



Sudbury



Promoting environmental public health for the protection of health and wellness and the reduction of risks in our air, food, water, soil, and housing for all residents of the Commonwealth.

About Environmental Public Health Tracking (EPHT)

The Massachusetts Department of Public Health EPHT program has assembled profiles to provide a snapshot of environmental health for Massachusetts communities.

What information is inside this community profile?

Data for several health and environmental topics are presented in this profile, as well as population information. Terms that might be unfamiliar are in **bold** and defined in a glossary at the end of the profile.

Who can use this community health profile, and what can they use it for?

The community health profiles can be used by anyone who would like to know about environmental public health in Massachusetts communities. Profiles can be used to gather data, guide public health actions, identify high-risk groups, shape policy decisions, or simply inform the curious.

What is environmental public health?

The word "environment" produces images of the outdoors – trees, grass, and other parts of the natural world. In the field of environmental public health, the environment also includes the man-made spaces that surround us every day – our homes, neighborhoods, schools, and workplaces – all of which contribute to our health.

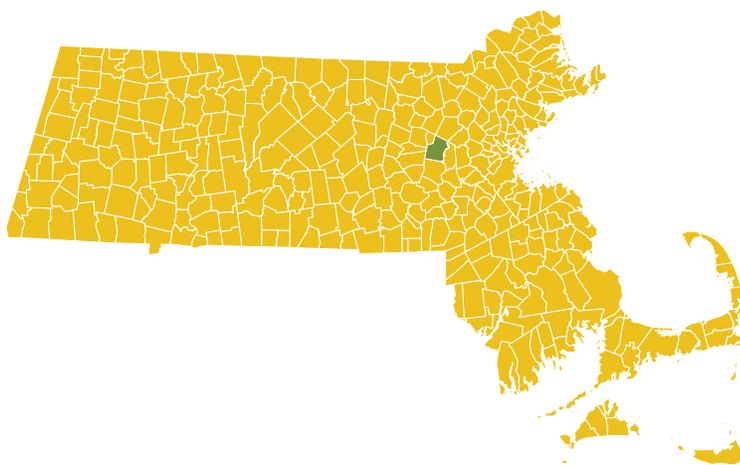
How can the environment impact my health?

In several ways! Some examples include runny noses and itchy eyes from pollen allergies that occur each spring, asthma attacks triggered by air pollution, and health problems in young children due to consuming old lead-based paint chips and dust.

Why track environmental public health?

Monitoring different health topics over several years allows us to see trends over time and helps public health scientists better understand how the environment can impact our health.

Geography



Total Area
24.7 square miles

Total Population
17,649 people

Percent of Land Use

- Agriculture - **5.4%**
- Forest - **54.8%**
- Open space - **9.3%**
- Recreation - **1.6%**
- Urban - **27.8%**
- Water - **1.1%**



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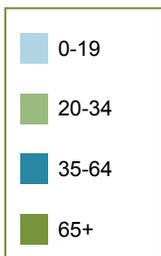


Population

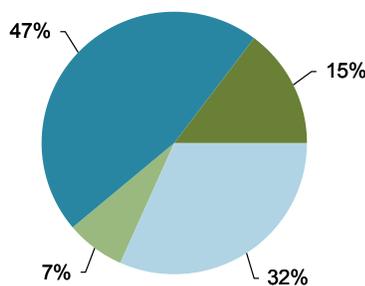
Some people are more vulnerable to the negative effects of different **environmental hazards** than others. For example, the effects of lead poisoning are worse in young children. This is why it is important to not only collect data about the environmental health of an area, but also understand the **sociodemographic** makeup of a community. Population characteristics are important to know because they can help a community learn about the needs of its residents, and better target public health messages and programs.

Demographics

Age

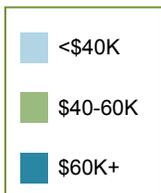


Population breakdown by age

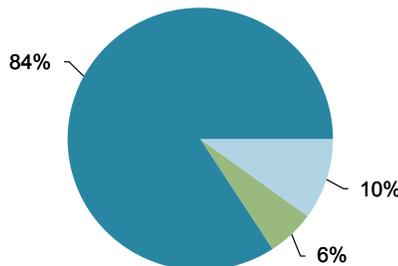


Think about all the different health needs of older and younger populations. Older adults are more likely to have many different preexisting health conditions that may be complicated by environmental hazards, while young children have growing bodies that are more sensitive to environmental pollutants.

Income

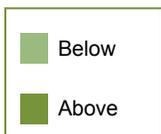


Distribution of household income

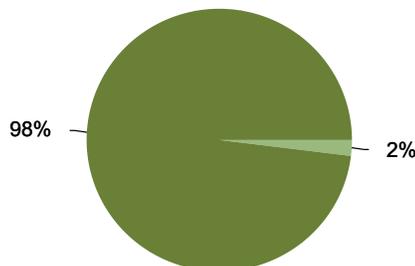


Median household income is the total amount of money made by people who live together, who may or may not be related to each other.

Poverty



Percent of households below the poverty line



Poverty status for a household is determined by the income and makeup of that household. A household is "below the poverty line" if the total household income falls below a value set by the federal government. This value changes according to household size and ages of household members, and is updated every year.

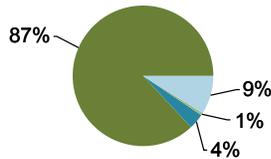


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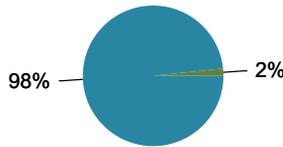
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Race



Ethnicity



Race refers to sets of physical characteristics like skin color, while ethnicity refers to sets of shared cultural, social, or linguistic characteristics. Race and ethnic categories are not mutually exclusive. For example, someone can be of Hispanic ethnicity, but of white or black race.

Environmental Justice (EJ)

According to the U.S. Centers for Disease Control, people who are members of minority groups, and people who are poor, are more likely to live near toxic waste sites, in areas with high air pollution, and in low-quality housing. These populations might also have trouble getting to the doctor or understanding health information due to problems like accessing transportation or language differences.

Sudbury: 0.0 %
Statewide: 12.1 %

Percentage of population residing in a block group where one or more of the EJ criteria is met, compared to the average percentage for all MA communities, calculated using data from the 2010 U.S. Census and the EOEEA.

The principle of **environmental justice (EJ)** states that all people, regardless of income or race, have the right to fair treatment and equal involvement in environmental issues, and the right to live in environmentally healthy neighborhoods.

The Massachusetts Executive Office of Energy and Environmental Affairs (EOEEA) defines EJ neighborhoods as **census block groups** where at least one of the following is true:

- Median annual household income is at or below 65% of the statewide median income;
- 25% or more of the residents are a minority; or
- 25% or more of the residents are not fluent in the English language.

EJ neighborhoods where more than one criteria are met may be the most at risk of exposure to environmental and health hazards.



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Health

The environment can contribute to the development of **chronic disease**. Chronic illnesses are some of the most common, expensive, and avoidable health problems.

Some links between chronic disease and the environment are well understood – it is common knowledge that smoking cigarettes can cause lung cancer. However, many links between chronic disease and the environment are not well understood. It is very difficult to determine the true cause of an illness. Individual genetics, the natural and built environment, and lifestyle can all play a role in determining whether or not a person develops a chronic disease.

Childhood Lead Poisoning

Lead paint in older homes is the most common source of lead poisoning. Chipping and peeling paint, and paint disturbed during home remodeling, can release lead dust which is then inhaled or consumed. Lead can cause damage to the brain, kidneys, and nervous system; slow growth and development; and create behavioral problems and learning disabilities in children. The use of lead in household paint was banned in 1978, but lead paint applied before the ban is still present in many older homes across the Commonwealth.

Lead Screening

71%

Statewide: 73%

Percentage of children age 9 months to less than 4 years screened for lead in 2017

A blood test is the only way to know if a child is exposed to lead. Massachusetts requires all children to be tested between 9-12 months, again at age 2, and again at age 3. Children must also be tested at age 4 if they live in a high risk community.

Prevalence of Blood Lead Levels (BLL) \geq 5 ug/dl

0.9

per 1,000 *

Statewide: 19.2 per 1,000

5-year annual average rate per 1,000 from 2013 - 2017 for children age 9 months to less than 4 years with an estimated confirmed blood lead level \geq 5 μ g/dL

A child with a blood lead level of \geq 5 **micrograms per deciliter** (μ g/dL) should receive follow-up testing using venous blood.

* Rate is unstable due to small numbers and should be interpreted with caution

Lead in Homes

61%

Statewide: 71%

Percentage of houses built before 1978

The Massachusetts Lead Law requires that homeowners delead homes built before 1978 that have lead paint where any children under the age of six live. Deleading means that lead hazards in the home such as peeling lead paint are covered or removed. If you have questions about having your home inspected for lead, locating a licensed deleader, or understanding the Lead Law, call the Childhood Lead Poisoning Prevention Program at 1-(800) 532-9571.

Do you live in a high risk lead community?

A community is considered high risk for childhood lead poisoning based on three factors:

- the number of old houses in stock,
- the percent of families with low to moderate income, and
- the rate of first-time blood lead levels \geq 10 μ g/dL that occurred over the past 5 years.

Cities and towns are evaluated for lead risk every year. Children in a high risk lead community are screened through age 4.

Smaller communities with high incidence rates may not be listed if case counts are low, despite their risk factors.

Based on these factors, Sudbury was not considered a high risk lead community for 2016.



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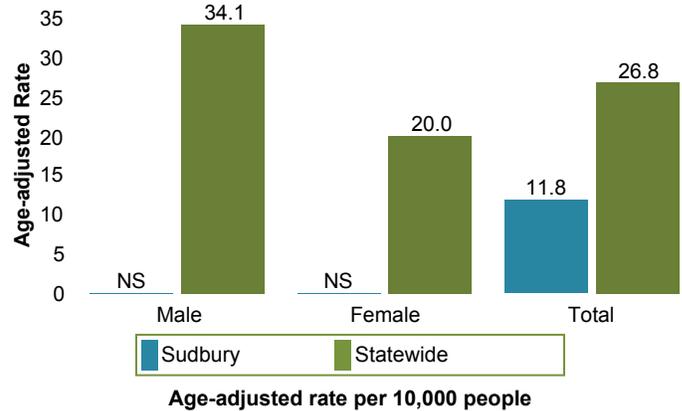


Heart Attack

Risk factors for having a heart attack include obesity, smoking, and high cholesterol; but exposure to air pollution, such as ozone or particulate matter, can also increase risk.

Heart attack hospitalizations are tracked for adults over age 35. Hospitalizations are presented as **age-adjusted rates** per 10,000 people.

Heart Attack Hospitalizations



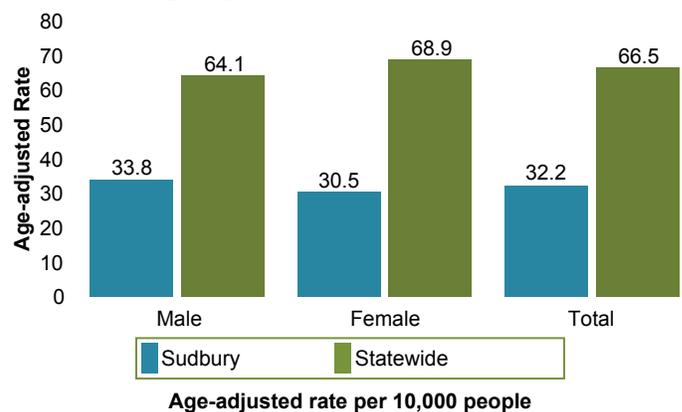
Asthma

Asthma attacks can be triggered by environmental exposures like air pollution or cigarette smoke. This illness is more common in children than adults and is becoming more common across the state.

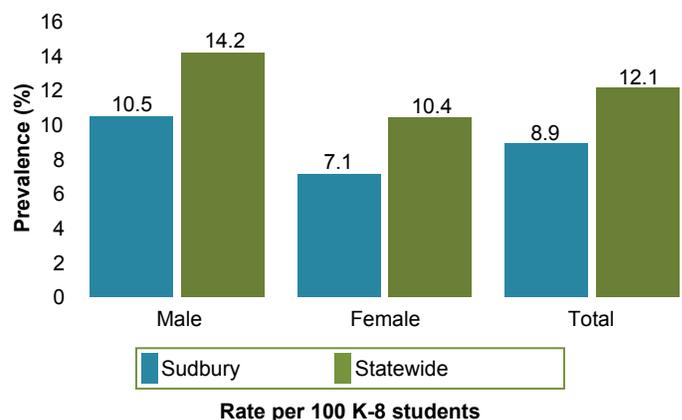
Asthma emergency department visits are tracked for people of all ages who visit the emergency department of a hospital for an asthma-related reason. Emergency department visits are presented as age-adjusted rates per 10,000 people.

Asthma prevalence in Massachusetts is also tracked among children from the time they enter kindergarten (K) through the 8th grade. Prevalence is presented as a percentage of all children enrolled in these grades.

Asthma Emergency Department Visits



Pediatric Asthma Prevalence in K-8 Students



The Indoor Air Quality (IAQ) Program evaluates indoor environmental quality in public schools at the request of the public. For more information about school assessments or to find out if an assessment has been conducted at a school in your community, visit www.mass.gov/dph/iaq.



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Environment

The air we breathe and the water we drink can sometimes be impacted by pollutants, which may come from many different sources. State and federal governments are responsible for setting standards and guidelines for environmental pollutants; ensuring that monitoring of those pollutants takes place; and taking action if there is a violation. The degree to which a person might be impacted by an environmental hazard is extremely variable and depends on many factors. A person's age and health may play a role, as well as the length of time of exposure to the hazard and the amount of the hazard present.

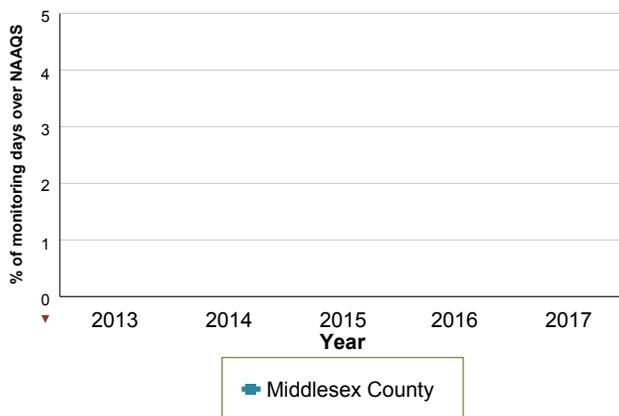
Air Quality

Exposure to air pollution can contribute to heart or lung illnesses, particularly for people who have already been diagnosed with heart or lung disease. Air pollution can worsen asthma or other respiratory ailments, or trigger heart attacks. The U.S. Environmental Protection Agency (EPA) establishes limits on air pollution levels to protect public health, including the health of at-risk populations. These limits, called **National Ambient Air Quality Standards (NAAQS)**, apply to widespread pollutants including ozone and fine particles. EPHT currently has two types of data that describe outdoor air conditions. EPHT air quality measures are available for counties with monitoring stations, which are maintained by the Massachusetts Department of Environmental Protection (MassDEP). Modeled data, developed by the U.S. EPA and CDC, provide estimates of outdoor air quality measures at the community level.

In 2017, Middlesex County had 1 day with ozone levels above the 8-hour NAAQS of 0.075 ppm and no data available for PM2.5.

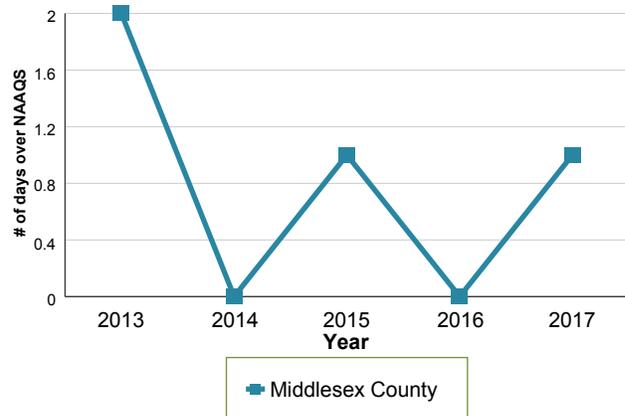
Fine Particles (PM2.5)

Percent of days where the 24-hour PM2.5 daily concentration exceeded the NAAQS of 35 µg/m3



Ozone (ppm)

Number of days where the 8-hour ozone level exceeded the NAAQS of 0.075 ppm



Fine **particulate matter** or PM2.5 refers to a mixture of extremely small airborne particles. PM2.5 is displayed here as the percent of monitored days when concentrations were above the NAAQS over a 24-hour period.

Ozone is a colorless gas. This measure reflects the number of days in a year that ozone concentrations exceeded the NAAQS over an 8-hour period.

“No Data” is displayed when the monitoring station did not capture a minimum amount of days of data.



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Drinking Water Quality

The U.S. EPA sets limits for acceptable and safe levels of contaminants in drinking water, and the MassDEP Drinking Water Program is responsible for monitoring and enforcing those limits.

Most people in Massachusetts drink water from a public **community water system**. Water systems are responsible for testing water and reporting test results to the MassDEP. Contact your town water department or water provider to obtain a copy of current test results.

Some people have private wells on their properties that provide drinking water. Those individuals are responsible for testing their own well water to ensure it is safe for drinking.

Health effects from potential contaminants in drinking water will depend on the pollutant, the amount introduced into your body, how it entered your body (for example, if you drink the polluted water or it touches your skin) and your individual sensitivity.

Contaminants tracked by EPHT:

- Arsenic
- Atrazine
- DEHP
- Disinfection Byproducts
- Lead
- Nitrates
- PCE
- TCE
- Uranium

Have a private well?



Visit MassDEP for drinking water testing recommendations

Of the nine contaminants tracked by EPHT, Sudbury's public water system(s) had 1 violation/exceedance in the past five years.

Year	Community Water System (CWS)	Contaminant Name	Type
2013	Sudbury Water District	Lead	Exceedance



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Climate Change

Massachusetts is already experiencing the effects of climate change, from hotter summers to rising sea levels. These hazards will have consequences for the health of many people across Massachusetts, especially those who are more vulnerable because of such factors as preexisting disease burden, lower socioeconomic status, unhealthy housing conditions, and exposure to high levels of environmental contaminants. MDPH is working with local health partners to prepare for the health threats and challenges posed by projected increases in heat events; water, vector, and food-borne illnesses, and flooding and extreme weather events in their community.

MDPH is implementing CDC's Building Resilience Against Climate Effects (BRACE) framework to help communities better prepare and respond to potential climate-related impacts. The MA EPHT portal provides information to: 1) better understand links between climate and health; 2) identify vulnerable populations; 3) explore interventions to reduce potential health impacts; and 4) support local adaptation planning efforts.

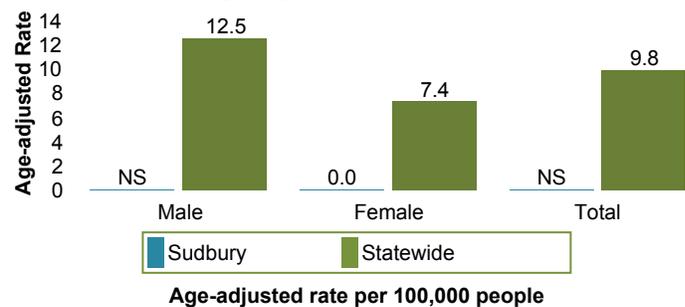
The information provided below gives an example of how data from the MA EPHT portal can help communities prepare for extreme heat-related events. This includes tracking the number of emergency room visits for heat stress in each community, mapping populations and areas vulnerable to extreme heat, and projecting the number of extreme heat days in the future. You can read more about BRACE on our website's [climate change page](#).

Understanding the Climate and Health Link: Extreme Heat-Related Events

Tracking Links between Climate and Health

One predicted impact of climate change is an increase in the number of days over 90 degrees. More days of extreme heat increase the number of residents at risk for experiencing heat stress, the effects of which include fatigue, cramps, dehydration and heat stroke. EPHT tracks the number of emergency room visits for heat stress in each community in Massachusetts.

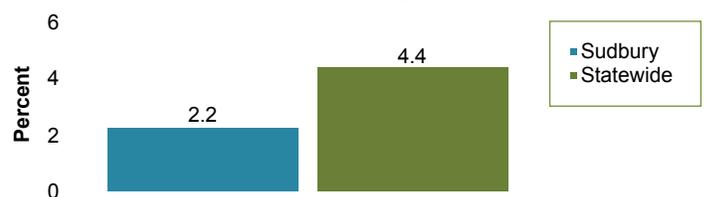
Heat Stress Emergency Department Visits



Tracking Vulnerable Populations

Studies of the health impacts during extreme heat events found that older adults, especially those living alone, are more vulnerable. EPHT provides a [vulnerability mapping tool](#) that displays the number of elderly living alone as well as other vulnerability indicators for each community in Massachusetts.

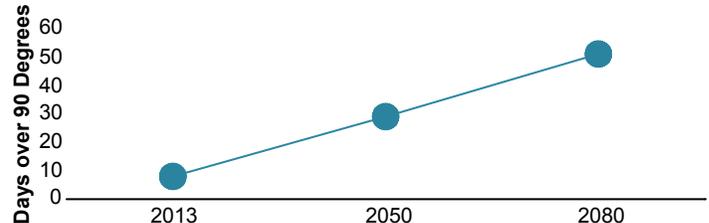
Percent of Population over 65 Living Alone



Tracking Projected Trends in Extreme Heat

One predicted impact of climate change is an increase in the number of days over 90 degrees. Over the next century, climate models project that your county may experience at least two to three times more days with high temperatures over 90 degrees.

Extreme Heat Days



Supporting Intervention Planning Efforts

After using data from EPHT to track health conditions and identify vulnerable populations, a community can establish a program to check on the elderly who are living alone and other vulnerable residents during times of extreme heat, improve access to cooling centers, and support longer-term efforts to reduce the impact of increasing temperature by creating more green space, especially where vulnerable populations are located.



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What You Can Do

There are many ways to minimize the impacts of environmental hazards to your health and the health of your family.

- Get tested: Have your home tested for [radon](#) (1-800-RADON95) and for the presence of [lead](#) paint, especially if you live in a house or apartment built before 1978 (1-800-532-9571); if you drink [private well water](#), regularly have your water tested for contaminants.
- Read labels and follow instructions when using household chemicals.
- Wash fruits and vegetables before consuming, and follow [fish consumption advisories](#).
- [Monitor air pollution levels](#) and avoid strenuous activity when pollution levels are bad, especially if you have asthma.
- Maintain your car so it burns fuel oil efficiently, and take public transportation if possible.
- Avoid cigarette smoke and [quit if you are a regular smoker](#) (1-800-QUITNOW).
- Maintain overall good health by staying active and eating healthy foods.

**Learning about environmental public health in your community is the best place to start.
Together, we can work toward healthier communities.**

About the Data

Data presented on this profile are collected by many different partners of the MA EPHT Program and are the most up-to-date data available for each topic.

Demographics: US Census Bureau, American Community Survey (ACS), 5-year estimates, 2012 - 2016 <https://www.census.gov/programs-surveys/acs>

Geography: Office of Geographic Information, Commonwealth of Massachusetts, MassIT, 2005 <http://www.mass.gov/anf/research-and-tech/it-serv-and-support/application-serv/office-of-geographic-information-massgis/>

Environmental Justice: Office of Geographic Information, Commonwealth of Massachusetts, MassIT, 2010 <http://www.mass.gov/anf/research-and-tech/it-serv-and-support/application-serv/office-of-geographic-information-massgis/datalayers/cen2010ej.html> and the Executive Office of Energy and Environmental Affairs <http://www.mass.gov/eea/agencies/massdep/service/justice/>

Asthma prevalence: MDPH BEH, 2016-2017 school year <http://www.mass.gov/dph/asthma>

Hospitalization: Massachusetts Center for Health Information and Analysis (CHIA), 2015 <http://www.chiamass.gov/>

Childhood lead poisoning: MDPH BEH Childhood Lead Poisoning Prevention Program (CLPPP), 2017 <http://www.mass.gov/dph/clppp> and UMass Donahue Institute (UMDI), 2017 population estimates, and ACS 5 year estimates for housing, 2012 - 2016 <https://www.census.gov/programs-surveys/acs>

Air quality: MassDEP Air Assessment Branch, 2013 - 2017 <http://www.mass.gov/eea/agencies/massdep/air>

Drinking water quality: MassDEP Drinking Water Program, 2009 - 2013 <http://www.mass.gov/eea/agencies/massdep/water/drinking>

Climate change: CDC BRACE <http://www.cdc.gov/climateandhealth/brace.htm>; extreme heat days – days over 90°F; high emissions scenario A2; Accessed From Environmental Public Health Tracking Network: www.cdc.gov/ephtracking.

Contact Us

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Feedback Survey: <http://mdph.checkboxonline.com/MEPHTN-Feedback.aspx>

Acknowledgements

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Glossary

Age-adjusted rate - A statistical method applied to the rates of a disease in a population that allows comparison among populations with different age distributions; also known as age-standardized rate.

Census block group - A geographic area used by the U.S. Census. Block groups are smaller than census tracts and usually hold between 600 to 3,000 people.

Chronic disease - A chronic disease is an illness that is persistent over time. According to the U.S. Centers for Disease Control and Prevention, chronic diseases are among the most prevalent, expensive and preventable diseases.

Community Water System (CWS) - Any water system that provides water for human consumption through pipes or other constructed conveyances to at least 15 service connections or serves an average of at least 25 people for at least 60 days a year.

Deciliter (dL) - A metric measure of capacity that is 1/10th of a liter.

Environmental hazard - A substance or situation in the environment that might adversely affect human health. People can be exposed to physical, chemical, or biological toxins from various environmental sources through air, water, soil, and food.

Environmental Justice (EJ) - The fair treatment and meaningful involvement of all people regardless of race, national origin, color, or income when developing, implementing, and enforcing environmental laws, regulations, and policies. Fair treatment means that no group of people, including a racial, ethnic, or socioeconomic group, should bear more than its share of negative environmental impacts.

Estimated Confirmed Blood Lead Level - A confirmed blood lead test is either a single venous test of any value, or the second of two capillary tests drawn within 12 weeks of each other. Single capillary tests 5-<10 µg/dL were not required to be confirmed prior to December 1, 2017. Until confirmatory testing of preliminary capillary results 5-<10 µg/dL becomes standard practice in Massachusetts, as is now required by MA CLPPP, a calculation is employed to estimate the true number of children with blood lead levels ≥5 µg/dL. The estimated confirmed ≥ 5 µg/dL measure includes both confirmed tests and a proportion of unconfirmed tests estimated to be truly elevated at ≥ 5 µg/dL based on calculated capillary test reliability rates.

Median - The median is the number in a data set that separates the upper half of the data in the data set from the lower half.

Micrograms (µg) - Unit of measure for weight/mass equal to one-millionth of a gram used to measure the concentration of pollutants in the air.

National Ambient Air Quality Standards (NAAQS) - Standards established by U.S. EPA that apply to outdoor air throughout the country.

NS - Not shown due to small numbers.

Ozone - There are two types of ozone—"good" ozone and "bad", ground-level ozone. Good ozone occurs high in the atmosphere and forms a layer that deflects harmful ultraviolet (UV) rays, preventing them from reaching the Earth. Bad ozone is an odorless, colorless gas that is created by a chemical reaction and can affect health.

Particulate matter - "Particles" or "particulate matter" are terms used to describe the mixture of solid particles and liquid droplets in the atmosphere. The microscopic solid and liquid particles are of human and natural origin and can vary greatly in size and composition.

Poverty - Poverty status for a household is determined by the income and makeup of that household. A household is "below the poverty line" if the total household income falls below a value set by the federal government. For more information about how the government defines poverty, including tables of poverty thresholds, visit the U.S. Census Bureau's Poverty webpage (<https://www.census.gov/hhes/www/poverty/index.html>).

PPM - Parts per million; denotes 1 part per 1,000,000 parts. Used to measure the concentration of ozone in the air.

Prevalence - The proportion of individuals in a population having a disease or condition. Prevalence is a statistic that refers to the number of cases of a disease that are present in a particular population at a given time.

Sociodemographic - A term describing data relating to sociologic and demographic factors.