Lowell and Its Neighbors

By Richard P. Howe Jr

If you ask longtime Lowell residents where they were born, where they grew up, or where they live now, most will answer with a neighborhood name. Through most of its existence, Lowell was a city of neighborhoods, each with its own business district, houses of worship, schools, parks, and housing that ranged from affordable to elegant. The easy availability of privately owned cars since the early 1960s has eroded connections between individuals and the neighborhoods in which they live, yet the neighborhoods still exist and are returning to their former relevance.

When Kirk Boott, Patrick Tracy Jackson, and their entrepreneurial colleagues came to the south bank of the Merrimack River in November 1821 to scout the site of the great industrial center they envisioned building, the land was part of Chelmsford. The mills grew rapidly and the needs of this enormous manufacturing endeavor outpaced the capability of town government in rural Chelmsford. Consequently, the industrialists petitioned the Massachusetts state legislature to charter a new town. That petition was granted and the new town of Lowell came into existence on March 1, 1826 with 2,874 acres annexed from Chelmsford. The original town of Lowell was bounded to the north by the Merrimack River, to the east by the Concord River, to the south by the Billerica and Chelmsford town lines, and to the west by Stevens Street in what became the Highlands neighborhood.

As the scale of the manufacturing enterprise grew, so did the geographic bounds of the community that housed it. On March 29, 1834, 384 acres on the east bank of the Concord River were taken from Tewksbury and made part of Lowell. Known today as Lower Belvidere, this area was roughly bounded to the north by the Merrimack River, to the east by Fairmount Street, to the south by a line drawn from the intersection of Fairmount and Stevens Street.

(continued on page 2)
Rogers Street to the intersection of Billerica and Lawrence Streets; with a western boundary of the Concord River.

On February 28, 1851, lower Centralville was formed with 580 acres annexed from Dracut. This area was bounded to the north by the line of Aiken-Ennell-Richardson-Thirteenth Streets; to the east by the Dracut town line; and to the south and west by the Merrimack River.

Two more annexations occurred on May 18, 1874. The largest was 2,168 acres north of the Merrimack River taken from Dracut to form all of Pawtucketville and the remainder of Centralville. The second annexation was 1,129 acres taken from Chelmsford to form the rest of the Highlands. This included everything west of Stevens Street, bounded by the Chelmsford town line to the south and west and the Merrimack River to the north.

The final two annexations took land from Tewksbury to form the rest of Belvidere. The first, on May 17, 1888, was a half-moon shaped slice of 220 acres that ran along Butman Road to Stratham Street. The second, on April 30, 1906, added the rest of today’s Belvidere and South Lowell.

While Lowell’s current boundaries were finalized in 1906, there is nothing final about the names of the city’s neighborhoods or of their boundaries. A map in Sustainable Lowell 2025, the city’s current master plan, identifies eleven neighborhoods: the Acre, Back Central, Belvidere, Centralville, Downtown, Highlands, Lower Belvidere, Lower Highlands, Pawtucketville, Sacred Heart, and South Lowell. Many would disagree with this list. Some recognize no distinction between the upper and lower Highlands or Belvidere. Others know Back Central as Chapel Hill and see Sacred Heart as a parish, not a neighborhood, calling the whole section South Lowell. Ayers City is wedged between the Highlands and South Lowell but claimed by neither. Middlesex Village predated Lowell by almost two centuries, but it has been lumped in with the Highlands and has lost its independent identity.

Arguing about neighborhood boundaries and identities can seem a little like arguing about professional sports: it’s fun but doesn’t mean much. However, I would differ with that assessment. The revived interest in urban living and the associated shift to greater reliance on walking, bicycling, and public transportation make the connections between residents and the neighborhoods in which they live more important than ever. Talking about the historic identity of neighborhoods is one way to make those neighborhoods more relevant today.
Healthy Homes and Asthma

By: Kelechi Adejumo

In this Asthma awareness month issue, we identify asthma disparities as well as share asthma prevention initiatives aimed to improve the quality of life for those who live with asthma. Asthma is a long term inflammatory airway disease of the lungs. Although it has no cure, inflammation in the lungs - which causes airflow obstruction that makes it difficult to breathe - can be reversed if asthma triggers are removed. Asthma’s national impact is commonly evaluated through its serious health and economic burden. For example, asthma costs the U.S. approximately $56 billion each year1. Sadly, about 9 people die from asthma each day1; This means that 1.1 in every 100,000 deaths, occurring about 3,630 annual deaths, occur due to asthma2. Today, 8.6% of the U.S. population is made up of children with asthma3. It has been previously established that children are more susceptible to asthma. However, asthma in adults has grown to similar numbers. Now, 7.4% of the U.S. population is made up of adults who suffer from asthma3. Asthma’s effect on health care utilization is large. In regards to asthma related medical issues, the number of physician office visits relating to asthma accounted for 10.5 million4, emergency room visits accounted for 1.8 million5, and asthma-related discharges accounted for 439,0005. In addition, the average length of inpatient admissions due to asthma issues lasted about 3.6 days6.

People of different ages and backgrounds have different levels of susceptibility to asthma. Adults ages 18 to 24 are more likely to have asthma than older adults1. Multi-race and black adults are more likely to have asthma than white adults. Similarly, black children are twice as likely to have asthma compared to white children. In addition, adults with low educational attainment and an annual income level of less than $75,000 are more likely to have asthma1. The Northeastern region of the U.S. continues to have higher rates of asthma. Asthma related hospitalization rates have been reported to increase among black, non-Hispanics and Hispanics compared to white, non-Hispanics2. Hospitalization rates have also increased for children aged 0-4 years and adults aged 65 and older2. These trends have been much more noticeable in the regions surrounding Boston, Brockton, Fall River, New Bedford, Springfield, and Worcester7.

The Lowell Healthy Homes Program (LHHP) has conducted 2 low-cost, multifaceted in-home intervention projects with a diverse population of urban children in low income households. These intervention projects involve environmental assessments, data collection, education, and some property remediation. While funded by the U.S. Department of Housing and Urban Development (HUD), LHHP achieved substantial improvements in health outcomes in terms of asthma severity and health care utilization among the 116 households with 170 asthmatic children enrolled in the study8. Since the elderly asthmatic population is currently being understudied, the LHHP was awarded another grant from HUD to apply the same in-home multifaceted interventions to a diverse population of elders living in subsidized housing. It has been observed that studying asthmatic children and elders posed different challenges in terms of enrollment and outreach, scheduling home visits, and education strategies. With hopes of seeing similar promising outcomes as obtained with asthmatic urban children, LHHP’s long term goal is to contrast between intervention methods that are most effective for children versus elders.

HUD recently proposed an asthma awareness initiative aimed to reduce asthma triggers, including trigger-associated behaviors. Not only are pest infestations and contaminant exposure reductions a priority; also achieving good indoor air quality by maintaining a well ventilated home, free of air pollutants; and reducing allergens in the home, including dust mites, rodents, pet dander that can trigger an asthma attack are emphasized9. The Centers for Disease Control and Prevention (CDC) recommends that all those with asthma should have an Asthma Action Plan (AAP). An AAP is a personalized written plan that a physician develops with the asthmatic patient to control asthma exacerbations with daily medication use10. Notwithstanding, an interdisciplinary approach that incorporates community health physicians’ and community health workers’ involvement in healthy homes programs will provide a more effective alternative to asthma management.

(continued on page 4)
Also, it is currently being recognized that asthmatics are even more impacted by climate change due to increased sensitivities to seasonal allergens, especially from increasing pollen numbers\textsuperscript{11}. This means that there is a growing need for future safety and health collaborations that incorporate professionals in primary healthcare, community/public health and environmental health.

1. National Center for Environmental Health, Division of Environmental Hazards and Health, Center for Disease and Control, 2016
3. National Health Interview Survey, National Center for Health Statistics, Center for Disease and Control, 2014
4. National Ambulatory Medical Care Survey, National Center for Health Statistics, Center for Disease and Control, 2012
5. National Ambulatory Medical Care Survey, National Center for Health Statistics, Center for Disease and Control, 2011
6. National Hospital Discharge Survey, National Center for Health Statistics, Center for Disease and Control, 2010
7. Executive Office of the Health and Human Services, 2006
10. Centers for Disease and Control, 2012

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