over six in ten renters in Westminster (62.3%); over half of renters in Athol (55.9%) and Ashburnham (50.4%); and nearly half of renters in Fitchburg (49.7%) are “cost burdened”.

**MOC Service Area Communities with Highest Percentage of Renters and Owners  
 “Cost Burdened”**

	<b>Percent of Renters “Cost Burdened”</b>		<b>Percent of Owners “Cost Burdened”</b>
<b>Massachusetts</b>	<b>46.6%</b>	<b>Massachusetts</b>	<b>26.4%</b>
<b>Worcester County</b>	<b>44.8%</b>	<b>Worcester County</b>	<b>23.8%</b>
<b>MOC Service Area</b>	<b>42.4%</b>	<b>MOC Service Area</b>	<b>24.0%</b>
Westminster	62.4%	Petersham	32.1%
Athol	55.9%	Fitchburg	31.3%
Ashburnham	50.4%	Berlin	30.1%
Fitchburg	49.7%	Gardner	29.8%
		Westminster	26.6%

*Source: US Census Bureau, American Community Survey 5Yr 2017-2021. Accessed via MySidewalk: North Central MA Community Needs Assessment Housing Dashboard.*

Similarly, Petersham (32.1%), Fitchburg (31.3%), Berlin (30.1%), Gardner (29.8%), and Westminster (26.6%) all have more than 26.5% (i.e., a higher percentage than MA) homeowners who are “cost burdened”.

Data from MOC’s 2022/2023 Community Needs Assessment demonstrates the real burden that housing costs place on local families. Specifically, over two-thirds (66.9%) of Community Needs Survey Respondents selected “Affordable housing” and 58.7% selected “Ability to pay heating or utility bills” as top issues facing individuals and families in North Central Massachusetts. Further, Focus Group Participants, Stakeholders, and MOC Clients (through their Customer Satisfaction Surveys) all identified housing costs as top issues in the region.

**FACTORS IMPACTING ABILITY TO WORK**

Often people’s ability to engage in the workforce at a level necessary to meet their families’ needs is impacted by factors outside of the economy. Access to supportive services, such as childcare, are critical to a successful work experience. Similarly, physical and mental wellness are necessary for workplace productivity.

Families in North Central Massachusetts face significant barriers to achieving economic security. As described above, many of the low-income families in MOC’s Service Area work in low wage jobs. According to the Working Poor Families Project, these jobs tend to require working evenings and weekends, which leads to a significant childcare burden on families with

young children.<sup>37</sup> With low wages and the resulting relatively high housing (as described in the Housing section above) and childcare costs, families have difficulty affording other basic necessities.

**Childcare:** Affordable, reliable childcare is critical to families in their efforts to achieve and maintain economic stability. It allows them the time necessary to find, maintain, and/or train for employment. It also gives them the peace of mind necessary to focus on work tasks; knowing that their children are well attended to and cared for by skilled providers reduces stress and worry which can interfere with work attendance and productivity on the job.

High quality childcare is also important for children: early education sets them on the right path for lifelong learning. For low-income children, in particular, early education has significant impacts: it can reduce the achievement gaps evidenced between them and their more affluent peers. Specifically, research has shown that, starting in infancy, low-income children lag behind in learning, knowledge, and social-emotional development. These gaps persist and become progressively wider as low-income children age with low-income middle schoolers showing decreased self-monitoring skills and school attendance. These youth are then more likely to dropout and less likely to engage in post-secondary school.<sup>38</sup> Given the benefits to the whole family, access to high quality, affordable childcare, particularly for low-income families, is vital.

In MOC's Service Area there are 15,498 infants, toddlers, and preschool aged children (i.e., children under 5 years of age) who, depending on their family circumstances, may require childcare and/or early childhood education outside of the home. This age group accounts for 5.3% of the total population of MOC's Service Area and 25.6% of the region's total population under the age of 18 years. This percentage is roughly the same as the state, in which children under 5 years account for 25.8% of the population under the age of 18 years. All six of the Urban Centers in MOC's Service Area have higher proportions of children under 5 years of age than the state.

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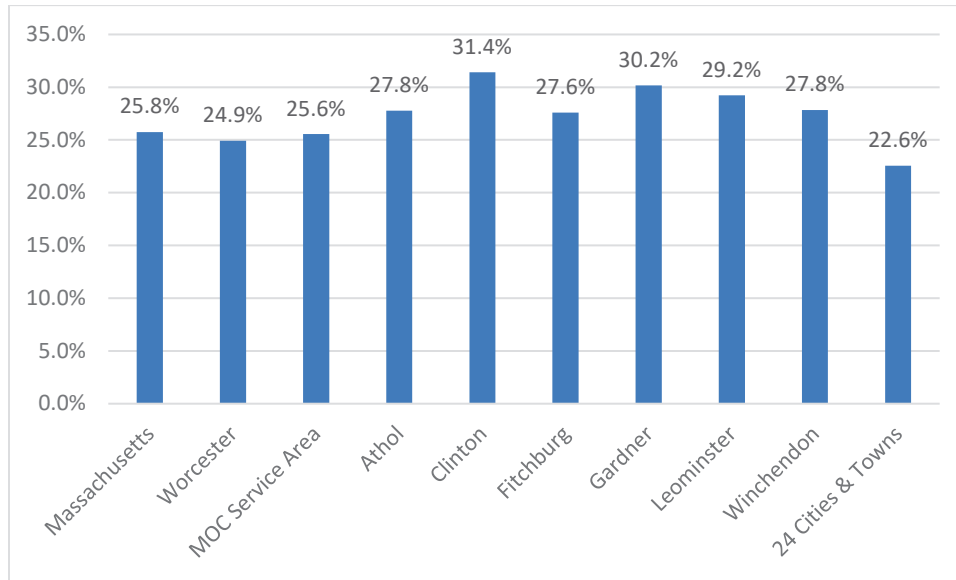
<sup>37</sup> Roberts, Povich & Mather (2013). "Low-Income Working Families: The Growing Economic Gap." The Working Poor Families Project. Policy Brief v Winter 2012-2013. Accessed February 2023 at:

[http://www.hartfordinfo.org/issues/wsd/FamiliesandChildren/Winter-2012\\_2013-WPFP-Data-Brief.pdf](http://www.hartfordinfo.org/issues/wsd/FamiliesandChildren/Winter-2012_2013-WPFP-Data-Brief.pdf)

<sup>38</sup> Child Trends (2014). *Five Ways Poverty Harms Children*. Accessed March 2023 at:

<https://www.childtrends.org/publications/5-ways-poverty-harms-children>

**Children Under 5 Years as a Percentage of the Total Population Under 18 Years for Select MOC Service Area Communities**



*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05*

Of the non-urban communities in MOC's Service Area, five have higher proportions of young children than Massachusetts, with Hubbardston having 33.6% of its youth population under 5 years of age.

**Non-Urban Communities in MOC's Service Area with Higher Proportions of Young Children than MA, 2021**

Geography	% Youth Population Under 5 Years
Massachusetts	25.8%
Worcester County	24.9%
MOC Service Area	25.6%
Hubbardston	33.6%
Pepperell	30.5%
Ayer	30.1%
Templeton	29.8%
Harvard	28.6%

*Source: US Census Bureau, American Community Survey 2017-2021, 5YR, Table DP05*

To accommodate these 15,498 young children, there are 379 different public school pre-schools and Massachusetts Early Education & Care (EEC) licensed Child Care Centers and Family Child

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Care Homes across North Central Massachusetts.<sup>39</sup> Seventeen of these sites are administered by local public-school districts and seven by MOC's Child Care & Head Start Services. The remaining 355 are private center-based and family child care homes.

Massachusetts families face significant barriers to childcare. Massachusetts has among the highest childcare costs in the nation.<sup>40</sup> According to the Economic Policy Institute's (EPI) Family Budget Calculator, families with two-children living in the Fitchburg/Leominster metro area pay \$1,912 per month or \$22,941 per year toward childcare. With a Median Income of \$93,472 across MOC's Service Area, that is 25% of a household's annual wages toward childcare. The US Department of Health and Human Services has suggested childcare is affordable when it comprises 7% or less of household income. When families, especially low-income, are faced with childcare expenses over this threshold, the ability to meet other basic needs becomes more difficult.<sup>41</sup>

In addition to high costs locally and across Massachusetts, there simply are not enough childcare slots to accommodate all the children who need care. Per the law of supply and demand, this scarcity of resources could be one factor contributing to the high cost of childcare locally. That is, resources in short supply tend to command a higher price.<sup>42</sup> In MOC's Service Area, there are approximately 6,368 MA Department of Early Education and Care Licensed childcare slots<sup>43</sup> and an additional 1,500 slots available through the public-school districts.<sup>44</sup> With a total population of 15,498 children under five years in MOC's Service Area that means there are roughly two children per available slot.

Due to limited supply and costs that are out of alignment with local wages, there are currently approximately 521 children in MOC's Service Area on the EEC's Kinderwait list for subsidized childcare slots. Unfortunately, state subsidies for low-income families are lower than market

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<sup>39</sup> Massachusetts Executive Office of Education. E2C Hub Directory of Datasets and Reports. Early Childhood. Licensed and Funded Programs (April 2023). Accessed June 2023 at: <https://www.mass.gov/lists/data-on-licensed-and-funded-child-care-programs>

<sup>40</sup> US Department of Labor. Women's Bureau. Childcare Prices by Age of Children and Care Setting. 2022. Accessed June 2023 at: <https://www.dol.gov/agencies/wb/topics/childcare/price-by-age-care-setting>

<sup>41</sup> Federal Register. Child Care and Development Fund Program. A proposed rule by the Office of Child Care, Administration for Children and Families, Department of Health and Human Services. December 2015. Accessed May 2023 at: <https://www.federalregister.gov/documents/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program>

<sup>42</sup> Fernando, J. (2023). Investopedia. Law of Supply and Demand in Economics: How it Works. Accessed June 2023 at: <https://www.investopedia.com/terms/l/law-of-supply-demand.asp>

<sup>43</sup> Massachusetts Executive Office of Education. E2C Hub Directory of Datasets and Reports. Early Childhood. Licensed and Funded Programs (April 2023). Accessed June 2023 at: <https://www.mass.gov/lists/data-on-licensed-and-funded-child-care-programs>

<sup>44</sup> Massachusetts Department of Elementary and Secondary Education. District Profiles. Enrollment by Grade, 2022-2023. Accessed June 2023 at: <https://profiles.doe.mass.edu/statereport/enrollmentbygrade.aspx>

rate, making it unviable for many private providers to care for children with subsidies.<sup>45</sup> Thus, the wait can be long for many families.

Data from MOC's 2022-2023 Community Needs Survey demonstrates a need, across the region, for additional child care capacity. Nearly two-thirds (64%) of Survey Respondents selected a child care-related need as a top issue facing individuals and families in North Central Massachusetts. Specifically, 55.0% selected "Child care" and 42.1% selected "After school / summer programs". Furthermore, Focus Group Participants echoed the findings reported above about the high cost of care and the limited number of slots available across the region. They also mentioned a lack of transportation as a barrier to care as well as a lack of alignment between hours available and hours needed.



**Health:** As with childcare, many families, particularly those with limited income, face decisions about nutrition, physical activity, and other health-related factors that affect their overall health and well-being and ultimately their ability to attain and maintain economic stability.

Over a decade of research on social determinants of health has revealed that certain demographic and social factors make people more susceptible to a range of emotional, social, and physical challenges. That is, our physical and mental health is in part determined by access to resources and opportunities in the areas of education, healthcare, the built environment, social networks, and economics.<sup>46</sup>

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<sup>45</sup> Massachusetts Taxpayers Foundation., Preparing for Child Care Reform: How to Improve the Subsidy System to Maximize Future Investment. (2023) Accessed June 2023 at: <https://www.masstaxpayers.org/sites/default/files/publications/2023-01/MTF%20Preparing%20for%20Child%20Care%20Reform.pdf>

<sup>46</sup> US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030. Accessed March 2023 at: <https://health.gov/healthypeople>



### Social Determinants of Health



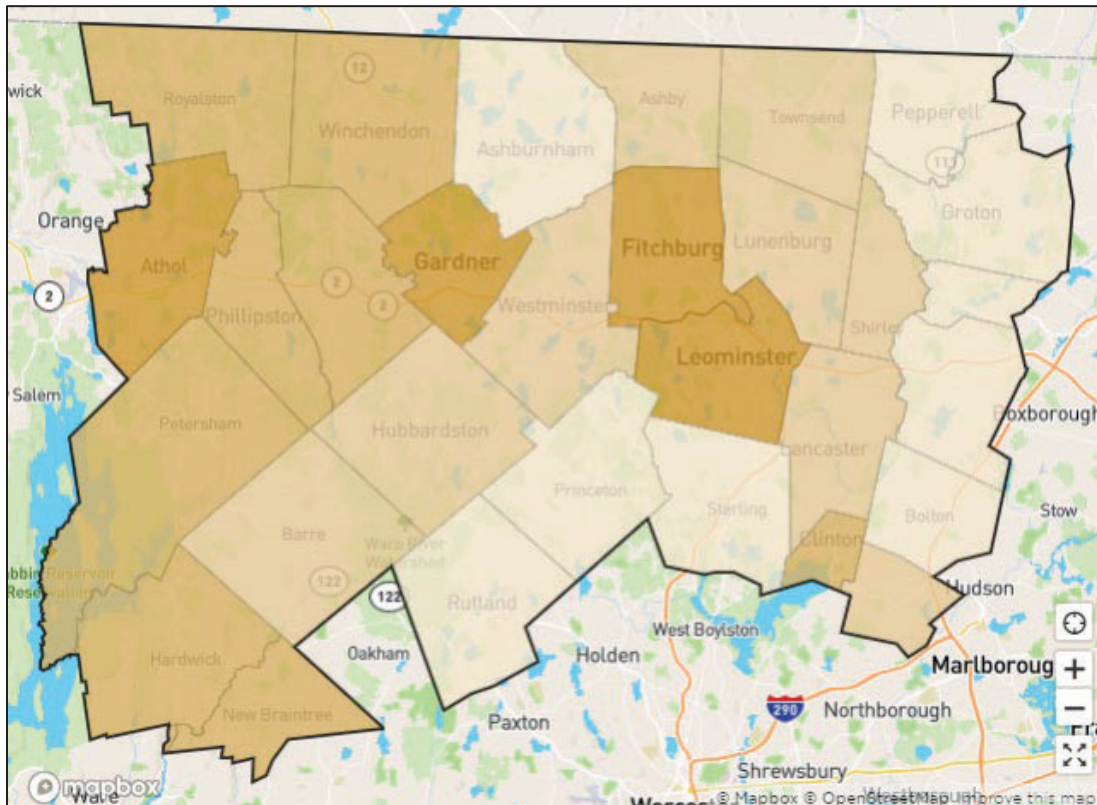
Social Determinants of Health  
 Copyright-free  
 Healthy People 2030

Social determinants of health like socio-economic status, cultural norms among family and community members, and access to basic needs (e.g., food) and supportive services (e.g., childcare and transportation services) can result in disproportionate suffering from chronic and acute health conditions like diabetes, hypertension, mental ill health, and substance use disorders.

In MOC’s Service Area, 15.6% of adults self-report their general health status as “fair” or “poor”. The CDC explains that "self-assessed health status is a strong measure of overall health status and has been

demonstrated to correlate with subsequent health service use, functional status, and mortality."<sup>47</sup>

### Fair or Poor General Health Among Adults



Source: US Centers for Disease Control and Prevention. BFRSS PLACES 2019. Accessed via MySidewalk: North Central MA Community Needs Assessment Health, Social & Behavioral Development Dashboard.

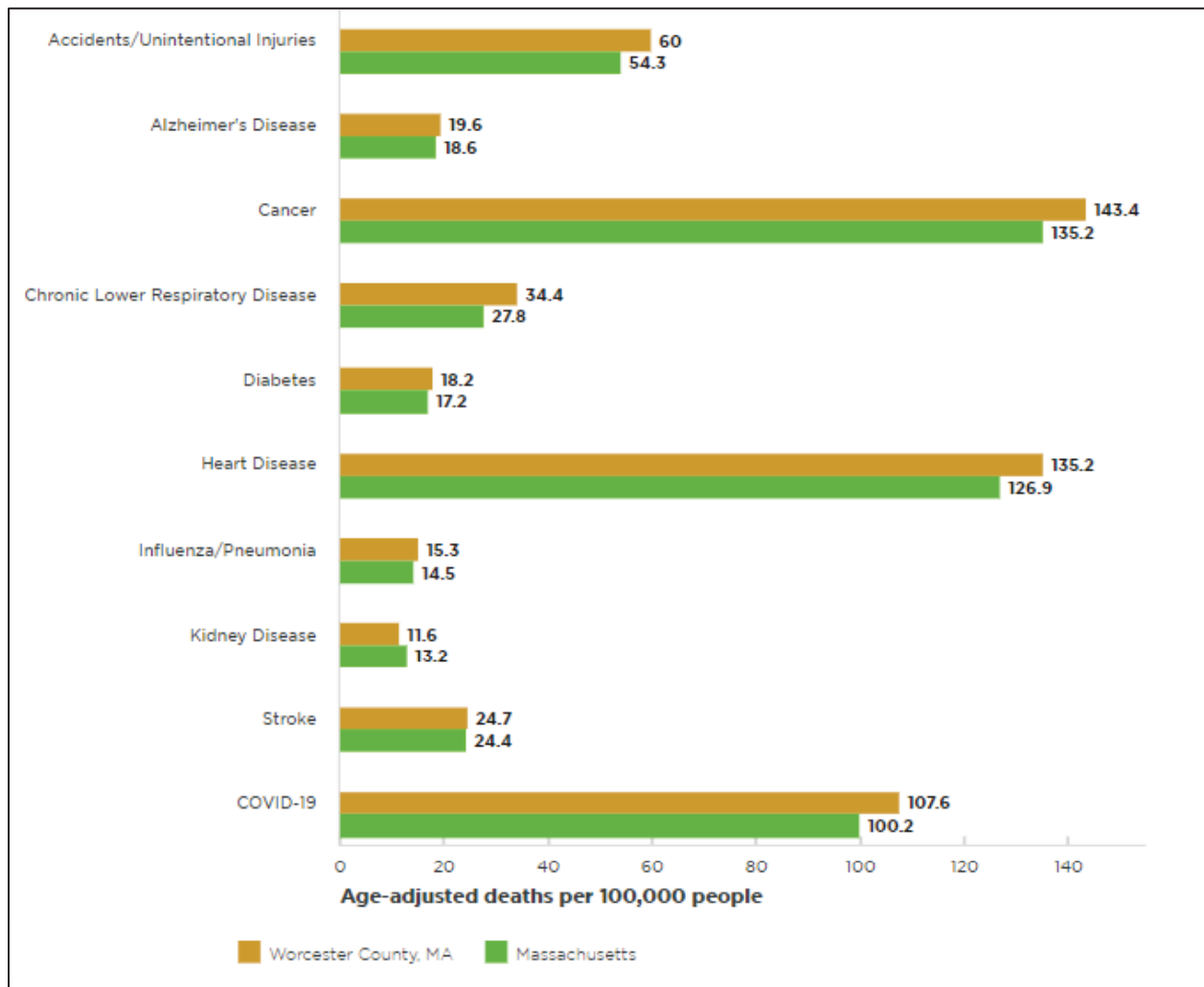
<sup>47</sup> Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Health Status. Accessed May 2023 at: <https://www.cdc.gov/places/measure-definitions/health-status/index.html#general-health>

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Per the map above, MOC’s Six Urban Centers tend to have the highest concentrations of adults reporting “fair” or “poor” health status. There is also a corridor of communities in the western portion of MOC’s Service Area, between Athol and Gardner, with higher concentrations of adults reporting “fair” or “poor” health status.

Specific health indicators at the community level are difficult to access. However, we know that adult physical health indicators in Worcester County, where MOC’s Service Area lies, tend to be worse than the state. That is, death rates from accidents as well as acute and chronic illness like cancer, heart disease, diabetes, and COVID-19 tend to be higher in Worcester County than Massachusetts. The graph below shows the rates for each cause of death for Worcester County vs. Massachusetts.

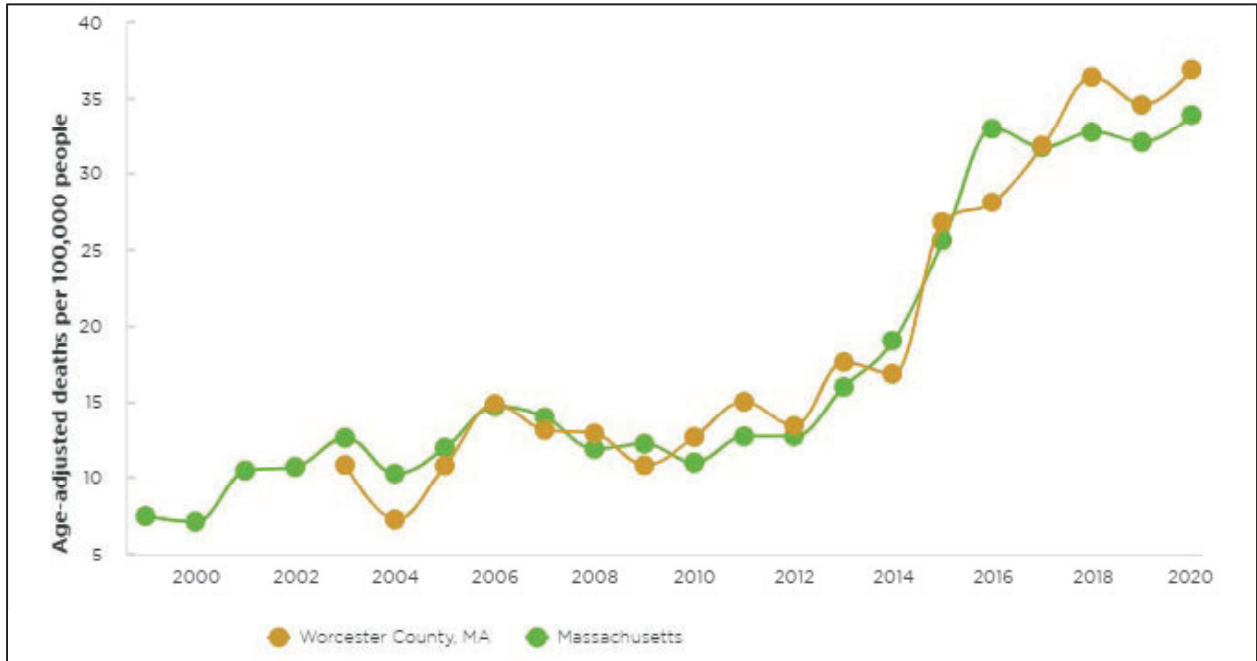
**Leading Causes of Death in Worcester County vs. Massachusetts**



*Source: US Centers for Disease Control and Prevention. WONDER Cause of Death 2020. Accessed via MySidewalk: North Central MA Community Needs Assessment Health, Social & Behavioral Development Dashboard.*

Worcester County also evidences higher rates of drug overdose deaths than Massachusetts, with an age-adjusted deaths per 100,000 people of 36.9 vs. 33.9 across the state.

### Drug Overdose Death Rate in Worcester County vs. Massachusetts



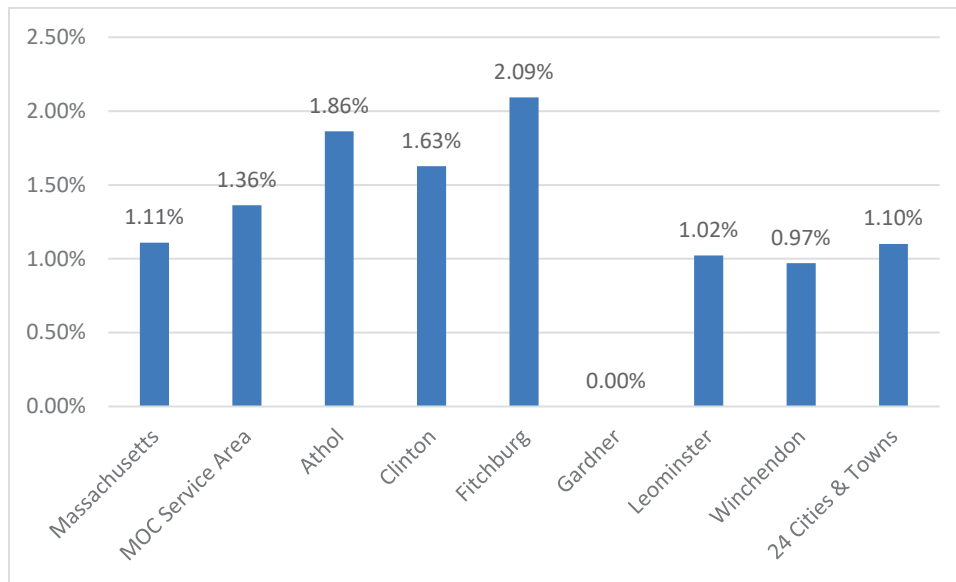
Source: US Centers for Disease Control and Prevention. Accessed via MySidewalk: North Central MA Community Needs Assessment Health, Social & Behavioral Development Dashboard.

Finally, the percent of all deaths across MOC’s Service Area that are ruled Suicide (1.36%) is slightly higher than in Massachusetts (1.11%). With three of MOC’s Six Urban Centers having rates more than a half percentage point higher: Fitchburg (2.09%), Athol (1.86%), and Clinton (1.63%).



*The region needs "more therapists to help provide counseling to people that need it. A lot of people are struggling with their Mental health. Covid has caused a Mental health crisis." Furthermore, there are "extremely limited services for Spanish speaking individuals" and people "don't know where to go" for help.*

**Percent of Total Deaths Ruled Suicide in Select MOC Service Area Communities, 2019**



*Source: Massachusetts Department of Public Health. Population Health Information Tool. Registry of Vital Records and Statistics. Deaths of Massachusetts Residents, 2019.*

In total, over half (16) of MOC’s 30 Service Area cities and towns have percentages of all deaths ruled as Suicide higher than Massachusetts, with the percentages in eight of those communities being over twice as high as Massachusetts.

**MOC Service Area Communities with Percent of All Deaths Ruled Suicide Greater than Massachusetts**

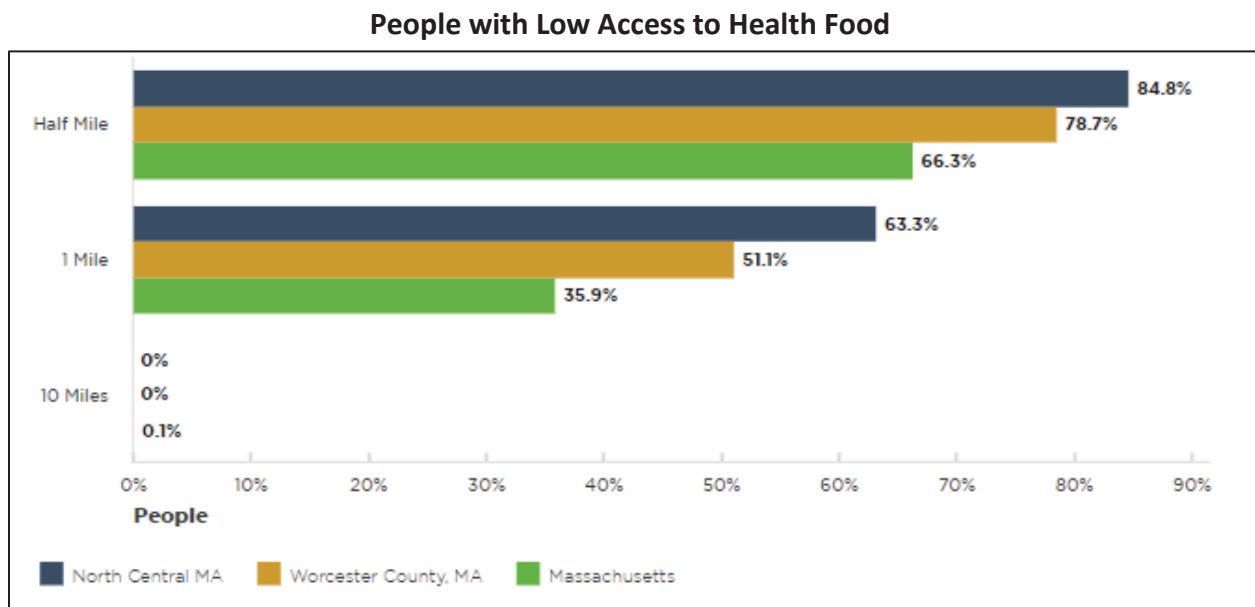
Geography		% Deaths Ruled Suicide	
Massachusetts		1.10%	
Geography	% Deaths Ruled Suicide	Geography	% Deaths Ruled Suicide
Berlin	4.76%	Fitchburg	2.09%
Bolton	4.35%	Athol	1.86%
Princeton	4.17%	Rutland	1.85%
Ashburnham	3.85%	Clinton	1.63%
Harvard	3.85%	Sterling	1.56%
Hardwick	2.70%	Templeton	1.22%
Shirley	2.47%	Groton	1.20%
Barre	2.27%	Pepperell	1.15%

*Source: Massachusetts Department of Public Health. Population Health Information Tool. Registry of Vital Records and Statistics. Deaths of Massachusetts Residents, 2019.*

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These poor health outcomes are evidence of unmitigated risk factors in the community (see Income, Housing, Childcare sections above) as well as a lack of access to resources that support good health. During MOC’s 2022-2023 Community Needs Assessment process, MOC’s Service Area was described by Community Needs Survey Respondents as having parks and opportunities for recreation, including walking and cycling. It was also described as having low crime rates, safe neighborhoods, and friendly neighbors. Recreational opportunities and a safe environment which supports physical activity are important, though, not sufficient for good health. Access to healthy food and healthcare resources is also critical.

Data from the US Department of Agriculture shows that residents of MOC’s Service Area have less access to healthy food than their counterparts in Worcester County and across Massachusetts.



*Source: US Department of Agriculture. Economic Research Service. Accessed via MySidewalk: North Central MA Community Needs Assessment Health, Social & Behavioral Development Dashboard.*

Per the graph above, more than eight in ten people living in MOC’s Service Area do not have a healthy food access point within a half of a mile of their home and nearly two-thirds (63.3%) do not have a healthy food access point within 1 mile of their home.

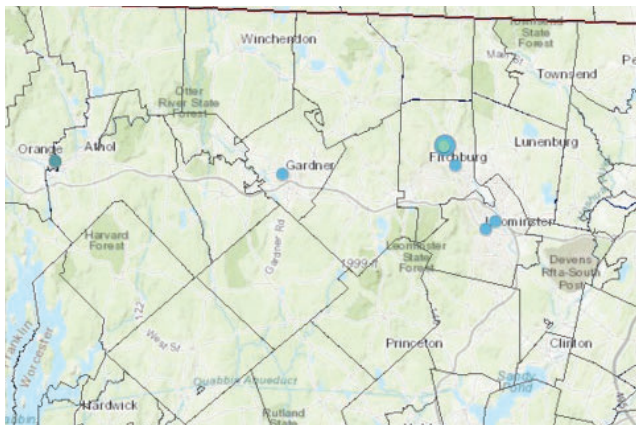
Data collected through MOC’s Community Needs Assessment Focus Groups, Stakeholder Survey, and Customer Satisfaction Survey support this documented lack of access to healthy food for local residents, with all three groups pinpointing Food/Nutrition as a top concern in the region. However, it was the “cost” of healthy food, not access to retail locations, that was cited most frequently as a barrier to healthy eating.

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While the Consumer Price Index data reported above (see page 72) shows that Groceries are generally less expensive in the Fitchburg-Leominster area than across the nation, national research has shown that healthy foods are nearly twice as expensive as foods with fewer nutrients and that low-income families would need to devote approximately half of their food budget to meet recommended dietary guidelines for fruits and vegetables. Given the high cost of healthy food, it is not surprising that national data also shows that people with limited income tend to consume fewer fruits and vegetables<sup>48</sup> and, therefore, do not benefit from the protective health effects of diets high in fruits in vegetables (i.e., reduced rates of some chronic conditions like certain cancers, diabetes, and hypertension).<sup>49</sup>

*People are experiencing "food insecurity as prices have increased significantly." Furthermore, people are "unable to purchase fresh produce due to prices being so high." People "need better nutrition to be healthier."*

**Federally Qualified Community Health Center  
Locations in MOC's Service Area**



Access to physical and mental health services can also be a barrier to wellbeing. While MOC's Service Area is home to a community health center organization (sites indicated with light blue dots on the map to the left),<sup>50</sup> the Health Services and Resources Administration (HRSA) estimates that over half (52.4%) of the low-income

**Source: 2023. "UDS Mapper" Accessed May 2023 at: <http://www.udsmapper.org>**

<sup>48</sup> Kern DM, Auchincloss AH, Stehr MF, Roux AVD, Moore LV, Kanter GP, Robinson LF. Neighborhood Prices of Healthier and Unhealthier Foods and Associations with Diet Quality: Evidence from the Multi-Ethnic Study of Atherosclerosis. *Int J Environ Res Public Health*. 2017 Nov 16;14(11):1394. doi: 10.3390/ijerph14111394. PMID: 29144387; PMCID: PMC5708033.

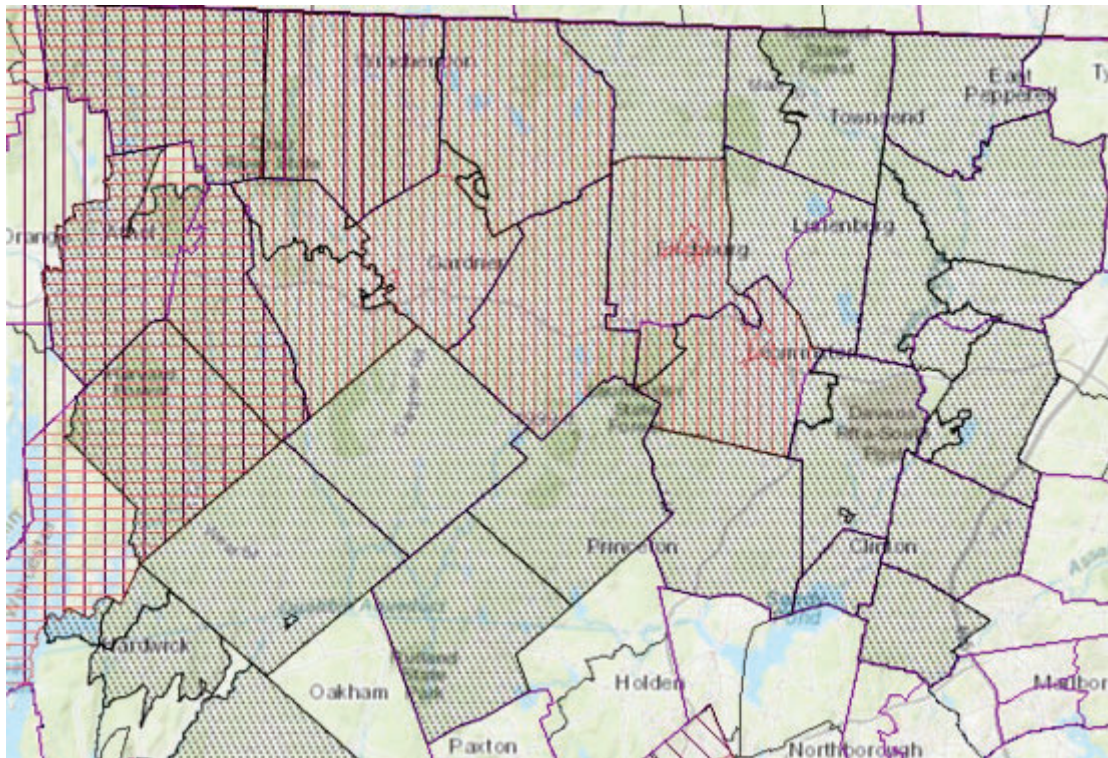
<sup>49</sup> US Centers for Disease Control and Prevention. Nutrition. Data and Statistics. Stage Indicator Report on Fruits and Vegetables, 2018. Accessed May 2023 at: <https://www.cdc.gov/nutrition/data-statistics/2018-state-indicator-report-fruits-vegetables.html>

<sup>50</sup> 2023. "UDS Mapper" Accessed May 2023 at: <http://www.udsmapper.org>.

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residents in the area (approximately 30,000 individuals) are not being served within the CHC system. While this finding does not suggest that the local CHC is failing in its mission to provide preventive and primary healthcare to the underserved in our community, it does suggest that additional healthcare capacity, targeting low-income individuals and families, is necessary for the region. And, in fact, the map below shows that MOC’s Service Area, has HRSA designated Primary Care Health Care Provider Shortage Area (HPSA) designations as well as Medically Underserved Populations (MUP).

**HRSA Designations in MOC’s Service Area**



Source: 2023. “UDS Mapper” Accessed May 2023 at: <http://www.udsmapper.org>.

Primary Care HPSAs	Geographical Area		Medically Underserved	
	Single County		Areas/Populations	
	Population Group		(MUA/P)	
			Governor Designated	

Roughly half of the communities in MOC’s Service Area are designated as home to Medically Underserved Populations (MUP) (represented by light red, thin, vertical lines above). Per HRSA, “MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to healthcare.

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Some examples include: People experiencing homelessness, People who are low-income, People who are eligible for Medicaid, Native Americans, [and/or] Migrant farm workers.”<sup>51</sup>

The western portion of MOC’s Service Area is also a Governor-Designated Medically Underserved Area (represented by light red, thin, horizontal lines above) and a Primary Care Health Professionals Shortage Area – Geographical Area (represented by magenta, thick, vertical lines above). A Governor-Designated Medically Underserved Area “is an exceptional designation given by HRSA at the request of a state Governor or other chief executive officer and local health official.”<sup>52</sup> A Primary Care Health Professionals Shortage Area – Geographical Area is “a shortage of providers for a specific group of people within a defined geographic area. Examples include low-income populations, homeless populations, and migrant farmworker populations.”<sup>53</sup>

Additionally, the Health Resources and Services Administration (HRSA) scores areas based on access to mental health providers. These Mental Health Provider Shortage Area (HPSA) Scores range from 0-25 with higher scores signaling poorer access to services. MOC’s Service Area, which overlaps closely with the local federally qualified community health center’s service area, scores a 19 out of 25, suggesting that, locally, access to mental health services is a challenge and that additional capacity is necessary.

Data collected through MOC’s 2022-2023 Community Needs Assessment show that healthcare, particularly Mental Health and Substance Abuse Services, is a top concern among residents of North Central Massachusetts. Specifically, over half (50.8%) of Community Needs Survey Respondents indicate that “Mental health services” was a top need impacting people in their community. Additionally, Stakeholder Survey Respondents and Customer Satisfaction Survey Respondents both suggested that increased capacity to provide Behavioral Health Services should be a focus for MOC going forward. Finally, three out of five Focus Groups identified Mental Health and Substance Abuse Services as a top need in the community with Focus Group Participants talking about high costs, long waits, a lack of culturally and linguistically competent care, and few resources targeting special populations as particular barriers to accessing needed Mental Health and Substance Abuse Services.

While physical healthcare did not rise to the top of the list of needs for any of the Community Needs Assessment modalities, Focus Group Participants did provide feedback on what aspects

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<sup>51</sup> US Health Resources & Services Administration. What is Shortage Designation? Accessed May 2023 at: <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#empu>

<sup>52</sup> 2023. UDS Mapper. Glossary. Accessed May 2023 at: <https://support.udsmapper.org/hc/en-us/articles/360052028154-Medically-Underserved-Area-Population-MUA-P->

<sup>53</sup> US Health Resources & Services Administration. What is Shortage Designation? Accessed May 2023 at: <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#empu>



of the local healthcare system currently make accessing services a challenge. Many spoke to high costs, long waits, and a lack of culturally and linguistically competent care in the region. Others talked about how an integrated, holistic approach including physical and mental health services, specialty health services, and social services would reduce the burden on individuals and families to navigate multiple traditionally disconnected systems.

## **CONCLUSION**

Data presented here demonstrates the interconnectedness of the challenges facing families in MOC's Service Area: an economy dominated by lower wage jobs makes necessities like stable, quality housing, childcare, and good nutrition difficult to afford which contributes to stress and ill health, particularly for low-income community members.

**The Economy and Income:** MOC's Service Area is dominated by low-wage, low-skilled jobs. Average Weekly Wages for jobs available in MOC's Service Area are \$1,194, just 65% of the \$1,832 for all jobs across Massachusetts. As noted elsewhere, aggregation of data across MOC's Service Area masks the stark differences between communities. The same is true for Average Weekly Wages which range from \$567 in Phillipston to \$1,795 in Harvard. Further, all of MOC's Six Urban Centers have Average Weekly Wages less than Massachusetts, with the lowest wages occurring in the western most Urban Centers of Athol (\$888) and Winchendon (\$898).

Despite the low wages available in MOC's Service Area, the Median Annual Income in the region is higher than Massachusetts (\$93,472 vs. \$89,026). This discrepancy between wages and income may be due to people working outside while living in MOC's Service Area. Data related to Commutation Patterns seems to suggest that relatively high percentages of residents of the communities in the eastern portion of MOC's Service Area are commuting to jobs in other counties with wages that are higher (e.g., MetroWest). That is, while only 31% of MOC Service Area residents commute out-of-county to work, much higher proportions of workers in the eastern communities of Harvard (50%), Bolton (46%), and Berlin (44%) do so. And, in fact, the Median Annual Income in Rural East (South), where these communities lie, is \$137,839, 47% higher than MOC's Service Area as a whole.

While Median Income figures compare earnings across communities, the Gini Index looks at the distribution of wealth within an individual community. Gini Index scores range from 0 to 1 with 1 indicating perfect inequality and 0 indicating perfect equality. The Gini Index in MOC's Service Area is 0.39, which is lower than the Gini Index score in both Worcester County (0.45) and Massachusetts (0.49), suggesting less inequality in income distribution across MOC's Service

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Area than in the county and state. However, there are over a dozen individual cities and towns with Gini Index scores higher than the region as a whole.

Not only are there disparities in income between and within MOC Service Area cities and towns, but there are also disparities along racial and ethnic lines. That is, the Median Income for people living in MOC's Service Area who self-identify as White, Not Hispanic (\$92,232); Hispanic or Latino (\$89,766); Black or African American (\$88,223); and Other (\$76,816) falls below the Median Income for the region and below the Median Income for people who self-identify as Asian or Multiracial. Regardless of the type (e.g., racial/ethnic, geographic, social), high income inequality not only has negative impacts on economic growth, but also on the health and well-being of children and families.

Low Average Weekly Wages and Median Income in many of the communities of MOC's Service Area are not necessarily problems, in and of themselves. The problem is a discrepancy between earned income and cost of living. Data available from the Council for Community and Economic Research's Cost of Living Index show that average monthly expenses for people living in the Fitchburg/Leominster area are higher than those, on average, across the nation. Specifically, all together, the cost of living is roughly 15 points higher in the Fitchburg/Leominster area than across the United States, with Utilities, Miscellaneous, Healthcare, and Housing being at least 17 points higher. Qualitative data compiled through MOC's 2022/2023 Community Needs Assessment, particularly the Community Needs Survey and Focus Groups, highlighted that "costs" related to housing, utilities, and healthcare are, in fact, significant burdens on local residents.

It is important to note, though, that while cost of living is relatively high in MOC's Service Area as compared to the nation, cost of living is lower in MOC's Service Area than the Boston Area. This makes North Central Massachusetts a good "bedroom community" for people working in areas east of MOC's Service Area where housing costs are higher.

**Housing:** Key housing indicators show that MOC's Service Area has a relatively low housing vacancy rate and high owner occupancy rate; relatively low median home values and median rental costs; and relatively small proportion of homeowners and renters burdened by excessive housing costs. On the surface, these characteristics suggest that MOC's Service Area is an affordable, stable place to live. That said, as with elsewhere, the aggregation of data across the region masks a range of housing-related challenges in the individual communities that make up MOC's Service Area:

- **Vacancy rates are high** in the western portion of the region: Barre (14.1%), Petersham (14.9%), Phillipston (17.2%), and Ashburnham (20.3%). High vacancy rates can negatively affect a homeowner's financial security. They can also signal a low-income

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workforce and a limited job market, both of which also negatively affect residents' prospects for financial security.

- **Homeownership rates are low** in three of MOC's Six Urban Areas: Clinton (54.6%), Fitchburg (56.1%), and Gardner (56.9%) vs. 62.4% in Massachusetts, as well as among many racial/ethnic minorities, particularly Black or African American residents (51.9%); Native American residents (20.4%), and Native Hawaiian or Pacific Islander residents (0.0%).
- **A lack of affordable housing units** across the region with just 7.1% meeting the criteria set forth in the Comprehensive Permit Law (Chapter 40B) of 1969.
- **High percentages of renters being "cost burdened"** (i.e., paying more than 30% of income toward housing costs) in Westminster (62.3%), Athol (55.9%), Ashburnham (50.4%), and Fitchburg (49.7%).
- **High percentages of homeowners being "cost burdened"** (i.e., paying more than 30% of income toward housing costs) in Petersham (32.1%), Fitchburg (31.3%), Berlin (30.1%), Gardner (29.8%), and Westminster.

Furthermore, data from MOC's 2022/2023 Community Needs Assessment demonstrates the real burden that housing costs place on local families. Specifically, over two-thirds (66.9%) of Community Needs Survey Respondents selected "Affordable housing" and 58.7% selected "Ability to pay heating or utility bills" as top issues facing individuals and families in North Central Massachusetts. Further, Focus Group Participants, Stakeholders, and MOC Clients (through their Customer Satisfaction Surveys) all identified housing costs as top issues in the region.

**Factors Impacting Ability to Work:** Often people's ability to engage in the workforce at a level necessary to meet their families' needs is impacted by factors outside of the economy. Access to supportive services, such as childcare, are critical to a successful work experience. Similarly, physical and mental wellness are necessary for workplace productivity.

**Childcare:** In MOC's Service Area there are 15,498 infants, toddlers, and preschool aged children (i.e., children under 5 years of age) who, depending on their family circumstances, may require childcare and/or early childhood education outside of the home. To accommodate these 15,498 young children, there are 379 different public school pre-schools and Massachusetts Early Education & Care (EEC) licensed Child Care Centers and Family Child Care Homes across North Central Massachusetts. Seventeen of these sites are administered by local public-school districts and seven by MOC's Child Care & Head Start Services. The remaining 355 are private Center-Based and Family Child Care Homes.

Massachusetts has among the highest childcare costs in the nation. According to the Economic Policy Institute's (EPI) Family Budget Calculator, families with two-children living in the

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Fitchburg/Leominster metro area pay \$1,912 per month or \$22,941 per year toward childcare. With a Median Income of \$93,472 across MOC's Service Area, that is 25% of a household's annual wages toward childcare. The US Department of Health and Human Services has suggested childcare is affordable when it comprises 7% or less of household income. When families, especially low-income, are faced with childcare expenses over this threshold, the ability to meet other basic needs becomes more difficult.

In addition to high costs locally and across Massachusetts, there simply are not enough childcare slots to accommodate all the children who need care. In MOC's Service Area, there are approximately 6,368 MA Department of Early Education and Care Licensed childcare slots<sup>54</sup> and an additional 1,500 slots available through the public-school districts.<sup>55</sup> With a total population of 15,498 children under five years in MOC's Service Area that means there are roughly two children per available slot. Moreover there are currently 521 children in MOC's Service Area on the Kinderwait list for subsidized care.

Data from MOC's 2022-2023 Community Needs Survey demonstrates a need, across the region, for additional child care capacity. Nearly two-thirds (64%) of Survey Respondents selected a child care-related need as a top issue facing individuals and families in North Central Massachusetts. Specifically, 55.0% selected "Child care" and 42.1% selected "After school / summer programs". Furthermore, Focus Group Participants echoed the findings reported above about the high cost of care and the limited number of slots available across the region. They also mentioned a lack of transportation as a barrier to care as well as a lack of alignment between hours available and hours needed.

Health: As with childcare, many families, particularly those with limited income, face decisions about nutrition, physical activity, and other health-related factors that affect their overall health and well-being and ultimately their ability to attain and maintain economic stability. In MOC's Service Area, 15.6% of adults self-report their general health status as "fair" or "poor". MOC's Six Urban Centers tend to have the highest concentrations of adults reporting "fair" or "poor" health status. There is also a corridor of communities in the western portion of MOC's Service Area, between Athol and Gardner, with higher concentrations of adults reporting "fair" or "poor" health status.

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<sup>54</sup> Massachusetts Executive Office of Education. E2C Hub Directory of Datasets and Reports. Early Childhood. Licensed and Funded Programs (April 2023). Accessed June 2023 at: <https://www.mass.gov/lists/data-on-licensed-and-funded-child-care-programs>

<sup>55</sup> Massachusetts Department of Elementary and Secondary Education. District Profiles. Enrollment by Grade, 2022-2023. Accessed June 2023 at: <https://profiles.doe.mass.edu/statereport/enrollmentbygrade.aspx>

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Specific health indicators at the community level are difficult to access. However, we know that adult physical health indicators in Worcester County, where MOC's Service Area lies, tend to be worse than the state. That is, death rates from accidents as well as acute and chronic illness like cancer, heart disease, diabetes, and COVID-19 tend to be higher in Worcester County than Massachusetts. Worcester County also evidences higher rates of drug overdose deaths than Massachusetts, with an age-adjusted deaths per 100,000 people of 36.9 vs. 33.9 across the state as well as Suicides with 1.36% of all deaths across MOC's Service Area being ruled Suicide vs. 1.11% across the state.

These poor health outcomes are evidence of unmitigated risk factors in the community (see Income, Housing, Childcare sections above) as well as a lack of access to resources that support good health. During MOC's 2022-2023 Community Needs Assessment process, MOC's Service Area was described by Community Needs Survey Respondents as having parks and opportunities for recreation, including walking and cycling. It was also described as having low crime rates, safe neighborhoods, and friendly neighbors. Recreational opportunities and a safe environment which supports physical activity are important, though, not sufficient for good health. Access to healthy food and healthcare resources is also critical.

Data from the US Department of Agriculture shows that residents of MOC's Service Area have less access to healthy food than their counterparts in Worcester County and across Massachusetts. That is, more than eight in ten people living in MOC's Service Area do not have a healthy food access point within a half of a mile of their home and nearly two-thirds (63.3%) do not have a healthy food access point within 1 mile of their home. Furthermore, data collected through MOC's Community Needs Assessment Focus Groups, Stakeholder Survey, and Customer Satisfaction Survey support this documented lack of access to healthy food for local residents, with all three groups pinpointing Food/Nutrition as a top concern in the region. However, it was the "cost" of healthy food, not access to retail locations, that was cited most frequently as a barrier to healthy eating.

Access to physical and mental health services can also be a barrier to wellbeing. While MOC's Service Area is home to a community health center organization, the Health Services and Resources Administration (HRSA) estimates that over half (52.4%) of the low-income residents in the area (approximately 30,000 individuals) are not being served within the CHC system. While this finding does not suggest that the local CHC is failing in its mission to provide preventive and primary healthcare to the underserved in our community, it does suggest that additional healthcare capacity, targeting low-income individuals and families, is necessary for the region. And, in fact, MOC's Service Area, has HRSA designated Primary Care Health Care

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Provider Shortage Area (HPSA) designations as well as Medically Underserved Populations (MUP).

Additionally, the Health Resources and Services Administration (HRSA) scores areas based on access to mental health providers. These Mental Health Provider Shortage Area (HPSA) Scores range from 0-25 with higher scores signaling poorer access to services. MOC's Service Area, which overlaps closely with the local federally qualified community health center's service area, scores a 19 out of 25, suggesting that, locally, access to mental health services is a challenge and that additional capacity is necessary.

Data collected through MOC's 2022-2023 Community Needs Assessment show that healthcare, particularly Mental Health and Substance Abuse Services, is a top concern among residents of North Central Massachusetts. Specifically, over half (50.8%) of Community Needs Survey Respondents indicate that "Mental health services" was a top need impacting people in their community. Additionally, Stakeholder Survey Respondents and Customer Satisfaction Survey Respondents both suggested that increased capacity to provide Behavioral Health Services should be a focus for MOC going forward. Finally, three out of five Focus Groups identified Mental Health and Substance Abuse Services as a top need in the community with Focus Group Participants talking about high costs, long waits, a lack of culturally and linguistically competent care, and few resources targeting special populations as particular barriers to accessing needed Mental Health and Substance Abuse Services.

Geography	Total Population	% Total Population in Poverty	Gender		Age				
			% Males in Poverty	% Females in Poverty	% Under 18years in Poverty	% Under 18years in Poverty	% 18-34years in Poverty	% 35-64years in Poverty	% 65+years in Poverty
United States	329725481	12.6%	44.6%	55.4%	8.7%	30.6%	26.3%	30.9%	12.1%
Massachusetts	6991852	9.9%	43.8%	56.2%	6.8%	24.7%	27.2%	32.2%	15.9%
Worcester	856858	9.8%	44.6%	55.4%	6.8%	25.6%	27.0%	33.3%	14.1%
Ashburnham	6315	7.0%	49.9%	50.1%	0.0%	34.9%	20.7%	34.0%	10.3%
Ashby	3189	3.2%	53.9%	46.1%	0.0%	11.8%	0.0%	37.3%	51.0%
Athol	11922	11.1%	44.7%	55.3%	7.2%	14.4%	37.3%	39.9%	8.4%
Ayer	8396	5.9%	37.9%	62.1%	4.1%	10.7%	33.1%	21.4%	34.8%
Barre	5315	14.4%	29.7%	70.3%	5.1%	32.8%	40.9%	21.5%	4.9%
Berlin	3326	5.1%	35.7%	64.3%	0.0%	4.2%	9.5%	24.4%	61.9%
Bolton	5606	2.4%	20.6%	79.4%	0.0%	0.0%	9.6%	40.4%	50.0%
Clinton	15221	5.0%	41.1%	58.9%	7.7%	17.8%	25.1%	44.8%	12.3%
Fitchburg	41796	14.6%	46.0%	54.0%	9.3%	25.4%	25.5%	37.2%	12.0%
Gardner	21183	14.1%	50.5%	49.5%	9.5%	27.0%	24.8%	33.2%	14.9%
Groton	11254	3.8%	61.8%	38.2%	3.3%	3.3%	27.8%	31.4%	37.5%
Hardwick	2713	14.8%	57.5%	42.5%	9.4%	48.9%	19.2%	19.2%	12.7%
Harvard	6829	3.2%	39.6%	60.4%	0.0%	19.2%	18.7%	62.1%	0.0%
Hubbardston	4338	5.7%	52.4%	47.6%	18.7%	34.1%	15.0%	32.9%	17.9%
Lancaster	8428	3.8%	45.1%	54.9%	0.0%	19.8%	28.0%	19.4%	32.8%
Leominster	43478	7.9%	50.1%	49.9%	4.5%	27.8%	16.4%	44.6%	11.2%
Lunenburg	11627	8.2%	37.1%	62.9%	10.4%	38.1%	13.2%	35.7%	12.9%
New Braintree	1052	13.5%	45.8%	54.2%	5.6%	26.8%	21.1%	35.2%	16.9%
Pepperell	11671	6.2%	53.6%	46.4%	5.9%	20.4%	25.1%	32.6%	21.8%
Petersham	1141	4.5%	40.8%	59.2%	0.0%	6.1%	16.3%	38.8%	38.8%
Phillipston	1948	5.3%	53.4%	46.6%	3.9%	3.9%	9.7%	35.0%	51.5%
Princeton	3502	3.5%	62.6%	37.4%	0.0%	3.3%	39.8%	43.1%	13.8%
Royalston	1461	7.7%	60.7%	39.3%	2.7%	35.7%	7.1%	44.6%	12.5%
Rutland	8988	1.5%	76.6%	23.4%	19.0%	19.0%	6.6%	74.5%	0.0%
Shirley	7400	4.2%	64.5%	35.5%	0.0%	5.2%	25.0%	50.0%	19.8%
Sterling	8015	1.8%	41.5%	58.5%	0.0%	0.0%	22.5%	50.0%	27.5%
Templeton	8145	4.1%	42.5%	57.5%	0.0%	0.0%	64.7%	29.9%	5.4%
Townsend	9144	5.3%	52.0%	48.0%	11.5%	16.1%	28.7%	35.9%	19.4%
Westminster	8148	2.3%	30.4%	69.6%	0.0%	5.4%	14.1%	62.5%	17.9%
Winchendon	10371	11.4%	47.3%	52.7%	12.6%	44.6%	15.2%	32.9%	7.3%
MOC Service Area	292138	8.0%	47.0%	53.0%	7.3%	24.8%	24.0%	36.9%	14.4%
24 Cities & Towns	148167	5.1%	46.0%	54.0%	5.4%	21.5%	24.9%	33.7%	19.8%

Source: US Census Bureau. American Community Survey, 2017-2021, 5yr. Tables DP03, DP05 and S1701.

Geography	Race & Ethnicity							
	% White in Poverty	% Black/African American in Poverty	% American Indian/Alaskan Native in Poverty	% Asian in Poverty	% Native Hawaiian/Other Pacific Islander in Poverty	% Some Other Race in Poverty	% Multi-racial in Poverty	% Hispanic/Latino (of any race) in Poverty
United States	10.3%	21.7%	23.40%	10.3%	16.7%	19.1%	14.9%	17.7%
Massachusetts	7.8%	16.7%	24.00%	11.4%	18.3%	21.1%	16.3%	22.5%
Worcester	8.5%	14.0%	39.41%	10.5%	9.5%	18.1%	16.5%	21.5%
Ashburnham	5.7%	32.9%	-	0.0%	-	-	28.2%	31.5%
Ashby	3.2%	0.0%	-	0.0%	-	-	4.0%	0.0%
Athol	11.0%	5.9%	70.00%	0.0%	-	51.5%	6.5%	15.6%
Ayer	6.2%	0.0%	100.00%	6.6%	-	2.0%	3.6%	0.9%
Barre	12.8%	0.0%	-	-	-	-	60.9%	70.8%
Berlin	4.5%	42.9%	-	0.0%	-	0.0%	12.8%	0.0%
Bolton	2.3%	100.0%	0.00%	4.6%	-	0.9%	0.0%	1.9%
Clinton	4.7%	10.8%	0.00%	3.3%	-	12.0%	0.9%	13.6%
Fitchburg	11.3%	12.3%	23.89%	5.6%	-	30.2%	27.2%	25.3%
Gardner	12.8%	17.5%	-	22.4%	-	13.2%	34.0%	10.8%
Groton	3.6%	66.7%	-	0.0%	-	2.0%	4.8%	3.4%
Hardwick	11.3%	0.0%	0.00%	0.0%	-	61.8%	66.7%	60.4%
Harvard	3.5%	1.0%	-	0.0%	-	5.0%	1.5%	1.1%
Hubbardston	2.1%	5.2%	-	85.7%	-	0.0%	29.5%	0.7%
Lancaster	3.9%	0.0%	0.00%	30.6%	-	0.0%	0.0%	11.2%
Leominster	8.6%	4.0%	0.00%	11.1%	-	8.0%	3.1%	10.7%
Lunenburg	8.9%	0.7%	-	0.0%	-	5.0%	0.5%	2.9%
New Braintree	11.7%	100.0%	-	0.0%	-	-	53.3%	100.0%
Pepperell	6.1%	6.0%	-	0.0%	-	0.0%	15.8%	2.0%
Petersham	4.9%	0.0%	-	0.0%	0.0%	0.0%	0.0%	10.7%
Phillipston	5.4%	-	-	0.0%	-	-	0.0%	0.0%
Princeton	2.1%	100.0%	-	-	-	0.0%	14.6%	21.4%
Royalston	7.8%	-	-	0.0%	-	-	0.0%	-
Rutland	1.6%	0.0%	-	0.0%	-	0.0%	0.0%	0.0%
Shirley	4.2%	0.0%	-	0.0%	100.0%	0.0%	0.0%	0.0%
Sterling	1.5%	0.0%	100.00%	48.6%	-	0.0%	0.0%	0.0%
Templeton	4.3%	100.0%	-	0.0%	-	0.0%	-	0.0%
Townsend	5.4%	25.2%	-	0.3%	-	1.0%	0.0%	0.3%
Westminster	2.3%	-	-	-	-	-	0.0%	0.0%
Winchendon	10.1%	55.0%	-	11.3%	-	0.0%	30.8%	0.0%
MOC Service Area	7.2%	9.3%	23.55%	8.3%	88.5%	16.7%	15.3%	16.3%
24 Cities & Towns	4.8%	10.1%	39.71%	5.3%	88.5%	3.7%	10.3%	7.6%

Source: US Census Bureau. American Community Survey, 2017-2021, 5yr. Tables DP03, DP05 and S1701.





**What do you think are the top needs impacting people in your community?**

- |   |  |
|---|--|
| <input type="checkbox"/> Child care                                       | <input type="checkbox"/> After school / summer programs for children and youth |
| <input type="checkbox"/> Jobs   | <input type="checkbox"/> English classes                                       |
| <input type="checkbox"/> Training or education to get a job or better job | <input type="checkbox"/> Elder services  |
| <input type="checkbox"/> Affordable housing                               | <input type="checkbox"/> Ability to pay heating or utility bills               |
| <input type="checkbox"/> Access to food                                   | <input type="checkbox"/> Health insurance                                      |
| <input type="checkbox"/> Mental health services                           | <input type="checkbox"/> Drug and alcohol services                             |
| <input type="checkbox"/> Domestic violence services                       | <input type="checkbox"/> Safer neighborhood                                    |
| <input type="checkbox"/> Transportation                                   | <input type="checkbox"/> Ability to budget                                     |
| <input type="checkbox"/> Legal assistance                                 | <input type="checkbox"/> Need for clothing                                     |
| <input type="checkbox"/> Financial emergencies                            | <input type="checkbox"/> Immigration issues                                    |
| <input type="checkbox"/> Discrimination issues                            | <input type="checkbox"/> Access to technology / internet                       |

**Compared to before the COVID-19 pandemic, are you and your family now better off, worse off, or about the same?**

- Worse off
  Better off  
 About the same

**At some point during the pandemic, COVID-19 impacted me or my family in the following ways:**

- My hours got reduced at my job
- I lost my job entirely
- I left the workforce to care for children/other family members
- My household/family lost income overall
- I had trouble meeting my housing, food, or other expenses
- My children got behind in school
- I couldn't find the child care my family needed
- I experienced much higher stress levels
- I put off medical care that I or my family needed
- I contracted 'long-COVID' and have ongoing health problems
- None of the above / No negative impact
- 

**Are any of the negative impacts from the COVID-19 pandemic STILL affecting you today?**

- Yes

- Unsure
- Not applicable/ No negative impact

**Are you able to pay your bills on time each month?**

- YES
- NO

**Do you currently have at least \$500 set aside for emergencies?**

- YES
- NO

**What keeps you or your family from feeling more financially stable?**

- I work full-time but my pay doesn't cover my expenses
- I can only find part-time work
- I can't find a job
- I need more education or training to get work or better work
- Child care is too expensive and/or interferes with my ability to work
- My living expenses (rent/mortgage, heat, food) are too high
- I can't find housing that I can afford
- I've had a lot of medical expenses that weren't covered by my insurance
- I don't have reliable transportation
- I am on a fixed income (Social Security, pension, etc.), and my income is limited
- I lost eligibility for benefits (i.e., SNAP, MassHealth, DTA)
- Someone in my household is spending money on things we don't need, so there isn't enough left for other expenses
- Someone else controls the money and makes decisions I don't agree with.
- I or a family member am struggling with addiction
- I or a family member am struggling with mental health issues
- I don't feel safe in my home
- I don't feel safe in my community
- Not applicable
- 

**What is your household's monthly income before taxes?**

- Under \$2000/month (or Under \$24,000/year)
- \$2000-\$4000/month (or \$24,000-\$48,000/year)
- \$4000-\$6000/month (or 48,000-\$72,000/year)
- Over \$6000/month (or Over \$72,000/year)

**Do you receive or are you eligible for SNAP benefits?**

- 
-

Yes

No

**Have you or anyone in your household served in the military?**

 Yes No Prefer not to answer

**Do you or anyone in your household live with a disability?**

 Yes No Prefer not to answer

**Do you or anyone in your household identify as LGBTQ+?**

 Yes No Prefer not to answer

**What is your age?**

 Under 18 18 to 24 25 to 44 45 to 64 65+

**Where do you live?**

City

Postal / Zip Code

**What is your gender, as you define yourself?**

 Male Female Non-binary Prefer not to answer Transgender 

**Are you Hispanic/Latino?**

 Yes No Prefer not to answer

**What is your race? (Please check one)**

 American Indian or Alaskan Native Asian Black or African American Native Hawaiian / Other Pacific Islander White

- Multi-Race
- Prefer not to answer
- 

**What is your primary language? (Please choose only one)**

- |  |  |
|--|--|
| <input type="radio"/> English              | <input type="radio"/> Spanish  |
| <input type="radio"/> German               | <input type="radio"/> Italian  |
| <input type="radio"/> Korean               | <input type="radio"/> Russian  |
| <input type="radio"/> French               | <input type="radio"/> Tagalog  |
| <input type="radio"/> Vietnamese           | <input type="radio"/> Chinese  |
| <input type="radio"/> Prefer not to answer | <input type="radio"/> <input style="width: 100px; height: 15px;" type="text"/> |

**What are the greatest strengths of your community?**

- Walk-able, bike-able community
- Access to affordable housing for everyone
- Access to health care for everyone, including substance abuse/mental health and dental services
- Access to arts and cultural events
- Local 24-hour police, fire and rescue services
- Meet basic needs of everyone (food, shelter, clothing, etc.)
- Well prepared for emergencies
- Social and cultural diversity is appreciated by community members
- Access to parks and recreation
- High quality education for our youth
- Access to high quality post-secondary education for young adults and adults
- Living in a clean and healthy environment
- Working toward an end to homelessness
- Internet access for all
- Good paying jobs and a healthy economy
- Living in a friendly community
- Low crime
- Low violence (domestic, elder and child)
- Programs, activities and support for youth and teens during non-school hours
- Safe neighborhoods
- Services and supports for everyone needing help during times of stress and crisis
- Volunteer opportunities
- Opportunities to participate in community decision-making for everyone
- Access to affordable, healthy foods (fresh fruits, vegetables)
- Programs and activities that support older adults
- I don't know
-

**Are you receiving or have you received services through a non-profit or other social service organization?**

- YES
- NO

**If so, were you referred to other programs within that organization or to other organizations for additional services?**

- Yes
- No
- Not Applicable

**If you were referred, what was your referral experience like?**

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Easy (I followed through because everything was done for me)                      | <input type="checkbox"/> | Pretty Easy (I followed through and had very little to do on my own to make the referral successful) |
| <input type="checkbox"/> | Neither Easy nor Difficult (I followed through, but it took some work on my part) | <input type="checkbox"/> | Very Difficult (I followed through, but it took a lot of work on my part)                            |
| <input type="checkbox"/> | Impossible (I didn't follow through)  | <input type="checkbox"/> | N/A  |

**Tags**

- Todo
- In Progress
- Done

P1. ¿Cuáles cree que son las necesidades principales que afectan a las personas en su comunidad?  
Marque todas las que correspondan.

- Cuidado de niños
- Programas extracurriculares/de verano para niños y jóvenes
- Trabajos
- Clases de inglés
- Formación o educación para conseguir un trabajo o un trabajo mejor
- Servicios para adultos mayores
- Vivienda asequible
- Capacidad para pagar las facturas de la calefacción o de los servicios públicos
- Acceso a alimentos
- Seguro de salud
- Servicios de salud mental
- Servicios especializados en abuso de drogas y alcohol
- Servicios para víctimas de violencia doméstica
- Vecindario más seguro
- Transporte
- Capacidad para establecer un presupuesto
- Asistencia legal
- Necesidad de ropa
- Emergencias financieras
- Problemas de inmigración
- Problemas de discriminación
- Acceso a la tecnología/Internet
- Otro

P2. Comparado con antes de la pandemia del COVID-19, ¿usted y su familia ahora están mejor, peor o igual?

- Peor
- Igual
- Mejor

P3. En algún momento de la pandemia, el COVID-19 me afectó a mí o a mi familia de las siguientes maneras:

Marque todas las que correspondan

- Se redujeron mis horas laborales
- Perdí mi trabajo
- Dejé de trabajar para cuidar a mis hijos/otros miembros de la familia
- Mi hogar/familia perdió ingresos
- Tuve problemas para hacer frente a mis gastos de vivienda, alimentación u otros
- Mis hijos se atrasaron en la escuela
- No pude encontrar el cuidado de niños que mi familia necesitaba

- Experimenté niveles de estrés mucho más altos
- Postergué la atención médica que mi familia o yo necesitábamos
- He contraído COVID y tengo problemas de salud continuos
- Nada de lo anterior/Ningún efecto negativo
- Otro

P4. ¿Algunos de los efectos negativos de la pandemia de COVID-19 le siguen afectando hoy en día?

- Sí
- No
- No aplica

P5. ¿Es capaz de pagar sus cuentas a tiempo cada mes?

- Sí
- No

P6. ¿Tiene actualmente al menos \$500 reservados para emergencias?

- Sí
- No

P7. ¿Qué evita que usted o su familia se sientan más estables económicamente? Marque TODAS las que correspondan.

- Trabajo a tiempo completo, pero mi sueldo no cubre mis gastos.
- Sólo puedo encontrar trabajo a tiempo parcial.
- No puedo encontrar trabajo.
- Necesito más educación o formación para conseguir un trabajo o un trabajo mejor.
- El cuidado de niños es muy caro o interfiere con mi capacidad para trabajar.
- Mis gastos de manutención (alquiler/hipoteca, calefacción, comida) son demasiado elevados.
- No encuentro una vivienda que pueda pagar.
- Tuve muchos gastos médicos que no estaban cubiertos por mi seguro.
- No cuento con un medio de transporte fiable.
- Tengo ingresos fijos (Seguridad Social, pensión, etc.) y mis ingresos son limitados.
- He perdido elegibilidad para recibir beneficios (es decir, SNAP, MassHealth, DTA)
- Alguien en mi casa está gastando dinero en cosas que no necesitamos, por lo que no queda suficiente para otros gastos.
- Otra persona controla el dinero y toma decisiones con las que no estoy de acuerdo.
- Un miembro de mi familia o yo estamos luchando contra la adicción.
- Un miembro de mi familia o yo estamos luchando contra problemas de salud mental.
- No me siento seguro en mi hogar.
- No me siento seguro en mi comunidad.
- No aplica
- Otro

P8. ¿Cuál es el ingreso mensual de su hogar antes de impuestos?

**Incluya:** salarios, beneficios de seguridad social, de discapacidad, etc.

**No incluya:** planes de alimentos (SNAP), programa WIC, MassHealth, otro seguro médico público, asistencia con el combustible.

- Menos de \$2000 al mes (o menos de \$24,000/año)
- Entre \$2000 y \$4000 al mes (o entre \$24,000 y \$48,000 al año)
- Entre \$4001 y \$6000 al mes (o entre \$24,001 y \$72,000 al año)
- Más de \$6000 al mes (o más de \$72,000 al año)

P9. ¿Recibe o es elegible para recibir beneficios SNAP?

- Sí
- No
- Prefiero no responder

P10. ¿Usted o alguien de su familia ha servido en el ejército?

- Sí
- No
- Prefiero no responder

P11. ¿Usted o alguien de su familia posee una discapacidad?

- Sí
- No
- Prefiero no responder

P12. ¿Usted o alguien de su familia se identifica como LGBTQ+?

- Sí
- No
- Prefiero no responder

P13. ¿Cuál es su edad?

- Menos de 18
- 18 a 24
- 25 a 44
- 45 a 64
- 65+

P14. ¿Dónde vive?

Ciudad/pueblo:



Código postal:

P15. ¿Cuántas personas viven en su hogar, con usted incluido?

De entre 0 y 17 años:

Mayores de 18 años:

P16. ¿Cuales es su genera según coma se define?

- Masculino
- Femenino
- No binario
- Transgender
- Prefiero no responder
- Otro

P17. ¿ES hispano/latino?

- Sí
- No
- Prefiero no responder

P18. ¿Cuál es su raza? (Seleccionar una opción)

- |   |  |
|---|--|
| <input type="checkbox"/> Indio Americana o Nativo Alaska            | <input type="checkbox"/>                       |
| <input type="checkbox"/> Asiático                                   | <input type="checkbox"/> Blanco                |
| <input type="checkbox"/> Negro o Afroamericano                      | <input type="checkbox"/> Multirracial          |
| <input type="checkbox"/> Nativo Hawaiano / otro Isleño del Pacífico | <input type="checkbox"/> Prefiero no responder |
|   | <input type="checkbox"/> Otro                  |

P19. ¿Cuál es su idioma primario? (Por favor elige solo uno)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Inglés     | <input type="checkbox"/> Italiano              |
| <input type="checkbox"/> Alemán     | <input type="checkbox"/> Ruso                  |
| <input type="checkbox"/> Coreano    | <input type="checkbox"/> Tagalo                |
| <input type="checkbox"/> Francés    | <input type="checkbox"/> Chino                 |
| <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Español    | <input type="checkbox"/> Otro                  |

P20. ¿Cuáles son las principales fortalezas de su comunidad?

- Comunidad donde se puede caminar, manejar bicicletas
- Alta calidad de educación para la juventud
- Acceso a viviendas económicas para todos

- Acceso a estudios pos-secundarios para adultos jóvenes y adultos
- Baja violencia (domestica, personas mayores, niños)
- Programas/actividades que apoyan a los niños/jóvenes durante tiempo que no hay clases
- Acceso a cuidado de la salud para todos, incluyendo; salud mental, abuso de sustancias, servicios dentales
- Acceso a los artes y eventos culturales
- Medir necesidades básicas de todos (alimentos, albergue, ropa)
- Asistencia de 24 hrs de policía, bomberos, rescate
- Bien preparados para emergencias
- Vivir en un ambiente sano/saludable
- Trabajando para erradicar el problema de personas sin hogar
- Acceso a alimentos saludables, frutas frescas, vegetales
- Trabajos de buena paga
- Acceso al internet
- Vecindarios seguros
- Acceso a parques y recreación
- Diversidad social y cultural, vivir en una comunidad amigable, que aprecia a sus miembros
- Bajo crimen
- Programas y actividades que apoyan a las personas mayor de edad
- Vivir en una comunidad amigable
- Servicios de apoyo para cualquiera que necesite ayuda en tiempos difíciles de estrés y en crisis
- Oportunidades de voluntariado
- Oportunidades de participar en la toma de decisiones de la comunidad para todas las personas
- Desconozco

P21. ¿Recibe o ha recibido servicios mediante una organización sin fines de lucro u otro tipo de servicio social?

- Sí
- No

P22. En caso afirmativo, ¿se le remitió a otros programas dentro de esa organización o a otras organizaciones para obtener servicios adicionales?

P23. Si fue remitido, ¿cómo fue su experiencia de remisión?

1. Fácil (seguí el proceso porque hicieron todo por mí)
2. Bastante fácil (seguí el proceso y tuve que hacer muy poco por mi cuenta para que la remisión tuviera éxito)

3. Ni fácil ni difícil (seguí el proceso, pero me costó un poco de trabajo)
4. Muy difícil (seguí el proceso, pero me costó mucho trabajo)
5. Imposible (no seguí el proceso)
6. N/A
7. Otro

**Making Opportunity Count, Inc.**

**2024-2026 Community Assessment Report & Strategic Plan**

**Focus Group Guide for MOC Staff Facilitators**

January 2023

## **SECTION 1: Overview**

**Purpose:** The purpose of this guide is to provide a structured framework for MOC staff to use when facilitating Focus Groups as part of MOC's Community Assessment Report & Strategic Planning (CARSP) process for the 2024 to 2026 period.

CARSP Focus Groups are intended to **capture participants' perceptions of the biggest unmet needs in North Central Massachusetts and to provide an opportunity for participants to share related resources as well as perceived gaps in resources.**

**Format:** Each Focus Group should last approximately 90 minutes and should follow the same format, including time limits, described here:

Welcome & Introductions (10 min)  
Agenda Review (5 min)  
Prioritization Activity (10min)  
Ranking (5min)  
Discussion (30min)  
Healthcare Discussion (15min)  
Next Steps, Wrap Up and Thank you (15min)

Consistency in how the Focus Groups are conducted will ensure that the information captured in each is comparable to the others. Each section is described in more detail below.

**Scheduling:** MOC staff who agree to facilitate one or more Focus Groups are responsible for scheduling each group with the relevant program/site contact(s). Please track Focus Group dates and times in the Google Sheet titled **2024-2026 CARSP Focus Group List** (linked [here](#)).

**Incentives:** Existing groups should not require incentives for participation. These groups are accustomed to coming together at the appointed date/time. Groups that are being pulled together solely for the purpose of the CARSP can provide incentives (e.g., food, gift cards, childcare, etc.) to boost participation. Please email Cathy Apostoleris, VP Planning & Data, at [capostoleris@mocinc.org](mailto:capostoleris@mocinc.org) for assistance with obtaining incentives and approval of expenditures. \*You will be asked if there is funding available at your program level to cover/partially cover costs.

**Note Takers:** It is recommended that MOC Staff who agree to facilitate one or more Focus Groups recruit a second MOC staff person to act as a Note Taker for each group. Note Takers can write participants' comments on flip charts at in-person meetings, take notes on screen at remote meetings, or keep notes of the meetings in another way. Regardless, having two staff present at each Focus Group will streamline the process and minimize lost information.

**Materials:** MOC staff who agree to facilitate one or more Focus Groups are responsible for preparing and bringing supplies to the meeting(s). Each Focus Group will require:

1. Participant Questionnaires (English, Spanish, Portuguese, Haitian Creole and Arabic versions available and linked below.)
2. Printed copies of the Agenda (NOTE: You can use the time allocations for each section of the Agenda to create your own version based on your Focus Group(s)'s timing. Also, English, Spanish, Portuguese, Haitian Creole and Arabic versions are available and linked below.)
3. Pens/pencils
4. Name Tags\*
5. Markers\*
6. 8 Flip Chart Pages\*, pre-labeled (1 per page) with:
  - Housing (#1 as of 12/22)
  - Heat/Utilities (#2 as of 12/22)
  - Child Care/Early Education (#3 as of 12/22)
  - Mental Health and Substance Abuse (#4 as of 12/22)
  - Afterschool/Summer Opportunities for Youth (#5 as of 12/22)
  - Food/Nutrition (#6 as of 12/22)
  - Employment Opportunity (#7 as of 12/22)
  - Healthcare
7. Additional Flip Chart Pages (~5) for note taking\*
8. Stickers (5 per participant)\*
9. A second Flip Chart Page with Healthcare written on it.

Please contact Cassidy Larison at [clarison@mocinc.org](mailto:clarison@mocinc.org) and cc Sweta Khajurivala at [skhajurivala@mocinc.org](mailto:skhajurivala@mocinc.org) for assistance with ordering supplies. Items listed with \* will be purchased in bulk and will be available to pick up at MOC Admin.

**Set-up:**

In-Person: Before the Focus Group participants arrive, please arrange enough chairs for everyone into a semicircle. Stand a Flip Chart and easel in the opening of the semicircle for brainstorming and note taking. This configuration will allow participants to see each other as well as the facilitator and his/her notes.

Also, before the Focus Group, hang the pre-labeled "Issue" Flip Chart pages around the room so that people can see them and there is room to get to all of them. Have the second "Healthcare" Flip Chart hidden somewhere (e.g., under a blank page on the wall, behind the easel, etc.) so that it is available when needed, but does not draw attention and distract from the conversation leading up to that section of the Focus Group.

Remote: Before the Focus Group, set up an online polling process for the Ranking Activity and way to take notes on screen for the Issue Discussion and Healthcare Discussion sections of the agenda. If you have preferred tools, please feel free to use whatever you are comfortable with. If you don't, here are some suggestions:

## Polling:

- Mentimeter at [www.mentimeter.com](http://www.mentimeter.com) - This is a quick way to set up the Ranking activity prior to the Focus Group and then easily “go live” when you get to that section of the Agenda. Prior to the meeting, sign up for a free account and create the poll. During the meeting, copy and paste the link into the chat, tell folks to rank the top 5 issues in North Central Massachusetts, and within seconds the results will pop up on your screen. Share your screen to share the results and the group can see their top three issues which they will then discuss in the Issue Discussion section.
- See screenshot of quick set up below:

The screenshot shows the Mentimeter web interface. At the top, it says "My First Presentation" created by Cathy Apostoleris. There are buttons for "Saved", "CA", "Share", and "Present". Below that are "New slide" and "Import" buttons. The main area shows a slide with the question "What are the biggest needs in North Central Massachusetts?" and a list of options: Housing, Heat & Utilities, Child Care/Early Education, Mental Health and Substance Abuse, Afterschool/Summer Opportunities for Youth, Food/Nutrition, Employment Opportunities, and Healthcare. The right sidebar has tabs for "Content" and "Customize". Under "Content", there is a "Your question" field with the same question and a list of "Options" with the same items as the slide. There is also a "Presenter notes" section at the bottom.

## Note Taking:

- Word Document: The easiest thing to do is open and share a Word document. Set up the document prior to the Focus Group (i.e., create a 1x3 table to organize notes into sections: Needs, Resources and Gaps for each of the 3 Issues to be discussed – leave the Issue line blank and then fill it in, in real time, after the Ranking activity). See example set up below (template linked [here](#)):

**Issue:** \_\_\_\_\_

Needs
Resources
Gaps

**Client Questionnaires:** In order to determine the “representativeness” of our Focus Group participants of MOC’s general population and the community at large, it is important that we capture some basic information about each participant. You can choose to have people complete the Questionnaire before or after the Focus Group, whatever makes sense for your flow. But, please don’t forget! Both paper and Survey Monkey versions are available in the following languages:

- English: Survey Monkey ([link](#)) / Paper ([here](#))
- Spanish: Survey Monkey ([link](#)) / Paper ([here](#))
- Portuguese: Survey Monkey ([link](#)) / Paper ([here](#))
- Haitian Creole: Survey Monkey ([link](#)) / Paper ([here](#))
- Arabic: Paper only ([here](#)) NOTE: Survey Monkey cannot accommodate the formatting of the Arabic survey. Apologies to our Arabic speaking participants.

Please make sure you use the appropriate version for your target audience.

**After the Focus Group(s):** When the Focus Group(s) is complete, please return the following to MOC Admin:

- Completed Client Questionnaires
- Leftover supplies
- All notes taken during the Focus Group(s) (i.e., we would like the actual Flip Chart paper back - pages with and without writing. Please type up any of the notes that you may have taken to assist with understanding the Flip Chart pages and turn in the typed notes.)

Admin will assist in compiling the information into a useable format for inclusion in the CARSP.



Below is a more detailed description of each section of the Focus Group. You can choose to read directly from this guide, but do not need to, except for when describing the Scenario.

## **SECTION 2: Detailed Focus Group Format**

Each Focus Group will follow the same format, including time limits:

Welcome & Introductions (10min)

Review Agenda (5min)

Prioritization Activity (10min)

Ranking (5min)

Discussion (30min)

Health Care Discussion (15min)

Next Steps & Wrap Up (15min)

**PLEASE NOTE:** IF YOU HAVE LIMITED TIME, you can limit the Discussion to only the highest ranked Issue and shorten the Welcome & Introductions and Next Steps & Wrap Up to reduce the total length of the Focus Group to 60 minutes. If you are using the abbreviated 60 min agenda, please make sure that you have created the Agenda without including the Scenario section and shortened the first and last sections to fit the timeframe.

Agenda templates for both 60minutes and **90minutes (PREFERRED)** are available in the following languages: English, Spanish, Portuguese, Haitian Creole and Arabic. They can be found in the folder shared [here](#).

### **Welcome & Introductions (10 min)**

During the welcome, please:

- Confirm everyone knows what MOC is and provide a brief overview if participants are unclear.
- Explain that MOC is in the middle of a strategic planning process, which we do every three years. It helps us to understand our communities better and to set goals for the organization related to our clients and the community's needs.
- Explain that we are using data from sources like the US Census Bureau and the state of Massachusetts' Departments of Public Health and Education to identify the biggest challenges facing local families today.
- Let participants know that input from people living in the area - through surveys, interviews, and Focus Groups - helps us to better understand the numbers that we are seeing from these other data sources.
- Explain that the purpose of today's Focus Group is to **capture participants' perceptions of the biggest unmet needs in North Central Massachusetts and to**

**provide an opportunity for participants to share related resources as well as their thoughts about effective strategies for addressing identified needs.**

Participants should have name tags. If it feels natural, you can have people introduce themselves to the group. Start by introducing yourself, including your role at MOC.

Talking Tip: If you start on time, you may want to add an icebreaker (e.g., Say your name and answer the following question (*ideas, pick one: What was your favorite food as a child? What is your favorite snack - salty or sweet? What is your favorite holiday? What is your favorite hobby?*)).

**Agenda Review (5 min)**

Quickly review the agenda for the Focus Group with participants. If you are using the abbreviated 60 min agenda, please make sure that you have edited the paper copy of the agenda so that shows a reduced Discussion and the first and last sections are reduced in time.

**Prioritization Activity (10min)**

As a lead up to the Prioritization Activity, point to and read the 8 “Issue” Flip Charts hanging around the room. Let participants know that MOC has been conducting a Community Needs Survey for the past several weeks and these are the top 8 unmet needs rising to the top for the people who have taken the survey (over 500 surveys).

During the Prioritization Activity, you will give each participant 5 stickers - color and shape do not matter. Direct participants to put their stickers on the Flip Charts that represent, in their opinion, the biggest unmet needs in North Central MA. They can spread their stickers out over 5 different needs, or they can use multiple stickers to emphasize the importance of a particular need.

**Ranking (5min)**

When everyone has placed their last sticker, count the stickers on each sheet. Write the total number of stickers each issue earned at the top left of the Flip Chart. Then, write “1”, “2”, and “3” on the top right of the Flip Charts representing the three issues which earned the most stickers.

***Confirm with the group that there is consensus to move forward with these three issues.***

It is important that everyone is bought into the conversation. If people cannot agree on the three with the most votes, please document why and see if you can move forward with at least 2.

## Discussion (30min)

Use the next 30min (10 per issue) to discuss the top three issues. For each discussion, use these questions to prompt conversation:

1. What are the assets or resources in the area that address or try to address this issue?  
*Talking tip: Assets or resources could be: municipal supports; schools, nonprofits, healthcare services, resident groups, faith groups, specific individuals/leaders in neighborhoods, etc.*
2. What gaps still exist related to this issue?
3. What could MOC do to solve, or at least begin to address, this issue?

TIP: Make sure to take good notes on the Flip Charts so that everyone can see what is written. Also, make sure that the notes are clearly labeled with the Issue and its rank and whether the notes refer to assets, gaps, or solutions. Clear labeling will help us to organize the information after the Focus Groups.

In addition to taking good, well-labeled notes, make sure you use good “brainstorming” practices. Welcome all ideas, clarify comments that are not clear, tactfully note disagreements, etc.

## Health Care Discussion (15min)

Whether Health Care made it into the group’s list of the top three issues facing North Central Massachusetts, let the group know that you are going to spend a few minutes talking about “healthcare”. State something like:

*We are going to spend a little time talking about healthcare now.*

- *Does everyone here have a primary care provider? Or, a doctor you see regularly?*
  - *If not, why? What are the barriers you face to seeing a doctor?*
    - *Examples could be transportation, lack of providers who speak their language or understand their culture, long wait times, lack of child care.*
- *If you do have a doctor whom you see regularly:*
  - *will you share with us some things you either DO or DO NOT like about appointments with your doctor or about going to your doctor’s office?*
    - *Examples could be: whether the space is comfortable and welcoming, whether the current trend toward more technology (kiosk sign-in, communicating with the doctor through myChart or another patient portal, text reminders, telehealth visits) is positive or negative, whether seeing different providers (e.g., Nurse Practitioners, Physician’s Assistants) improves*

*access or interferes with your doctor getting to know you.*

*Thanks for sharing your current experiences with healthcare.*

*MOC, as a Community Action Agency that provides a range of services - behavioral health, food & nutrition, childcare, shelter & affordable housing, job preparation and employment supports – is uniquely positioned to provide a more holistic type of healthcare, one that provides continuity of care between medical, behavioral health, and critical social services.*

*In your opinion, would it benefit you or your family to receive your healthcare in a place that has easy access to behavioral health and social services?*

*Prompts:*

- 1. why or why not?*
- 2. how?*
- 3. what supports, outside of traditional medical care, are most important to you and your family?*

TIP: Like above, make sure to take good notes and to use good “brainstorming” practices.

### **Next Steps & Wrap Up (15min)**

During Next Steps and Wrap Up you should:

- Thank participants for their willingness to share their knowledge and ideas! Let them know you, and MOC, appreciate their taking the time to be active and engaged community members.
- Let them know that MOC’s Strategic Plan will be finalized in by the end of the year and that it will be available on our website.
- Ask them to complete a Questionnaire, if they have not already.
- If incentives were promised, provide the incentives.
- Offer them the opportunity to provide their email address to receive a copy of the Strategic Plan. If they do provide an email, please make sure it gets to Cathy Apostoleris so that she can send them a copy in early 2024.



Making Opportunity Count (MOC) Stakeholder Survey

1. What role best describes you?

- Parent/Legal Guardian
- Hospital Employee
- State Agency Employee or Contractor
- Homeless Services Employee
- Therapist
- Other Social Services Employee
- Probation or Parole Officer
- Medical Provider (e.g., PCP)
- Other (please specify)



Making Opportunity Count (MOC) Stakeholder Survey

**Please tell us how much you agree with the following statements.**

2. I have opportunities to provide meaningful input to MOC's program planning.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree



Making Opportunity Count (MOC) Stakeholder Survey

3. Please tell us how we can do better.

4. Overall, I am satisfied with the services MOC provides.

- Strongly agree  Disagree  
 Agree  Strongly disagree  
 Neither agree nor disagree



### Making Opportunity Count (MOC) Stakeholder Survey

5. Please tell us how we can do better.

6. MOC provides high quality services.

- Strongly agree  Disagree  
 Agree  Strongly disagree  
 Neither agree nor disagree



### Making Opportunity Count (MOC) Stakeholder Survey

7. Please tell us how we can do better.

8. MOC staff are competent and professional.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



Making Opportunity Count (MOC) Stakeholder Survey

9. Please tell us how we can do better.

10. MOC's locations are convenient.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



Making Opportunity Count (MOC) Stakeholder Survey

11. Please tell us how we can do better.

12. MOC responds quickly to requests for information.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



## Making Opportunity Count (MOC) Stakeholder Survey

13. Please tell us how we can do better.

14. MOC is managed well.

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |



## Making Opportunity Count (MOC) Stakeholder Survey

15. Please tell us how we can do better.

16. MOC is known in the community for being sensitive and responsive to the needs of diverse clients.

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |



## Making Opportunity Count (MOC) Stakeholder Survey



17. Please tell us how we can do better.

18. I would recommend MOC to a friend or family member.

- Strongly agree  Disagree  
 Agree  Strongly disagree  
 Neither agree nor disagree



Making Opportunity Count (MOC) Stakeholder Survey

19. Please tell us why not.



Making Opportunity Count (MOC) Stakeholder Survey

**Please answer the following Yes/No questions.**

20. I have referred someone to MOC in the past three months.

- Yes  
 No



Making Opportunity Count (MOC) Stakeholder Survey

21. Please tell us why you have not referred anyone to MOC recently.

22. Do you know who to contact at MOC regarding a complaint or grievance?

Yes

No



## Customer Satisfaction Survey - English

\* 1. Please tell us what MOC Service you are thinking about while completing this survey.

2. How did you learn about MOC?

- A friend/family member told me about MOC
- Staff at another organization referred me
- Staff from a public official's office (e.g., Mayor, Senator) referred me
- I saw a flyer or poster
- Google
- I found MOC's website on another search engine
- I heard about MOC on TV or radio
- Other

3. I feel welcome at MOC's offices or when I talk with staff on the phone.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

4. MOC staff understand my needs and culture.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. MOC staff treat me with respect and do not judge me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. MOC staff support me to make my own decisions.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

7. I am satisfied with how MOC staff have treated me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- No opinion

8. My situation is better because of the help MOC gave me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9. My finances are more stable because of help from MOC.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

10. I can take care of my family or myself better because of help from MOC.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

11. MOC helped me learn about helpful resources near where I live.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

12. I received information about other MOC programs and services that I might be eligible for.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

13. I am satisfied with the help I got from MOC.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

14. I would feel comfortable referring friends and/or family members to MOC.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

15. Did anything make it hard for you to get help from MOC?

- Hours
- Parking
- Transportation
- Child care
- Disability
- I felt embarrassed
- I felt overwhelmed
- Immigration or citizenship status
- I couldn't understand what the staff person was saying
- Information was too hard to read
- Too much paperwork
- Tired of answering the same questions over and over again
- None of the above
- Other (please specify)

16. How could MOC improve? Please give us your suggestions!

17. What other help would you like MOC to offer in the future?



## La Encuesta de Satisfacción del Cliente - Español

\* 1. Por favor díganos en que Servicio MOC está pensando mientras completa esta encuesta.

2. Como supo de MOC?

- Una Amistad/familiar me dijo sobre MOC
- El personal de otra organización me refirió
- Personal de una Oficina Publica me refirió (e.g., alcalde, Senador)
- Vi a un folleto informativo
- Google
- Encontré la red de MOC's en otras redes
- Escuche sobre MOC por medio del a televisión/radio
- Otro

3. Me siento bienvenido/a en las oficinas de MOC's o cuando hablo con el personal por teléfono.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

4. El personal de MOC entiende mis necesidades y cultura.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

5. El personal de MOC me trata con respeto y no me juzgan.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

6. El personal de MOC me apoya en yo hacer mis propias decisiones.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

7. Estoy satisfecho/a sobre como el personal de MOC me ha tratado.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

8. Mi situación está mejor debido a la ayuda que MOC me dio.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

9. Mis finanzas están más estables debido a la ayuda que recibí de MOC.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo



10. Puedo cuidar a mi familia/mi persona mejor debido a la ayuda MOC.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

11. MOC me ayudo en aprender sobre los recursos que están cerca donde vivo.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

12. Recibí información sobre los programas/servicios de MOC para los cuales puedo ser elegible.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

13. Estoy satisfecho/a con la ayuda que recibí de MOC.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

14. Me siento cómoda/o en referir a amistades/familiares a MOC.

- de acuerdo completamente
- de acuerdo
- neutral
- no de acuerdo completamente
- no de acuerdo

15. Hubo algo que le hizo difícil en tener acceso a los servicios de MOC?

- Horario
- Estacionamiento
- Transportación
- Cuido de Niños
- Discapacidad
- Me siento avergonzado/a
- Me siento sobre inundada
- Ciudadanía/estatus migratorio
- No podía entender lo que el personal de MOC me decía
- La información era muy difícil para entender
- Demasiada papelería
- Cansado/a de contestar la misma pregunta una y otra vez
- Nada de lo antes escrito
- Other (please specify)

16. Como puede mejorar MOC? Favor de darnos sus sugerencias!

17. Que otra ayuda le gustaría que MOC ofreciera en el futuro?