



# Steward Project Final Report

Nashoba Valley Medical Center Closure

# Nashoba Final Report Outline



- Background and Project Overview
- Canvassing
- Digital Media Campaign
- CBO Work
- Visioning Sessions

**Health Care For All**  
(HCFA) advocates  
for health justice  
in Massachusetts by  
working to promote  
health equity  
and ensure coverage  
and access for all.

# Background on Steward Project



- In May 2024, Steward Health Care filed for bankruptcy resulting in the August closure of **Nashoba Valley Medical Center (NVMC)** in Ayer.
- The Steward project was a collaboration between Health Care For All (HCFA), The Massachusetts Department of Public Health (DPH), and community-based organizations (CBOs) aimed at helping individuals and families navigate the unique health care access challenges that were exasperated due to the closure and transition. The project ran from Oct 2024 – Jan 2025

# Steward Project Overview



- With support from DPH, several local foundations, corporate entities, and a health care union, HCFA led a campaign to support communities impacted by the Steward Health Care crisis.
- The project's goals were to educate patients about accessing health care services, identify the communities' health care needs after Steward ceased operations, and amplify the voices of those most impacted by the closures.

# Steward Project Overview



- The campaign included four strategies: (1) canvassing, (2) digital media campaign, (3) partnerships with CBOs, and (4) community visioning sessions. Each of these strategies was specifically tailored to the needs of the region.
- HCFA developed multilingual educational and recruitment materials to support canvassers and CBOs in their outreach efforts, including flyers, canvassing scripts, social media postings, and other tools designed to effectively engage communities.
- HCFA also worked with CBOs to create and translate visioning session questionnaires and conduct 4 sessions to better understand community priorities and the needs of the populations served.
- EOHHS convened the Nashoba Valley Health Planning Working Group to identify key healthcare priorities for the region. HCFA actively participated in the meetings, presenting findings and sharing community feedback to inform actionable recommendations.



# Canvassing

# Overall Canvassing



- To spread the word about the NVMC closure and provide residents with critical resources to better ensure the continuation of their health care, HCFA hired Campaign Industries to conduct a canvassing campaign.
- The canvassing campaign ran from October 16th to November 20th, and canvassers had direct contact with community members that provided real time reactions and community impacts from the hospital closures.

# Nashoba Valley Canvassing



The Nashoba area canvassing team consisted of 10 local team members, with prior canvassing experience and dedication to helping communities in the aftermath of the Steward closure. They targeted the following areas:

## Nashoba Canvassing Locations:

Ayer

Devens

Fitchburg

Groton

Harvard

Littleton

Lunenburg

Pepperell

Shirley

Townsend

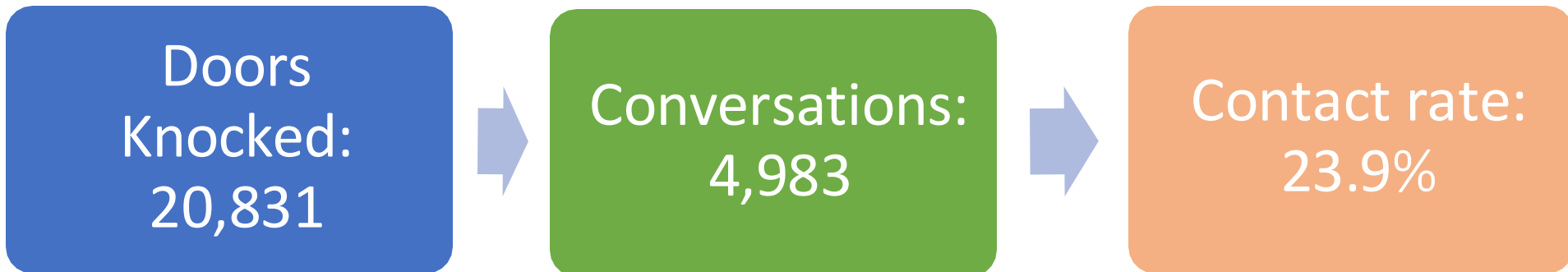
These areas were selected because of their density of the communities and proximity to the NVMC – given the short duration of the canvas, we wanted to maximize the number of doors knocked.



# Nashoba Valley Canvassing



- The canvas was highly successful based on several indicators including the number of doors knocked, conversations had by canvassers, and the contact rate.



# Nashoba Valley Canvassing



Canvassers asked two questions at the door:

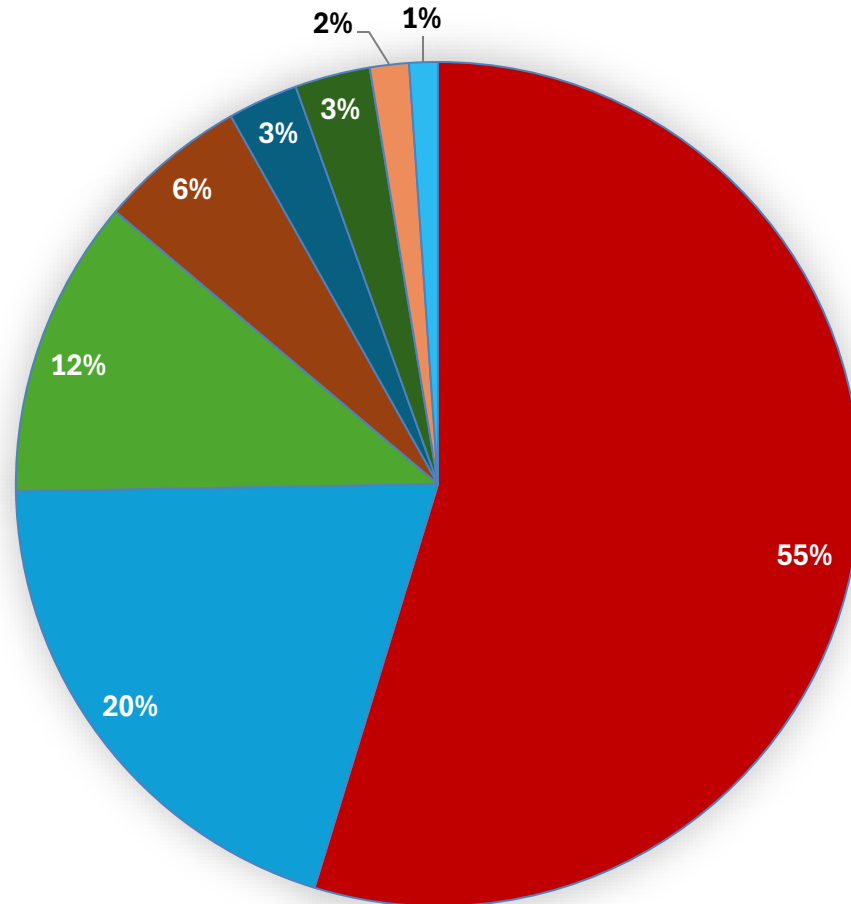
1. Where will you seek care?
2. What are your top concerns now that the hospital has closed?

The following slides contain the results, as well as key themes and highlights from conversations with community members.

# Final Nashoba Valley Canvassing Results



## Top Concerns

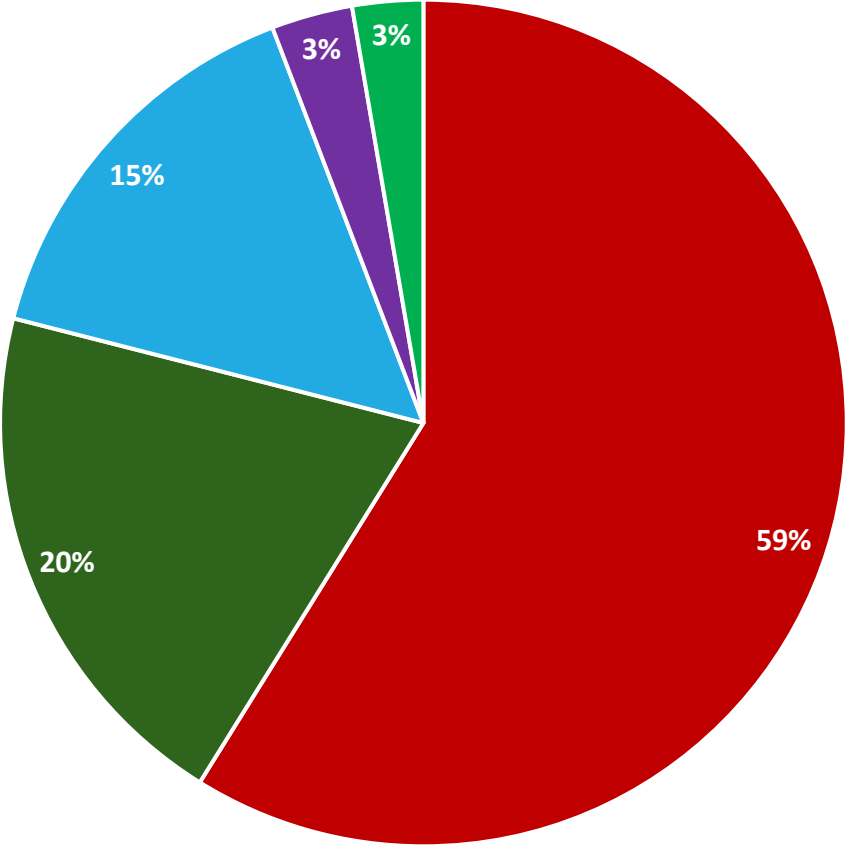


	Response	% of Responses
●	No longer an emergency room nearby	55%
●	Loss of access to medical specialties	20%
●	Loss of access to my Primary Care Provider	12%
●	Economic impacts caused by the closure of one of the region's largest employers	6%
●	Loss of inpatient facilities for more serious/ acute medical conditions	3%
●	The strain that the hospital's closure will have on other health care providers in the area such as urgent cares and community health centers	3%
●	Lack of transportation to medical facilities	2%
●	The closure makes it even harder for veterans to access necessary care	1%

# Final Nashoba Valley Canvassing Results



## Where will you seek care now?



	Response	% of Responses
●	At an urgent care center	59%
●	At an emergency room at a hospital even further away	20%
●	A community health center	15%
●	With my current Primary Care Provider (PCP) who's moved to a new organization/facility	3%
●	I don't know	3%

# Nashoba Valley Canvassing Key Themes & Stories



- Occasionally, community members would share stories with the canvassers. To protect the person's privacy, canvassers did not capture people's names or ask follow-up questions. Instead, they allowed the community members to decide how much they wanted to share about their initial reactions to the closure and their personal health care stories.
- The following slides contain some of the stories that canvassers were hearing. The stories are grouped into the following key themes: access to emergency services, access to specialty services, economic and community impacts, and lack of communication about the hospital closure and appreciation for canvassers.

# Nashoba Valley Canvassing Key Themes & Stories



## Access to Emergency Services

- One father credited Nashoba's ER with saving his son's life during a life-threatening anaphylactic shock. He lamented that without Nashoba, a similar situation today could result in tragedy due to the increased travel time to the next nearest ER.
- A mother recounted her journey to America seeking the "American Dream," which, for her, included access to quality health care. She shared a traumatic experience during childbirth when Nashoba's ER stabilized her before transferring her to another hospital. Her greatest fear is that others in life-or-death situations may now face preventable tragedies due to the ER's absence.

# Nashoba Valley Canvassing Key Themes & Stories



## Access to Specialty Services

- A resident with mobility challenges shared that the closure has severely impacted his ability to access health care. He relied on neighbors to transport him to NVMC for appointments, but they are unable to help him travel longer distances to UMASS or Emerson. Struggling to find new doctors and facing transportation barriers, he is now considering moving back to Philadelphia to meet his health care needs.
- A former pain management patient shared his appreciation for NVMC's staff, noting that finding care elsewhere has been an uphill battle.

# Nashoba Valley Canvassing Key Themes & Stories



## Economic and Community Impacts

- A former NVMC employee voiced disappointment that more wasn't done to prevent the hospital's closure. She expressed concern for the many workers who lost their jobs and the long-term economic impact on the community.
- Another resident explained how friends and family employed at NVMC faced significant challenges after the closure, adding to the sense of loss and community instability.



# Nashoba Valley Canvassing Key Themes & Stories



## **Lack of Communication and Difficulty Retrieving Medical Records**

- Several residents expressed frustration at the lack of communication about the hospital's closure, with one stating that no formal announcement was made.
- Many residents described unsuccessful attempts to retrieve their medical records despite making repeated efforts.

# Nashoba Valley Canvassing Key Themes & Stories



## Gratitude Toward Canvassers

- A community resident was so moved by the canvassers' dedication that she drove down the road to personally thank them for their work and express her appreciation for their presence in the community.
- A local resident who did not personally use NVMC's services requested multiple flyers to distribute to friends and neighbors who relied on the hospital, demonstrating solidarity and concern for those impacted.



# Digital Media Campaign

# Digital Media Campaign



- To enhance the campaign's outreach, HCFA engaged the services of Digital Turf, a creative agency that works with mission-driven organizations. HCFA and Digital Turf created advertisements to reinforce key messages and reach community members who may not be contacted directly. Initially, there were three ads. Upon receiving feedback from local partners, a fourth ad was created highlighting a phone number residents could call to have their questions answered rather than visit the website.
- Each of the advertisements provided links to a HCFA-created webpage where there was additional information on how to request copies of medical records, get help assess their insurance networks, and guidance on emergency care planning.
- Ads ran for four weeks between Thanksgiving and the end of December and were geotargeted by zip code. Local residents could view ads on phones, tablets and computers.

# Digital Media Campaign



Nashoba Area Ads			
Ad	Impressions	Clicks	CTR
Nashoba 01: Photo	206,996	100	0.05%
Nashoba 02: Hospital	206,746	92	0.04%
Nashoba 03: Woman	206,278	98	0.05%
Nashoba 04: Phone	38,712	23	0.06%
<b>Total:</b>	<b>658,732</b>	<b>313</b>	<b>0.05%</b>

Nashoba 04: Phone was added to the campaign on 12/16



Ad 01



Ad 02



Ad 03



Ad 04



# CBO Work

# CBO Work



- To increase the outreach happening on the ground within the impacted communities, HCFA subcontracted with local CBOs.
- The CBO knowledge of the local area was critical in disseminating important information about continuation of care and facilitating an additional layer of direct contact within the communities. Additionally, the groups' longstanding history in the Nashoba Valley area created an environment of trust and cultural competency, which was important for collecting insights into the true impacts of the hospital closure.
- The CBOs were also able make direct contact in the languages and locations most utilized by community members.



# CBO Work



- CBOs participated in **59 events** to disseminate information about the closure of the NVMC with **over 2,000 flyers distributed.**
- HCFA and CBOs co-hosted **four visioning sessions.**



**Nashoba Associated Boards of Health**  
Your **COMMUNITY**, Your **CHOICE** Since 1931



# Outreach Flyers



- Community groups handed out flyers with important information and resources for continuation of care. Translated flyers were provided on the HCFA website and could be accessed by scanning the QR code.
- The flyers were translated into the most common languages in the Nashoba Valley Area: English, Spanish, Portuguese, Haitian Creole, and Arabic

# Outreach Flyers



## Important Information for Former Nashoba Valley Medical Center Patients



If you were a Nashoba Valley patient, please be sure to:

### 1. Get a copy of your medical records:

- Call (610) 994-7500
- Email [stewardrequests@MROCorp.com](mailto:stewardrequests@MROCorp.com)
- Visit [nashobamed.org](http://nashobamed.org)

### 2. Check if your primary care provider is still part of a list of approved providers in your health plan and review your health insurance options.

### 3. Plan for urgent and emergency care. Ensure you and your family know where the closest emergency room and hospitals are.

### Resources

- **Emergencies:** Always call 911.
- **Health Insurance Help:** Call Health Care For All's HelpLine at (800) 272-4232.
- **Mental Health and Substance Use Support:** Call the 24/7 Behavioral Health Help Line (833) 773-2445.
- **Hospitals closest to you:** Health Alliance - Clinton Hospital (Clinton, MA), St. Joseph Hospital (Nashua, NH), Emerson Hospital (Concord, MA), UMass Memorial Hospitals (Leominster, MA and Worcester, MA), Southern New Hampshire Health (Nashua, NH) and Lowell General Hospital (Lowell, MA)
- **Veterans:** Contact your town Veterans Service Officer: [www.mass.gov/info-details/find-a-veterans-service-officer-near-you](http://www.mass.gov/info-details/find-a-veterans-service-officer-near-you)

For more information, contact the Massachusetts Department of Public Health at (617) 468-2189 (Monday - Friday, 8 a.m. - 6 p.m.) or visit [www.mass.gov/StewardResources](http://www.mass.gov/StewardResources)

Important information and resources for Nashoba Valley Medical Center patients. For details in English or to join our community feedback sessions, scan below.

Informações e recursos importantes para pacientes do Nashoba Valley Medical Center. Para detalhes em português ou para participar de nossas sessões de comentários da comunidade, scaneie abaixo.

Información importante y recursos para pacientes de Nashoba Valley Medical Center. Para obtener estos detalles en español o para participar en nuestras sesiones de comentarios comunitarios, escanee abajo.

Enfòmasyon enpòtan ak resous pou pasyan Nashoba Valley Medical Center. Pou plis detay an Kreyol oswa pou patisipe nan konvesasyon kominote nou yo, eskane anba a.

معلومات ومصادر هامة لمرضى مركز وادي ناشوبا الطبي. للعثور على تفاصيل أو تقديم تعليقات باللغة الإنجليزية، قم بالمسح أدناه





# Visioning Sessions

# Visioning Sessions



- HCFA partnered with CBOs to run four visioning sessions and assess the current health care needs of the residents in the NVMC catchment area.

# Visioning Sessions



- HCFA worked with CBOs to develop and translate visioning session questions to assess community priorities and understand how to address the unique needs of the populations.
- CBOs aimed to recruit 10-12 participants for two to three sessions from the Nashoba area that were patients or employees at NVMC. The team ended up running four sessions in the area.
- HCFA and CBOs co-facilitated the vision sessions together.
- Participants were provided with \$50 gift cards to Market Basket or Target to compensate them for their time.

# Visioning Session Questions



- Visioning session questions included:
  - What are your family's top health care concerns, especially with the recent hospital closure?
  - Where do/will you seek care now?
  - Have you recently delayed or missed care because of the closure of the NVMC?
  - How many hours have you spent recently trying to get care?
  - In the short term (6-8 months), what services or support do you need?
  - Long term, what services do you need access to? What do you think you and your family can't go without?

# Visioning Sessions



## **Older adults – 9 participants**

- Nov 19, 2024
- Ayer Library
- English session

## **Veterans – 10 participants**

- Nov 25, 2024
- ClearPath
- English session

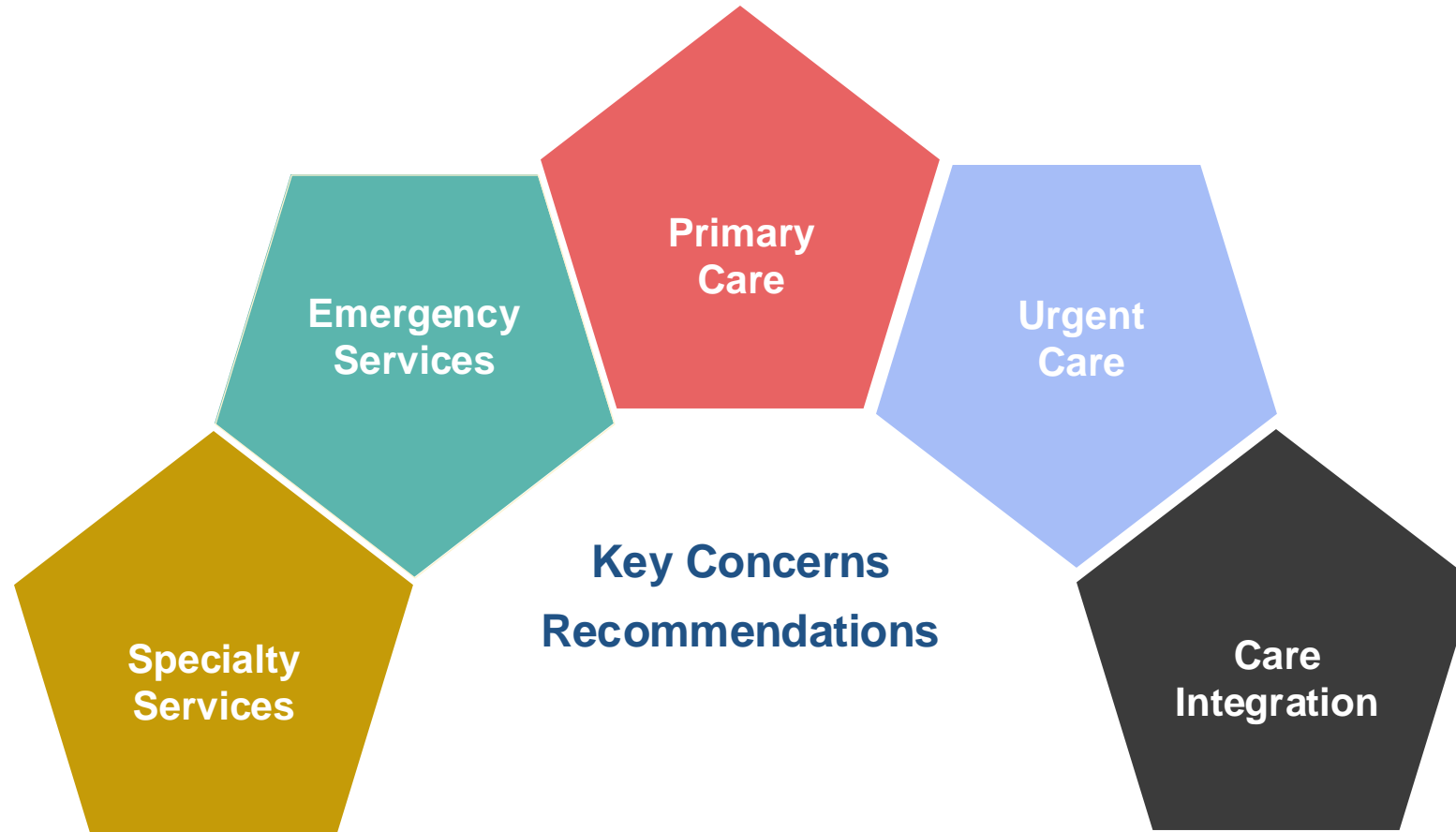
## **General Public – 6 participants**

- December 3, 2024
- Zoom
- English session

## **General Public – 5 participants**

- December 16, 2024
- Zoom
- English session

# Topics for Visioning Sessions



*Some quotes in this presentation have been edited for clarity while maintaining their original intent.*



# Key Themes



1. Access to emergency services
2. Loss of specialized services
3. Loss of providers from the area
4. Widening of mental health care gap
5. Fragmentation of care
6. Transportation
7. Economic and systemic impact
8. Community and familiarity
9. Veteran specific concerns



# 1. Access to Emergency Services



**Lack of local emergency care options** – Frustration over urgent care centers' inability to handle critical emergencies, long ER wait times in nearby hospitals, long-distance trips, and costly/limited MedFlight options delay emergency care.

- “There is a lack of stroke assessment nearby. My husband's life was saved by Nashoba, where he was stabilized and taken by MedFlight to the Lahey clinic.”
- “The schools used to have Nashoba as an option on registration forms for emergencies. Now, it's Emerson, and if they can't take kids there, where do they go?”
- “MedFlight costs are astronomical, and people are forced to rely on it because local emergency care is no longer an option.”
- “Ambulance times have skyrocketed. A five-minute ride is now 45 minutes, cutting into the 'golden hour' for survival during emergencies.”

## 2. Loss of Specialized Services



**Disruption of specialized care** – Loss of many specialized and local diagnostic services impacting care coordination, causing delays in care and impacting management of chronic diseases.

- “I had a cardiac prevention program that was well-organized before all this happened. Now, it’s been chaos. I couldn’t reach anyone for guidance, and getting re-established with a new provider was a nightmare.”
- “The loss of nutrition counseling has been hard. It’s not just about diabetes; it’s about learning how to eat healthy as you age, and that’s gone now.”
- “The sleep lab was a lifeline for people with sleep apnea and other conditions. Now it’s gone, and we’re left driving miles to get tested or treated, if at all.”
- “I get concerned. I have kidney issues (...) I have need for dialysis. Also, I’m not good at driving in traffic in cities. How do I find the hospitals I need to go to and get there and park and end up in one piece?”



### 3. Loss of Providers from the Area

**Providers leaving the area** – Concerns that providers are struggling with displacement and opting to retire instead of dealing with re-credentialing. Other providers are aligning with institutions far away, further reducing access to care.

- “Even the physicians are discombobulated...Some are actually unemployed or working part-time in multiple facilities.”
- “The specialist I was working with was going to be associated with Saint Elizabeth’s...then I had to start over with my PCP to find another one.”

## 4. Widening of the Mental Health Care Gap



**Difficulty finding new mental health care providers** – Loss of local geriatric psych beds causing difficulty navigating complex VA systems and dealing with insurance or out-of-pocket costs for private care. Additional burden on EMS and police/co-response units, now taking longer to respond to other calls.

- “Now we have individuals with dementia sitting scared to death in these emergency rooms.”
- “The loss of geriatric psych beds has left veterans with mental illness vulnerable. How are we supposed to cope without those services?”
- “I’ve been in the process of looking for new caregivers. There was actually a time I considered moving to another community just to ensure I’m safe health care-wise.”

## 5. Fragmentation of Care



**Logistical challenges** – Fragmentation of care is causing patients to spend countless hours seeking providers and appointments. Missed appointments and the abandonment of follow-up care due to widespread frustration have led to delayed treatments, acute health issues and a breakdown in continuity of care.

- “Trying to find care has turned into a part-time job. Between the calls, waiting on hold, and being bounced around, it’s a full-day effort just to schedule something.”
- “It took me one week and 35 phone calls to find a new endocrinologist, and the closest I got was Burlington.”
- “I’ve put off follow-ups because it takes too long to get referrals and schedule appointments. It’s just too much.”
- “Blood work and X-rays are now a 30-40 minute drive away. It used to be so simple at Nashoba.”

## 6. Transportation



**Lack of transportation options** – Councils on Aging are turning down ride requests daily to prioritize medical appointments. Misaligned transportation schedules often result in multi-leg journeys with long waits between stops and no door-to-door service, leaving many patients stranded or unable to attend appointments.

- “In Pepperell, Townsend and other nearby towns, they’re turning away as many as 30 rides per day because they don’t have the capacity to meet demand.”
- “Uber will not pick you up at a hospital post-procedure -- how are folks without a support system supposed to get home?”
- “Ambulance times have skyrocketed. A five-minute ride is now 45 minutes, cutting into the golden hour for survival during emergencies.”
- “Local transportation schedules don’t align with appointments, leaving patients waiting hours for return rides.”



## 7. Economic and Systemic Impact



**Loss of largest employer** – Loss of the hospital resulted in rapid job losses, and concerns about reduction in tax revenue. Reports of out-migration and the reluctance of families and businesses to settle in the area further strain the community, while essential services like emergency response face funding challenges.

- “Our taxes are going to skyrocket. We need ambulances, drivers, and vans for seniors.”
- “A lot of people lost jobs within 30 days. That's very scary.”
- “People are moving out of the community, and that removes income we desperately need for ambulances and EMS services.”
- “We’re trying to move people into safe housing, but they don’t want to go where there’s no health care.”



## 8. Community and Familiarity



**Loss of a piece of the community** – Many older adults value familiarity with local health care staff, which helped ease anxiety and ensure accurate records in the past. The loss of a community hospital disrupts the sense of trust and continuity in care.

- “Walking into a local community hospital where you know the staff makes it easier to handle paperwork and feel less anxious.”
- “Nashoba was the hub of the community - you could just go there and ask questions.”

## 9. Veteran Specific Concerns



**NVMC compounded barriers started after previous closure of nearby VA hospital** – Veterans expressed a loss of faith in health care and the government's role and ability to look out for the needs of residents in the region. Frustration with the state and Steward's leadership and lack of accountability and planning.

- “The politicians only cared when the cameras were on. As soon as they left, so did the support.”
- “My faith in the system is shot. It should never have gotten to this point.”
- “The state threw us under the bus. They monitor everything else—why didn't they monitor Steward to prevent this disaster?”
- “The other day, I got a bill from Steward. As far as I'm concerned, they can go to De La Torre and have him pay it. The audacity of them sending me a bill after everything!”



## Recommendations

# Recommendations – Emergency and Urgent Care



Restoration of emergency care, diagnostic services and facilities for outpatient procedures including imaging, bloodwork and rapid diagnostics.

“An emergency room “with beds” - and a licensed, useable helipad.”

“Strengthened EMS capacity, including staffed ambulances and supplies.”

“Rapid access to diagnostic tools like CAT scanners.”

“We need an ER to stabilize patients. That’s the top priority.”

“Daytime surgery is very significant because you might not be strong enough to head home for long distances.”

# Recommendations – Centralized Care



Centralized health care navigation services to help with immediate navigation needs.

“An Ombudsman program to guide residents in navigating health care access.”

“Set up an Ombudsman program so we have a single number to call instead of running around in circles.”

# Recommendations - Transportation



Enhanced transportation options to distant care facilities that are affordable and accessible.  
Expanded van services for senior and disabled residents.

“Transportation must be addressed immediately—people are unable to get to appointments.”

“In Pepperell, Townsend and other nearby towns, they’re turning away as many as 30 rides per day.”

“If the hospital isn’t coming back, we need centralized transportation—like a shuttle service—to get people to hospitals they’re forced to use now. It would reduce the stress for families, especially older adults.”

# Recommendations – Specialty Care



Enhanced access to specialists like cardiologists, neurologists, and endocrinologists with prioritization of dementia care and mental health services.

“A year from now, we need access to services like physical therapy, cancer treatment and endocrinology locally.”

“Behavioral health services, especially for dementia patients, need to be a priority in long-term planning.”

# Recommendations – Triage Hotline



## General triage hotline

“Could there be a general hotline—state-funded—that anyone could call? A triage line where nurses can say, 'Here's what you should do, here's where you can go.' It would help people without access to an ER.”



# Recommendations – Preventative services



Community-based programs and preventative services - volunteer support networks, resource hubs, and local health education programs to provide critical assistance, ensuring residents maintain access to care and essential resources.

“We need more programs like 'Neighbors Helping Neighbors'—where volunteers take people to doctor appointments, pick up medications, and offer grocery services. It’s human-centered and helps fill gaps.”

“The building left behind could be used for something urgent and practical—like an urgent care center or a resource hub that provides transportation and connects people to other services.”

“If we’re not going to get a hospital back, we need alternatives to keep people healthy—like local programs for screenings, home delivery pharmacies, and education on available services.”

# Recommendations – Accessibility



Participants suggested reopening a hospital or similar local health care facility.

“We need the hospital to reopen. Otherwise, this mess will continue.”

# Recommendations – Policy Advocacy



Systemic and policy reforms - participants stressed the importance of involving policymakers to create sustainable health care solutions.

“Policymakers need to be involved to create long-term solutions that actually work.”

“Behavioral health services, especially for dementia patients, need to be a priority in long-term planning.”

“Home care would be amazing. Home visits as well.”

# Funding Support



Thank you to the funders of the NVMC closure program



North Central  
Massachusetts

Uber

