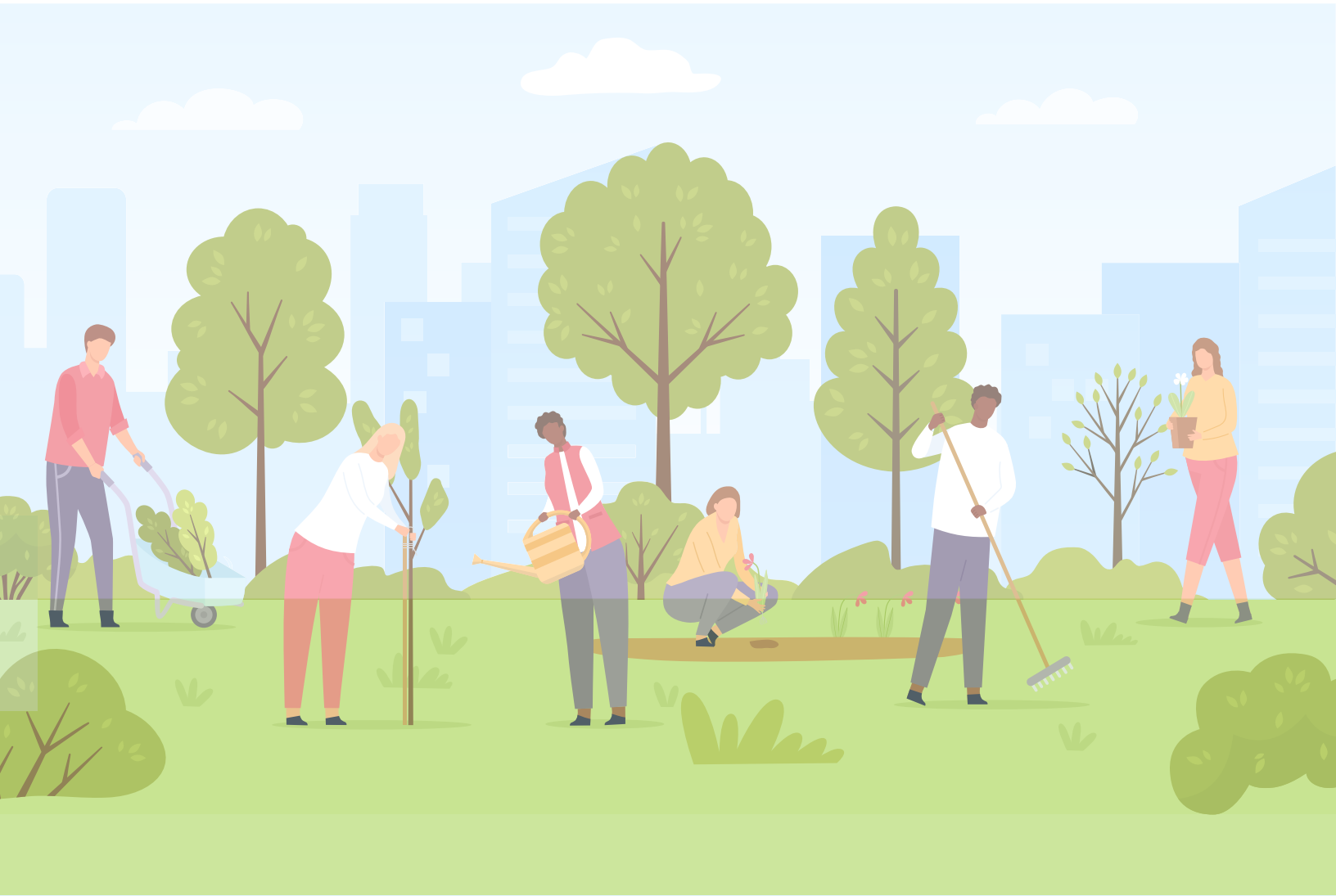


2024 Concord

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY REPORT



Concord Health Division



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Introduction

The health status of a community is more than about delivering quality health care to residents. It is also about the factors of where people live, learn, work, and play. Understanding these characteristics is important for improving a community's health and informing future priorities. A Community Health Needs Assessment (CHNA) survey is important for identifying community opinions on existing strengths, needs, and health priorities.

Background

In 2024, the Concord Health Division, in collaboration with the Maynard Public Health Division jointly conducted a CHNA to address the following goals for Concord and Maynard town-specific separate planning:

- Understand the health needs and concerns of the town
- Assist in developing programs and policies to address those needs
- Improve health-related programs and services
- Provide information for town planning processes
- Engage partners, organizations, and individuals in making the vision for a healthier town a reality

This is the first community-specific health survey performed in Concord in many years, making this CHNA pivotal in creating a healthier Concord. The CHNA results can then be used to inform improvement plans for identified health priorities and resource allocation. Additionally, despite the data being collected jointly, it was analyzed and reported separately.

Accreditation

Public health accreditation is a process that recognizes a health department's capability to achieve excellence on a set of national standards (Gress, n.d.). The Concord Health Division strives to ultimately obtain accreditation. This CHNA and ensuing Community Health Improvement Plan (CHIP) are foundational steps to reach that goal. Accreditation will benefit Concord by identifying health priorities, developing a plan to address health needs, and allocating resources. Moreover, accreditation holds the Concord Health Divisions to continuous quality and performance improvement (Gress, n.d.).

Approach

Review Existing Data

Concord community profile (found on Mass.gov) and Emerson CHNA (2021) were reviewed to describe the various characteristics of the Concord community. The data included demographics, public health surveillance, vital statistics, and health behaviors. Additionally, the data informed of prior town-specific health priorities such as senior services, mental health services, chronic diseases, food insecurity, physical activity, and addiction treatment services. Other data sources include the U.S. Census Bureau.

CHNA Survey

The Concord community profile (found on Mass.gov), Emerson CHNA (2021), and other past community surveys' data were reviewed to inform town-specific health priorities for survey question development and phrasing. Other past community surveys included, but were not limited to, Healthy Concord survey, 2024 Emerson Youth Risk Behavior Survey (YRBS), Adult Substance Use and Driving Survey (ASUDS). The final survey (24 health topic & 12 demographic questions) explored community health topics such as physical & mental health, substance use, food insecurity, healthcare services, violence, environmental health and social equity factors. Many Concord key stakeholders reviewed the survey and provided feedback to further refine question topics, phrasing, answer options, formatting within the survey, and local resources for sensitive health topics at the end of the survey. The survey was then copied into the online software Microsoft Forms.

After reviewing town-specific 2022 American Community Survey (ACS) 5-year data, the survey was translated into Spanish (Latin American), Portuguese (Brazilian) and Haitian Creole. For both Concord and Maynard, most surveyed households only spoke English (86.8% and 85.3 %). When examining the households that spoke another language, Spanish and Haitian Creole were among the largest-identified languages. Spanish comprised 25.1% of Concord households that spoke another language or 3.3% of the total Concord household population (total Concord household population is 6,439). Moreover, Spanish comprised 19.9% of Maynard households that spoke another language or 2.9% of the total Maynard household population (total Maynard household population is 4,416). While both town's overall percentage of households that spoke Spanish was low, it was still the highest percentage language group, and the survey did not want to have additional barriers to completion like lack of language comprehension.

Haitian Creole was selected due to a high percentage of households that speak the language and were identified as a limited English-speaking household, especially in Concord. The U.S. Census Bureau defines limited English-speaking household as one that does not contain individuals (14 years and older) that speak English or speak both a non-English language and English very well (US Census Bureau, 2021). Additionally, at the time of survey design, the Concord Emergency Assistance (EA) shelter housed a large population of Haitian Creole speakers. It would be important to translate the survey into this language since lack of English reading and writing comprehension would be a barrier for completion of the CHNA. For Concord, Haitian Creole comprised of 22.5% of households that spoke another language or 3.0% of the total Concord household population. For Maynard, Haitian Creole comprised of 4.0% of households that spoke another language or .59% of the total Maynard household population.

Moreover, we gained feedback from Concord and Maynard stakeholders on common languages that they translate material into and/or interact with. We decided not to translate into other languages besides Haitian Creole, Portuguese (Brazilian) and Spanish (Latin American) due to limited resources. The CHNA was then pilot tested among personal and professional networks through digital link, QR code, and paper versions. Participants provided positive feedback on survey length and question topics. Average survey completion time was between 10 and 15 minutes.

The CHNA survey was administered online, through digital links and QR codes, and paper copies were made available across the Health Division and the Council on Aging (COA) in both towns. It remained open for 3 months in late Summer into Fall 2024 (beginning of August through the end of October), coinciding with residents returning to town after summer vacations. Participants who indicated that they did not live in either Concord or Maynard on the survey were excluded from the data analysis.

Survey Dissemination

After consulting with town stakeholders, the survey was disseminated through various strategies such as: QR code advertising flyers (digitally and physically across both towns), PSA video, phone messaging, event tabling, newsletters, utility bills, customer portals, personal networks, and social media. The advertising flyers were posted on the town's health division websites and high-trafficked locations in the towns such as the libraries and fitness center. The PSA video, which was roughly 1-minute in length, was created on Canva and included graphics, videos, and messages informing the CHNA context, purpose, importance of participation, and survey digital link and physical addresses for paper copies. This video was disseminated on town-wide social media accounts and high-trafficked locations (such as the Main Library in Concord) that were open to displaying it on their monitors.

The phone messaging required a CHNA advertisement blurb that included information on CHNA context, purpose, importance of participation, and survey digital link and physical addresses for paper copies. This was useful for the Maynard Hyper-Reach platform that can send voicemail messages to residents that are signed up for the service. Such a service was not available to use in Concord. However, messaging through a utility bill portal and on utility bills was possible in Concord in partnership with the Concord Municipal Light Plant. Moreover, the advertisement blurb, flyer, and QR code were included in newsletters that community residents engage in such as public-school parent and COA newsletters. CHNA advertisement materials were also disseminated on popular town-wide social media Facebook accounts and neighborhood listservs.

Event tabling increased engagement with community members and was done in an effort to decrease barriers to completing the survey, including survey fatigue. Event tabling was productive, partnered with community events that residents enjoy (Ag Day and the COA BBQ in Concord) or engaging residents out in the community, like outside a grocery store or at the library.

Implementation

Using the findings of the 2024 CHNA, a community health improvement plan (CHIP) will be developed to guide future health planning in Concord.

Sustainability

The Concord Health Division should repeat a CHNA in a few years to analyze if health priorities have changed within the town and if identified community health needs are being addressed adequately. To do so, the Health Division needs to review and replicate the CHNA approach process and adapt as needed to new circumstances. The Health Division will need to review this assessment report and existing secondary data to identify various community characteristics and potential health priorities to focus on for the next CHNA survey. Question development, phrasing, and formatting within the survey will again need to be considered. Ideally, town division partnerships and community partnerships will continue to grow and allow for enhanced future survey dissemination. Moving forward, it will be necessary to determine the online software best suited for the CHNA survey. The current CHNA used Microsoft Forms, as it was already available to the town of Concord. However, Microsoft Forms had limitations including a lack of question conditional branching logic. This sustainability plan will aid in repeating a CHNA, since it provides a foundation from which to work in the future. Ideally, a future CHNA project would have a larger team and budget to dedicate to the CHNA process and assist in all aspects of the project.

Findings

Overall, Concord’s 2024 CHNA survey received 539 responses, between the start of August and the end of October of 2024. This included 476 (88%) collected online and 63 (12%) on paper.

Respondent Demographics

Age	Age Distribution of Concord Residents Ages 18+ *		Age Distribution of Survey Respondents		Age
	Count	Distribution	Distribution	Count	
18–24 Years	1,157	8.7%	0.7%	4	18–24 Years
25–44 Years	3,121	23.4%	15%	80	25–44 Years
45–59 Years	4,132	31.0%	26%	138	45–59 Years
60–74 Years	3,256	24.4%	34%	182	60–74 Years
75+ Years	1,680	12.6%	24%	129	75+ Years
Total	13,346	100%	98.9%**	533**	Total

***Source: American Community Survey, 2019–2023, Table B01001**

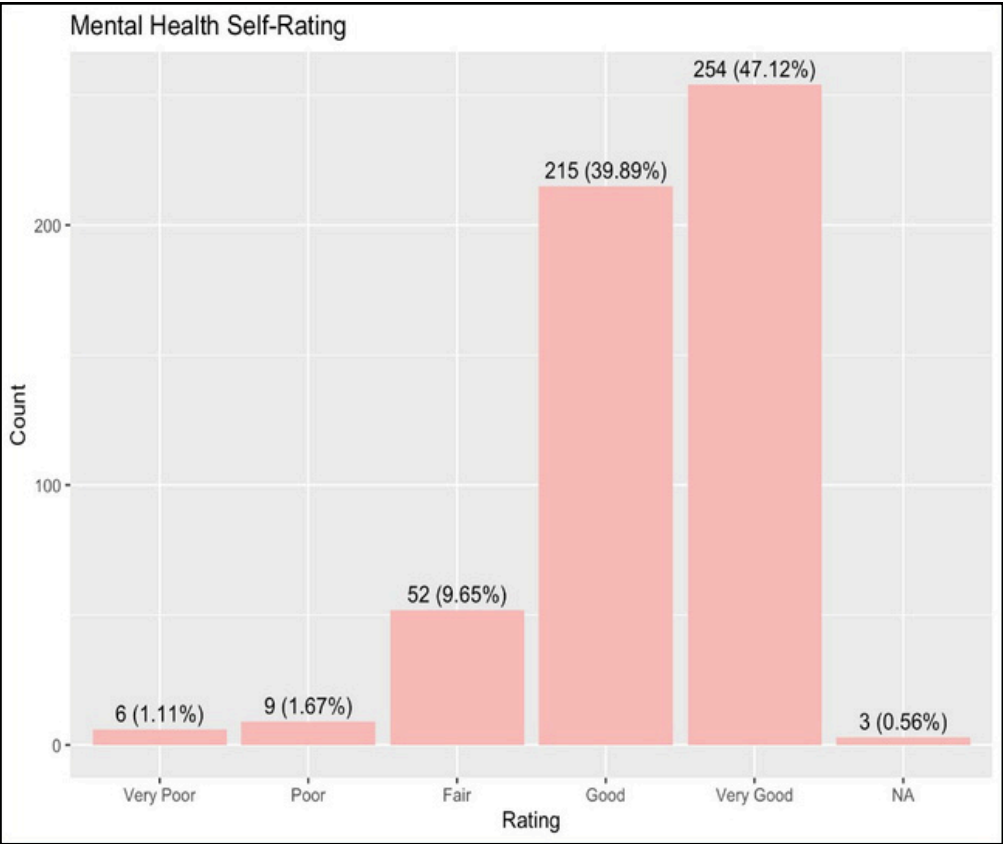
******6 responses that did not report age**

See appendix 1 for respondent demographic data and appendix 2 for Concord resident demographic data according to the census. About 71% of individuals who participated in this survey identified as female, which is a higher proportion of females compared to the composition of those who live in Concord (48.9% female). 58% of survey respondents were over the age of 60 years old, while ACS data shows that about 37% of Concord residents fall within the same age range. Given that the demographics of survey respondents differ from the broader community demographics reported by the ACS or census, data from this survey cannot be generalized to the entire town. However, the 539 survey responses are still valuable and provide important insight into community health needs.

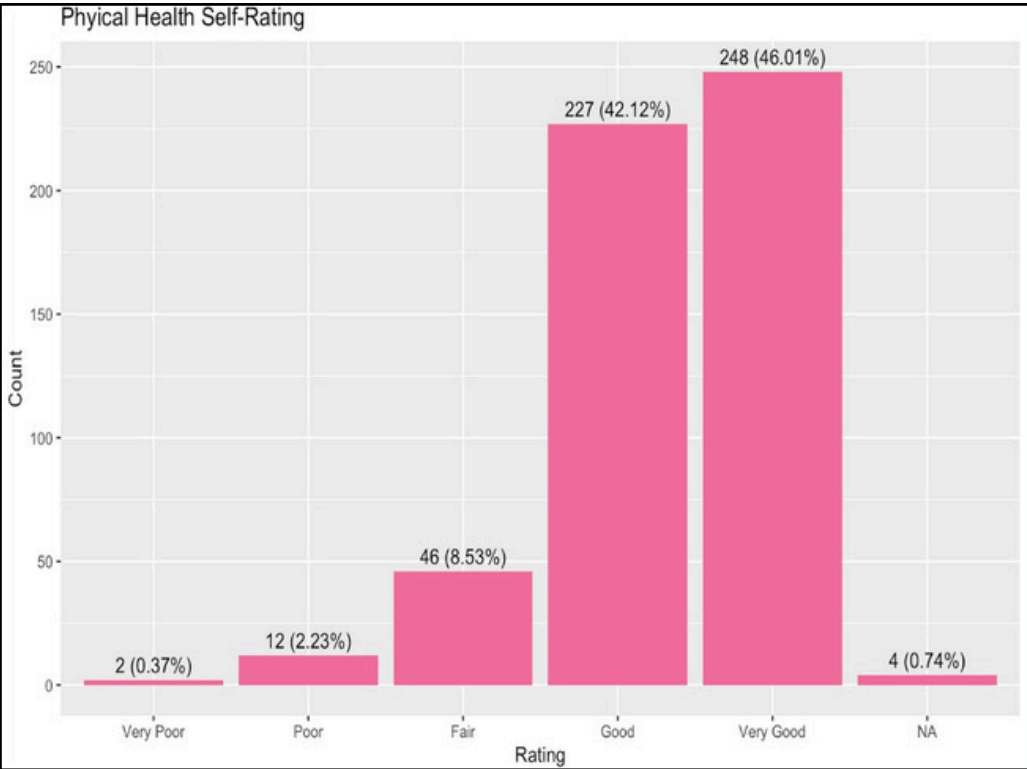
General Health of the Community

88.8% of participants rated their physical health as either “good or “very good” and 2.6% rated their physical health as “poor” or “very poor”. Additionally, 280 (51.9%) participants reported having at least one disability.

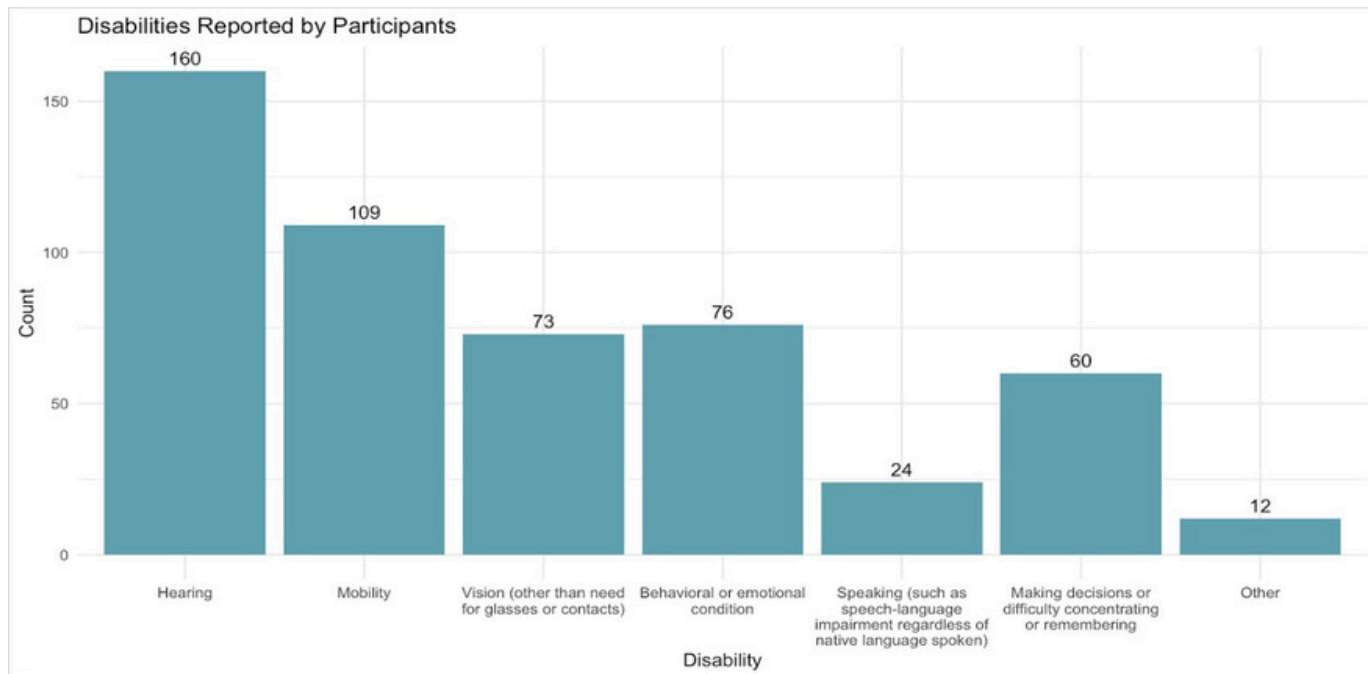
Mental Health Self-Rating



Physical Health Self-Rating



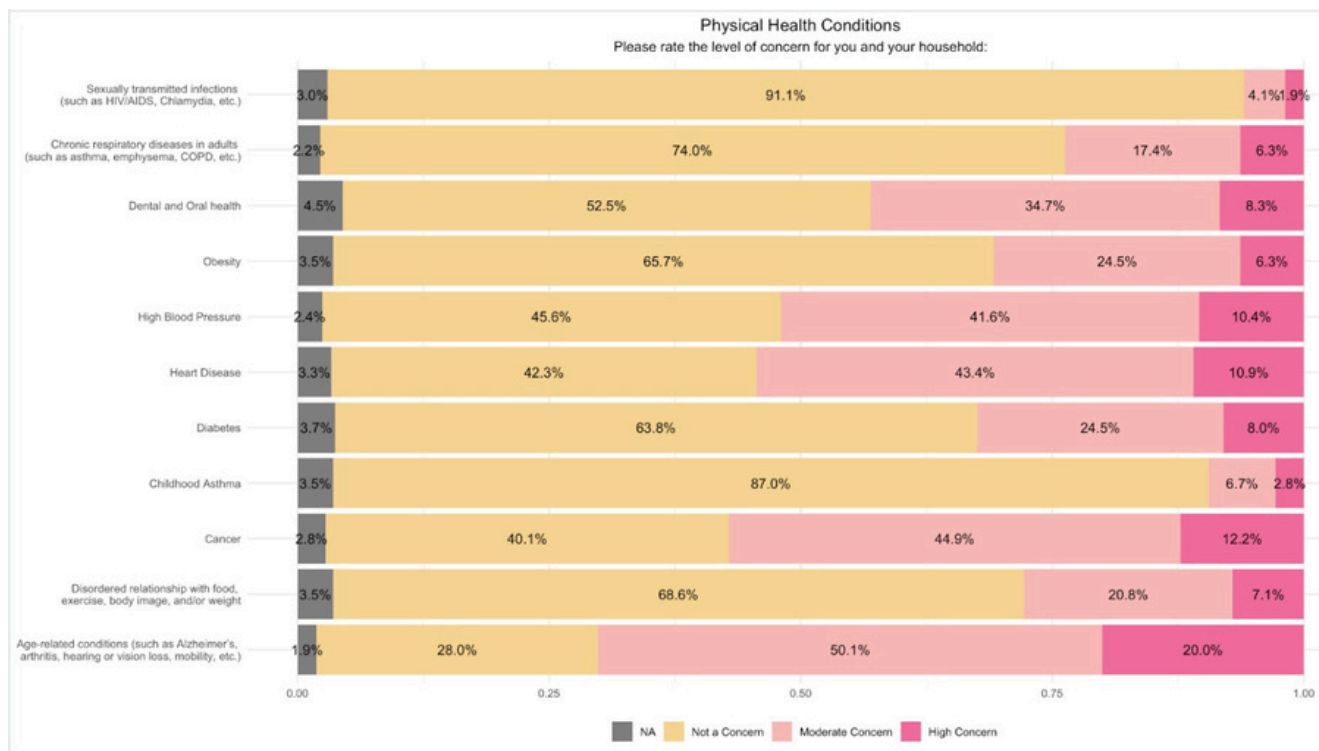
Disabilities Reported by Respondents



Health Concerns in the Community

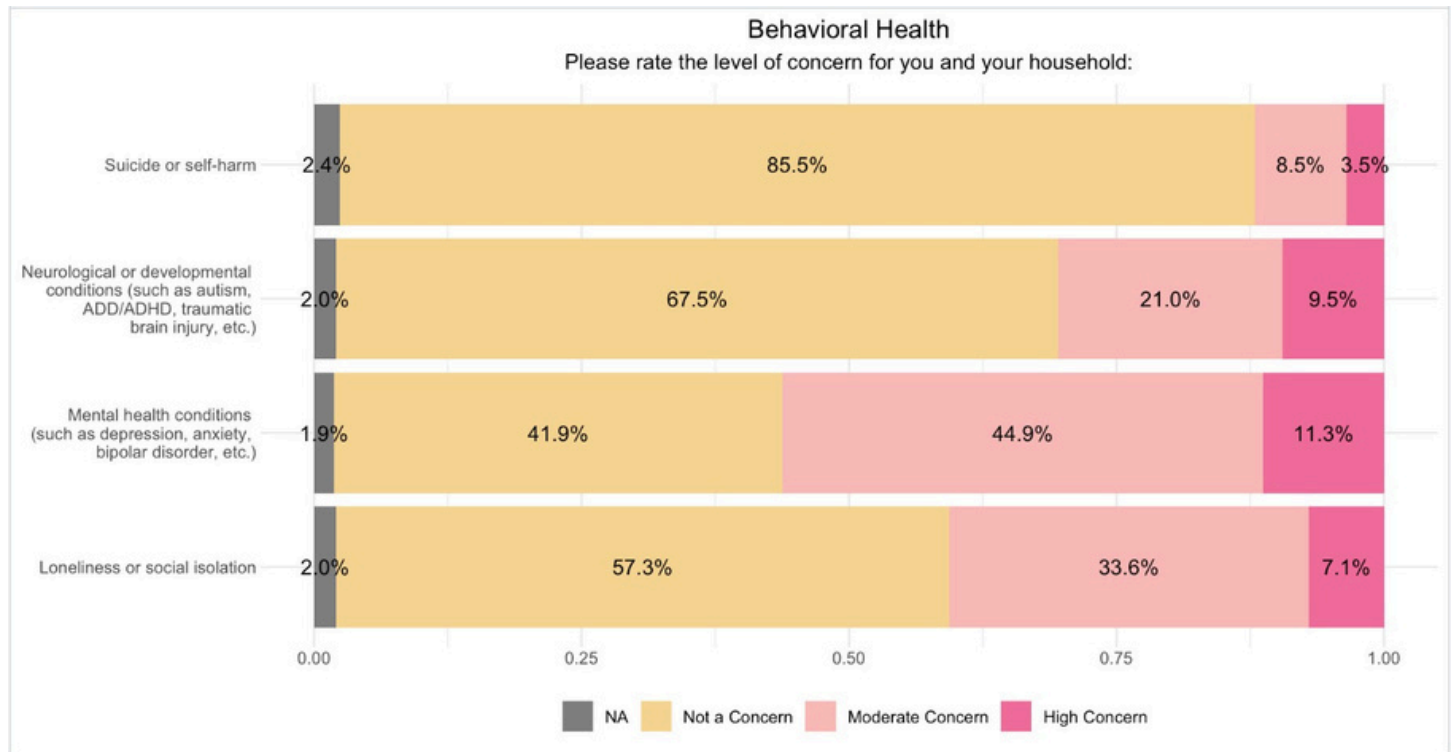
Physical Health Conditions

Survey participants were presented with a series of prompts and instructed to rate the level of concern for themselves and their household. Pertaining to issues regarding physical health, participants expressed the most concern for age related issues, cancer, heart disease, and hypertension. In each of these four categories, over 50 percent of participants reported some level of concern regarding these issues.



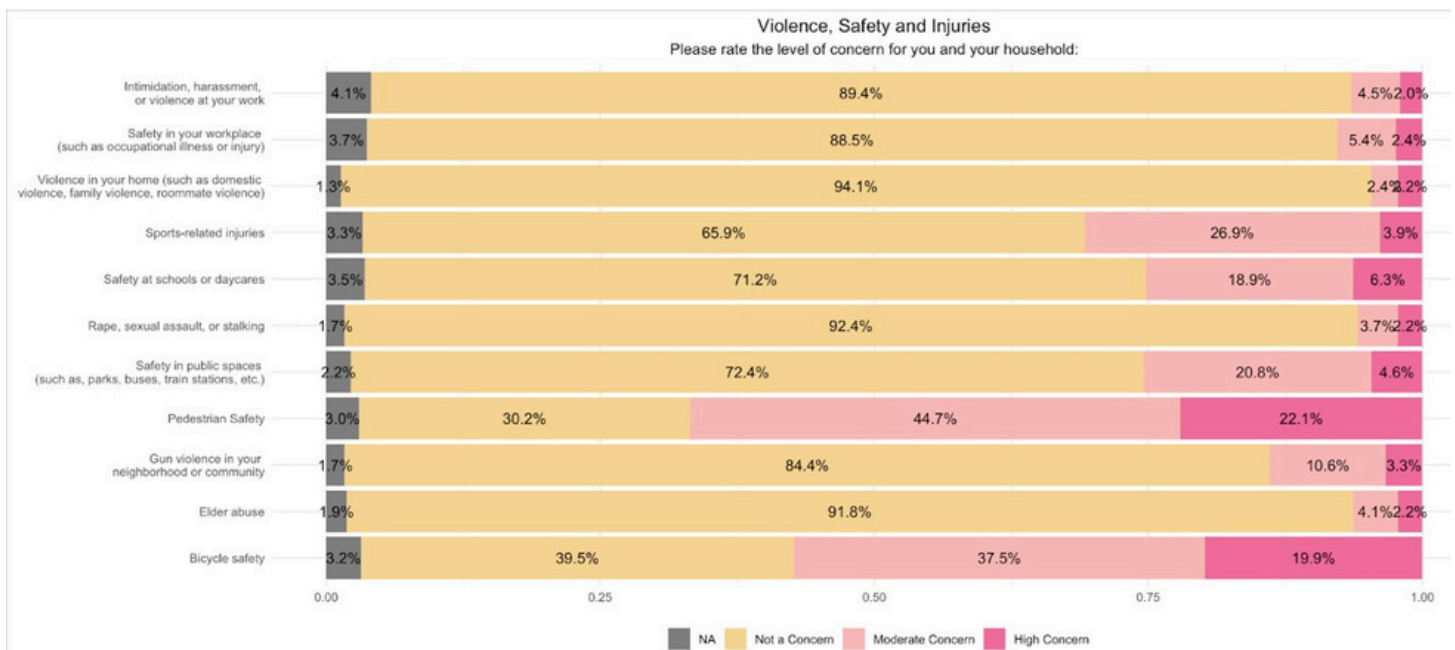
Behavioral Health

When prompted to rate their concerns about behavioral health issues, over 50 percent of participants reported some concern about mental health conditions such as depression, anxiety, and bipolar disorder.



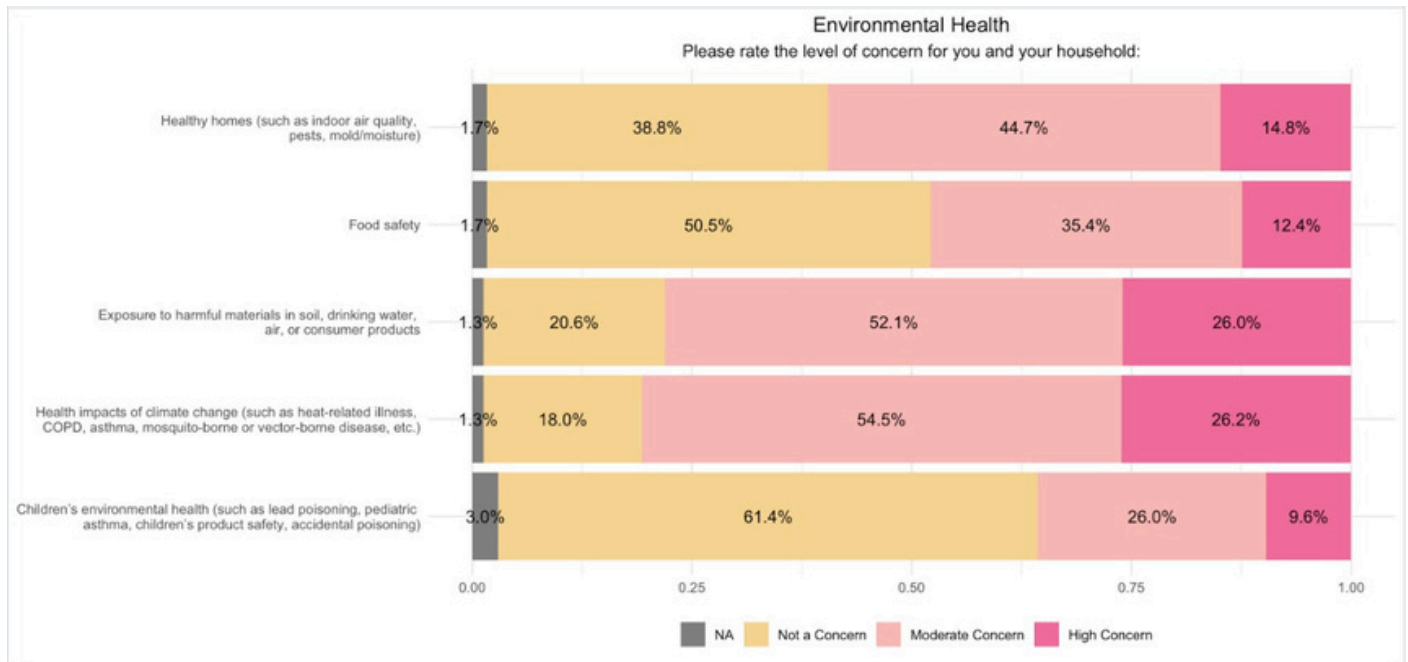
Violence, Safety, & Injuries

Regarding violence, safety, and injuries, many residents expressed concern over pedestrian and bicycle safety. When given the opportunity to further express their concerns, several residents pointed to road safety as a major concern, with particular emphasis on lack of sidewalks and the Concord Rotary.



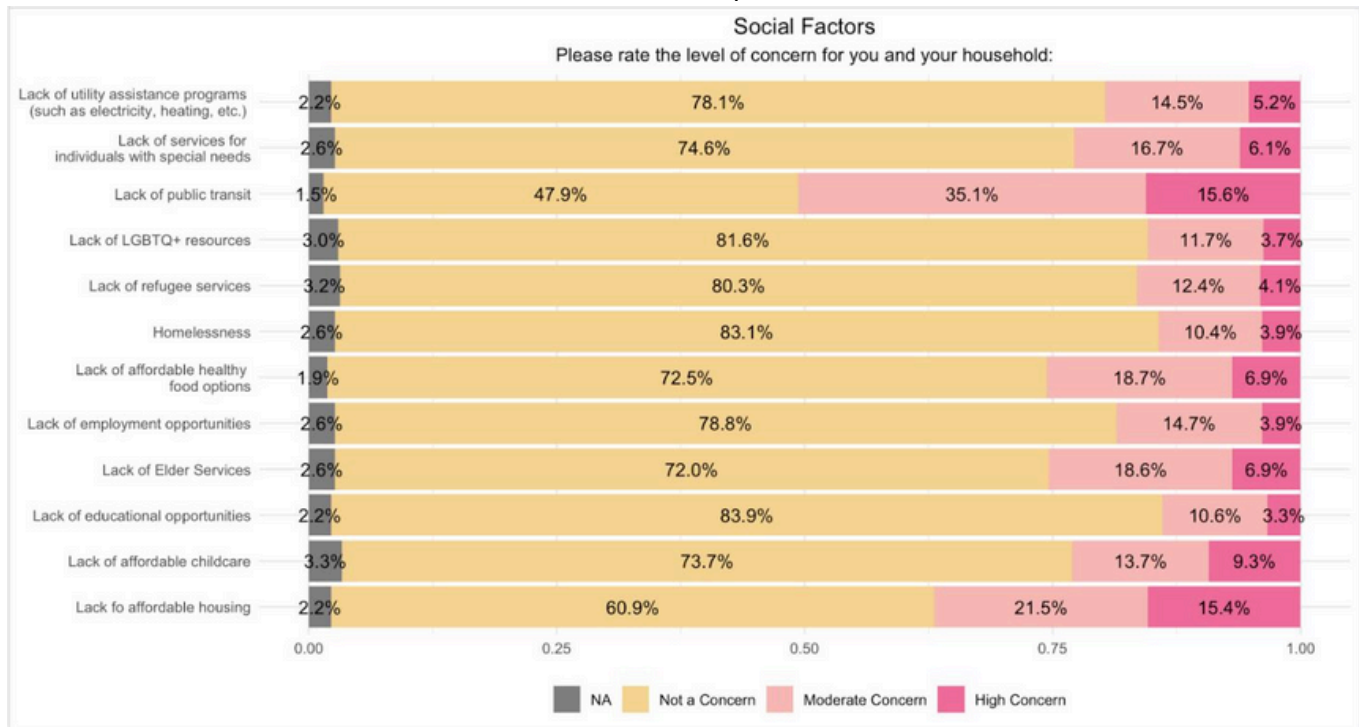
Environmental Health

Residents also reported many concerns about environmental issues. When prompted, over 50 percent of participants reported concerns about climate change, healthy homes (i.e. indoor air quality, pests, mold/moisture, etc.), and exposure to harmful materials in soil, drinking water, air, or consumer products. In the open response question, some residents expressed concerns about noise and air pollution from Hanscom Airbase and Route 2.



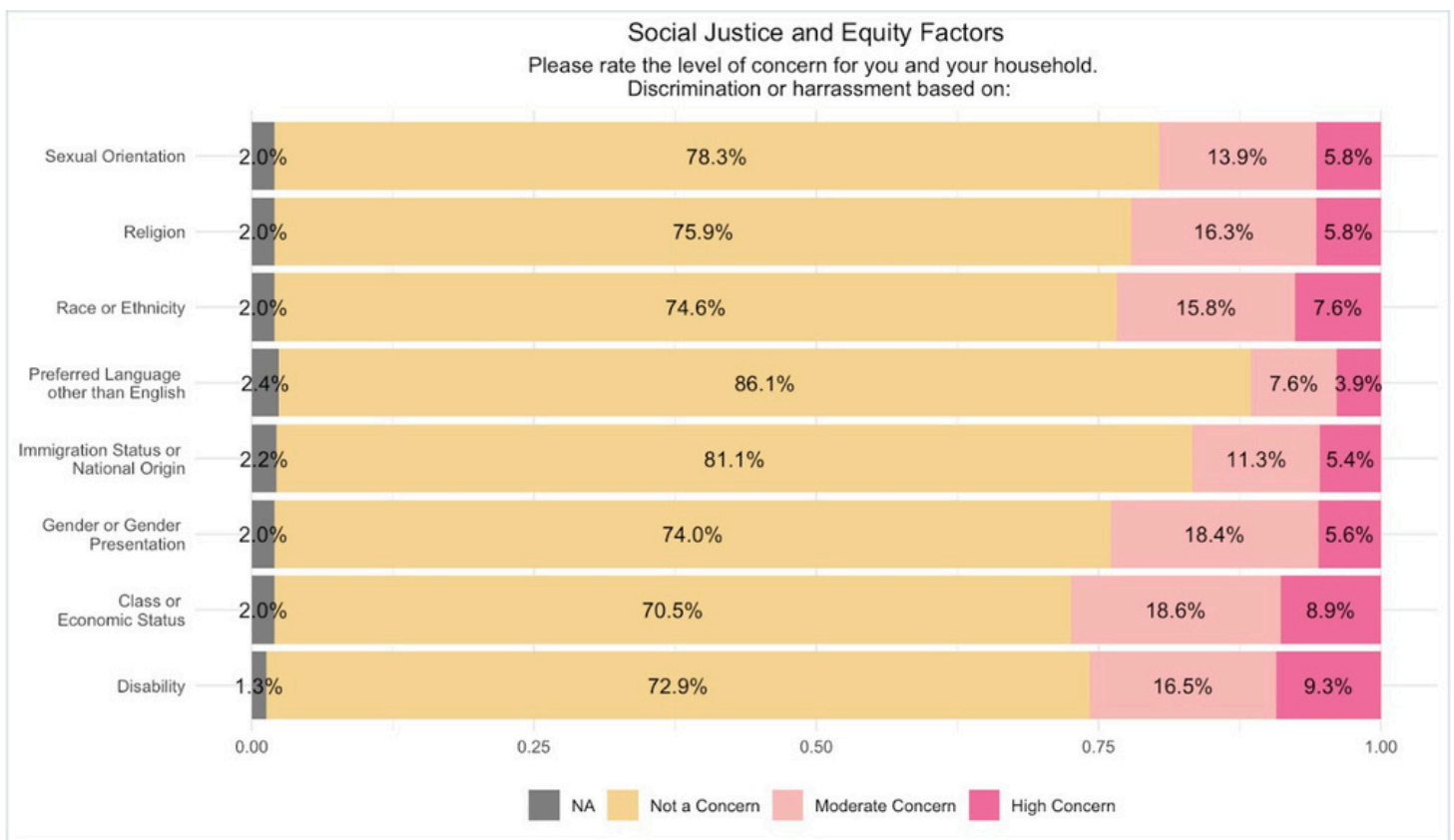
Social Factors

Regarding social factors, over 50 percent of participants reported concerns over lack of public transportation. Currently, the town of Concord is home to two MBTA Commuter Rail Stations, both served by the Fitchburg Line. Residents expressed concerns about lack of accessibility at the stations, particularly at the Thoreau St/Concord Center station, where there is no accessible platform.



Social Justice & Equity Factors

The Concord community's open responses highlight a diverse range of concerns spanning health, governance, safety, social equity, and development. Residents expressed worries about access to healthcare, aging in place, mental health support, and environmental health issues such as pollution, pesticides, and Lyme disease. Social and equity concerns included reports of age discrimination, political divisiveness, wealth disparity, and inadequate support for marginalized groups. Governance issues were prominent, with criticism of local leadership, high taxes, overdevelopment, and infrastructure challenges like housing projects and pedestrian safety. Public safety concerns focused on speeding, traffic law enforcement, and accessibility at transportation hubs. Education-related issues included school spending, curriculum debates, and the lack of teen gathering spaces. Additionally, the rising cost of living and limited affordable housing options were major stressors, particularly for seniors. Overall, the responses reflect a mix of personal struggles and broader community-wide issues, emphasizing the need for thoughtful governance and inclusive policies.



Substance Use in the Community

The survey also asked participants about their, and their household's, alcohol and substance usage. In addition to the figure above, about 1.5% or 8 total respondents out of a total of 528 responses reported that either they or someone in their household experienced a drug overdose in the past year. Further, more than half (62.5%) reported that the overdose involved opioids, and only one participant indicated that Naloxone (Narcan) was administered by a friend, family member, or bystander.

While 80% of respondents indicated that they are not concerned about their substance use, 41% of respondents indicated that they consume between 1 and 4 alcoholic beverages per week, 17% indicated they consume between 5 and 9 alcoholic beverages per week, and 4.3% indicated they consume 10+ alcoholic beverages per week. This is a total of 63% of respondents reporting that they consume alcohol on a weekly basis. The CDC defines excessive drinking as 8 or more drinks a week for women, or 15 or more drinks a week for men (CDC, 2024). Excessive drinking has the risk of injury or death due to motor vehicle accidents, alcohol poisoning, or violence. However, excessive drinking also has long term health effects. According to the Surgeon General's 2025 report on Alcohol and Cancer risk, alcohol consumption increases the risk of 7 types of cancer. In Massachusetts, the Department of Health (DPH) collects data on smoking prevalence throughout the state. Based on data collected through electronic medical records, DPH reports that the smoking prevalence in Concord is 3.05%, but based on data collected through the CDC Behavioral Risk Factor Surveillance System (BRFSS) smoking prevalence in Concord is 6.4%. Based on the data collected during the 2024 CHNA, the percentage of participants who report any smoking was about 5%.

Substance Use in the Community

	Never	1-4 times Per Week	5-9 times per week	Over 10 times per week
Marijuana/Cannabis	89%	8.4%	1.9%	1.1%
	Never	1-4 drinks per week	5-9 drinks per week	Over 10 drinks per week
Alcohol	37%	41%	17%	4.3%
	Never	Occasionally (a few times in the past year)	Regularly (More than two times in a month)	Always (Daily)
Tobacco	95%	2.8%	1.1%	1.3%
Opioids (not prescribed and/or using more than prescribed)	97%	2.1%	0.7%	0.6%
Other drug or substance	95%	3.6%	0.4%	1.5%

Substance Use in the Community Continued

Question	Not Concerned	Somewhat Concerned	Very Concerned	N/A
How concerned are you about any of your substance use?	80%	15%	2.1%	7.8%
What is the level of concern others have had about your substance use?	84%	5.9%	1.9%	8.1%
Are you concerned about active substance use by others in your household?	80%	9.7%	2.1%	8.3%

Emergency Preparedness

In the survey, participants were asked questions to gauge how prepared their households are in case of emergency. When asked if their household had a 3-day supply of essential items in case of an emergency, 24% of participants reported that they did not or were unsure. Further, 30.5% of participants indicated that in an emergency, they did not know or were unsure that a neighbor or community member would come check on them. It should be noted that when stratified by age, this was consistent across all age groups. Moreover, those who reported having a 3-day supply of essential items were almost 2 times more likely to report having a neighbor or community member who would come check on them in an emergency. In the open response section the survey, there was also concern about people’s ability to contact emergency services due to lack of cellular service in Concord.

Question	Yes	No	Unsure
Does your household have a 3- day supply of essential items in case there is an emergency (such as food, water, clothing, batteries, prescription medicine, personal hygiene items, etc.)?	422 (79.2%)	66 (12.4%)	45 (8.4%)
If there were an emergency today, do you know a neighbor or community member that would check on you and your household?	377 (70.6%)	86 (16.1%)	71 (13.3%)

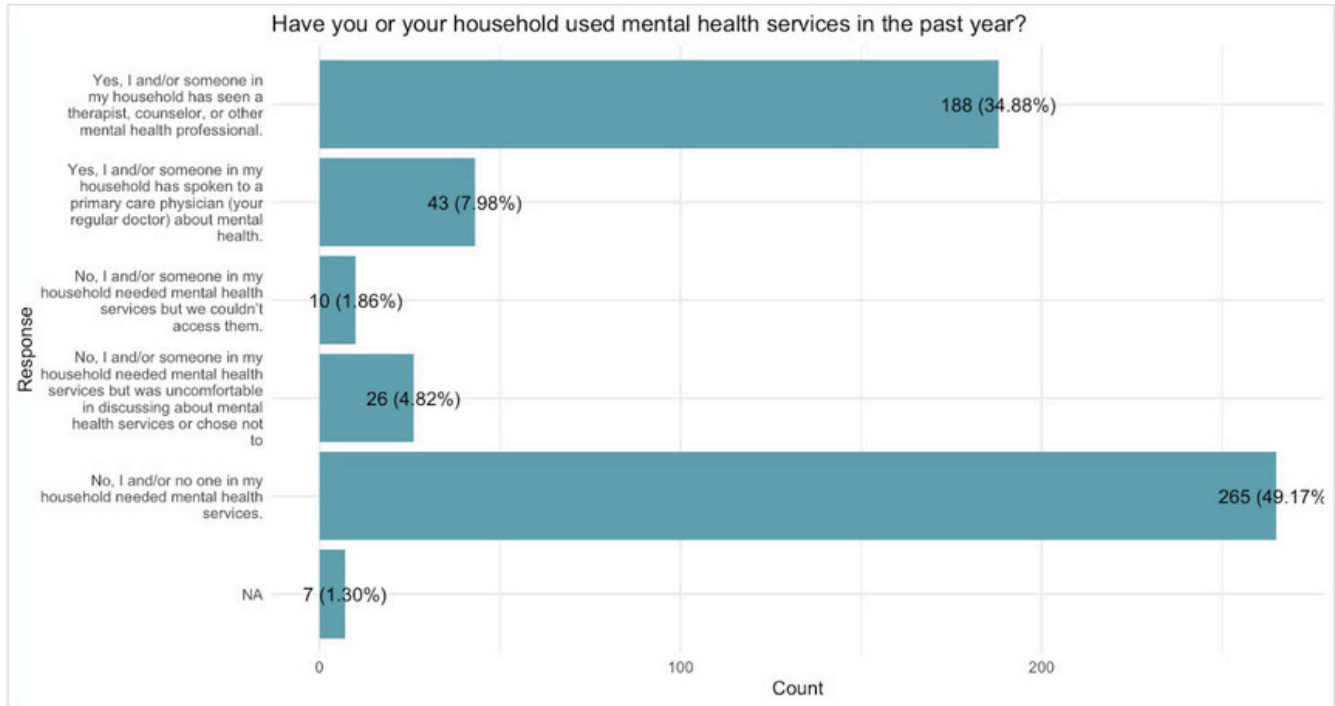
Access to Care

In Concord, most participants reported having a PCP and/or dentist. Although encouraging, it should also be noted that about 21% (n = 113) of participants reported having difficulty getting medical, dental, or mental health services for themselves or their household when they needed them. Among this group of participants, when asked about the reasons they were struggling to access care, the most commonly cited barriers were long wait times for appointments (60%, n = 68), difficulty finding providers that accepts their insurance (n = 48, 42.4%), waitlists for appointments (n = 31, 27.4%), high cost of insurance (n = 21, 18.6%) , lack of insurance coverage for needed specialists (n = 19, 16.8%) , provider hours not working with their schedule (n = 15, 13.3%) , not knowing what their insurance covers (n = 10, 8.8%) not knowing where to get services or how to find a provider (n = 10, 8.8%).

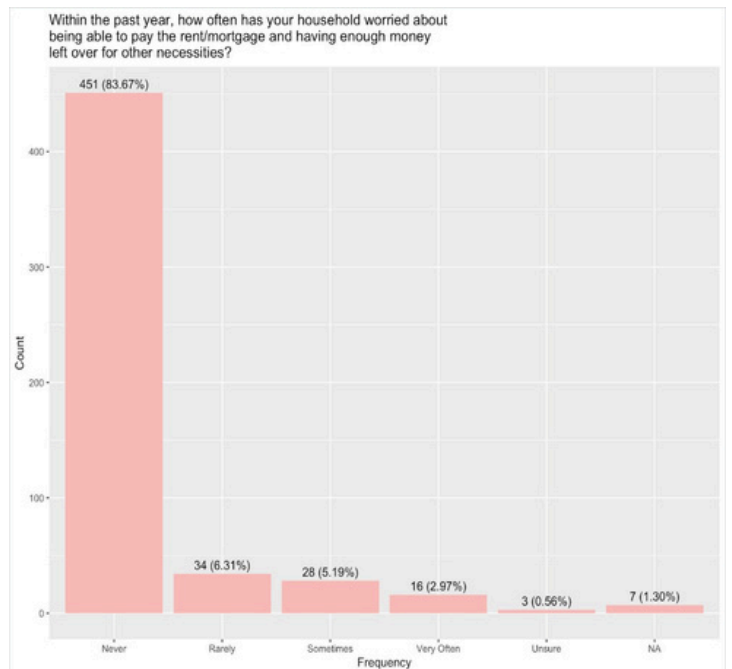
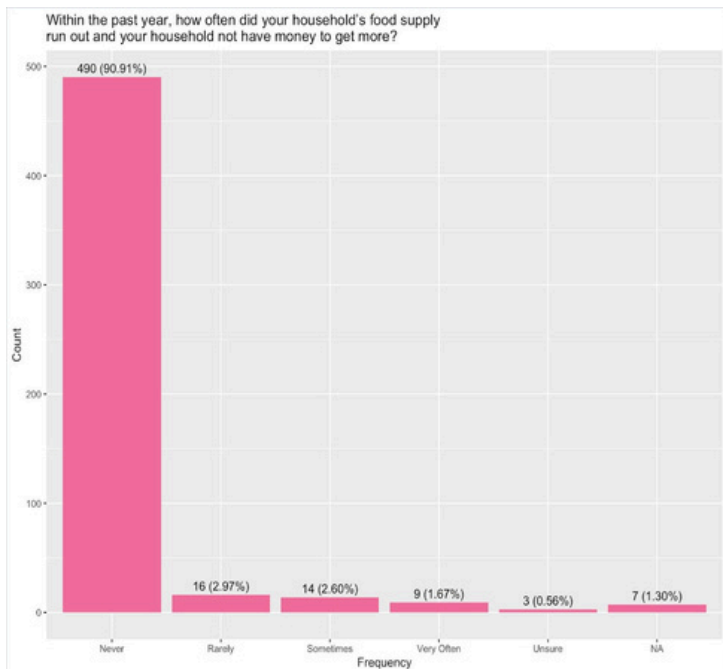
Question	Yes	No	Unsure
Do you and your household have a regular healthcare provider (a primary care provider like a medical doctor or nurse practitioner) who you can visit for check-ups or when you are sick?	514 (96.4%)	13(2.4%)	6 (1.1%)
Do you and your household have a regular dentist you go to for dental care and oral health (e.g. cleanings and treatment)?	504 (94.7%)	23 (4.7%)	5 (0.9%)

Access To Mental Health Services

Participants were also asked if they or anyone in their household had accessed mental health services in the past year. About 42.86% (n = 231) of participants reported either seeing a mental health professional or discussing it with their PCP, 4.82% (n = 26) reported needing services but not being able to access them, and 1.86% (n = 10) reported needing services but felt uncomfortable discussing mental health or chose not to. Additionally, 6.13% of participants indicated that they or someone in their household had experienced thoughts of suicide or harming themselves in the past year. Furthermore, 10.58% of participants indicated that they or someone in their household experiences difficulty parting with possessions, resulting in clutter that substantially compromises the intended use of living areas in their home.



Unmet Needs



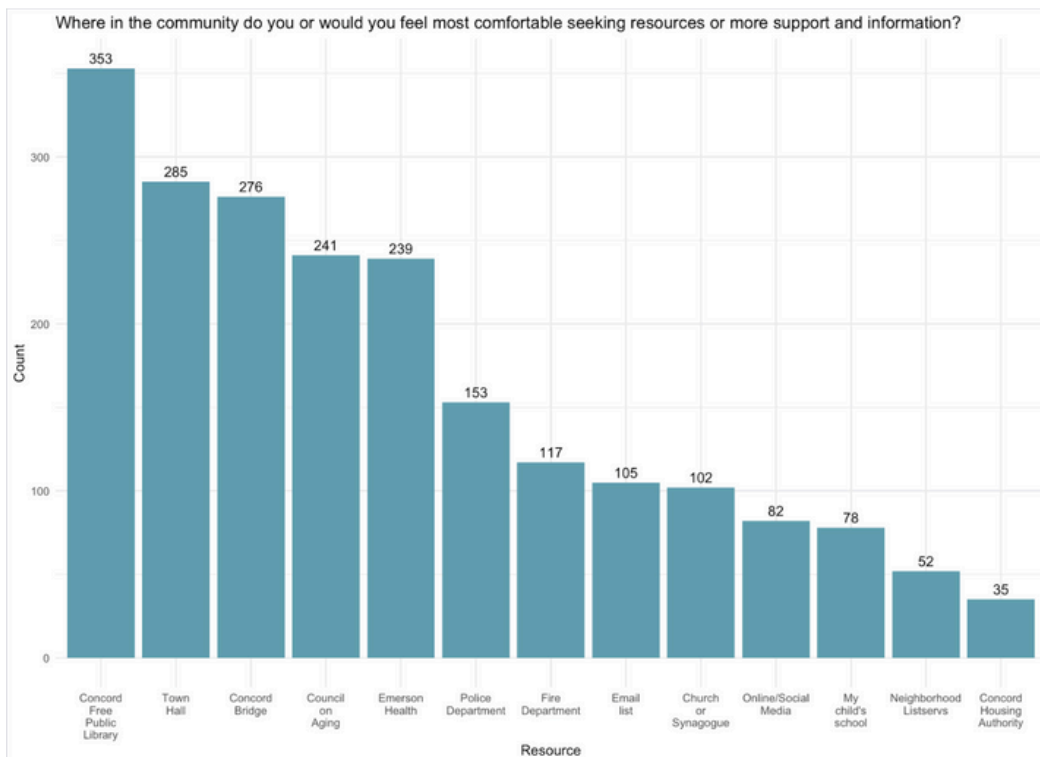
Socioeconomic Needs

In the survey, participants were asked a series of questions to evaluate the socio-economic needs of the community. The questions asked included: their ability to afford food, their ability to afford their rent/mortgage and other necessities, and usage of public benefits.

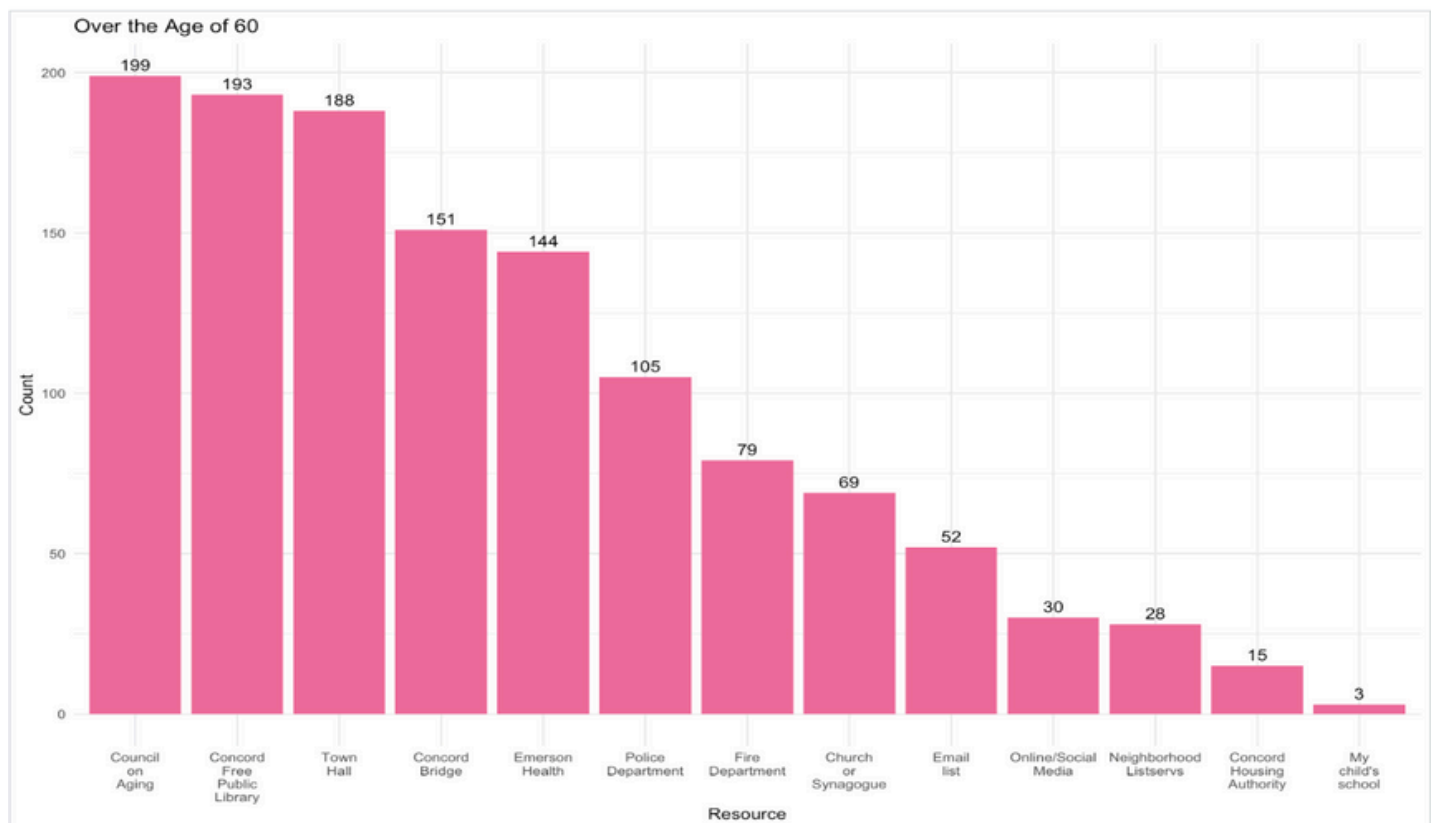
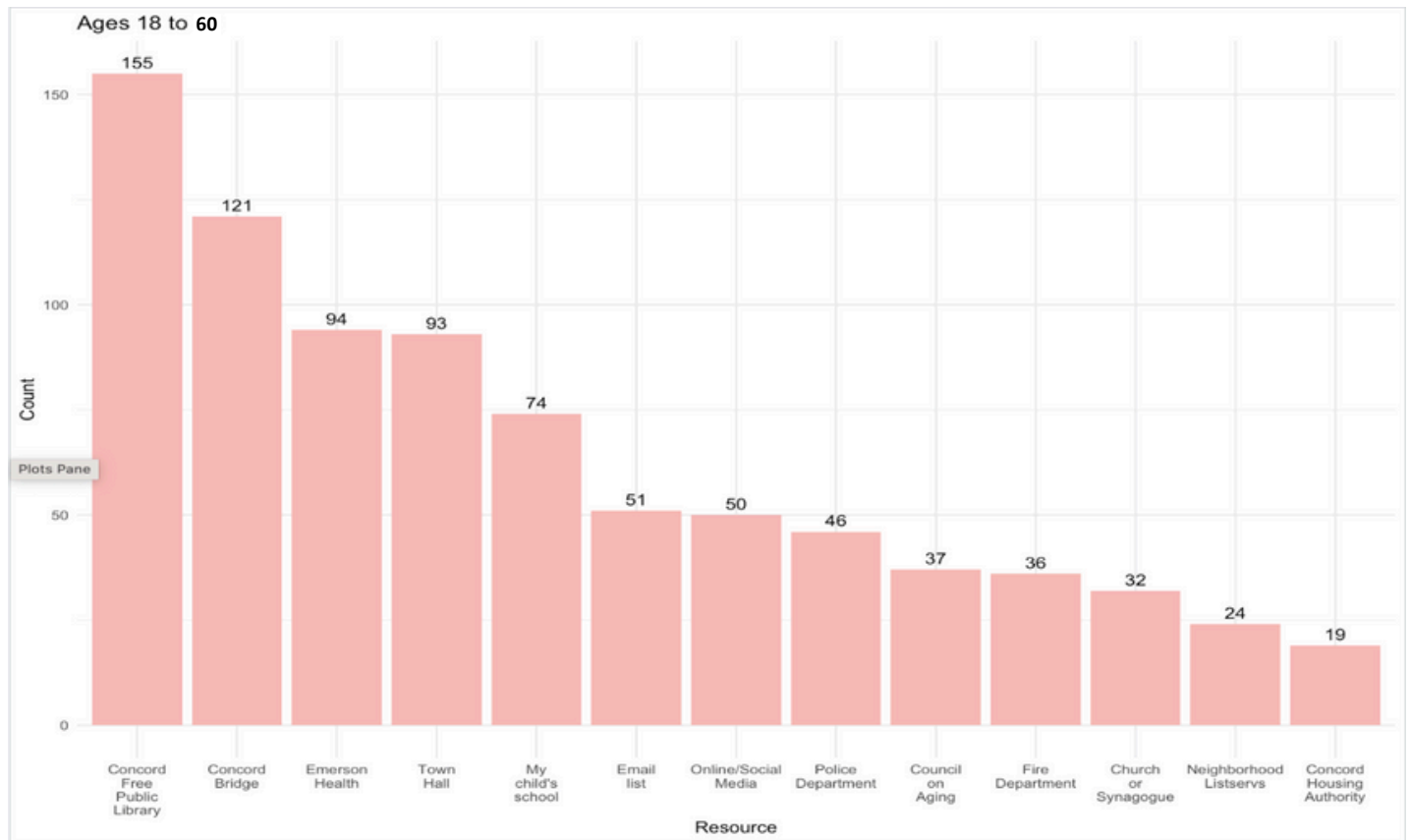
Public Benefits	Yes	No	Unsure	I think I may qualify but don't know how to access them
Disability benefits (such as SSI, SSDI, etc.)	34 (6.6%)	474 (92%)	3 (0.6%)	6 (1.2%)
SNAP (food stamps)	31 (6.0%)	478 (93%)	3 (0.6%)	4 (0.8%)
Fuel Assistance (such as LIHEAP, etc.)	20 (3.9%)	484 (95%)	5 (1.0%)	3 (0.6%)
Economic Assistance (such as TAFDC, EAEDC, etc.)	16 (3.1%)	488 (96%)	2 (0.4%)	4 (0.8%)
Financial Household Assistance (such as RAFT, HomeBASE, etc.)	17 (3.3%)	484 (95%)	3 (0.6%)	5 (1.0%)
Discounted Internet and Phone Service (such as Lifeline, etc.)	27 (5.3%)	480 (94%)	1 (0.2%)	5 (1.0%)
Senior Means Tested Tax Exemption (For real estate)	34 (6.6%)	456 (89%)	17 (3.3%)	6 (1.2%)
Discounted light and water bills (Residential Assistance Discount Rate)	26 (5.1%)	472 (92%)	7 (1.4%)	7 (1.4%)

Sources of Information

In the survey, participants were asked to indicate where they are most comfortable seeking resources, support, and/or information. These results were then stratified to show those ages 18-60 and over the age of 60, separately. These results can, in the future, aid the Health Division in determining effective modes of communication and/or resource-sharing with residents.



Sources of Information Continued



Data Limitations

The Concord Health Division faced challenges related to survey design, promotion, and resource limitations, which likely impacted survey participation. Acknowledging limitations is important in considering possible improvements for future surveys.

Key Points:

- **Anonymity Concerns:** A few residents expressed distrust in the survey's anonymity, which may have deterred participation. The impact of this concern on overall participation is unknown.
- **Survey Length and Sensitive Questions:** The length of the survey and the inclusion of sensitive questions are also cited as potential barriers to completion.
- **Sample Size and Sampling Bias:** The respondent pool is not a perfect representation of all Concord residents.
- **Self-Reporting Errors or Self-Report Bias:** Questions can be interpreted differently by different people, leading to misinterpretations and inaccurate responses (Salters-Pedneault, 2025). People may have difficulty accurately remembering past events or experiences, leading to errors in their reports (Althubaiti, 2016). Individuals may be prone to certain response patterns, such as always selecting middle or extreme responses (Salters-Pedneault, 2025). Some people may not be able to accurately assess themselves or their behaviors (Salters-Pedneault, 2025).
- **Lack of Motivation:** Lack of motivation within the community to complete the survey potentially decreased response rate.
- **Promotion Efforts:** While the Health Division actively promoted the survey through various channels, the Division acknowledges it was not enough to reach everyone.
- **Ideal Scenario:** Direct Mail: Mailing the survey (with a prepaid return envelope) or an advertisement directly to all residents would have been ideal for maximizing reach, but budget constraints prevented this.
- **Limitations of the CHNA:** The CHNA could have benefited from focus groups and key stakeholder interviews, but these were not feasible due to capacity limitations.
- **Stakeholder Involvement:** Despite these limitations, the Health Division did collaborate with key stakeholders during the survey design and promotion phases to ensure relevant questions and maximize community engagement.
- **Potential Solution:** Shorter Surveys: The Concord Health Division proposes that two shorter surveys might have yielded higher completion rates.

Acknowledgements

2024 Massachusetts Department of Public Health Local Public Health Intern

- Jefferson Xu (MPH Candidate at Boston University)

Boston University MPH Candidates and Health Division Interns

- Gabriela Stack
- John Comosa
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Concord Health Division

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- Moira Carter – Public Health Nurse

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- Beede Swim and Fitness Center
- Concord-Carlisle Adult and Community Education
- Concord Community Services
- Concord Council on Aging
- Concord Fire Department
- Concord Free Public Library
- Concord Housing Authority
- Concord Police Department
- Concord Public Schools
- Concord Recreation
- Concord Residents
- Concord Town Manager's Office
- Domestic Violence Services Network, Inc.
- Eliot Community Human Services
- Emerson Health
- Great Meadows Public Health Collaborative
- Massachusetts Organization for Addiction Recovery
- MetroWest Shared Public Health Services

Resources

Alcohol and Cancer Risk. (2025, January 17). HHS.gov.

<https://www.hhs.gov/surgeongeneral/reports-and-publications/alcohol-cancer/index.html>

Alhubaiti A. (2016). Information bias in health research: definition, pitfalls, and adjustment methods.

Journal of multidisciplinary healthcare, 9, 211–217. [Alhubaiti A. \(2016\). Information bias in health research: definition, pitfalls, and adjustment methods. CDC. \(2024, May 23\).](#)

Alcohol Use and Your Health. Alcohol Use.

https://www.cdc.gov/alcohol/about-alcohol-use/index.html#cdc_behavioral_basics_warning_signs-understanding-alcohol-use

Gress, A. (n.d.). *Accreditation & Recognition*. Public Health Accreditation Board.

<https://phaboard.org/accreditation-recognition/>

US Census Bureau. (2021, December 3). *Frequently Asked Questions (FAQs) About Language Use*.

Census.gov. <https://www.census.gov/topics/population/language-use/about/faqs.html#:~:text=A%20%22limited%20English%20speaking%20household>

U.S. Census Bureau, U.S. Department of Commerce. (2023). Sex by Age. *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001*. Retrieved December 30, 2024, from

<https://www.data.census.gov/table/ACSDT5Y2023.B01001?q=B01001: Sex by Age&g=060XX00US2501715060>

QuickFacts: Concord town, Middlesex County, Massachusetts. (2024). Census Bureau QuickFacts; United States Census Bureau.

<https://www.census.gov/quickfacts/fact/table/concordtownmiddlesexcountymassachusetts/PST045224>

Salters-Pedneault, K. (2025, February 16). *Can psychological self-report information be trusted?*.

Verywell Mind. <https://www.verywellmind.com/definition-of-self-report-425267>

Appendix 1: Respondent Demographic Data

Characteristic	Concord N = 5391
Age	
18-25	4 (0.7%)
26-44	80 (15%)
45-60	138 (26%)
61-74	182 (34%)
75+	129 (24%)
Prefer not to answer	6 (1.1%)
Gender Identity	
Male	141 (26%)
Female	382 (71%)
Non-Binary	4 (0.7%)
Prefer to self-describe	1 (0.2%)
Prefer not to answer	11 (2.0%)
Transgender	
No	517 (96%)
Yes	8 (1.5%)
Prefer not the answer	14 (2.6%)
Sexual Orientation	
Straight or Heterosexual	487 (90%)
Lesbian, Gay, or Homosexual	15 (2.8%)
Bisexual	8 (1.5%)
Prefer to self-describe	4 (0.7%)
Prefer not the answer	25 (4.6%)

Characteristic	Concord N = 5391
Hispanic	10 (1.9%)
Race	
White	470 (87%)
Black or African American	5 (0.9%)
American Indian or Alaskan Native	2 (0.4%)
Asian	16 (3.0%)
Middle Eastern of North African	0 (0%)
Native Hawaiian or other Pacific Islander	0 (0%)
Unsure	2 (0.4%)
Other or Multi-Racial	15 (2.8%)
Prefer not the answer	29 (5.4%)
Household Size	
1 2	96 (18%)
3 4	214 (40%)
5+	84 (16%)
	109 (20%)
	36 (6.7%)
Income	
Less than \$25,000	12 (2.2%)
\$25,000 to \$34,999	7 (1.3%)
\$35,000 to \$49,999	22 (4.1%)
\$50,000 to \$74,999	41 (7.6%)
\$75,000 to \$99,999	61 (11%)
\$100,000 to \$149,999	62 (12%)

Characteristic	Concord N = 5391
\$150,000 or more	225 (42%)
Unsure	13 (2.4%)
Prefer not to answer	96 (18%)
Current Living Situation	
A house, condo, or apartment owned by me or my household	465 (86%)
A house, condo, or apartment rented by me or my household	55 (10%)
Nursing Home or Elder Care Facility	3 (0.6%)
University or other school dormitory	3 (0.6%)
Temporary housing (shelter, motel, etc.)	3 (0.6%)
A halfway house or residential program	1 (0.2%)
My household and/or I are staying with someone at their house/apartment	1 (0.2%)
Homeless/Unhoused	2 (0.4%)
Other	1 (0.2%)
	7 (1.3%)
Living in affordable housing (among those who rent)	21 (38%)
Primary Language Spoken in the Home	
English	523 (97.2%)
Spanish	1 (0.2%)
Cantonese	3 (0.6%)
French	1 (0.2%)
Portuguese	1 (0.2%)
Hindi	1 (0.2%)
Japanese	1 (0.2%)

Characteristic	Concord N = 5391
Greek	1 (0.2%)
Bulgarian	1 (0.2%)
Prefer not to answer	4 (0.7%)
Education	
No schooling completed	2 (0.4%)
Grades 1-8 (elementary)	1 (0.2%)
Grades 9-11 (some high school)	2 (0.4%)
Grade 12 or GED (high school graduate)	10 (1.9%)
College 1 year to 3 years (some college)	25 (4.6%)
Associate's degree (for example: AS, AA)	12 (2.2%)
Bachelor's degree (for example: BA, BS)	149 (27.6%)
Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	233 (43.2%)
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	48 (8.9%)
Doctorate degree (for example: PhD, EdD)	52 (9.6%)
Prefer not to answer	5 (0.9%)
Employment (select all that apply)	
Employed for wages	183 (33.95%)
Self-employed	82 (15.2%)
Unemployed	18 (3.3%)
Homemaker	42 (7.8%)
Student	8 (1.5%)
Retired	232 (43%)

Characteristic	Concord N = 5391
Volunteer	65 (12.1%)
Unable to work	12 (2.2%)
Prefer not to answer	9 (1.7%)
Other	11 (2.1%)
Survey Language	
English	538 (100%)
Spanish	1 (0.2%)
Portuguese	0 (0%)
Haitian Creole	0 (0%)
Survey Format	
Online	476 (88%)
Paper	63 (12%)
¹ n (%)	

The survey asked open response questions about ethnicity and Hispanic/Latino/Spanish origin, but responses are not included here, as responses did not provide data that was statistically valuable to this report.

Appendix 2: 2020 Census Demographic Data

Characteristic	Concord
Age	
Under 5	4.2%
Under 18	26.8%
19-64	48.5%
65+	20.5%
Gender Identity	
Male	51.1%
Female	48.9%
Race	
White	81.9%
Black or African American	2.4%
American Indian or Alaskan Native	0.2%
Asian	4.9%
Native Hawaiian or other Pacific Islander	0%
Hispanic or Latino	5%
Two or More Races	9%
Families and Living Arrangements	
Persons Per Household 2019-2023	2.76
Households 2019-2023	6,114
Language other than English spoken in the home by persons age 5+ years 2019-2023	12.5%
Education	
Highschool graduate or higher, percent of persons age 25+ years 2019-2023	96.4%
Bachelor's degree or higher, percent of persons age 25+ years 2019-2023	79.1%

Employment (select all that apply)	
In civilian labor force, total, percent of population age 16+ years 2019-2023	53.7%
Income	
Median household income (in 2023 dollars), 2019-2023	\$212,315
Per capita income in the past 12 months (in 2023 dollars) 2019-2023	\$98,697
Persons in poverty, percent	2.5%
