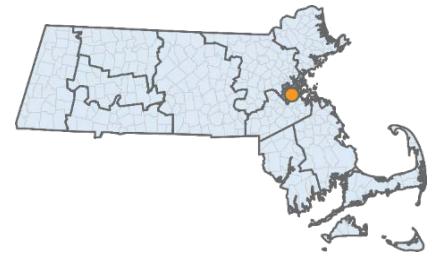


## Allston Brighton (Suffolk)

The Allston-Brighton neighborhoods of Boston have 6,534 residents aged 65 or older. The transit score suggests that this neighborhood is a “Rider’s Paradise” (9/10). Compared to state averages, older residents of Allston-Brighton do better on many indicators of healthy aging having lower rates of tooth loss, tobacco use disorder, chronic obstructive pulmonary disease, and asthma. However, they have higher rates of hip fracture, depression, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, personality disorders, Alzheimer’s disease, diabetes, hypertension, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, osteoarthritis and rheumatoid arthritis, osteoporosis, benign prostatic hyperplasia, hypothyroidism, anemia, chronic kidney disease, liver diseases, glaucoma, cataract, ulcers, hearing impairment, and visual impairment. Community resources to promote healthy aging include a Council on Aging, YMCA, cultural council, and lifelong learning opportunities.



<b>POPULATION CHARACTERISTICS</b>	<b>BETTER / WORSE STATE RATE<sup>1</sup></b>	<b>COMMUNITY ESTIMATE</b>	<b>STATE ESTIMATE</b>
Total population all ages		68,454	6,742,143
Population 60 years or older as % of total population		12.5%	21.2%
Total population 60 years or older		8,583	1,428,144
Population 65 years or older as % of total population		9.5%	15.1%
Total population 65 years or older		6,534	1,016,679
% 65-74 years		47.2%	55.3%
% 75-84 years		36.2%	29.4%
% 85 years or older		16.6%	15.2%
Gender (65+ population)			
% female		62.1%	57.2%
Race/Ethnicity (65+ population)			
% White		75.9%	90.0%
% African American		4.5%	4.3%
% Asian		15.0%	3.2%
% Other		4.6%	2.5%
% Hispanic/Latino		8.5%	3.8%
Marital Status (65+ population)			
% married		37.4%	52.5%
% divorced/separated		15.1%	14.0%
% widowed		25.7%	25.5%
% never married		21.8%	8.0%
Education (65+ population)			
% with less than high school education		27.4%	16.5%
% with high school or some college		40.4%	52.6%
% with college degree		32.2%	30.9%
% of 60+ LGBT (county)	*	7.8%	3.2%
% of 65+ population living alone		49.6%	30.2%
% of 65+ population who speak only English at home		50.3%	83.3%
% of 65+ population who are veterans of military service		7.6%	18.8%
Age-sex adjusted 1-year mortality rate		4.0%	4.2%

<b>HEALTHY AGING INDICATORS</b>	<b>BETTER / WORSE STATE RATE<sup>1</sup></b>	<b>COMMUNITY ESTIMATE</b>	<b>STATE ESTIMATE</b>
<b>Geographic Migration (65+ population) in the past 12 months</b>			
% moved within same county		3.1%	3.6%
% moved from different county in Massachusetts		4.3%	1.1%
% moved from different state		0.2%	0.8%
<b>WELLNESS &amp; PREVENTION</b>			
% 60+ with any physical activity within last month		76.8%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		28.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.9%	56.8%
% 60+ met CDC guidelines for both types of physical activities		22.0%	20.8%
% 60+ getting recommended hours of sleep		69.6%	62.7%
% 60+ injured in a fall within last 12 months		10.3%	10.6%
% 65+ had hip fracture	W	5.1%	3.7%
% 60+ with self-reported fair or poor health status		17.7%	18.0%
% 60+ with 15+ physically unhealthy days last month		12.7%	12.7%
% 60+ with physical exam/check-up in past year		86.7%	89.3%
% 60+ met CDC preventive health screening goals		35.8%	35.0%
% 60+ flu shot past year		66.8%	60.8%
% 65+ with pneumonia vaccine		71.9%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		92.2%	95.7%
% 60+ women with a mammogram within last 2 years		85.6%	84.8%
% 60+ with colorectal cancer screening		67.4%	63.3%
% 60+ with HIV test	*	26.9%	15.6%
% 60+ current smokers		8.2%	8.5%
% 60+ living in a home where smoking is not allowed		87.3%	84.7%
<b>Oral Health</b>			
% 60+ with loss of 6 or more teeth	B	25.8%	32.5%
% 60+ with annual dental exam		81.8%	77.5%
# of dentists per 100,000 persons (all ages)		63	84
<b>NUTRITION/DIET</b>			
% 60+ with 5 or more servings of fruit or vegetables per day		21.5%	21.5%
% 60+ self-reported obese		16.8%	23.1%
% 65+ clinically diagnosed obese		18.9%	19.0%
% 65+ with high cholesterol		74.1%	75.0%
% 60+ excessive drinking		10.8%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

<b>HEALTHY AGING INDICATORS</b>	<b>BETTER / WORSE STATE RATE<sup>1</sup></b>	<b>COMMUNITY ESTIMATE</b>	<b>STATE ESTIMATE</b>
<b>BEHAVIORAL HEALTH</b>			
% 60+ with 15+ days poor mental health last month		5.1%	7.0%
% 65+ with depression	W	41.7%	31.5%
% 65+ with anxiety disorders	W	28.7%	25.4%
% 65+ with bipolar disorders	W	6.4%	4.5%
% 65+ with post-traumatic stress disorder		2.1%	1.8%
% 65+ with schizophrenia & other psychotic disorders	W	8.9%	5.9%
% 65+ with personality disorders	W	2.4%	1.4%
# opioid deaths (all ages)		187	1,873
% 65+ with substance use disorders (drug use +/- alcohol abuse)		7.1%	6.6%
% 65+ with tobacco use disorders	B	8.7%	10.2%
<b>CHRONIC DISEASE</b>			
% 65+ with Alzheimer's disease or related dementias	W	19.8%	13.6%
% 65+ with diabetes	W	43.8%	31.7%
% 65+ with stroke		12.3%	12.0%
% 65+ with chronic obstructive pulmonary disease	B	19.6%	21.5%
% 65+ with asthma	B	13.4%	15.0%
% 65+ with hypertension	W	79.9%	76.2%
% 65+ ever had a heart attack		4.4%	4.6%
% 65+ with ischemic heart disease	W	51.5%	40.2%
% 65+ with congestive heart failure	W	30.3%	22.4%
% 65+ with atrial fibrillation	W	18.2%	15.9%
% 65+ with peripheral vascular disease	W	24.9%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	W	56.2%	52.4%
% 65+ with osteoporosis	W	24.0%	20.7%
% 65+ with leukemias and lymphomas		2.5%	2.3%
% 65+ with lung cancer		2.1%	2.1%
% 65+ with colon cancer		3.5%	2.9%
% 65+ women with breast cancer		10.9%	10.9%
% 65+ women with endometrial cancer		2.3%	1.9%
% 65+ men with prostate cancer		13.6%	13.8%
% 65+ with benign prostatic hyperplasia	W	44.8%	40.9%
% 65+ with HIV/AIDS	*	0.5%	0.2%
% 65+ with hypothyroidism	W	25.3%	21.1%
% 65+ with anemia	W	54.6%	46.6%
% 65+ with chronic kidney disease	W	32.4%	27.3%
% 65+ with liver diseases	W	11.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.4%	19.8%

<b>HEALTHY AGING INDICATORS</b>	<b>BETTER / WORSE STATE RATE<sup>1</sup></b>	<b>COMMUNITY ESTIMATE</b>	<b>STATE ESTIMATE</b>
% 65+ with migraine and other chronic headache		4.7%	4.6%
% 65+ with epilepsy		3.5%	2.9%
% 65+ with traumatic brain injury		1.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	W	32.2%	25.7%
% 65+ with cataract	W	69.0%	65.4%
% 65+ with pressure ulcer or chronic ulcer	W	11.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	W	66.1%	60.7%
% 65+ with 0 chronic conditions		7.4%	7.3%
<b>LIVING WITH DISABILITY</b>			
% 65+ with self-reported hearing difficulty		20.2%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	W	19.4%	16.1%
% 65+ with self-reported vision difficulty		11.0%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	W	2.5%	1.5%
% 65+ with self-reported cognition difficulty		16.6%	8.3%
% 65+ with self-reported ambulatory difficulty		30.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		4.5%	3.9%
% 65+ with self-reported self-care difficulty		15.0%	7.9%
% 65+ with self-reported independent living difficulty		24.5%	14.3%
<b>ACCESS TO CARE</b>			
Medicare (65+ population)			
% Medicare managed care enrollees	*	25.6%	23.1%
% dually eligible for Medicare and Medicaid	*	46.1%	16.7%
% 60+ with a regular doctor		93.2%	96.4%
% 60+ who did not see doctor when needed due to cost		3.1%	4.1%
# of primary care providers within 5 miles		303	10,333
# of hospitals within 5 miles		10	66
# of nursing homes within 5 miles		19	399
# of home health agencies		45	299
# of community health centers		1	116
# of adult day health centers		6	131
# of memory cafes		1	95
# of dementia-related support groups		0	136
<b>SERVICE UTILIZATION</b>			
Physician visits per year	*	8.2	7.8
Emergency room visits/1000 persons 65+ years per year		664	639

<b>HEALTHY AGING INDICATORS</b>	<b>BETTER / WORSE STATE RATE<sup>1</sup></b>	<b>COMMUNITY ESTIMATE</b>	<b>STATE ESTIMATE</b>
Part D monthly prescription fills per person per year	*	63.0	52.4
Home health visits per year	*	10.4	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year		312	294
Medicare inpatient hospital readmissions (as % of admissions)		17.1%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	143	106
# skilled nursing home Medicare beds/1000 persons 65+ years		60	43
% 65+ getting Medicaid long term services and supports	*	14.2%	4.9%
<b>COMMUNITY VARIABLES &amp; CIVIC ENGAGEMENT</b>			
Age-friendly efforts in community		Yes	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		0	N/A
Open space in community		8.9%	18.0%
Walkability score of community (0-100)		84	N/A
% of grandparents raising grandchildren		0.3%	0.8%
% of grandparents who live with grandchildren		1.5%	2.9%
# of assisted living sites		2	238
% of vacant homes in community		9.7%	9.8%
# of universities and community colleges		3	163
# of public libraries		3	470
# of YMCAs		1	83
% in county with access to broadband (all ages)		97.0%	97.0%
% 60+ who used Internet in last month		76.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		64.1%	71.3%
<b>SAFETY &amp; TRANSPORTATION</b>			
Violent crime rate /100,000 persons		738	396
Homicide rate /100,000 persons (county)		7	2
# firearm fatalities (county)		209	1,126
Property crime rate /100,000 persons		2,576	1,825
% of licensed drivers who are age 61+		18.5%	28.7%
% 65+ who own a motor vehicle		49.9%	82.4%
% 60+ who always drive wearing a seatbelt		87.9%	86.3%
# of fatal crashes involving adult age 60+/town		24	529
# of fatal crashes involving adult age 60+/county		25	529
Total # of all crashes involving adult age 60+/town		2,851	132,351
# of senior transportation providers		87	324
# of medical transportation services for older people		108	268
# of nonmedical transportation services for older people		221	252
Summary transportation performance score		9.4	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
<b>ECONOMIC &amp; HOUSING VARIABLES</b>			
% 65+ with income below the poverty line past year		24.0%	8.7%
% 60+ receiving food stamps past year		31.3%	12.3%
% 65+ employed past year		14.6%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		43.9%	23.6%
% households with annual income \$20,000-\$49,999		29.3%	32.5%
% households with annual income > \$50,000		26.8%	43.9%
% 60+ own home		39.3%	72.7%
% 60+ have mortgage on home		14.7%	34.1%
% 65+ households spend >35% of income on housing (renter)		18.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		10.9%	20.4%
<b>COST OF LIVING</b>	<b>\$ COUNTY ESTIMATE</b>	<b>\$ STATE ESTIMATE</b>	<b>RATIO (COUNTY/STATE)</b>
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$24,252	\$24,636	0.98
Single, renter, good health	\$29,796	\$28,248	1.05
Couple, homeowner without mortgage, good health	\$34,872	\$36,168	0.96
Couple, renter, good health	\$40,416	\$39,780	1.02

#### 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 Prasad 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](mailto:Beth.dugan@umb.edu)