

Stow Community Chest 2015 Needs Analysis

I. Background

The bylaws for the Stow Community Chest state that: “The purpose of this Community Chest (the “Chest”) shall be to encourage, assist and support health, welfare, charitable, educational, and character building agencies and projects.” Every five years the Chest performs a Needs Analysis in order to identify agencies that may qualify for grants in keeping with our bylaws.

II. Summary Results

The 2015 Stow Community Chest Needs Assessment showed strong themes for the need for transportation services, particularly public transportation, substance abuse prevention and support, community building/ community events and adolescent health and development. Data from secondary sources also identified mental health and substance abuse as top needs of Stow and surrounding communities.

Importantly, respondents indicated use of a wide range of resources in the community with the library being the most used and recommended community resource.

III. Needs Analysis Methodology

In order to analyze the needs of the community, The Stow Community Chest conducted it’s own Needs Assessment Surveys as well as reviewed the following reports:

- *2015 Emerson Hospital CHNA Executive Summary and Implementation Plan*
- *Emerson Hospital Community Benefit Report 2014*
- *MetroWest Region, Massachusetts 2013 Community Health Assessment*
- *North Central Massachusetts Family Resource Guide*
- *The Emerson Hospital Youth Risk Behavior Survey 2014*
- *Stow census data: American Community Survey 2014 and the Decennial Census (2010)*
- *2015 Town of Stow Open Space and Recreation Plan*
- *Stow Housing Production Plan Update: Housing Needs Assessment section draft*

For the surveys the SCC conducted itself, we created two versions of the 2015 Needs Assessment survey: one for residents who had no agency affiliation, and one for respondents with an agency or town affiliation, such as the Red Cross, School Committee, and Warm Hearts of Stow.

Each survey was available in paper and online format. Notices about the surveys appeared in the local newspaper and on the Chest’s website with hard copies available at Randall Library and the Council on Aging. To encourage participation, the Chest promoted the survey in spring 2015 and again in late 2015, reaching out to various groups to get a fair representation across all of the residents of Stow.

The online surveys are available at the following links:

- For residents with no “agency affiliation:” <http://goo.gl/forms/c7J8BpdBnq>
- For respondents with an “agency affiliation:” <http://bit.ly/1FTtaW>

The spring survey yielded about 75 responses, and the winter survey yielded another 25 responses. Respondents included Stow residents, Stow employees, agencies, and other Stow service providers.

IV. Overview Census Data:

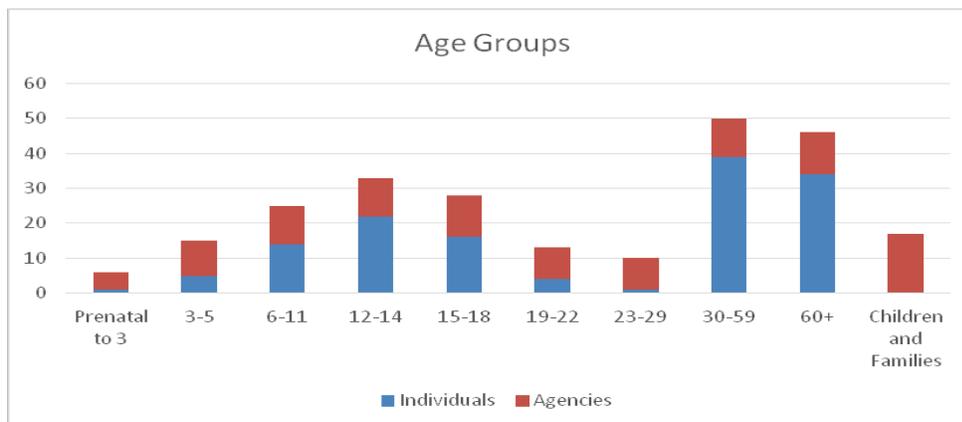
The 2014 American Survey Estimates included the following results (<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>):

- The population of Stow is 6841
- 1,902 families reside in the town of Stow.
- 27.7% of the residents of Stow are under the age of 19.
- 57.6% are between the ages of 20-64.
- 14.6% are over 65.
- 1.6% live below the poverty line.

V. Detailed Data from the Surveys Conducted by the Stow Community Chest:

Age Groups Represented in Survey:

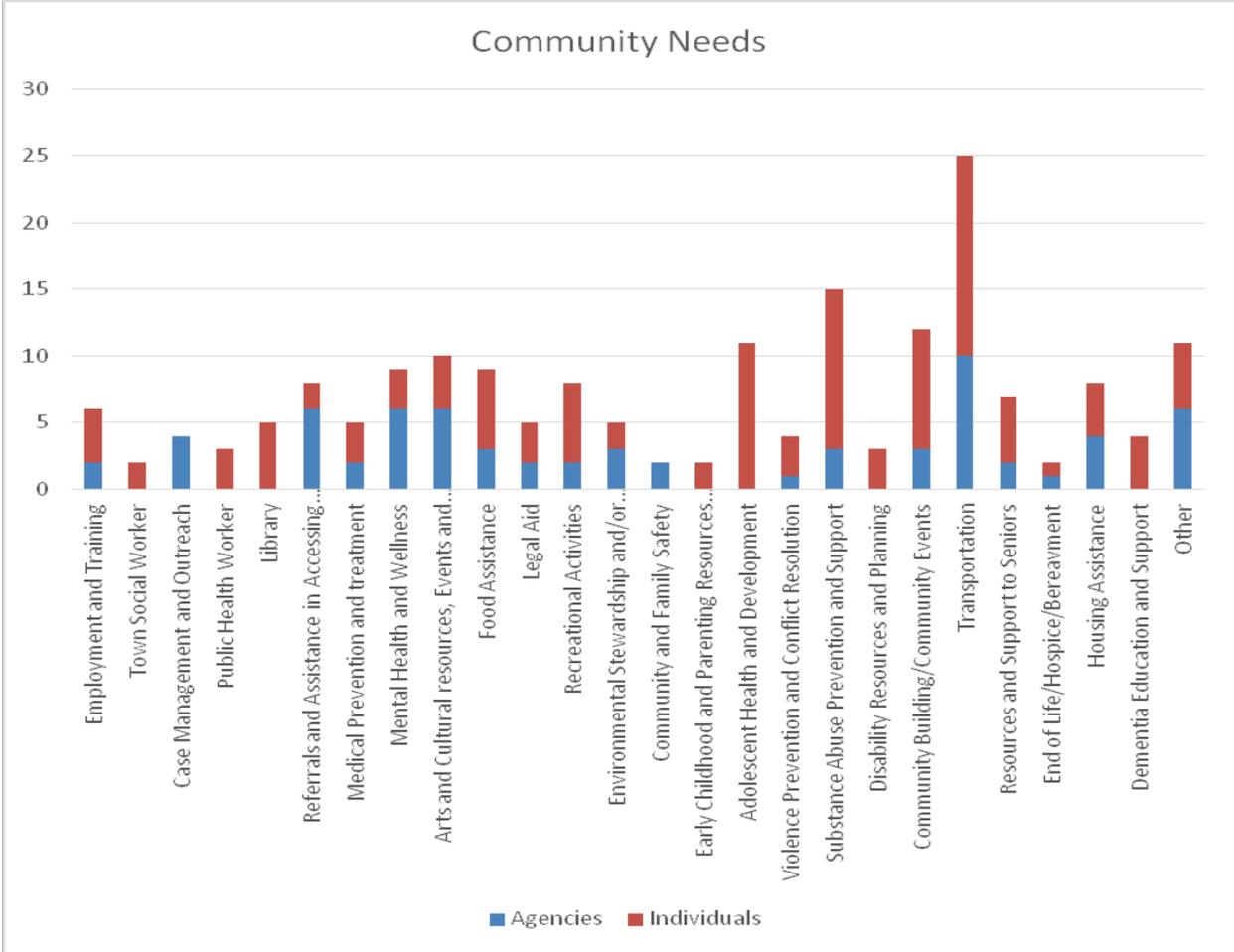
In the individual and agency surveys, we asked how many people resided in the household of the respondent and the ages of household member. Census data indicated a growing older population and older children. Survey respondents reflected that trend.



Community Needs Identified:

As shown below, the top four Community Needs identified by the respondents were:

1. Transportation
2. Substance Abuse Prevention and Support
3. Community Building/Community Events
4. Adolescent Health and Development



Community Resources Used or Recommended:

The top four Community Resources Used or Recommended in the past year were:

1. Library
2. Recreational
3. Arts and Cultural Resources/Events and Performances
4. Community Building/Community Events

Community Resource	Number	Percentage
Library	59	81.94%
Recreational Activities	48	66.67%
Arts and Cultural Resources, Events and Performances	33	45.83%
Community Building/ Community Events	25	34.72%
Resources and Supports for Seniors	14	19.44%
Environmental Stewardship and/ or Education	13	18.06%
Medical- Prevention and Treatment	11	15.28%
Community and Family Safety	11	15.28%
Transportation	10	13.89%
Town Social Worker	8	11.11%
Food Assistance	8	11.11%
Public Health Worker	7	9.72%
Referrals and Assistance in Accessing Resources	6	8.33%
Adolescent Health and Development	6	8.33%
Housing Assistance	6	8.33%
Mental Health and Wellness	5	6.94%
Early Childhood and Parenting Resources and Services	5	6.94%
Violence Prevention and Conflict Resolution	5	6.94%
Disability Resources and Planning	5	6.94%
Legal Aid	4	5.56%
Dementia Education/ Support	4	5.56%
Employment and Training	3	4.17%
Case Management and Outreach	3	4.17%
Substance Abuse and Addiction Services	3	4.17%
Dementia Education/ Support	2	2.78%
End of Life/ Hospice/ Bereavement	2	2.78%
Other	1	1%

Additional Demographic Information (from the Spring '15 resident survey)

Household composition of residents who responded to our survey:

Number in Household	Number of Responses	Percentage
1	10	19.6%
2	25	49%
3-5	15	29.4%
6-8	1	2%
9-12	0	0%
Other	0	0%

Familiar with the work of the Chest

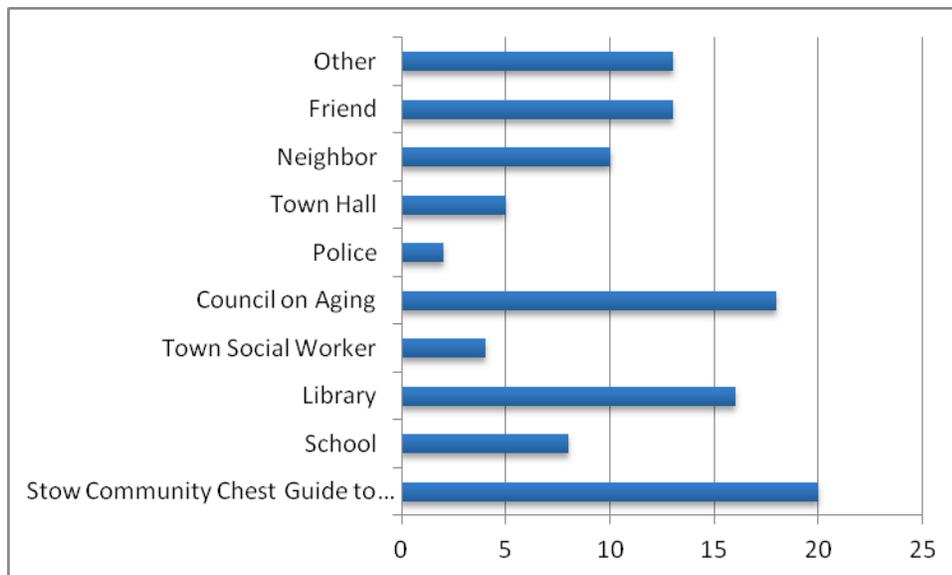
Yes	36	73.5%
No	13	26.5%

How did you learn about the Chest?

Lawn Signs	18	42.9%
Banner	9	21.4%
Newspaper	27	64.3%
Friends or Neighbors	16	38.1%
Work	3	7.1%
Other	10	23.8%

How have you learned about community resources in Stow?

Stow Community Chest Guide to Human Services	20	42.6%
School	8	17%
Library	16	34%
Town Social Worker	4	8.5%
Council on Aging	18	38.3%
Police	2	4.3%
Town Hall	5	10.6%
Neighbor	10	21.3%
Friend	13	27.7%
Other	13	27.7%



Open-Ended Responses (verbatim comments from Spring '15 and Fall '15 resident and agency surveys)

Additional resources individual respondents would like to see:

- Transportation for the temporarily disabled of any age, and transportation for the non-disabled of any age.
- FL and MA have the highest percent of people over 60 and Stow has a very poor facility to support them. Even the plans for Pompo put seniors in second place. We should be ashamed of ourselves.
- Financial Planning, Retirement
- I suggest this answer because it is my understanding that there is a crisis unfolding currently - all across Massachusetts in opiate (sp?) abuse in particular. Many more are dying via overdoses than from automobile accidents, for example. It is of epidemic proportions, from what I understand.
- Transportation specifically to Boston. A good seafood restaurant as well.
- Sidewalks along 62/Gleasondale for walking. Recreation use in this area.
- More resources for middle schoolers and high school kids... a place to go and activities to do.
- A teen center. A way for teens to learn about and participate in community service activities - excellent way to get job experience and give back to the community and keeps them busy. Some kind of after-care for middle school kids. Many parents don't seem to want to send their kids home alone, but spending hours at the library 3 days a week isn't that great. We don't seem to be adding clubs at Hale and there's always the issue of transportation to deal with. The Boys & Girls club fills that void in Maynard by offering a place where kids can do their homework, get some exercise, and socialize with peers. It's too bad that the new community center won't have some open gym space in that unfinished area. That would be a great place for kids to go after school. On Thursdays they could help stock the food pantry because they'd already be there. Win-Win.

- A safe place for middle school and high school kids to go after school. The library is closed 2 of the 5 afternoons per week. Even the high school late bus has no community space to drop them off 2 days per week!!
- A dumpster facility or access to use another surrounding town's with permit.

Other comments from individuals:

- Some sort of teen program/after school activities or place kids can go to hang out with friends
- Annual Stow Flu Clinic is great! Love Randall Library!
- The Town of Stow needs a recreation center for children.
- I do not live in Stow, however I am an educator within the school district and have been consistently impressed, and find the children to be of great character, I believe that the youth are our finest attribute and our greatest chance to make a real difference for the communities future. [sic]

Agency responses to barriers to meeting needs in Stow:

- Financial cost, not enough employees, does the need offset the cost?
- Volunteers are needed to make Girl Scouts work.
- Public Transportation is a challenge for many of the communities in this area. The barriers include cost and a system that could be accessible to a suburban community. Mental Health resources are a challenge for families based on insurance, accessibility and availability.
- Time! In addition to time it is the understanding that prevention and education far out ways the funds and time invested into mitigation and recovery.
- Limited staff limited public health nurse hours to meet responsibilities of disease prevention, health promotion and care to home bound older adults
- Funding and volunteer help. Our aim is to provide a venue for families at little or no cost. A fun filled day for children and an opportunity for many human resource groups to let families know what services are available. We have heard from many families that the Annual Spring Fest event is very much appreciated due to the fact that most activities are free. The Town typically appropriates \$2,000.00 per year. We do as much as we can with the limited funds and generous volunteer help. We find it more and more difficult each year to find volunteers and to fund events and performances.
- Lack of awareness of the complexities of domestic violence and how debilitating it is to family resources, mental and physical wellness, and safety across all age groups and cultures. Legal assistance for these complex issues. Transportation to resources.
- Stow does not have a cancer support center.
- Transportation, short shelf life
- Volunteers - our group relies solely on volunteers so we are continually recruiting people to assist us. Money - land acquisition and stewardship is expensive.
- Accounting education
- Roads
- There is no public transportation in Stow
- Transportation is a huge barrier. Social and recreational activities in their home community are very important to our consumers, and these need to be age appropriate and inviting.

- Housing. Very limited affordable housing. (One quarter to one-third of the clients I have met with are because of housing issues).
- People are often embarrassed to ask for help. We have found this to be particularly true in the suburbs. Transportation is very difficult due to the lack of public transportation options.
- No transportation for regular folks, not senior only. Very few people know we have a social worker in town.
- School staffing
- Transporting kids daily to the Club after school is a challenge.
- Funding and locations to hold these events and activities. We need more public transportation to get people to different activities and events. A small bus or van for the Rec department would allow more children to participate in our programs.
- Time. The addition of Sarah Steele [town social worker] has been excellent. She has provided excellent case management, serves the school as a valued resource, and helps families get resources.
- There are limited options for transportation for seniors who can no longer drive, who live in the Stow area. Outreach options for the Stow area are also limited, so it is difficult to spread the word about resources and support services that are available.
- Knowledge of available resources, availability of resources.
- There are never enough financial resources to meet the growing needs of Massachusetts seniors, both in Stow and throughout the communities Minuteman serves. Funding for senior nutrition has been level-funded for some time, and paying out of pocket for care coordination and ongoing monitoring for those seniors ineligible for state-subsidized services can be very costly for families.

Agency responses to consequences if needs not met:

- People with no food, no rides, and no way of knowing about them,
- Increased depression and low-esteem, which lead to poorer health outcomes.
- Missed opportunities of growth for girls from Kindergarten to Seniors in High School. Scouts also provide useful community service projects.
- The impact on the families living with abuse in the home is devastating on many levels. Financial stressors are exacerbated and keep victims and their children trapped in an abusive cycle. Mental health for the adult victim continues to deteriorate. The impact on children who witness violence in their home is extensive in terms of social maladjustment and problems with school.
- People continue to suffer and try to get by with very little. One small setback can have a huge impact on the stability of these families.
- People's ability to fully engage in their community is greatly impacted.
- In the past, we have had to implement waiting lists for our services, although private support from the Stow Community Chest and other charitable organizations has helped to alleviate this.
- Vision and hearing difficulties go undetected
- Residents have had to move out of Stow in order to find cheaper housing. Most residents have stated to me that they do not want to move but recognize that they have no choice. This has impacted job stability as clients have had to give up their jobs due to moving up to 1 hour away. Additionally, children have to change school district. The general

community support system changes, creating a lot of upheaval and stress for the client/family system.

- They have difficulty accessing the Food Pantry, Medical needs, Stores, recreational activities, Library, School etc.
- poorly written journal entries
- The impact is that some of the services that are required are outside of the school's expertise. While the school can manage, direct, and provide support to families, a town social worker may have greater access to information and resources.
- Patients and their families who are suffering from distress caused by a cancer diagnosis and its treatment, or progressive disease can experience depression, anxiety, pain and suffering, loss of employment, loss of income, loss of family stability. In addition, as a result, caregivers experience burdens and are at risk within 2 years for illness that results from lack of self care. Community members suffering in these ways need resources and special comprehensive care and a community of support provided by experts in the field of Integrative Oncology.
- Potassium deficiency
- Now walking enough. [sic]
- Isolation and depression are two of the risk factors that we encounter with families. The lack of transportation and available mental health compounds these risk factors.
- Continued stresses on public safety dept's, COA, social worker
- Injuries.
- Currently we have very limited programs for teens in Stow. We need a gathering place for teens to go and socialize and be active. Give them healthy choices instead of hanging out on the streets or glued to a tv or computer.
- We are concerned that seniors and families who may need our services are not aware of them. Also, lack of transportation options can severely limit access to necessary supports, socialization, food and medical appointments.
- Longer response time to resolve public health issues Minimal services to home bound Stow residents
- Families would lose the opportunities to be exposed to Stow's cultural resources and the opportunity to become aware of the many human resources available to them.
- Currently 1/3 of Stow is developed, 1/3 of Stow is protected and the future of the remaining 1/3 is uncertain. If all the land is developed into housing, Stow will look dramatically different.

Discussion and Recommendations

The results from our 2015 Needs Analysis continued to highlight two of the top needs that were also identified in our quite extensive 2010 Community Survey. These ongoing needs were transportation and youth programs. Additional top needs identified in 2015 were for community building and events and substance abuse prevention and support. Upon analysis of the responses, the community building and events category tended to reflect the interest of the need for a community space and activities for teens as well as building infrastructure for transportation.

Transportation: Transportation can be interpreted in many ways, including a shuttle service, a so-called dial-a-ride, a scheduled service, and so on. In Stow, the Council on Aging runs trips

for shopping and entertainment for seniors, using vans that the Council on Aging owns. Beyond that, there is no public transportation service for the general public or for young people looking for things to do after school. Nor is there transportation to the commuter rail station in Acton. Although the town government of Stow explored the need for transportation in more detail, no one was available to follow through on the work needed to identify and implement a plan.

With the advent of the new community center at the former Pompositticut School, exploring a shuttle service that runs between the community center, Center School, Shaw's, and the Boys and Girls Club of Assabet Valley in Maynard may be worthwhile. Such a service could make after-school activities available to many more young people. Depending on demand and further exploration of community needs, the Chest could provide seed funds to support a transportation service, much as we did for the Town Social Worker. In this example, improved "transportation" and the availability of after school youth programs go hand-in-hand. Such programs are available now but youth have difficulty getting to them. The Chest would also consider hearing about other transportation options for residents including seniors, bike-friendly roads, Neighbor Brigade ride sharing, and others.

Substance Abuse Prevention and Support: The town Social Worker should be contacted by the SCC to determine if she is familiar with any agencies or services that the Chest could potentially fund to meet this need. Activities funded could potentially include presentations, counseling, and outreach. Additionally, the town Social Worker and Health Worker may also be able to provide services or supports to the town. It is recommended that the Chest research area providers to learn more about resources in the community and services they may be able to provide to Stow residents.

Youth Programming & Community Building & Events: The Stow Recreation Department is publicly funded by the Town budget and consequently is not an agency the SCC can fund. We would be open to learning about other agencies that may be able to support and augment our existing resources. We are also interested in how the new Community Center will address this need. Given the survey results the SCC should learn more about how the new Community Center will meet these needs and then discuss what additional resources may be needed to address this need.

In conclusion, given the needs the community has identified as unmet, the SCC should consider researching agencies and programs that provide services to meet the needs not already available in the community. Equally as important, given the high use and value of many of the existing resources the chest funds, the results of the Needs Analysis should also serve to help the Chest prioritize and find a balance between continuing to support existing agencies while also meeting the unmet needs identified in the Needs Analysis.

Thank you to all who have participated in completing the surveys, in analyzing the results and in writing our report.

Appendix I: Census Data and excerpts from Regional Needs Assessment that include Stow

Community Survey 2014, the 2010 Census Data:

- The population of Stow is 6841 as of the 2010 census.ⁱ
- 1,902 families reside in the town.ⁱⁱ
- 27.7% of the residents of Stow are under the age of 19.ⁱⁱⁱ
- 57.6% are between the ages of 20-64.^{iv}
- 14.7% are over 65.^v
- 1.6% live below the poverty line.^{vi}
- 8.5% speak a language other than English in the home.^{vii}
- 24.3% of homeowners and 18.7% of renters pay more than 35% of their income on housing.^{viii}

Community Health Needs Assessment and Implementation Executive Summary 2015 Emerson Hospital

Regional towns included: Concord, Carlisle, Lincoln, Maynard, Acton, Boxborough, Harvard, Bedford, Westford, Littleton, Stow, Bolton, Sudbury.

- 1) Cancer Prevention, Detection, and Care
- 2) Mental Health and Substance Abuse Care
- 3) Care Coordination for Elderly
- 4) Domestic Violence Awareness and Advocacy

The report can be found at:

https://www.emersonhospital.org/HealthResources/~/_media/Emerson/CommunityBenefits/2015%20Emerson%20Hospital%20CHNA%20Executive%20Summary%20and%20Implementation%20Plan.pdf

MetroWest Region, Massachusetts 2013 Community Health Assessment (CHA).

- Top health concerns identified by the Sub-Region (Stow, Hudson, Maynard, Marlboro, Sudbury) of the CHA report identified the following 5 health concerns as priorities^{ix}:
 1. Mental health (anxiety, depression etc.)
 2. Overweight/ obesity
 3. Drugs/ Alcohol Abuse
 4. Aging problems
 5. Cancer

Youth Risk Behavior Survey Results Summary:

This survey is funded by Emerson Hospital as part of its community benefits program, and is coordinated by Northeast Health Resources. The survey is administered on a voluntary basis to more than 10,500 public school students in grades 6, 8 and 9 through 12 in eight school districts. Along with Stow/ Nashoba these districts also include Acton-Boxborough, Concord and Concord-Carlisle, Groton-Dunstable, Harvard, Littleton, Maynard, Nashoba Regional, and Westford Public Schools. The survey can be found at: <https://www.emersonhospital.org/HealthResources/YouthRiskBehaviorSurvey.aspx>

Violence Middle School

- 10.5 % of sixth grade respondents and 7.3 % of eighth grade respondents report having been repeatedly threatened, humiliated or experienced hostile behaviors from others (bullied) in school during the twelve months prior to the survey. There was little variation by gender in either grade.
- 11.2% of eighth grade respondents report having hurt themselves on purpose (cuts, burns, bruises) on at least one occasion during the previous 12 months.
- Female respondents (16.1%) report doing it more than twice as frequently as males (5.9%)

Suicide Middle School:

- 4.4% of 6th grade respondents and 6.4% of 8th grade respondents report having seriously considered suicide over the last 12 months
- 1.5% of 6th grade respondents and 1.9% of 8th grade respondents report having actually attempted suicide on at least one occasion in the last 12 months prior to the survey.

Youth Risk Behavior Survey Results for High School Students:

Bullying, Physical, Emotional, Sexual Violence High School:

- **One-tenth (9.9%) of all respondents report having been shouted at, sworn at, scared, threatened, or insulted by someone they were dating or going out with on at least one occasion during the twelve months prior to the survey. Among all respondents, 7.8% report having done so to someone else.**
- **6.7% of all respondents report having been repeatedly threatened, humiliated, or experienced hostile behaviors (bullied) from others in school during the twelve months prior to the survey.**
- **8.7% of all respondents report having received unwelcome comments or actions of a sexual nature which made them uncomfortable (sexual harassment) from others in school during the twelve months prior to the survey. The incidence of this experience was higher among female respondents (females – 12.6%, males 4.3%).**
- **13.6% of all respondents (14% - MA YRBS) report having hurt themselves on purpose (cuts, burns, bruises) on at least one occasion during the previous twelve**

months. There was little variation by grade (grade 9 – 12.7%, grade 10 – 13.8%, grade 11 – 14.3%, grade 12 – 12.5%). Female respondents (19.4%) report such self-injury much more frequently than males (7.1%).

SUICIDE High School

- **12.1%** of all respondents (12% - MA YRBS) **report having seriously considered attempting suicide** during the twelve months prior to the survey.

ILLEGAL DRUG USE

- **One-quarter (26.9%)** of all respondents (41% - MA YRBS) **report having ever used marijuana** and **2.9%** (7% - MA YRBS) **report having done so for the first time before the age of 13**. Males (29.8%) were more likely to have ever used marijuana than were females (23.9%). Further, **16.7%** of all respondents (25% - MA YRBS) **report having used marijuana on at least one occasion during the thirty days prior to the survey** (females – 13.1%, males – 20.5%).
- **2.8%** of all respondents (4% - MA YRBS) **report having ever used any form of cocaine, including powder, crack, or freebase**.
- **4.0%** of all respondents (5% - MA YRBS) **report having ever used MDMA (i.e. molly, ecstasy, “E”, “X”)**. The incidence of this behavior increased each year by grade (grade 9 – 1.9%, grade 10 – 3.3%, grade 11 – 4.7%, grade 12 – 5.4%). Males (5.0%) report using MDMA more than females (2.9%).
- **5.1%** all respondents **report having ever used any “other type” of illegal drug such as LSD, PCP, mushrooms, Ketamine (Special K), Rohypnal (Roofies) or GHB**.

ⁱ 2014 American Survey Estimates

ⁱⁱ 2014 American Survey Estimates

ⁱⁱⁱ 2014 American Survey Estimates

^{iv} 2014 American Survey Estimates

^v 2014 American Survey Estimates

^{vi} MetroWest Region, Massachusetts 2013 Community Health Assessment, Health Resources in Action, page 17. Found at

<http://www.mwhealth.org/portals/0/uploads/documents/communityhealthneedsassm2013.pdf>

^{vii} MetroWest Region, Massachusetts 2013 Community Health Assessment, Health Resources in Action, page 15

^{viii} MetroWest Region, Massachusetts 2013 Community Health Assessment, Health Resources in Action, page 21

^{ix} MetroWest Region, Massachusetts 2013 Community Health Assessment, Health Resources in Action, page 36