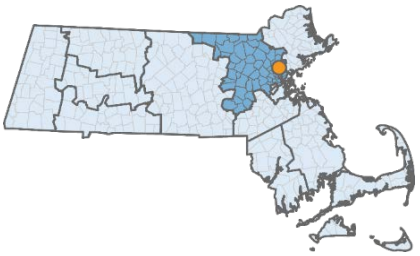
Stoneham (Middlesex)

Stoneham is a town 9 miles north of Boston with 4,078 residents aged 65 and older. The transit score suggests that there is some transit (4/10). Compared to state averages, older residents have lower rates of tobacco use disorders and epilepsy. However, older residents have higher rates of high cholesterol, hypertension, ischemic heart disease, congestive heart failure, osteoporosis, chronic kidney disease, glaucoma, and cataract. Community resources to promote healthy aging include a Council on Aging walking club and a Parks and Recreation department. Stoneham has one memory café and has been designated an Age-Friendly Community.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		21,831	6,742,143
Population 60 years or older as % of total population		26.0%	21.2%
Total population 60 years or older		5,667	1,428,144
Population 65 years or older as % of total population		18.7%	15.1%
Total population 65 years or older		4,078	1,016,679
% 65-74 years		51.9%	55.3%
% 75-84 years		31.6%	29.4%
% 85 years or older		16.5%	15.2%
Gender (65+ population)			
% female		52.1%	57.2%
Race/Ethnicity (65+ population)			
% White		99.8%	90.0%
% African American		0.2%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.3%	3.8%
Marital Status (65+ population)			
% married		53.8%	52.5%
% divorced/separated		15.6%	14.0%
% widowed		26.3%	25.5%
% never married		4.3%	8.0%
Education (65+ population)			
% with less than high school education		14.2%	16.5%
% with high school or some college		59.3%	52.6%
% with college degree		26.5%	30.9%
% of 60+ LGBT (county)		3.1%	3.2%
% of 65+ population living alone		31.1%	30.2%
% of 65+ population who speak only English at home		89.0%	83.3%
% of 65+ population who are veterans of military service		23.2%	18.8%
Age-sex adjusted 1-year mortality rate		4.2%	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		6.4%	3.6%
% moved from different county in Massachusetts		1.1%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		69.8%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		23.8%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		54.8%	56.8%
% 60+ met CDC guidelines for both types of physical activities		17.8%	20.8%
% 60+ getting recommended hours of sleep		63.9%	62.7%
% 60+ injured in a fall within last 12 months		9.5%	10.6%
% 65+ had hip fracture		3.8%	3.7%
% 60+ with self-reported fair or poor health status		15.5%	18.0%
% 60+ with 15+ physically unhealthy days last month		11.1%	12.7%
% 60+ with physical exam/check-up in past year		88.8%	89.3%
% 60+ met CDC preventive health screening goals		38.2%	35.0%
% 60+ flu shot past year	W	51.5%	60.8%
% 65+ with pneumonia vaccine		77.7%	72.0%
% 60+ with shingles vaccine		43.3%	39.7%
% 60+ with cholesterol screening		94.9%	95.7%
% 60+ women with a mammogram within last 2 years		85.8%	84.8%
% 60+ with colorectal cancer screening		66.8%	63.3%
% 60+ with HIV test		12.0%	15.6%
% 60+ current smokers		9.1%	8.5%
% 60+ living in a home where smoking is not allowed		79.1%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		33.1%	32.5%
% 60+ with annual dental exam		78.2%	77.5%
# of dentists per 100,000 persons (all ages)		147	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		19.3%	21.5%
% 60+ self-reported obese		30.1%	23.1%
% 65+ clinically diagnosed obese		20.6%	19.0%
% 65+ with high cholesterol	W	77.3%	75.0%
% 60+ excessive drinking		7.7%	9.3%
% 65+ with poor supermarket access		7.9%	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		4.0%	7.0%
% 65+ with depression		30.9%	31.5%
% 65+ with anxiety disorders		25.2%	25.4%
% 65+ with bipolar disorders		4.3%	4.5%
% 65+ with post-traumatic stress disorder		1.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders		6.2%	5.9%
% 65+ with personality disorders		1.4%	1.4%
# opioid deaths (all ages)		6	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.2%	6.6%
% 65+ with tobacco use disorders	B	8.8%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		14.3%	13.6%
% 65+ with diabetes		32.5%	31.7%
% 65+ with stroke		11.9%	12.0%
% 65+ with chronic obstructive pulmonary disease		20.6%	21.5%
% 65+ with asthma		15.1%	15.0%
% 65+ with hypertension	W	78.6%	76.2%
% 65+ ever had a heart attack		5.3%	4.6%
% 65+ with ischemic heart disease	W	44.4%	40.2%
% 65+ with congestive heart failure	W	26.3%	22.4%
% 65+ with atrial fibrillation		16.2%	15.9%
% 65+ with peripheral vascular disease		19.3%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis		53.9%	52.4%
% 65+ with osteoporosis	W	22.3%	20.7%
% 65+ with leukemias and lymphomas		2.8%	2.3%
% 65+ with lung cancer		2.4%	2.1%
% 65+ with colon cancer		3.3%	2.9%
% 65+ women with breast cancer		12.0%	10.9%
% 65+ women with endometrial cancer		1.9%	1.9%
% 65+ men with prostate cancer		13.7%	13.8%
% 65+ with benign prostatic hyperplasia		40.9%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		21.8%	21.1%
% 65+ with anemia		48.0%	46.6%
% 65+ with chronic kidney disease	W	29.8%	27.3%
% 65+ with liver diseases		8.1%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		21.2%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.6%	4.6%
% 65+ with epilepsy	B	2.1%	2.9%
% 65+ with traumatic brain injury		1.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	W	27.8%	25.7%
% 65+ with cataract	W	69.5%	65.4%
% 65+ with pressure ulcer or chronic ulcer		8.9%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	W	63.6%	60.7%
% 65+ with 0 chronic conditions		6.5%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		15.2%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		16.8%	16.1%
% 65+ with self-reported vision difficulty		4.6%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment		1.6%	1.5%
% 65+ with self-reported cognition difficulty		7.3%	8.3%
% 65+ with self-reported ambulatory difficulty		19.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		4.2%	3.9%
% 65+ with self-reported self-care difficulty		5.4%	7.9%
% 65+ with self-reported independent living difficulty		12.9%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		24.1%	23.1%
% dually eligible for Medicare and Medicaid	*	10.6%	16.7%
% 60+ with a regular doctor		96.3%	96.4%
% 60+ who did not see doctor when needed due to cost		4.4%	4.1%
# of primary care providers within 5 miles		292	10,333
# of hospitals within 5 miles		2	66
# of nursing homes within 5 miles		12	399
# of home health agencies		37	299
# of community health centers		0	116
# of adult day health centers		0	131
# of memory cafes		1	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	*	715	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year		51.5	52.4
Home health visits per year		4.2	4.0
Durable medical equipment claims per year	*	1.7	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	342	294
Medicare inpatient hospital readmissions (as % of admissions)		17.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	130	106
# skilled nursing home Medicare beds/1000 persons 65+ years		58	43
% 65+ getting Medicaid long term services and supports		4.5%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Yes	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		0	N/A
Open space in community		26.4%	18.0%
Walkability score of community (0-100)		48	N/A
% of grandparents raising grandchildren		0.5%	0.8%
% of grandparents who live with grandchildren		1.8%	2.9%
# of assisted living sites		2	238
% of vacant homes in community		2.9%	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		71.3%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		77.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		114	396
Homicide rate /100,000 persons (county)		1	2
# firearm fatalities (county)		145	1,126
Property crime rate /100,000 persons		962	1,825
% of licensed drivers who are age 61+		33.0%	28.7%
% 65+ who own a motor vehicle		89.7%	82.4%
% 60+ who always drive wearing a seatbelt		86.6%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		86	529
Total # of all crashes involving adult age 60+/town		363	132,351
# of senior transportation providers		7	324
# of medical transportation services for older people		7	268
# of nonmedical transportation services for older people		19	252
Summary transportation performance score		4.4	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		7.1%	8.7%
% 60+ receiving food stamps past year		7.6%	12.3%
% 65+ employed past year		22.0%	24.3%
Household income (65+ householder)			
% households with annual income < $20,000		19.1%	23.6%
% households with annual income $20,000-$49,999		37.1%	32.5%
% households with annual income > $50,000		43.8%	43.9%
% 60+ own home		65.0%	72.7%
% 60+ have mortgage on home		29.5%	34.1%
% 65+ households spend >35% of income on housing (renter)		16.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		16.2%	20.4%
COST OF LIVING	**$ 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