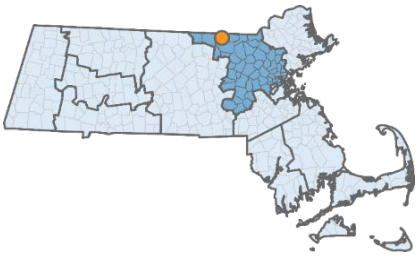
Pepperell (Middlesex)

Pepperell is a rural community situated 35 miles northwest of Boston adjacent to the New Hampshire border with 1,544 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents of Pepperell have lower rates of high cholesterol, bipolar disorders, schizophrenia and other psychotic disorders, personality disorders, substance use disorder, osteoarthritis and rheumatoid arthritis, osteoporosis, prostate cancer, benign prostatic hyperplasia, anemia, traumatic brain injury, glaucoma, cataract, ulcers, and hearing impairment. However, they have higher rates of excessive drinking, ischemic heart disease, and atrial fibrillation. They are also less likely to live in a non-smoking home. Community resources to promote healthy aging include a Council on Aging and a recreation department.



POPULATION CHARACTERISTICS

	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		12,031	6,742,143
Population 60 years or older as % of total population		20.3%	21.2%
Total population 60 years or older		2,445	1,428,144
Population 65 years or older as % of total population		12.8%	15.1%
Total population 65 years or older		1,544	1,016,679
% 65-74 years		59.3%	55.3%
% 75-84 years		29.9%	29.4%
% 85 years or older		10.8%	15.2%
Gender (65+ population)			
% female		57.9%	57.2%
Race/Ethnicity (65+ population)			
% White		97.3%	90.0%
% African American		0.6%	4.3%
% Asian		2.1%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		1.4%	3.8%
Marital Status (65+ population)			
% married		53.8%	52.5%
% divorced/separated		15.5%	14.0%
% widowed		27.5%	25.5%
% never married		3.1%	8.0%
Education (65+ population)			
% with less than high school education		21.0%	16.5%
% with high school or some college		52.8%	52.6%
% with college degree		26.1%	30.9%
% of 60+ LGBT (county)		3.1%	3.2%
% of 65+ population living alone		26.9%	30.2%
% of 65+ population who speak only English at home		95.3%	83.3%
% of 65+ population who are veterans of military service		19.4%	18.8%
Age-sex adjusted 1-year mortality rate	W	6.1%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		2.9%	3.6%
% moved from different county in Massachusetts		1.2%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		79.7%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		25.0%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		61.7%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.1%	20.8%
% 60+ getting recommended hours of sleep		64.0%	62.7%
% 60+ injured in a fall within last 12 months		9.9%	10.6%
% 65+ had hip fracture		3.1%	3.7%
% 60+ with self-reported fair or poor health status		13.6%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.4%	12.7%
% 60+ with physical exam/check-up in past year		91.1%	89.3%
% 60+ met CDC preventive health screening goals		37.4%	35.0%
% 60+ flu shot past year		64.4%	60.8%
% 65+ with pneumonia vaccine		78.8%	72.0%
% 60+ with shingles vaccine		46.0%	39.7%
% 60+ with cholesterol screening		95.8%	95.7%
% 60+ women with a mammogram within last 2 years		86.1%	84.8%
% 60+ with colorectal cancer screening		62.4%	63.3%
% 60+ with HIV test		15.6%	15.6%
% 60+ current smokers		6.4%	8.5%
% 60+ living in a home where smoking is not allowed	B	91.0%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		28.4%	32.5%
% 60+ with annual dental exam		77.0%	77.5%
# of dentists per 100,000 persons (all ages)		25	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		22.7%	21.5%
% 60+ self-reported obese		24.5%	23.1%
% 65+ clinically diagnosed obese		18.9%	19.0%
% 65+ with high cholesterol	B	70.8%	75.0%
% 60+ excessive drinking	W	15.9%	9.3%
% 65+ with poor supermarket access		15.8%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.7%	7.0%
% 65+ with depression		29.4%	31.5%
% 65+ with anxiety disorders		24.4%	25.4%
% 65+ with bipolar disorders	B	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.0%	1.8%
% 65+ with schizophrenia & other psychotic disorders	B	4.9%	5.9%
% 65+ with personality disorders	B	0.8%	1.4%
# opioid deaths (all ages)		2	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)	B	4.9%	6.6%
% 65+ with tobacco use disorders		10.9%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		11.5%	13.6%
% 65+ with diabetes		33.0%	31.7%
% 65+ with stroke		10.8%	12.0%
% 65+ with chronic obstructive pulmonary disease		20.8%	21.5%
% 65+ with asthma		14.4%	15.0%
% 65+ with hypertension		73.5%	76.2%
% 65+ ever had a heart attack		5.6%	4.6%
% 65+ with ischemic heart disease	W	44.4%	40.2%
% 65+ with congestive heart failure		24.8%	22.4%
% 65+ with atrial fibrillation	W	18.8%	15.9%
% 65+ with peripheral vascular disease		16.9%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	B	46.4%	52.4%
% 65+ with osteoporosis	B	16.5%	20.7%
% 65+ with leukemias and lymphomas		2.4%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		3.2%	2.9%
% 65+ women with breast cancer		10.3%	10.9%
% 65+ women with endometrial cancer		1.9%	1.9%
% 65+ men with prostate cancer	B	10.7%	13.8%
% 65+ with benign prostatic hyperplasia	B	31.8%	40.9%
% 65+ with HIV/AIDS		0.1%	0.2%
% 65+ with hypothyroidism		21.3%	21.1%
% 65+ with anemia	B	40.5%	46.6%
% 65+ with chronic kidney disease		26.4%	27.3%
% 65+ with liver diseases		8.5%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.6%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		3.8%	4.6%
% 65+ with epilepsy		3.0%	2.9%
% 65+ with traumatic brain injury	B	0.9%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	B	22.7%	25.7%
% 65+ with cataract	B	56.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer	B	6.4%	8.5%
% 65+ with 4+ (out of 15) chronic conditions		57.6%	60.7%
% 65+ with 0 chronic conditions	B	11.0%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		15.1%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	B	10.5%	16.1%
% 65+ with self-reported vision difficulty		6.3%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment		1.1%	1.5%
% 65+ with self-reported cognition difficulty		7.8%	8.3%
% 65+ with self-reported ambulatory difficulty		15.0%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.5%	3.9%
% 65+ with self-reported self-care difficulty		7.2%	7.9%
% 65+ with self-reported independent living difficulty		15.2%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	27.1%	23.1%
% dually eligible for Medicare and Medicaid	*	9.6%	16.7%
% 60+ with a regular doctor		94.5%	96.4%
% 60+ who did not see doctor when needed due to cost		3.0%	4.1%
# of primary care providers within 5 miles		12	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		1	399
# of home health agencies		21	299
# of community health centers		0	116
# of adult day health centers		0	131
# of memory cafes		0	95
# of dementia-related support groups		0	136
SERVICE UTILIZATION			
Physician visits per year		7.8	7.8
Emergency room visits/1000 persons 65+ years per year		711	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	48.7	52.4
Home health visits per year	*	2.8	4.0
Durable medical equipment claims per year		2.3	1.9
Inpatient hospital stays/1000 persons 65+ years per year		295	294
Medicare inpatient hospital readmissions (as % of admissions)		17.4%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		105	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.3%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		0	N/A
Open space in community		15.2%	18.0%
Walkability score of community (0-100)		54	N/A
% of grandparents raising grandchildren		2.2%	0.8%
% of grandparents who live with grandchildren		5.4%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		5.6%	9.8%
# of universities and community colleges		0	163
# of public libraries		1	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		98.0%	97.0%
% 60+ who used Internet in last month		77.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		75.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		202	396
Homicide rate /100,000 persons (county)		1	2
# firearm fatalities (county)		145	1,126
Property crime rate /100,000 persons		956	1,825
% of licensed drivers who are age 61+		29.9%	28.7%
% 65+ who own a motor vehicle		95.4%	82.4%
% 60+ who always drive wearing a seatbelt		86.9%	86.3%
# of fatal crashes involving adult age 60+/town		1	529
# of fatal crashes involving adult age 60+/county		86	529
Total # of all crashes involving adult age 60+/town		200	132,351
# of senior transportation providers		2	324
# of medical transportation services for older people		4	268
# of nonmedical transportation services for older people		16	252
Summary transportation performance score		0.0	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		4.8%	8.7%
% 60+ receiving food stamps past year		6.2%	12.3%
% 65+ employed past year		15.5%	24.3%
Household income (65+ householder)			
% households with annual income < $20,000		18.5%	23.6%
% households with annual income $20,000-$49,999		45.8%	32.5%
% households with annual income > $50,000		35.7%	43.9%
% 60+ own home		82.6%	72.7%
% 60+ have mortgage on home		40.5%	34.1%
% 65+ households spend >35% of income on housing (renter)		6.3%	11.6%
% 65+ households spend >35% of income on housing (owner)		23.6%	20.4%
COST OF LIVING	**$ COUNTY ESTIMATE**	**$ STATE ESTIMATE**	**RATIO (COUNTY/STATE)**
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	$25,056	$24,636	1.02
Single, renter, good health	$29,184	$28,248	1.03
Couple, homeowner without mortgage, good health	$35,688	$36,168	0.99
Couple, renter, good health	$39,816	$39,780	1.00

TECHNICAL NOTES

**See our technical report (online at http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical) for comprehensive information on data sources, measures, methodology, and margin of errors.*

*For most indicators the reported community and state values are both estimates derived from sample data. Thus, it is possible that some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms "better" and "worse" to highlight differences between community and state estimates that we are confident are not due to chance. "Better" is used where a higher/lower value has positive implications for the health of older residents. "Worse" is used where a higher/lower score has negative implications for the health of older people, and when the implication is unclear we use an *.*

General Notes

We balance two goals. First, we aim to report data at very local levels because we believe change is often locally driven. Second, we vowed to protect the privacy of the people providing the information reported. Thus, given the constraints of the data analyzed we used a hierarchical approach to reporting. When possible we report estimates for 379 geographic units (i.e., every Massachusetts city/town and 16 Boston neighborhoods, 6 Worcester neighborhoods, and 6 Springfield neighborhoods). For example, the population characteristics and information from the US Census were reported for all 379 units. For other data (i.e., highly prevalent chronic disease, health services utilization) we could report for 310 geographic units. For less prevalent conditions we report for 201 geographic units. For the BRFSS data we report for 41 geographic units, and for the lowest prevalence conditions (e.g., HIV) we report for 18 geographic units. The same estimate is reported for all cities/towns within aggregated geographic areas. Maps of the different geographic groupings and the rationale behind the groupings are in the Technical Report.

Data Sources. The Technical Report describes the all of the data sources for the report, but three to note are: (1) the American Community Survey (2012-2016); (2) Centers for Medicare and Medicaid Services Master Beneficiary Summary File (2014-2015); and (3) The Behavioral Risk Factor Surveillance System (2010-2015).

Healthy Aging Data Report Team. Many people contributed to this research. The 2018 research team: Beth Dugan PhD, Frank Porell PhD, Nina Silverstein PhD, Chae Man Lee PhD, Shuang Shuang Wang PhD, Bon Kim, Natalie Pitheckoff, Haowei Wang, Sae Hwang Han, Richard Chunga, & Shiva Prisad from the Gerontology Institute in the McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston. The Tufts Health Plan Foundation supported the research and provided important guidance. We thank our Advisory Committee members for contributing ideas and advice on how to make the Data Report best address the needs of Massachusetts. We thank our colleagues at JSI for their continued partnership. Questions or suggestions? Beth.dugan@umb.edu