# Ashfield (Franklin)

Ashfield is a rural town in western Massachusetts near Springfield with 311 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Ashfield residents do better than state averages on multiple indicators of healthy aging. They have lower rates of hip fracture, obesity, high cholesterol, depression, anxiety disorders, bipolar disorders, schizophrenia/other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, stroke, COPD, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, leukemias/lymphomas, lung cancer, colon cancer, benign prostatic hyperplasia, osteoporosis, hypothyroidism, anemia, chronic kidney disease, liver diseases, fibromyalgia, traumatic brain injury, ulcers, and visual impairment. However, Ashfield has a higher than state rate for post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging and a Parks and Recreation department.





POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,609	6,742,143
Population 60 years or older as % of total population		30.7%	21.2%
Total population 60 years or older		494	1,428,144
Population 65 years or older as % of total population		19.3%	15.1%
Total population 65 years or older		311	1,016,679
% 65-74 years		73.0%	55.3%
% 75-84 years		15.1%	29.4%
% 85 years or older		11.9%	15.2%
Gender (65+ population)			
% female		61.4%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		60.1%	52.5%
% divorced/separated		11.9%	14.0%
% widowed		24.1%	25.5%
% never married		3.9%	8.0%
Education (65+ population)			
% with less than high school education		3.2%	16.5%
% with high school or some college		54.0%	52.6%
% with college degree		42.8%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		25.1%	30.2%
% of 65+ population who speak only English at home		97.1%	83.3%
% of 65+ population who are veterans of military service		18.3%	18.8%
Age-sex adjusted 1-year mortality rate	В	2.4%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.3%	3.6%
% moved from different county in Massachusetts		1.0%	1.1%
% moved from different state		1.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	14.4%	19.0%
% 65+ with high cholesterol	В	55.3%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.1%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	23.2%	31.5%
% 65+ with anxiety disorders	В	16.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders	В	7.2%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	6.8%	13.6%
% 65+ with diabetes	В	17.7%	31.7%
% 65+ with stroke	В	8.4%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	10.1%	21.5%
% 65+ with asthma	В	10.9%	15.0%
% 65+ with hypertension	В	59.0%	76.2%
% 65+ ever had a heart attack	В	2.0%	4.6%
% 65+ with ischemic heart disease	В	28.9%	40.2%
% 65+ with congestive heart failure	В	14.2%	22.4%
% 65+ with atrial fibrillation	В	10.5%	15.9%
% 65+ with peripheral vascular disease	В	8.7%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	40.3%	52.4%
% 65+ with osteoporosis	В	10.5%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		8.7%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer		10.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	30.2%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	В	15.5%	21.1%
% 65+ with anemia	В	34.4%	46.6%
% 65+ with chronic kidney disease	В	18.9%	27.3%
% 65+ with liver diseases	В	5.2%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue	В	14.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		23.2%	25.7%
% 65+ with cataract		60.7%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	4.1%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	40.0%	60.7%
% 65+ with 0 chronic conditions	В	16.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.2%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		13.3%	16.1%
% 65+ with self-reported vision difficulty		4.8%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		2.3%	8.3%
% 65+ with self-reported ambulatory difficulty		10.6%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		5.1%	7.9%
% 65+ with self-reported independent living difficulty		6.8%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	19.1%	23.1%
% dually eligible for Medicare and Medicaid	*	8.2%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		4	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	*	6.2	7.8
Emergency room visits/1000 persons 65+ years per year	*	353	639

* * * * * * * * * *	36.1 1.2 1.7 142 15.7% 33 0 1.4% Not yet	52.4 4.0 1.9 294 17.9% 106 43 4.9%
*	1.7 142 15.7% 33 0 1.4%	1.9 294 17.9% 106 43
*	142 15.7% 33 0 1.4%	294 17.9% 106 43
*	15.7% 33 0 1.4%	17.9% 106 43
	33 0 1.4%	106 43
	0 1.4%	43
*	1.4%	-
*		4.9%
	Not vet	
	Not vet	
		Yes
	3	N/A
	5.9%	18.0%
	19	N/A
	0.7%	0.8%
	1.2%	2.9%
	0	238
	18.2%	9.8%
	0	163
	1	470
	0	83
	78.0%	97.0%
	71.0%	71.3%
	79.7%	71.3%
	N/A	396
	0	2
	16	1,126
	N/A	1,825
	45.2%	28.7%
	98.4%	82.4%
	84.5%	86.3%
	0	529
	11	529
	20	132,351
	0	324
	0	268
	0	252
	0.0	N/A
		0.7% 1.2% 0 1.2% 0 18.2% 0 1 1 0 1 1 0 78.0% 71.0% 79.7%  N/A 79.7%  N/A 0 16 N/A 45.2% 98.4% 84.5% 0 11 20 0 10 0

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		4.2%	8.7%
% 60+ receiving food stamps past year		3.2%	12.3%
% 65+ employed past year		36.7%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		15.8%	23.6%
% households with annual income \$20,000-\$49,999		41.0%	32.5%
% households with annual income > \$50,000		43.2%	43.9%
% 60+ own home		95.2%	72.7%
% 60+ have mortgage on home		39.4%	34.1%
% 65+ households spend >35% of income on housing (renter)		3.8%	11.6%
% 65+ households spend >35% of income on housing (owner)		20.2%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

## **Bernardston (Franklin)**

FOUNDATION

FOUNDATION

Bernardston is a rural town in western Massachusetts with 510 adults aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Older residents of Bernardston fare better than state averages on a number of healthy aging indicators. This include having lower rates of hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, ischemic heart disease, osteoarthritis and rheumatoid arthritis, osteoporosis, leukemias and lymphomas, anemia, liver diseases, traumatic brain injury, and visual impairment. Community resources to promote healthy aging include a Council on Aging and cultural council.

POPULATION CHARACTERISTICS	BETTER / WORSE	COMMUNITY	STATE
	STATE RATE <sup>1</sup>	ESTIMATE	ESTIMATE
Total population all ages		2,160	6,742,143
Population 60 years or older as % of total population		31.5%	21.2%
Total population 60 years or older		681	1,428,144
Population 65 years or older as % of total population		23.6%	15.1%
Total population 65 years or older		510	1,016,679
% 65-74 years		53.7%	55.3%
% 75-84 years		30.4%	29.4%
% 85 years or older		15.9%	15.2%
Gender (65+ population)			
% female		47.5%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		3.3%	3.8%
Marital Status (65+ population)			
% married		60.6%	52.5%
% divorced/separated		15.1%	14.0%
% widowed		22.4%	25.5%
% never married		2.0%	8.0%
Education (65+ population)			
% with less than high school education		4.3%	16.5%
% with high school or some college		68.0%	52.6%
% with college degree		27.6%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		28.8%	30.2%
% of 65+ population who speak only English at home		98.2%	83.3%
% of 65+ population who are veterans of military service		28.2%	18.8%
Age-sex adjusted 1-year mortality rate		5.1%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		2.2%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		46	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.3%	19.0%
% 65+ with high cholesterol	В	65.3%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		30.2%	31.5%
% 65+ with anxiety disorders	В	19.5%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	6.6%
% 65+ with tobacco use disorders	В	7.2%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	9.8%	13.6%
% 65+ with diabetes	В	23.0%	31.7%
% 65+ with stroke		12.2%	12.0%
% 65+ with chronic obstructive pulmonary disease		20.4%	21.5%
% 65+ with asthma		14.4%	15.0%
% 65+ with hypertension		72.0%	76.2%
% 65+ ever had a heart attack		3.3%	4.6%
% 65+ with ischemic heart disease	В	35.0%	40.2%
% 65+ with congestive heart failure		19.0%	22.4%
% 65+ with atrial fibrillation		16.9%	15.9%
% 65+ with peripheral vascular disease		18.9%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	43.6%	52.4%
% 65+ with osteoporosis	В	12.9%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer		10.0%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer		10.5%	13.8%
% 65+ with benign prostatic hyperplasia		35.7%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		25.3%	21.1%
% 65+ with anemia	В	37.7%	46.6%
% 65+ with chronic kidney disease		27.9%	27.3%
% 65+ with liver diseases	В	4.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		21.4%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		27.7%	25.7%
% 65+ with cataract		70.1%	65.4%
% 65+ with pressure ulcer or chronic ulcer		6.1%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	52.1%	60.7%
% 65+ with 0 chronic conditions	В	10.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		13.5%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		16.9%	16.1%
% 65+ with self-reported vision difficulty		4.9%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		10.6%	8.3%
% 65+ with self-reported ambulatory difficulty		18.2%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		3.9%	7.9%
% 65+ with self-reported independent living difficulty		11.2%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		25.3%	23.1%
% dually eligible for Medicare and Medicaid	*	9.4%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		4	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	*	7.0	7.8
Emergency room visits/1000 persons 65+ years per year		578	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	42.8	52.4
Home health visits per year	*	2.0	4.0
Durable medical equipment claims per year		2.1	1.9
Inpatient hospital stays/1000 persons 65+ years per year		268	294
Medicare inpatient hospital readmissions (as % of admissions)		14.4%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		106	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		21.0%	18.0%
Walkability score of community (0-100)		35	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		1.2%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		5.0%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		76.6%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		110	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		770	1,825
% of licensed drivers who are age 61+		39.1%	28.7%
% 65+ who own a motor vehicle		90.8%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		2	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		46	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.0	N/A
Bernardston (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		8.4%	8.7%
% 60+ receiving food stamps past year		3.2%	12.3%
% 65+ employed past year		27.5%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		23.9%	23.6%
% households with annual income \$20,000-\$49,999		29.7%	32.5%
% households with annual income > \$50,000		46.4%	43.9%
% 60+ own home		85.1%	72.7%
% 60+ have mortgage on home		30.7%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		25.1%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

# **Buckland (Franklin)**

Buckland is a rural town in western Massachusetts with 393 residents aged 65 or older. The transit score indicates minimal transit (1/10). Older residents do better than state averages on many indicators of healthy aging with lower rates of hip fracture, obesity, high cholesterol, depression, anxiety and bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorders, Alzheimer's disease, diabetes, stroke, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, leukemias and lymphomas, lung and colon cancers, osteoporosis, benign prostatic hyperplasia, hypothyroidism, anemia, chronic kidney disease, liver diseases, fibromyalgia, traumatic brain injury, ulcers, and visual impairment. However, they have a higher than state rate for post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging, Cultural Council, a memory café, and lifelong learning opportunities.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,796	6,742,143
Population 60 years or older as % of total population		30.3%	21.2%
Total population 60 years or older		544	1,428,144
Population 65 years or older as % of total population		21.9%	15.1%
Total population 65 years or older		393	1,016,679
% 65-74 years		61.3%	55.3%
% 75-84 years		29.0%	29.4%
% 85 years or older		9.7%	15.2%
Gender (65+ population)			
% female		58.8%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		72.3%	52.5%
% divorced/separated		9.2%	14.0%
% widowed		16.0%	25.5%
% never married		2.5%	8.0%
Education (65+ population)			
% with less than high school education		11.5%	16.5%
% with high school or some college		45.5%	52.6%
% with college degree		43.0%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		24.2%	30.2%
% of 65+ population who speak only English at home		100.0%	83.3%
% of 65+ population who are veterans of military service		17.3%	18.8%
Age-sex adjusted 1-year mortality rate	В	2.4%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	14.4%	19.0%
% 65+ with high cholesterol	В	55.3%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	23.2%	31.5%
% 65+ with anxiety disorders	В	16.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders	В	7.2%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	6.8%	13.6%
% 65+ with diabetes	В	17.7%	31.7%
% 65+ with stroke	В	8.4%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	10.1%	21.5%
% 65+ with asthma	В	10.9%	15.0%
% 65+ with hypertension	В	59.0%	76.2%
% 65+ ever had a heart attack	В	2.0%	4.6%
% 65+ with ischemic heart disease	В	28.9%	40.2%
% 65+ with congestive heart failure	В	14.2%	22.4%
% 65+ with atrial fibrillation	В	10.5%	15.9%
% 65+ with peripheral vascular disease	В	8.7%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	40.3%	52.4%
% 65+ with osteoporosis	В	10.5%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		8.7%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer		10.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	30.2%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	В	15.5%	21.1%
% 65+ with anemia	В	34.4%	46.6%
% 65+ with chronic kidney disease	В	18.9%	27.3%
% 65+ with liver diseases	В	5.2%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue	В	14.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		23.2%	25.7%
% 65+ with cataract		60.7%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	4.1%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	40.0%	60.7%
% 65+ with 0 chronic conditions	В	16.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		14.5%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		13.3%	16.1%
% 65+ with self-reported vision difficulty		0.0%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		7.4%	8.3%
% 65+ with self-reported ambulatory difficulty		15.0%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		12.7%	7.9%
% 65+ with self-reported independent living difficulty		14.8%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	19.1%	23.1%
% dually eligible for Medicare and Medicaid	*	8.2%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		1	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		2	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	*	6.2	7.8
Emergency room visits/1000 persons 65+ years per year	*	353	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	36.1	52.4
Home health visits per year	*	1.2	4.0
Durable medical equipment claims per year		1.7	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	142	294
Medicare inpatient hospital readmissions (as % of admissions)		15.7%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	33	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	1.4%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		5.5%	18.0%
Walkability score of community (0-100)		4	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		0.8%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		11.3%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		77.4%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		44.7%	28.7%
% 65+ who own a motor vehicle		91.1%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		10	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score Buckland (Franklin)		0.7	N/A PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		1.3%	8.7%
% 60+ receiving food stamps past year		8.6%	12.3%
% 65+ employed past year		27.2%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		16.8%	23.6%
% households with annual income \$20,000-\$49,999		50.5%	32.5%
% households with annual income > \$50,000		32.7%	43.9%
% 60+ own home		90.5%	72.7%
% 60+ have mortgage on home		35.6%	34.1%
% 65+ households spend >35% of income on housing (renter)		4.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		20.6%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
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### 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.

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## **Charlemont (Franklin)**

Charlemont is a rural town located in western Massachusetts with 274 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents do better on several healthy aging indicators with lower rates of hip fracture ,high cholesterol, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, Alzheimer's disease, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, peripheral vascular disease, arthritis, colon cancer, prostate cancer, osteoporosis, leukemias and lymphomas, lung cancer, anemia, chronic kidney disease, liver diseases, traumatic brain injury, hearing and visual impairments. However, they have a higher rate of post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging and a Parks and Recreation department.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,173	6,742,143
Population 60 years or older as % of total population		31.9%	21.2%
Total population 60 years or older		374	1,428,144
Population 65 years or older as % of total population		23.4%	15.1%
Total population 65 years or older		274	1,016,679
% 65-74 years		58.8%	55.3%
% 75-84 years		29.6%	29.4%
% 85 years or older		11.7%	15.2%
Gender (65+ population)			
% female		55.1%	57.2%
Race/Ethnicity (65+ population)			
% White		90.5%	90.0%
% African American		1.1%	4.3%
% Asian		2.9%	3.2%
% Other		5.5%	2.5%
% Hispanic/Latino		0.7%	3.8%
Marital Status (65+ population)			
% married		58.4%	52.5%
% divorced/separated		6.2%	14.0%
% widowed		33.2%	25.5%
% never married		2.2%	8.0%
Education (65+ population)			
% with less than high school education		9.5%	16.5%
% with high school or some college		54.0%	52.6%
% with college degree		36.5%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		26.3%	30.2%
% of 65+ population who speak only English at home		83.6%	83.3%
% of 65+ population who are veterans of military service		28.8%	18.8%
Age-sex adjusted 1-year mortality rate		5.4%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.7%	3.6%
% moved from different county in Massachusetts		2.2%	1.1%
% moved from different state		1.1%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.4%	19.0%
% 65+ with high cholesterol	В	64.1%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		4.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		27.9%	31.5%
% 65+ with anxiety disorders	В	19.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders		8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.1%	13.6%
% 65+ with diabetes	В	25.2%	31.7%
% 65+ with stroke		10.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	16.2%	21.5%
% 65+ with asthma	В	11.9%	15.0%
% 65+ with hypertension	В	66.5%	76.2%
% 65+ ever had a heart attack		4.2%	4.6%
% 65+ with ischemic heart disease	В	33.0%	40.2%
% 65+ with congestive heart failure	В	18.5%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	14.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		11.2%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia		35.5%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.4%	21.1%
% 65+ with anemia	В	38.5%	46.6%
% 65+ with chronic kidney disease	В	21.0%	27.3%
% 65+ with liver diseases	В	5.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		26.3%	25.7%
% 65+ with cataract		68.9%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	50.9%	60.7%
% 65+ with 0 chronic conditions	В	13.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.4%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	10.8%	16.1%
% 65+ with self-reported vision difficulty		6.6%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		6.6%	8.3%
% 65+ with self-reported ambulatory difficulty		18.2%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		9.5%	7.9%
% 65+ with self-reported independent living difficulty		9.1%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		22.0%	23.1%
% dually eligible for Medicare and Medicaid	*	10.9%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		3	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	*	6.7	7.8

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	40.3	52.4
Home health visits per year	*	2.4	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year		271	294
Medicare inpatient hospital readmissions (as % of admissions)		20.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		85	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		12.4%	18.0%
Walkability score of community (0-100)		20	N/A
% of grandparents raising grandchildren		4.0%	0.8%
% of grandparents who live with grandchildren		4.7%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		19.4%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		76.0%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		38.5%	28.7%
% 65+ who own a motor vehicle		98.4%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		15	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score Charlemont (Franklin)		0.2	N/A PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		5.1%	8.7%
% 60+ receiving food stamps past year		1.6%	12.3%
% 65+ employed past year		36.5%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		11.5%	23.6%
% households with annual income \$20,000-\$49,999		31.1%	32.5%
% households with annual income > \$50,000		57.4%	43.9%
% 60+ own home		93.8%	72.7%
% 60+ have mortgage on home		37.4%	34.1%
% 65+ households spend >35% of income on housing (renter)		2.7%	11.6%
% 65+ households spend >35% of income on housing (owner)		14.8%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

# **Colrain (Franklin)**

Colrain is a rural town in the northeastern part of the Berkshires with 328 residents aged 65 and older. The transit score indicates that minimal transit is available (0/10). Compared to the state averages, older residents do better on several healthy aging indicators with lower rates of high cholesterol, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, peripheral vascular disease, arthritis, osteoporosis, leukemias and lymphomas, lung cancer, colon cancer, prostate cancer, anemia, chronic kidney disease, liver diseases, traumatic brain injury, hearing impairment, and visual impairment. However they have higher rates of post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging and a public library.



POPULATION CHARACTERISTICS	BETTER / WORSE	COMMUNITY	STATE
POPULATION CHARACTERISTICS	STATE RATE <sup>1</sup>	ESTIMATE	ESTIMATE
Total population all ages		1,682	6,742,143
Population 60 years or older as % of total population		30.7%	21.2%
Total population 60 years or older		516	1,428,144
Population 65 years or older as % of total population		19.5%	15.1%
Total population 65 years or older		328	1,016,679
% 65-74 years		61.9%	55.3%
% 75-84 years		19.5%	29.4%
% 85 years or older		18.6%	15.2%
Gender (65+ population)			
% female		49.1%	57.2%
Race/Ethnicity (65+ population)			
% White		97.3%	90.0%
% African American		0.0%	4.3%
% Asian		2.7%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		60.1%	52.5%
% divorced/separated		17.4%	14.0%
% widowed		19.8%	25.5%
% never married		2.7%	8.0%
Education (65+ population)			
% with less than high school education		11.6%	16.5%
% with high school or some college		59.1%	52.6%
% with college degree		29.3%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		25.9%	30.2%
% of 65+ population who speak only English at home		95.4%	83.3%
% of 65+ population who are veterans of military service		22.0%	18.8%
Age-sex adjusted 1-year mortality rate		5.4%	4.2%
-			



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.9%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.4%	19.0%
% 65+ with high cholesterol	В	64.1%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		4.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		27.9%	31.5%
% 65+ with anxiety disorders	В	19.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders		8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.1%	13.6%
% 65+ with diabetes	В	25.2%	31.7%
% 65+ with stroke		10.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	16.2%	21.5%
% 65+ with asthma	В	11.9%	15.0%
% 65+ with hypertension	В	66.5%	76.2%
% 65+ ever had a heart attack		4.2%	4.6%
% 65+ with ischemic heart disease	В	33.0%	40.2%
% 65+ with congestive heart failure	В	18.5%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	14.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		11.2%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia		35.5%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.4%	21.1%
% 65+ with anemia	В	38.5%	46.6%
% 65+ with chronic kidney disease	В	21.0%	27.3%
% 65+ with liver diseases	В	5.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		26.3%	25.7%
% 65+ with cataract		68.9%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	50.9%	60.7%
% 65+ with 0 chronic conditions	В	13.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		8.8%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	10.8%	16.1%
% 65+ with self-reported vision difficulty		1.8%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		4.9%	8.3%
% 65+ with self-reported ambulatory difficulty		14.6%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		5.5%	7.9%
% 65+ with self-reported independent living difficulty		8.5%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		22.0%	23.1%
% dually eligible for Medicare and Medicaid	*	10.9%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		3	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	*	6.7	7.8
Emergency room visits/1000 persons 65+ years per year	*	527	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	40.3	52.4
Home health visits per year	*	2.4	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year		271	294
Medicare inpatient hospital readmissions (as % of admissions)		20.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		85	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		11.7%	18.0%
Walkability score of community (0-100)		7	N/A
% of grandparents raising grandchildren		0.9%	0.8%
% of grandparents who live with grandchildren		2.6%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		15.0%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		73.3%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		39.6%	28.7%
% 65+ who own a motor vehicle		97.1%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		11	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.0	N/A
Colrain (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		6.1%	8.7%
% 60+ receiving food stamps past year		7.9%	12.3%
% 65+ employed past year		41.8%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		21.4%	23.6%
% households with annual income \$20,000-\$49,999		30.0%	32.5%
% households with annual income > \$50,000		48.6%	43.9%
% 60+ own home		86.8%	72.7%
% 60+ have mortgage on home		32.1%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		17.6%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
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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.

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# **Conway (Franklin)**

Conway is a rural town in western Massachusetts with 314 residents aged 65 and older. The transit score suggests that there is minimal transit (0/10). Compared to state averages, older residents do better on several healthy aging indicators with lower rates of hip fracture, obesity, high cholesterol, depression, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, stroke, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, osteoporosis, leukemias and lymphomas, lung cancer, colon cancer, benign prostatic hyperplasia, hypothyroidism, anemia, chronic kidney disease, liver diseases, fibromyalgia, traumatic brain injury, ulcers, and visual impairment. However, they have higher rates of post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging and an arts council.





POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,783	6,742,143
Population 60 years or older as % of total population		28.4%	21.2%
Total population 60 years or older		507	1,428,144
Population 65 years or older as % of total population		17.6%	15.1%
Total population 65 years or older		314	1,016,679
% 65-74 years		66.6%	55.3%
% 75-84 years		27.7%	29.4%
% 85 years or older		5.7%	15.2%
Gender (65+ population)			
% female		49.0%	57.2%
Race/Ethnicity (65+ population)			
% White		99.4%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.6%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		65.9%	52.5%
% divorced/separated		10.5%	14.0%
% widowed		19.4%	25.5%
% never married		4.1%	8.0%
Education (65+ population)			
% with less than high school education		2.5%	16.5%
% with high school or some college		36.9%	52.6%
% with college degree		60.5%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		23.9%	30.2%
% of 65+ population who speak only English at home		97.5%	83.3%
% of 65+ population who are veterans of military service		17.5%	18.8%
Age-sex adjusted 1-year mortality rate	В	2.4%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		4.8%	3.6%
% moved from different county in Massachusetts		1.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		112	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	14.4%	19.0%
% 65+ with high cholesterol	В	55.3%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.1%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	23.2%	31.5%
% 65+ with anxiety disorders	В	16.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders	В	7.2%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	6.8%	13.6%
% 65+ with diabetes	В	17.7%	31.7%
% 65+ with stroke	В	8.4%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	10.1%	21.5%
% 65+ with asthma	В	10.9%	15.0%
% 65+ with hypertension	В	59.0%	76.2%
% 65+ ever had a heart attack	В	2.0%	4.6%
% 65+ with ischemic heart disease	В	28.9%	40.2%
% 65+ with congestive heart failure	В	14.2%	22.4%
% 65+ with atrial fibrillation	В	10.5%	15.9%
% 65+ with peripheral vascular disease	В	8.7%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	40.3%	52.4%
% 65+ with osteoporosis	В	10.5%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		8.7%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer		10.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	30.2%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	В	15.5%	21.1%
% 65+ with anemia	В	34.4%	46.6%
% 65+ with chronic kidney disease	В	18.9%	27.3%
% 65+ with liver diseases	В	5.2%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue	В	14.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		23.2%	25.7%
% 65+ with cataract		60.7%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	4.1%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	40.0%	60.7%
% 65+ with 0 chronic conditions	В	16.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		11.1%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		13.3%	16.1%
% 65+ with self-reported vision difficulty		2.2%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		6.4%	8.3%
% 65+ with self-reported ambulatory difficulty		14.3%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		7.0%	7.9%
% 65+ with self-reported independent living difficulty		11.5%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	19.1%	23.1%
% dually eligible for Medicare and Medicaid	*	8.2%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		5	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	*	6.2	7.8
Emergency room visits/1000 persons 65+ years per year	*	353	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	36.1	52.4
Home health visits per year	*	1.2	4.0
Durable medical equipment claims per year		1.7	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	142	294
Medicare inpatient hospital readmissions (as % of admissions)		15.7%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	33	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	1.4%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		15.5%	18.0%
Walkability score of community (0-100)		18	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		0.8%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		16.6%	9.8%
# of universities and community colleges		1	163
# of public libraries		1	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		78.0%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		42.1%	28.7%
% 65+ who own a motor vehicle		96.2%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		1	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		6	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.0	N/A
Conway (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		1.9%	8.7%
% 60+ receiving food stamps past year		1.9%	12.3%
% 65+ employed past year		45.5%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		5.4%	23.6%
% households with annual income \$20,000-\$49,999		25.3%	32.5%
% households with annual income > \$50,000		69.4%	43.9%
% 60+ own home		92.4%	72.7%
% 60+ have mortgage on home		42.4%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		12.4%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).
## **Deerfield (Franklin)**

FOUNDATION

Deerfield is a rural town in western Massachusetts and has a population of 817 aged 65 and older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents fare better on several healthy aging indicators with lower rates of hip fracture, high cholesterol, depression, bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, stroke, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, atrial fibrillation, arthritis, osteoporosis, leukemias and lymphomas, lung cancer, colon cancer, anemia, chronic kidney disease, liver diseases, traumatic brain injury, ulcers, and visual impairment. However, they have higher rates of post-traumatic stress disorder and hypothyroidism. Community resources to promote healthy aging include a Council on Aging and a recreation department.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		5,054	6,742,143
Population 60 years or older as % of total population		21.2%	21.2%
Total population 60 years or older		1,073	1,428,144
Population 65 years or older as % of total population		16.2%	15.1%
Total population 65 years or older		817	1,016,679
% 65-74 years		59.4%	55.3%
% 75-84 years		33.3%	29.4%
% 85 years or older		7.3%	15.2%
Gender (65+ population)			
% female		64.4%	57.2%
Race/Ethnicity (65+ population)			
% White		96.7%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		3.3%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		55.7%	52.5%
% divorced/separated		6.9%	14.0%
% widowed		35.5%	25.5%
% never married		2.0%	8.0%
Education (65+ population)			
% with less than high school education		5.5%	16.5%
% with high school or some college		56.4%	52.6%
% with college degree		38.1%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		24.2%	30.2%
% of 65+ population who speak only English at home		91.7%	83.3%
% of 65+ population who are veterans of military service		16.6%	18.8%
Age-sex adjusted 1-year mortality rate	В	2.9%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.6%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		119	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.0%	19.0%
% 65+ with high cholesterol	В	69.8%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	27.9%	31.5%
% 65+ with anxiety disorders		23.1%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		5.4%	6.6%
% 65+ with tobacco use disorders	В	5.8%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.2%	13.6%
% 65+ with diabetes	В	27.7%	31.7%
% 65+ with stroke	В	8.7%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	14.4%	21.5%
% 65+ with asthma	В	11.0%	15.0%
% 65+ with hypertension	В	70.6%	76.2%
% 65+ ever had a heart attack		5.1%	4.6%
% 65+ with ischemic heart disease	В	28.8%	40.2%
% 65+ with congestive heart failure	В	18.0%	22.4%
% 65+ with atrial fibrillation	В	13.5%	15.9%
% 65+ with peripheral vascular disease		17.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.6%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		9.8%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer		11.7%	13.8%
% 65+ with benign prostatic hyperplasia		41.3%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	W	25.4%	21.1%
% 65+ with anemia	В	36.5%	46.6%
% 65+ with chronic kidney disease	В	23.6%	27.3%
% 65+ with liver diseases	В	5.4%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.5%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		27.9%	25.7%
% 65+ with cataract		68.0%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.7%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	51.0%	60.7%
% 65+ with 0 chronic conditions		9.3%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		5.6%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		14.3%	16.1%
% 65+ with self-reported vision difficulty		1.7%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		1.3%	8.3%
% 65+ with self-reported ambulatory difficulty		11.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		4.7%	7.9%
% 65+ with self-reported independent living difficulty		4.7%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	20.8%	23.1%
% dually eligible for Medicare and Medicaid	*	5.9%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		41	10,333
# of hospitals within 5 miles		1	66
# of nursing homes within 5 miles		2	399
# of home health agencies		6	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	*	7.3	7.8
Emergency room visits/1000 persons 65+ years per year	*	477	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	41.5	52.4
Home health visits per year	*	2.1	4.0
Durable medical equipment claims per year		1.6	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	220	294
Medicare inpatient hospital readmissions (as % of admissions)	*	11.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	76	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	1.5%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		5.0%	18.0%
Walkability score of community (0-100)		28	N/A
% of grandparents raising grandchildren		1.4%	0.8%
% of grandparents who live with grandchildren		4.3%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		5.2%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		77.2%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		243	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		1,377	1,825
% of licensed drivers who are age 61+		37.3%	28.7%
% 65+ who own a motor vehicle		100.0%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		2	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		130	132,351
# of senior transportation providers		1	324
# of medical transportation services for older people		1	268
# of nonmedical transportation services for older people		7	252
Summary transportation performance score		1.0	N/A
Deerfield (Franklin)		1.0	PAGE

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		5.5%	8.7%
% 60+ receiving food stamps past year		11.1%	12.3%
% 65+ employed past year		37.1%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		19.4%	23.6%
% households with annual income \$20,000-\$49,999		38.7%	32.5%
% households with annual income > \$50,000		41.9%	43.9%
% 60+ own home		88.2%	72.7%
% 60+ have mortgage on home		25.5%	34.1%
% 65+ households spend >35% of income on housing (renter)		5.8%	11.6%
% 65+ households spend >35% of income on housing (owner)		14.2%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
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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 <u>not</u> 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.

<u>Data Sources</u>. 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).

# **Erving (Franklin)**



Erving is a rural community in north central Massachusetts with 328 residents aged 65 and older. The transit score indicates that there is minimal transit available (1/10). Compared to state averages, older residents fare better on several healthy aging indicators with lower rates of hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, peripheral vascular disease, arthritis, osteoporosis, leukemias and lymphomas, prostate cancer, benign prostatic hyperplasia, anemia, traumatic brain injury, ulcers, hearing impairment, and visual impairment. Community resources to promote healthy aging include a Council on Aging and a cultural council.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,871	6,742,143
Population 60 years or older as % of total population		24.6%	21.2%
Total population 60 years or older		460	1,428,144
Population 65 years or older as % of total population		17.5%	15.1%
Total population 65 years or older		328	1,016,679
% 65-74 years		64.9%	55.3%
% 75-84 years		25.3%	29.4%
% 85 years or older		9.8%	15.2%
Gender (65+ population)			
% female		56.1%	57.2%
Race/Ethnicity (65+ population)			
% White		94.5%	90.0%
% African American		0.9%	4.3%
% Asian		3.0%	3.2%
% Other		1.5%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		67.7%	52.5%
% divorced/separated		6.1%	14.0%
% widowed		23.2%	25.5%
% never married		3.0%	8.0%
Education (65+ population)			
% with less than high school education		9.1%	16.5%
% with high school or some college		83.2%	52.6%
% with college degree		7.6%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		20.4%	30.2%
% of 65+ population who speak only English at home		93.6%	83.3%
% of 65+ population who are veterans of military service		22.3%	18.8%
Age-sex adjusted 1-year mortality rate		4.8%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		4.0%	3.6%
% moved from different county in Massachusetts		0.6%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.2%	19.0%
% 65+ with high cholesterol	В	65.4%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		28.5%	31.5%
% 65+ with anxiety disorders	В	18.7%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.2%	6.6%
% 65+ with tobacco use disorders	В	7.4%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.5%	13.6%
% 65+ with diabetes	В	25.9%	31.7%
% 65+ with stroke		10.1%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	18.1%	21.5%
% 65+ with asthma	В	12.3%	15.0%
% 65+ with hypertension	В	67.4%	76.2%
% 65+ ever had a heart attack	В	3.3%	4.6%
% 65+ with ischemic heart disease	В	32.5%	40.2%
% 65+ with congestive heart failure		20.6%	22.4%
% 65+ with atrial fibrillation		14.3%	15.9%
% 65+ with peripheral vascular disease	В	14.2%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	45.9%	52.4%
% 65+ with osteoporosis	В	13.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer		8.6%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	35.0%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		20.6%	21.1%
% 65+ with anemia	В	39.9%	46.6%
% 65+ with chronic kidney disease		25.4%	27.3%
% 65+ with liver diseases		7.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.3%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		25.6%	25.7%
% 65+ with cataract		65.4%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	49.5%	60.7%
% 65+ with 0 chronic conditions	В	11.8%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		10.7%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	9.4%	16.1%
% 65+ with self-reported vision difficulty		8.5%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		2.4%	8.3%
% 65+ with self-reported ambulatory difficulty		16.8%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		5.8%	7.9%
% 65+ with self-reported independent living difficulty		8.2%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		21.7%	23.1%
% dually eligible for Medicare and Medicaid	*	12.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		1	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		4	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	*	6.6	7.8
Emergency room visits/1000 persons 65+ years per year	*	543	639

Part D monthly prescription fills per person per year Home health visits per year Durable medical equipment claims per year	*	42.8	52.4
	*		02.4
Durable medical equipment claims per year		2.3	4.0
Parasis modical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	239	294
Medicare inpatient hospital readmissions (as % of admissions)		15.8%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	68	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.1%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		30.1%	18.0%
Walkability score of community (0-100)		14	N/A
% of grandparents raising grandchildren		1.6%	0.8%
% of grandparents who live with grandchildren		3.2%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		8.2%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		68.6%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		297	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		1,692	1,825
% of licensed drivers who are age 61+		32.9%	28.7%
% 65+ who own a motor vehicle		95.7%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		43	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		1.0	N/A
Erving (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		5.2%	8.7%
% 60+ receiving food stamps past year		8.1%	12.3%
% 65+ employed past year		33.2%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		14.5%	23.6%
% households with annual income \$20,000-\$49,999		47.3%	32.5%
% households with annual income > \$50,000		38.2%	43.9%
% 60+ own home		95.2%	72.7%
% 60+ have mortgage on home		40.5%	34.1%
% 65+ households spend >35% of income on housing (renter)		1.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		15.0%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

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Gill is a rural town in western Massachusetts with 245 residents aged 65 and older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents of Gill do better on several healthy aging indicators with lower rates of hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia/other psychotic disorders, tobacco use disorders, Alzheimer's disease, diabetes chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, peripheral vascular disease, osteoarthritis/rheumatoid arthritis, osteoporosis, leukemias/lymphomas, prostate cancer, benign prostatic hyperplasia, anemia, traumatic brain injury, ulcers, hearing impairment and visual impairment. Community resources to promote healthy aging include a Council on Aging and a recreation department.



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POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,656	6,742,143
Population 60 years or older as % of total population		24.7%	21.2%
Total population 60 years or older		409	1,428,144
Population 65 years or older as % of total population		14.8%	15.1%
Total population 65 years or older		245	1,016,679
% 65-74 years		60.0%	55.3%
% 75-84 years		34.3%	29.4%
% 85 years or older		5.7%	15.2%
Gender (65+ population)			
% female		51.0%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		1.6%	3.8%
Marital Status (65+ population)			
% married		67.3%	52.5%
% divorced/separated		6.9%	14.0%
% widowed		18.0%	25.5%
% never married		7.8%	8.0%
Education (65+ population)			
% with less than high school education		2.9%	16.5%
% with high school or some college		58.4%	52.6%
% with college degree		38.8%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		29.8%	30.2%
% of 65+ population who speak only English at home		98.4%	83.3%
% of 65+ population who are veterans of military service		29.0%	18.8%
Age-sex adjusted 1-year mortality rate		4.8%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.2%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.2%	19.0%
% 65+ with high cholesterol	В	65.4%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		28.5%	31.5%
% 65+ with anxiety disorders	В	18.7%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.2%	6.6%
% 65+ with tobacco use disorders	В	7.4%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.5%	13.6%
% 65+ with diabetes	В	25.9%	31.7%
% 65+ with stroke		10.1%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	18.1%	21.5%
% 65+ with asthma	В	12.3%	15.0%
% 65+ with hypertension	В	67.4%	76.2%
% 65+ ever had a heart attack	В	3.3%	4.6%
% 65+ with ischemic heart disease	В	32.5%	40.2%
% 65+ with congestive heart failure		20.6%	22.4%
% 65+ with atrial fibrillation		14.3%	15.9%
% 65+ with peripheral vascular disease	В	14.2%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	45.9%	52.4%
% 65+ with osteoporosis	В	13.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer		8.6%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	35.0%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		20.6%	21.1%
% 65+ with anemia	В	39.9%	46.6%
% 65+ with chronic kidney disease		25.4%	27.3%
% 65+ with liver diseases		7.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.3%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		25.6%	25.7%
% 65+ with cataract		65.4%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	49.5%	60.7%
% 65+ with 0 chronic conditions	В	11.8%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		13.1%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	9.4%	16.1%
% 65+ with self-reported vision difficulty		1.2%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		9.4%	8.3%
% 65+ with self-reported ambulatory difficulty		15.5%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		6.9%	7.9%
% 65+ with self-reported independent living difficulty		17.1%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		21.7%	23.1%
% dually eligible for Medicare and Medicaid	*	12.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		1	399
# of home health agencies		3	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			
Dhuaiaian viaita par vaar	*	0.0	7.8
Physician visits per year		6.6	1.0

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	42.8	52.4
Home health visits per year	*	2.3	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	239	294
Medicare inpatient hospital readmissions (as % of admissions)		15.8%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	68	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.1%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		7.2%	18.0%
Walkability score of community (0-100)		11	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		1.1%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		7.6%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		81.1%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		67	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		798	1,825
% of licensed drivers who are age 61+		38.2%	28.7%
% 65+ who own a motor vehicle		89.8%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		6	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.1	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		2.4%	8.7%
% 60+ receiving food stamps past year		7.8%	12.3%
% 65+ employed past year		36.7%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		19.8%	23.6%
% households with annual income \$20,000-\$49,999		22.2%	32.5%
% households with annual income > \$50,000		58.1%	43.9%
% 60+ own home		84.0%	72.7%
% 60+ have mortgage on home		38.0%	34.1%
% 65+ households spend >35% of income on housing (renter)		10.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		10.2%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

## **Greenfield (Franklin)**

Greenfield is a city in western Massachusetts with 3,042 residents aged 65 and older. The transit score indicates that there is minimal transit available (2/10). Compared to state averages, older residents have lower rates of high cholesterol, heart attack, ischemic heart disease, osteoarthritis/rheumatoid arthritis, prostate cancer, anemia, and liver diseases. However, they have higher rates of obesity, depression, anxiety disorders, bipolar disorders, post-traumatic stress disorder, schizophrenia/other psychotic disorders, personality disorders, substance use disorder, tobacco use disorder, Alzheimer's disease, stroke, chronic obstructive pulmonary disease, congestive heart failure, hypothyroidism, chronic kidney disease, fibromyalgia/chronic pain/fatigue, migraine/other chronic headache, glaucoma, and cataract. Community resources to promote healthy aging include a Council on Aging, recreation department, YMCA, memory café, and lifelong learning opportunities.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		17,477	6,742,143
Population 60 years or older as % of total population		24.8%	21.2%
Total population 60 years or older		4,336	1,428,144
Population 65 years or older as % of total population		17.4%	15.1%
Total population 65 years or older		3,042	1,016,679
% 65-74 years		55.7%	55.3%
% 75-84 years		24.4%	29.4%
% 85 years or older		19.9%	15.2%
Gender (65+ population)			
% female		54.4%	57.2%
Race/Ethnicity (65+ population)			
% White		98.5%	90.0%
% African American		0.3%	4.3%
% Asian		0.0%	3.2%
% Other		1.2%	2.5%
% Hispanic/Latino		2.4%	3.8%
Marital Status (65+ population)			
% married		46.4%	52.5%
% divorced/separated		17.7%	14.0%
% widowed		27.0%	25.5%
% never married		8.9%	8.0%
Education (65+ population)			
% with less than high school education		13.4%	16.5%
% with high school or some college		58.4%	52.6%
% with college degree		28.2%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		42.6%	30.2%
% of 65+ population who speak only English at home		93.1%	83.3%
% of 65+ population who are veterans of military service		22.4%	18.8%
Age-sex adjusted 1-year mortality rate		4.7%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		5.5%	3.6%
% moved from different county in Massachusetts		1.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture		4.2%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		126	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	W	23.8%	19.0%
% 65+ with high cholesterol	В	70.9%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		19.5%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	W	37.6%	31.5%
% 65+ with anxiety disorders	W	29.0%	25.4%
% 65+ with bipolar disorders	W	6.1%	4.5%
% 65+ with post-traumatic stress disorder	W	4.6%	1.8%
% 65+ with schizophrenia & other psychotic disorders	W	7.4%	5.9%
% 65+ with personality disorders	W	3.0%	1.4%
# opioid deaths (all ages)		4	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)	W	9.4%	6.6%
% 65+ with tobacco use disorders	W	13.4%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	W	15.9%	13.6%
% 65+ with diabetes		29.7%	31.7%
% 65+ with stroke	W	13.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	W	24.1%	21.5%
% 65+ with asthma		15.7%	15.0%
% 65+ with hypertension		74.5%	76.2%
% 65+ ever had a heart attack	В	3.6%	4.6%
% 65+ with ischemic heart disease	В	36.0%	40.2%
% 65+ with congestive heart failure	W	24.9%	22.4%
% 65+ with atrial fibrillation		16.8%	15.9%
% 65+ with peripheral vascular disease		20.8%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	48.4%	52.4%
% 65+ with osteoporosis		19.1%	20.7%
% 65+ with leukemias and lymphomas		1.9%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		10.3%	10.9%
% 65+ women with endometrial cancer		2.2%	1.9%
% 65+ men with prostate cancer	В	10.5%	13.8%
% 65+ with benign prostatic hyperplasia		37.8%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	W	26.1%	21.1%
% 65+ with anemia	В	43.8%	46.6%
% 65+ with chronic kidney disease	W	30.2%	27.3%
% 65+ with liver diseases	В	6.8%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue	W	24.8%	19.8%

% 65+ with epilepsy         3.1%         2.99           % 65+ with traumatic brain injury         1.5%         1.5%           % 65+ with duitism spectrum disorders         0.1%         0.1%           % 65+ with duitism spectrum disorders         0.1%         0.1%           % 65+ with cataract         W         69.0%         65.49           % 65+ with cataract         W         60.3%         60.3%           % 65+ with cataract         W         69.0%         65.49           % 65+ with out of 15) chronic conditions         B         9.1%         7.39           LIVING WITH DISABLITY         7.3%         4.29         %         65.49           % 65+ with self-reported hearing difficulty         17.2%         14.29         %         65.49           % 65+ with self-reported cognition difficulty         5.6%         5.89         %         65.49         16.19           % 65+ with self-reported cognition difficulty         9.6%         8.33         3.69         65.43         3.69           % 65+ with self-reported ambulatory difficulty         9.6%         8.33         3.43         3.5%           % 65+ with self-reported independent living difficulty         10.1%         7.99         65+ with self-reported independent living difficulty         13.33	HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with fraumatic brain injury         1.5%         1.5%           % 65+ with autism spectrum disorders         0.1%         0.1%           % 65+ with glaucoma         W         29.7%         25.77           % 65+ with cataract         W         69.0%         66.49           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.59           % 65+ with 4+ (out of 15) chronic conditions         60.3%         60.77           % 65+ with 4 (out of 15) chronic conditions         8         9.1%         7.39           LIVING WITH DISABILITY          7.8%         6.58           % 65+ with clinical diagnosis of deafness or hearing impairment         16.6.2%         16.19           % 65+ with clinical diagnosis of blindness or visual impairment         1.7%         1.59           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         10.1%         7.99	% 65+ with migraine and other chronic headache	W	6.0%	4.6%
% 65+ with autism spectrum disorders         0.1%         0.1%         0.19           % 65+ with glaucoma         W         29.7%         25.79           % 65+ with cataract         W         69.0%         65.49           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.59           % 65+ with 0 chronic conditions         B         9.1%         7.39           LIVING WITH DISABILITY         7.3%         14.29           % 65+ with olinical diagnosis of deafness or hearing impairment         16.2%         16.19           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65	% 65+ with epilepsy		3.1%	2.9%
% 65+ with glaucoma         W         29.7%         25.7%           % 65+ with cataract         W         69.0%         65.49           % 65+ with operation of the conditions         60.3%         60.7%           % 65+ with 4 (out of 15) chronic conditions         B         9.1%         7.3%           % 65+ with 0 chronic conditions         B         9.1%         7.3%           % 65+ with self-reported hearing difficulty         17.2%         14.22%           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported opnition difficulty         5.6%         5.89           % 65+ with self-reported cognition difficulty         9.6%         8.33           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported annolatory difficulty         10.1%         7.99           % 65+ with self-reported annolatory difficulty         10.1%         7.99           % 65+ with self-reported annolatory         66         10.33           ACCESS TO CARE         24.5%         23.19           % dotare managed care enrollees	% 65+ with traumatic brain injury		1.5%	1.5%
% 65+ with cataract         W         69.0%         65.49           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.59           % 65+ with 4+ (out of 15) chronic conditions         60.3%         60.7%           % 65+ with 0 chronic conditions         B         9.1%         7.33           LIVING WITH DISABILITY         7.8%         8.59           % 65+ with self-reported hearing difficulty         17.2%         14.29           % 65+ with clinical diagnosis of deafness or hearing impairment         16.2%         16.19           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported ambulatory difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported ambulatory difficulty         15.3%         14.39 <t< td=""><td>% 65+ with autism spectrum disorders</td><td></td><td>0.1%</td><td>0.1%</td></t<>	% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with pressure ulcer or chronic ulcer         7.8%         8.55           % 65+ with 4+ (out of 15) chronic conditions         B         9.1%         7.39           % 65+ with 0 chronic conditions         B         9.1%         7.39           LIVING WITH DISABILITY         14.29         14.29           % 65+ with self-reported hearing difficulty         17.2%         14.29           % 65+ with clinical diagnosis of deafness or hearing impairment         16.2%         16.19           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported cognition difficulty         9.6%         8.33           % 65+ with self-reported cognition difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported self-care difficulty         10.1%         7.99	% 65+ with glaucoma	W	29.7%	25.7%
% 65+ with 4+ (out of 15) chronic conditions         60.3%         60.7%           % 65+ with 0 chronic conditions         B         9.1%         7.39           LIVING WITH DISABILITY         14.2%           % 65+ with self-reported hearing difficulty         17.2%         14.2%           % 65+ with clinical diagnosis of deafness or hearing impairment         16.2%         16.19           % 65+ with clinical diagnosis of blindness or visual impairment         1.7%         1.5%           % 65+ with self-reported cognition difficulty         9.6%         8.33           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 60+ with a regular doctor         90.1%         90.44           % 60+ with	% 65+ with cataract	W	69.0%	65.4%
% 65+ with 0 chronic conditions         B         9.1%         7.39           LIVING WITH DISABILITY         17.2%         14.29           % 65+ with self-reported hearing difficulty         17.2%         14.29           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         10.1%         7.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.39           ACCESS TO CARE         24.5%         23.19           % dually eligible for Medicare and Medicaid         *         20.1%         16.79           % 60+ with a regular doctor         96.1%         96.4%         96.4%           % 01+ who did not see doctor when needed due to cost         3.7%         4.19         4         39           # of nursing homes within 5 miles         1         66         10.33	% 65+ with pressure ulcer or chronic ulcer		7.8%	8.5%
LIVING WITH DISABILITY% 65+ with self-reported hearing difficulty17.2%14.29% 65+ with clinical diagnosis of deafness or hearing impairment16.2%16.19% 65+ with self-reported vision difficulty5.6%5.89% 65+ with self-reported cognition difficulty9.6%8.39% 65+ with self-reported ambulatory difficulty20.4%20.29% 65+ with self-reported ambulatory difficulty20.4%20.29% 65+ with self-reported ambulatory difficulty10.1%7.99% 65+ with self-reported self-care difficulty10.1%7.99% 65+ with self-reported independent living difficulty15.3%14.39ACCESS TO CARE24.5%23.19% dually eligible for Medicare and Medicaid*20.1%16.79% 60+ with a regular doctor96.1%96.439% 60+ with a gencies16610.33# of primary care providers within 5 miles16610.33# of home health agencies1113# of domunity health centers111# of adult day health centers111# of dementia-related support groups111# of dementia-related support groups113SERVICE UTILIZATION*7.47.4Physician visits per year*7.47.4	% 65+ with 4+ (out of 15) chronic conditions		60.3%	60.7%
% 65+ with self-reported hearing difficulty         17.2%         14.29           % 65+ with clinical diagnosis of deafness or hearing impairment         16.2%         16.19           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported cognition difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.39           ACCESS TO CARE         24.5%         23.19           % deciare managed care enrollees         24.5%         23.19           % dually eligible for Medicare and Medicaid         *         20.1%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           % of nursing homes within 5 miles         1         66         10.33           # of nursing homes within 5 miles         1         66         10.33           # of onursing homes within 5 miles         1         1         13	% 65+ with 0 chronic conditions	В	9.1%	7.3%
% 65+ with clinical diagnosis of deafness or hearing impairment         16.2%         16.19           % 65+ with self-reported vision difficulty         5.6%         5.89           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.39           ACCESS TO CARE         24.5%         23.19           % dedicare (65+ population)         96.1%         96.49           % doally eligible for Medicare and Medicaid         *         20.1%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           % of primary care providers within 5 miles         66         10.33           # of nursing homes within 5 miles         1         66           # of onursing homes within 5 miles         1         29           # of onursing homes within 5 miles         1         13           # of onurening homes within 5 miles	LIVING WITH DISABILITY			
% 65+ with self-reported vision difficulty         5.6%         5.8%           % 65+ with clinical diagnosis of blindness or visual impairment         1.7%         1.59           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.39           ACCESS TO CARE         24.5%         23.19           % dedicare managed care enrollees         24.5%         23.19           % dually eligible for Medicare and Medicaid         *         20.1%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           % of primary care providers within 5 miles         1         66         10.33           # of nursing homes within 5 miles         1         66         10.33           # of onursing homes within 5 miles         1         13         <	% 65+ with self-reported hearing difficulty		17.2%	14.2%
% 65+ with clinical diagnosis of blindness or visual impairment         1.7%         1.59           % 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with self-reported ambulatory difficulty         20.4%         3.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.39           ACCESS TO CARE         24.5%         23.19           Medicare managed care enrollees         24.5%         23.19           % dually eligible for Medicare and Medicaid         20.1%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           % of primary care providers within 5 miles         6         10.33           # of primary care providers within 5 miles         1         6           # of nursing homes within 5 miles         1         6           # of down or gales         1         13           # of nursing homes within 5 miles         1         13           # of adult day health centers         1         13           # of dementia-related support groups         1         13	% 65+ with clinical diagnosis of deafness or hearing impairment		16.2%	16.1%
% 65+ with self-reported cognition difficulty         9.6%         8.39           % 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with clinical diagnosis of mobility impairments         4.3%         3.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.3%           ACCESS TO CARE         X         X           Medicare managed care enrollees         24.5%         23.19           % dually eligible for Medicare and Medicaid         20.1%         16.79           % 60+ with a regular doctor         96.1%         96.44           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           # of primary care providers within 5 miles         6         10.33           # of hores health agencies         1         6           # of norms ing homes within 5 miles         1         6           # of community health centers         1         13           # of memory cafes         1         13	% 65+ with self-reported vision difficulty		5.6%	5.8%
% 65+ with self-reported ambulatory difficulty         20.4%         20.29           % 65+ with clinical diagnosis of mobility impairments         4.3%         3.99           % 65+ with self-reported self-care difficulty         10.1%         7.99           % 65+ with self-reported independent living difficulty         15.3%         14.39           ACCESS TO CARE          24.5%         23.19           % dedicare (65+ population)          24.5%         23.19           % dually eligible for Medicare and Medicaid         *         20.1%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           % of hospitals within 5 miles         66         10.33           # of primary care providers within 5 miles         1         66           # of once health agencies         14         29           # of one health agencies         1         11           # of dementia-related support groups         1         13           # of dementia-related support groups         1         13 <tr< td=""><td>% 65+ with clinical diagnosis of blindness or visual impairment</td><td></td><td>1.7%</td><td>1.5%</td></tr<>	% 65+ with clinical diagnosis of blindness or visual impairment		1.7%	1.5%
% 65+ with clinical diagnosis of mobility impairments4.3%3.99% 65+ with self-reported self-care difficulty10.1%7.99% 65+ with self-reported independent living difficulty15.3%14.39ACCESS TO CAREMedicare (65+ population)24.5%23.19% dually eligible for Medicare and Medicaid*20.1%16.79% 60+ with a regular doctor96.1%96.4%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles6610.33# of nursing homes within 5 miles166# of nursing homes within 5 miles161# of adult day health centers113# of adult day health centers139# of dementia-related support groups113SERVICE UTILIZATION*7.47.4Physician visits per year*7.47.4	% 65+ with self-reported cognition difficulty		9.6%	8.3%
% 65+ with self-reported independent living difficulty10.1%7.9%% 65+ with self-reported independent living difficulty15.3%14.3%ACCESS TO CAREMedicare (65+ population)*% Medicare managed care enrollees24.5%23.1%% dually eligible for Medicare and Medicaid*20.1%16.7%% 60+ with a regular doctor96.1%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.1%# of primary care providers within 5 miles6610.33# of hospitals within 5 miles166# of nursing homes within 5 miles161# of community health centers0111# of adult day health centers113# of memory cafes113# of dementia-related support groups113BERVICE UTILIZATION*7.47.4	% 65+ with self-reported ambulatory difficulty		20.4%	20.2%
% 65+ with self-reported independent living difficulty15.3%14.3%ACCESS TO CAREMedicare (65+ population)% Medicare managed care enrollees24.5%23.1%% dually eligible for Medicare and Medicaid*20.1%16.7%% 60+ with a regular doctor96.1%96.4%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles6610,33# of hospitals within 5 miles166# of nursing homes within 5 miles166# of nursing homes within 5 miles111# of community health centers011# of adult day health centers113# of memory cafes113# of dementia-related support groups113SERVICE UTILIZATION*7.47.4	% 65+ with clinical diagnosis of mobility impairments		4.3%	3.9%
ACCESS TO CARE Medicare (65+ population) % Medicare managed care enrollees % dually eligible for Medicare and Medicaid * 20.1% 16.79 % 60+ with a regular doctor % 60+ who did not see doctor when needed due to cost % 60+ who did not see doctor when needed du	% 65+ with self-reported self-care difficulty		10.1%	7.9%
Medicare (65+ population)         % Medicare managed care enrollees       24.5%       23.19         % dually eligible for Medicare and Medicaid       *       20.1%       16.79         % 60+ with a regular doctor       96.1%       96.49         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         # of primary care providers within 5 miles       66       10,33         # of hospitals within 5 miles       1       66         # of nursing homes within 5 miles       1       66         # of home health agencies       14       299         # of community health centers       0       111         # of adult day health centers       1       13         # of memory cafes       1       99         # of dementia-related support groups       1       13         # of dementia-related support groups       1       13         # posician visits per year       *       7.4       7.4	% 65+ with self-reported independent living difficulty		15.3%	14.3%
% Medicare managed care enrollees       24.5%       23.19         % dually eligible for Medicare and Medicaid       *       20.1%       16.79         % 60+ with a regular doctor       96.1%       96.49         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         # of primary care providers within 5 miles       66       10.33         # of hospitals within 5 miles       1       66         # of nursing homes within 5 miles       1       66         # of nome health agencies       14       299         # of community health centers       0       111         # of adult day health centers       1       13         # of dementia-related support groups       1       13         BERVICE UTILIZATION       *       7.4       7.4	ACCESS TO CARE			
% dually eligible for Medicare and Medicaid       *       20.1%       16.79         % 60+ with a regular doctor       96.1%       96.49         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         # of primary care providers within 5 miles       66       10,33         # of hospitals within 5 miles       1       66         # of nursing homes within 5 miles       1       60         # of nursing homes within 5 miles       1       60         # of nome health agencies       14       299         # of community health centers       0       111         # of adult day health centers       1       13         # of dementia-related support groups       1       13         BERVICE UTILIZATION       *       7.4       7.4	Medicare (65+ population)			
% dually eligible for Medicale and Medicald20.1%16.7%% 60+ with a regular doctor96.1%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles6610,33# of hospitals within 5 miles166# of nursing homes within 5 miles439# of nursing homes within 5 miles160# of nore health agencies1429# of community health centers011# of adult day health centers113# of memory cafes199# of dementia-related support groups113BERVICE UTILIZATION*7.47.4	% Medicare managed care enrollees		24.5%	23.1%
% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles6610,33# of hospitals within 5 miles166# of nursing homes within 5 miles439# of home health agencies1429# of community health centers011# of adult day health centers113# of memory cafes199# of dementia-related support groups113BERVICE UTILIZATION*7.47.4	% dually eligible for Medicare and Medicaid	*	20.1%	16.7%
# of primary care providers within 5 miles       66       10,33         # of hospitals within 5 miles       1       66         # of nursing homes within 5 miles       4       399         # of nome health agencies       14       299         # of community health centers       0       111         # of adult day health centers       0       111         # of memory cafes       1       13         # of dementia-related support groups       1       134         SERVICE UTILIZATION       *       7.4       7.4	% 60+ with a regular doctor		96.1%	96.4%
# of hospitals within 5 miles16# of nursing homes within 5 miles439# of nursing homes within 5 miles439# of home health agencies1429# of community health centers011# of adult day health centers113# of memory cafes19# of dementia-related support groups113SERVICE UTILIZATION*7.47.4	% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of nursing homes within 5 miles439# of home health agencies1429# of home health agencies1429# of community health centers011# of adult day health centers113# of memory cafes19# of dementia-related support groups113SERVICE UTILIZATION* 7.47.4	# of primary care providers within 5 miles		66	10,333
# of home health agencies1429# of community health centers011# of adult day health centers113# of memory cafes19# of dementia-related support groups113SERVICE UTILIZATIONPhysician visits per year*7.47.4	# of hospitals within 5 miles		1	66
# of community health centers011# of adult day health centers113# of memory cafes199# of dementia-related support groups1130SERVICE UTILIZATIONPhysician visits per year*7.47.4	# of nursing homes within 5 miles		4	399
# of adult day health centers113# of memory cafes19# of dementia-related support groups113SERVICE UTILIZATIONPhysician visits per year*7.47.4	# of home health agencies		14	299
# of memory cafes19# of dementia-related support groups113SERVICE UTILIZATION*7.47.4	# of community health centers		0	116
# of dementia-related support groups 1 130 SERVICE UTILIZATION Physician visits per year * 7.4 7.4	# of adult day health centers		1	131
SERVICE UTILIZATION Physician visits per year * 7.4 7.4	# of memory cafes		1	95
Physician visits per year * 7.4 7.4	# of dementia-related support groups		1	136
	SERVICE UTILIZATION			
Emergency room visits/1000 persons 65+ years per year * 767 633	Physician visits per year	*	7.4	7.8
	Emergency room visits/1000 persons 65+ years per year	*	767	639

	ESTIMATE	ESTIMATE
	50.5	52.4
	3.5	4.0
	2.0	1.9
	308	294
	17.1%	17.9%
	119	106
	92	43
*	7.4%	4.9%
	Not yet	Yes
	3	N/A
	6.9%	18.0%
	38	N/A
	0.4%	0.8%
	1.3%	2.9%
	1	238
	6.1%	9.8%
	1	163
	1	470
	1	83
	78.0%	97.0%
	71.0%	71.3%
	69.4%	71.3%
	628	396
	0	2
	16	1,126
	2,397	1,825
	34.9%	28.7%
	80.1%	82.4%
	84.5%	86.3%
	2	529
	11	529
	564	132,351
	0	324
	0	268
	0	252
	2.3	N/A
		3.5         2.0         308         17.1%         119         92         *         7.4%         Not yet         3         6.9%         38         0.4%         1.3%         1         6.1%         1         6.1%         1         6.1%         1         6.1%         1         6.1%         1         6.1%         1         6.1%         1         1         6.1%         1         2         11

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		7.6%	8.7%
% 60+ receiving food stamps past year		14.4%	12.3%
% 65+ employed past year		27.4%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		32.8%	23.6%
% households with annual income \$20,000-\$49,999		36.5%	32.5%
% households with annual income > \$50,000		30.7%	43.9%
% 60+ own home		63.6%	72.7%
% 60+ have mortgage on home		24.2%	34.1%
% 65+ households spend >35% of income on housing (renter)		16.6%	11.6%
% 65+ households spend >35% of income on housing (owner)		13.4%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

# Hawley (Franklin)

Hawley is a rural town in northwestern Massachusetts with 107 residents aged 65 or older. The transit score suggests that there is minimal transit available (1/10). Compared to state averages, older residents of Hawley do better on several healthy aging indicators with lower rates of hip fracture, high cholesterol, anxiety disorders, bipolar disorders,

schizophrenia/other psychotic disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, peripheral vascular disease, osteoarthritis/rheumatoid arthritis, osteoporosis,

leukemia/lymphomas, lung cancer, colon cancer, prostate cancer, anemia, chronic kidney disease, liver diseases, traumatic brain injury, hearing impairment, and visual impairment. However, older residents have a higher rate of post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging.

POPULATION CHARACTERISTICS	BETTER / WORSE	COMMUNITY	STATE
	STATE RATE <sup>1</sup>	ESTIMATE	ESTIMATE
Total population all ages		426	6,742,143
Population 60 years or older as % of total population		32.4%	21.2%
Total population 60 years or older		138	1,428,144
Population 65 years or older as % of total population		25.1%	15.1%
Total population 65 years or older		107	1,016,679
% 65-74 years		78.5%	55.3%
% 75-84 years		15.9%	29.4%
% 85 years or older		5.6%	15.2%
Gender (65+ population)			
% female		37.4%	57.2%
Race/Ethnicity (65+ population)			
% White		88.8%	90.0%
% African American		0.0%	4.3%
% Asian		11.2%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		70.1%	52.5%
% divorced/separated		21.5%	14.0%
% widowed		7.5%	25.5%
% never married		0.9%	8.0%
Education (65+ population)			
% with less than high school education		8.4%	16.5%
% with high school or some college		40.2%	52.6%
% with college degree		51.4%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		26.2%	30.2%
% of 65+ population who speak only English at home		84.1%	83.3%
% of 65+ population who are veterans of military service		18.7%	18.8%
Age-sex adjusted 1-year mortality rate		5.4%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.4%	19.0%
% 65+ with high cholesterol	В	64.1%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		4.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		27.9%	31.5%
% 65+ with anxiety disorders	В	19.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders		8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.1%	13.6%
% 65+ with diabetes	В	25.2%	31.7%
% 65+ with stroke		10.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	16.2%	21.5%
% 65+ with asthma	В	11.9%	15.0%
% 65+ with hypertension	В	66.5%	76.2%
% 65+ ever had a heart attack		4.2%	4.6%
% 65+ with ischemic heart disease	В	33.0%	40.2%
% 65+ with congestive heart failure	В	18.5%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	14.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		11.2%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia		35.5%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.4%	21.1%
% 65+ with anemia	В	38.5%	46.6%
% 65+ with chronic kidney disease	В	21.0%	27.3%
% 65+ with liver diseases	В	5.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		26.3%	25.7%
% 65+ with cataract		68.9%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	50.9%	60.7%
% 65+ with 0 chronic conditions	В	13.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		11.2%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	10.8%	16.1%
% 65+ with self-reported vision difficulty		3.7%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		0.0%	8.3%
% 65+ with self-reported ambulatory difficulty		17.8%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		3.7%	7.9%
% 65+ with self-reported independent living difficulty		8.4%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		22.0%	23.1%
% dually eligible for Medicare and Medicaid	*	10.9%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		3	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	*	6.7	7.8
Emergency room visits/1000 persons 65+ years per year	*	527	639

Part D monthly prescription fills per person per year Home health visits per year Durable medical equipment claims per year Inpatient hospital stays/1000 persons 65+ years per year Medicare inpatient hospital readmissions (as % of admissions) # skilled nursing facility stays/1000 persons 65+ years per year # skilled nursing home Medicare beds/1000 persons 65+ years % 65+ getting Medicaid long term services and supports <b>COMMUNITY VARIABLES &amp; CIVIC ENGAGEMENT</b>	*	40.3 2.4 1.8 271 20.6% 85 0	52.4 4.0 1.9 294 17.9% 106
Durable medical equipment claims per year Inpatient hospital stays/1000 persons 65+ years per year Medicare inpatient hospital readmissions (as % of admissions) # skilled nursing facility stays/1000 persons 65+ years per year # skilled nursing home Medicare beds/1000 persons 65+ years % 65+ getting Medicaid long term services and supports		1.8 271 20.6% 85 0	1.9 294 17.9%
Inpatient hospital stays/1000 persons 65+ years per year Medicare inpatient hospital readmissions (as % of admissions) # skilled nursing facility stays/1000 persons 65+ years per year # skilled nursing home Medicare beds/1000 persons 65+ years % 65+ getting Medicaid long term services and supports	*	271 20.6% 85 0	294 17.9%
Medicare inpatient hospital readmissions (as % of admissions) # skilled nursing facility stays/1000 persons 65+ years per year # skilled nursing home Medicare beds/1000 persons 65+ years % 65+ getting Medicaid long term services and supports	*	20.6% 85 0	17.9%
<ul> <li># skilled nursing facility stays/1000 persons 65+ years per year</li> <li># skilled nursing home Medicare beds/1000 persons 65+ years</li> <li>% 65+ getting Medicaid long term services and supports</li> </ul>	*	85 0	
<ul><li># skilled nursing home Medicare beds/1000 persons 65+ years</li><li>% 65+ getting Medicaid long term services and supports</li></ul>	*	0	106
% 65+ getting Medicaid long term services and supports	*		
	*	a c=:	43
COMMUNITY VARIABLES & CIVIC ENGAGEMENT		3.2%	4.9%
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		42.9%	18.0%
Walkability score of community (0-100)		0	N/A
% of grandparents raising grandchildren		2.1%	0.8%
% of grandparents who live with grandchildren		7.7%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		23.7%	9.8%
# of universities and community colleges		0	163
# of public libraries		0	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		71.2%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		47.4%	28.7%
% 65+ who own a motor vehicle		97.2%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		4	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.5	N/A
Hawley (Franklin)			

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		2.8%	8.7%
% 60+ receiving food stamps past year		12.5%	12.3%
% 65+ employed past year		43.9%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		9.9%	23.6%
% households with annual income \$20,000-\$49,999		47.9%	32.5%
% households with annual income > \$50,000		42.3%	43.9%
% 60+ own home		82.9%	72.7%
% 60+ have mortgage on home		32.9%	34.1%
% 65+ households spend >35% of income on housing (renter)		16.9%	11.6%
% 65+ households spend >35% of income on housing (owner)		18.3%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

## Heath (Franklin)

Heath is a rural town bordering Vermont in western Massachusetts with 146 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents do better on several healthy aging indicators with lower rates of hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia/other psychotic disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, peripheral vascular disease, osteoarthritis/rheumatoid arthritis, osteoporosis, leukemias and lymphomas, lung cancer, colon cancer, prostate cancer, anemia, chronic kidney disease, liver diseases, traumatic brain injury, hearing impairment, and visual impairment. However, older residents have a higher rate of post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging and recreation department.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		730	6,742,143
Population 60 years or older as % of total population		25.5%	21.2%
Total population 60 years or older		186	1,428,144
Population 65 years or older as % of total population		20.0%	15.1%
Total population 65 years or older		146	1,016,679
% 65-74 years		76.0%	55.3%
% 75-84 years		19.2%	29.4%
% 85 years or older		4.8%	15.2%
Gender (65+ population)			
% female		51.4%	57.2%
Race/Ethnicity (65+ population)			
% White		98.6%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		1.4%	2.5%
% Hispanic/Latino		3.4%	3.8%
Marital Status (65+ population)			
% married		71.2%	52.5%
% divorced/separated		9.6%	14.0%
% widowed		13.7%	25.5%
% never married		5.5%	8.0%
Education (65+ population)			
% with less than high school education		6.8%	16.5%
% with high school or some college		63.0%	52.6%
% with college degree		30.1%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		21.2%	30.2%
% of 65+ population who speak only English at home		95.2%	83.3%
% of 65+ population who are veterans of military service		20.5%	18.8%
Age-sex adjusted 1-year mortality rate		5.4%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.4%	19.0%
% 65+ with high cholesterol	В	64.1%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		4.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		27.9%	31.5%
% 65+ with anxiety disorders	В	19.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders		8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.1%	13.6%
% 65+ with diabetes	В	25.2%	31.7%
% 65+ with stroke		10.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	16.2%	21.5%
% 65+ with asthma	В	11.9%	15.0%
% 65+ with hypertension	В	66.5%	76.2%
% 65+ ever had a heart attack		4.2%	4.6%
% 65+ with ischemic heart disease	В	33.0%	40.2%
% 65+ with congestive heart failure	В	18.5%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	14.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		11.2%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia		35.5%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.4%	21.1%
% 65+ with anemia	В	38.5%	46.6%
% 65+ with chronic kidney disease	В	21.0%	27.3%
% 65+ with liver diseases	В	5.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

% 65+ with epipepsy         2.5%         2.9%           % 65+ with autism spectrum disorders         0.1%         0.1%           % 65+ with autism spectrum disorders         0.1%         0.1%           % 65+ with autism spectrum disorders         0.1%         0.1%           % 65+ with cataract         68.9%         65.4%           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.5%           % 65+ with othronic conditions         B         50.9%         60.7%           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.5%           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.5%           % 65+ with pressure division difficulty         13.7%         14.2%           % 65+ with self-reported hearing difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%           % 65+ with self-reported independent living difficulty         8.9%         7.9%           % 65+ with self-reported independent living difficulty         8.9%	HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with traumatic brain injury         B         0.8%         1.5%           % 65+ with duitsm spectrum disorders         0.1%         0.1%         0.1%           % 65+ with datacama         26.3%         25.7%           % 65+ with traumatic brain injury         68.9%         665.4%           % 65+ with traumatic brain injury         7.8%         86.5%           % 65+ with 4+ (out of 15) chronic conditions         B         50.9%         60.7%           % 65+ with 4+ (out of 15) chronic conditions         B         13.9%         7.3%           LIVIR WITH DISABLILTY         7.8%         654 with 4+ (out of 15) chronic sor hearing impairment         B         10.8%         16.1%           % 65+ with self-reported hearing difficulty         1.5%         5.8%         654 with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported ambulatory difficulty         8.2%         8.3%         65.4%         65.4%         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%         65.4%         8.9%         7.9%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%         65.4%         8.9%         7.9%           % 65+ with self-reported self-care difficulty         8.9%	% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with autism spectrum disorders         0.1%         0.1%           % 65+ with glaucoma         26.3%         25.7%           % 65+ with cataract         68.9%         66.4%           % 65+ with pressure lucer or chronic ulcer         7.8%         8.5%           % 65+ with 4+ (out of 15) chronic conditions         B         50.9%         60.7%           % 65+ with 0-chronic conditions         B         13.9%         7.3%           LIVING WITH DISABILITY         13.7%         14.2%           % 65+ with self-reported hearing difficulty         13.7%         14.2%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         14.8%         25.9%           % 65+ with self-reported self-care difficulty         8.9%         7.9%           % 65+ with self-reported self-care difficulty         9.6%         14.3%           ACCESS TO CARE         22.0%         23.1%           % dota with a regular doctor         96.1%         96.4%	% 65+ with epilepsy		2.5%	2.9%
% 65+ with glaucoma         26.3%         25.7%           % 65+ with cataract         68.9%         65.4%           % 65+ with pressure ulcer or chronic ulcer         7.8%         8.5%           % 65+ with 4+ (out of 15) chronic conditions         B         50.9%         60.7%           % 65+ with 0 chronic conditions         B         13.9%         7.3%           % 65+ with 0 chronic conditions         B         13.9%         7.3%           % 65+ with chronic conditions         B         13.7%         14.2%           % 65+ with self-reported hearing difficulty         13.7%         14.2%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported cognition difficulty         11.6%         20.2%           % 65+ with self-reported independent living difficulty         9.6%         14.3%           ACCESS TO CARE         22.0%         23.1%           Medicare managed care enrollees         22.0%         23.1%           % 60+ with a regular doctor         96.1%         96.4%           % 06+ who did not see doctor when needed due to cost <td< td=""><td>% 65+ with traumatic brain injury</td><td>В</td><td>0.8%</td><td>1.5%</td></td<>	% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with cataract         68.9%         65.4%           % 65+ with actaract         7.8%         8.5%           % 65+ with 4+ (out of 15) chronic conditions         B         50.9%         60.7%           % 65+ with 0 chronic conditions         B         13.9%         7.3%           LIVIRG WITH DISABILITY          13.7%         14.2%           % 65+ with self-reported hearing difficulty         5.5%         5.8%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%           % 65+ with self-reported self-care diffi	% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with pressure ulcer or chronic ulcer         7.8%         8.5%           % 65+ with 4+ (out of 15) chronic conditions         B         50.9%         60.7%           % 65+ with 0 chronic conditions         B         13.9%         7.3%           LIVING WITH DISABILITY         13.7%         14.2%           % 65+ with self-reported hearing difficulty         13.7%         14.2%           % 65+ with clinical diagnosis of deafness or hearing impairment         B         10.8%         16.1%           % 65+ with self-reported vision difficulty         5.5%         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%         6.54           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%           % 65+ with self-reported ambulatory diff	% 65+ with glaucoma		26.3%	25.7%
% 65+ with 4+ (out of 15) chronic conditions         B         50.9%         60.7%           % 65+ with 0 chronic conditions         B         13.9%         7.3%           LIVING WITH DISABILITY         13.7%         14.2%           % 65+ with self-reported hearing difficulty         13.7%         14.2%           % 65+ with self-reported hearing difficulty         5.5%         5.8%           % 65+ with self-reported originiton difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%	% 65+ with cataract		68.9%	65.4%
% 65+ with 0 chronic conditions         B         13.9%         7.3%           LIVING WITH DISABILITY         13.7%         14.2%           % 65+ with self-reported hearing difficulty         13.7%         14.2%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with clinical diagnosis of deafness or visual impairment         B         0.9%         1.5%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%           % 65+ with self-reported ambulatory difficulty         8.9%         7.9%           % 65+ with self-reported self-care difficulty         8.9%         7.9%           % 65+ with self-reported independent living difficulty         9.6%         14.3%           ACCESS TO CARE         22.0%         23.1%           % dually eligible for Medicare and Medicaid         *         10.9%         16.7%           % 60+ with a regular doctor         96.1%         96.4%         96.4%         96.1%         96.4%         96.1%         96.4%         96.1%         96.4% </td <td>% 65+ with pressure ulcer or chronic ulcer</td> <td></td> <td>7.8%</td> <td>8.5%</td>	% 65+ with pressure ulcer or chronic ulcer		7.8%	8.5%
LIVING WITH DISABILITY% 65+ with self-reported hearing difficulty13.7%14.2%% 65+ with self-reported vision difficulty5.5%5.8%% 65+ with self-reported vision difficulty5.5%5.8%% 65+ with self-reported cognition difficulty8.2%8.3%% 65+ with self-reported cognition difficulty8.2%8.3%% 65+ with self-reported cognition difficulty8.2%8.3%% 65+ with self-reported ambulatory difficulty11.6%20.2%% 65+ with self-reported ambulatory difficulty3.3%3.9%% 65+ with self-reported ambulatory difficulty8.9%7.9%% 65+ with self-reported self-care difficulty8.9%7.9%% 65+ with self-reported independent living difficulty9.6%14.3%ACCESS TO CARE22.0%23.1%% dually eligible for Medicare and Medicaid*10.9%% 60+ which a regular doctor96.1%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.1%# of primary care providers within 5 miles00010.332993299# of nursing homes within 5 miles0116# of dualt dwines within 5 miles013.1%# of dualt dwines constraint0131# of memory cafes0131# of dementia-related support groups0131# of dementia-related support groups0136SERVICE UTILIZATION*6.77.8	% 65+ with 4+ (out of 15) chronic conditions	В	50.9%	60.7%
% 65+ with self-reported hearing difficulty         13.7%         14.2%           % 65+ with clinical diagnosis of deafness or hearing impairment         B         10.8%         16.1%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported cognition difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported self-care difficulty         8.9%         7.9%           % 65+ with self-reported self-care difficulty         8.9%         7.9%           % 65+ with self-reported independent living difficulty         9.6%         14.3%           ACCESS TO CARE         22.0%         23.1%           Medicare (65+ population)         9.6%         14.3%           % 60+ with a regular doctor         96.1%         96.4%           % 60+ with a regular doctor         3.7%         4.1%           % of primary care providers within 5 miles         0         66           % of nursing homes within 5 miles         0         3298           % of community health centers         0	% 65+ with 0 chronic conditions	В	13.9%	7.3%
% 65+ with clinical diagnosis of deafness or hearing impairment         B         10.8%         16.1%           % 65+ with self-reported vision difficulty         5.5%         5.8%           % 65+ with clinical diagnosis of blindness or visual impairment         B         0.9%         1.5%           % 65+ with self-reported cognition difficulty         8.2%         8.3%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported ambulatory difficulty         11.6%         20.2%           % 65+ with self-reported self-care difficulty         8.9%         7.9%           % 65+ with self-reported self-care difficulty         9.6%         14.3%           ACCESS TO CARE         Medicare (65+ population)         9.6%         14.3%           % 60+ with a regular doctor         96.1%         96.4%         96.4%           % 60+ who did not see doctor when needed due to cost         3.7%         4.1%           % of primary care providers within 5 miles         0         10.333           % of home health agencies         3         229           # of nursing homes within 5 miles         0         10.333           # of nursing home health centers         0         116           # of dualt day health centers         0         131	LIVING WITH DISABILITY			
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% 65+ with self-reported ambulatory difficulty       11.6%       20.2%         % 65+ with clinical diagnosis of mobility impairments       3.3%       3.9%         % 65+ with self-reported self-care difficulty       8.9%       7.9%         % 65+ with self-reported independent living difficulty       9.6%       14.3%         ACCESS TO CARE	% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
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*         10.9%         16.7%           % dually eligible for Medicare and Medicaid         *         10.9%         16.7%           % 60+ with a regular doctor         96.1%         96.4%         96.4%           % 60+ who did not see doctor when needed due to cost         3.7%         4.1%           # of primary care providers within 5 miles         0         10,333           # of hospitals within 5 miles         0         66           # of nursing homes within 5 miles         0         399           # of home health agencies         3         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         *         6.7         7.8	Medicare (65+ population)			
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# of primary care providers within 5 miles       0       10,333         # of hospitals within 5 miles       0       66         # of nursing homes within 5 miles       0       399         # of nome health agencies       3       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       *       6.7       7.8	% 60+ with a regular doctor		96.1%	96.4%
# of hospitals within 5 miles       0       66         # of nursing homes within 5 miles       0       399         # of home health agencies       3       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       *       6.7       7.8	% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of nursing homes within 5 miles       0       399         # of home health agencies       3       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       *       6.7       7.8	# of primary care providers within 5 miles		0	10,333
# of home health agencies3299# of community health centers0116# of adult day health centers0131# of memory cafes095# of dementia-related support groups0136SERVICE UTILIZATIONPhysician visits per year*6.77.8	# of hospitals within 5 miles		0	66
# of community health centers0116# of adult day health centers0131# of memory cafes095# of dementia-related support groups0136SERVICE UTILIZATIONPhysician visits per year*6.77.8	# of nursing homes within 5 miles		0	399
# of adult day health centers0131# of memory cafes095# of dementia-related support groups0136SERVICE UTILIZATIONPhysician visits per year*6.77.8	# of home health agencies		3	299
# of memory cafes095# of dementia-related support groups0136SERVICE UTILIZATIONPhysician visits per year*6.77.8	# of community health centers		0	116
# of dementia-related support groups 0 136 SERVICE UTILIZATION Physician visits per year * 6.7 7.8	# of adult day health centers		0	131
SERVICE UTILIZATION Physician visits per year * 6.7 7.8	# of memory cafes		0	95
Physician visits per year * 6.7 7.8	# of dementia-related support groups		0	136
	SERVICE UTILIZATION			
Emergency room visits/1000 persons 65+ years per year*527639	Physician visits per year	*	6.7	7.8
	Emergency room visits/1000 persons 65+ years per year	*	527	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	40.3	52.4
Home health visits per year	*	2.4	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year		271	294
Medicare inpatient hospital readmissions (as % of admissions)		20.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		85	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		9.6%	18.0%
Walkability score of community (0-100)		3	N/A
% of grandparents raising grandchildren		1.1%	0.8%
% of grandparents who live with grandchildren		2.0%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		54.7%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		84.1%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		45.7%	28.7%
% 65+ who own a motor vehicle		89.5%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		4	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.0	N/A
Heath (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		11.6%	8.7%
% 60+ receiving food stamps past year		18.5%	12.3%
% 65+ employed past year		32.9%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		25.6%	23.6%
% households with annual income \$20,000-\$49,999		39.5%	32.5%
% households with annual income > \$50,000		34.9%	43.9%
% 60+ own home		100.0%	72.7%
% 60+ have mortgage on home		45.0%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		41.9%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).
## Leverett (Franklin)

Leverett is a rural town in western Massachusetts with 477 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents of Leverett do better on several healthy aging indicators with lower rates of obesity, high cholesterol, depression, anxiety disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, osteoarthritis and rheumatoid arthritis, osteoporosis, leukemias and lymphomas, lung cancer, anemia, chronic kidney disease, liver diseases, glaucoma, cataract, ulcers, and visual impairment. However, they have higher rates of post-traumatic stress disorder and personality disorders. Community resources to promote healthy aging include having a Council on Aging, recreation department, and lifelong learning opportunities.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,972	6,742,143
Population 60 years or older as % of total population		33.2%	21.2%
Total population 60 years or older		655	1,428,144
Population 65 years or older as % of total population		24.2%	15.1%
Total population 65 years or older		477	1,016,679
% 65-74 years		66.5%	55.3%
% 75-84 years		28.3%	29.4%
% 85 years or older		5.2%	15.2%
Gender (65+ population)			
% female		48.0%	57.2%
Race/Ethnicity (65+ population)			
% White		99.6%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.4%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		71.1%	52.5%
% divorced/separated		14.0%	14.0%
% widowed		9.4%	25.5%
% never married		5.5%	8.0%
Education (65+ population)			
% with less than high school education		4.4%	16.5%
% with high school or some college		23.9%	52.6%
% with college degree		71.7%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		16.5%	30.2%
% of 65+ population who speak only English at home		94.8%	83.3%
% of 65+ population who are veterans of military service		13.4%	18.8%
Age-sex adjusted 1-year mortality rate		3.7%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.6%	3.6%
% moved from different county in Massachusetts		0.6%	1.1%
% moved from different state		0.6%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture		3.7%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		51	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	13.2%	19.0%
% 65+ with high cholesterol	В	60.2%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	27.5%	31.5%
% 65+ with anxiety disorders	В	21.5%	25.4%
% 65+ with bipolar disorders		5.5%	4.5%
% 65+ with post-traumatic stress disorder	W	3.2%	1.8%
% 65+ with schizophrenia & other psychotic disorders		6.3%	5.9%
% 65+ with personality disorders	W	2.9%	1.4%
# opioid deaths (all ages)		1	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	6.6%
% 65+ with tobacco use disorders		8.6%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	9.2%	13.6%
% 65+ with diabetes	В	20.2%	31.7%
% 65+ with stroke		10.8%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	13.1%	21.5%
% 65+ with asthma	В	11.5%	15.0%
% 65+ with hypertension	В	60.2%	76.2%
% 65+ ever had a heart attack	В	3.2%	4.6%
% 65+ with ischemic heart disease	В	24.8%	40.2%
% 65+ with congestive heart failure	В	13.3%	22.4%
% 65+ with atrial fibrillation	В	12.1%	15.9%
% 65+ with peripheral vascular disease	В	14.0%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	47.7%	52.4%
% 65+ with osteoporosis	В	16.7%	20.7%
% 65+ with leukemias and lymphomas	В	1.3%	2.3%
% 65+ with lung cancer	В	1.4%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		9.2%	10.9%
% 65+ women with endometrial cancer		2.9%	1.9%
% 65+ men with prostate cancer		10.7%	13.8%
% 65+ with benign prostatic hyperplasia		37.9%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.3%	21.1%
% 65+ with anemia	В	31.9%	46.6%
% 65+ with chronic kidney disease	В	18.2%	27.3%
% 65+ with liver diseases	В	4.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		17.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.5%	4.6%
% 65+ with epilepsy		3.2%	2.9%
% 65+ with traumatic brain injury		1.3%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	В	20.8%	25.7%
% 65+ with cataract	В	59.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.7%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	42.8%	60.7%
% 65+ with 0 chronic conditions	В	12.3%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		11.3%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		15.9%	16.1%
% 65+ with self-reported vision difficulty		2.5%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.8%	1.5%
% 65+ with self-reported cognition difficulty		1.9%	8.3%
% 65+ with self-reported ambulatory difficulty		5.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.8%	3.9%
% 65+ with self-reported self-care difficulty		0.6%	7.9%
% 65+ with self-reported independent living difficulty		3.8%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	15.6%	23.1%
% dually eligible for Medicare and Medicaid	*	9.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		7	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	*	6.9	7.8
Emergency room visits/1000 persons 65+ years per year	*	392	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	35.7	52.4
Home health visits per year	*	2.1	4.0
Durable medical equipment claims per year	*	1.5	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	175	294
Medicare inpatient hospital readmissions (as % of admissions)		19.2%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	51	106
# skilled nursing home Medicare beds/1000 persons 65+ years		43	43
% 65+ getting Medicaid long term services and supports	*	2.3%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		28.4%	18.0%
Walkability score of community (0-100)		6	N/A
% of grandparents raising grandchildren		0.5%	0.8%
% of grandparents who live with grandchildren		2.1%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		3.6%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		82.4%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		27	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		591	1,825
% of licensed drivers who are age 61+		45.1%	28.7%
% 65+ who own a motor vehicle		99.0%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		3	132,351
# of senior transportation providers		1	324
# of medical transportation services for older people		1	268
# of nonmedical transportation services for older people		4	252
Summary transportation performance score		0.0	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		4.2%	8.7%
% 60+ receiving food stamps past year		5.1%	12.3%
% 65+ employed past year		47.2%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		4.8%	23.6%
% households with annual income \$20,000-\$49,999		19.5%	32.5%
% households with annual income > \$50,000		75.8%	43.9%
% 60+ own home		98.5%	72.7%
% 60+ have mortgage on home		53.3%	34.1%
% 65+ households spend >35% of income on housing (renter)		1.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		19.5%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

# Leyden (Franklin)



Leyden is a rural town in western Massachusetts and borders Vermont with 98 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents of Leyden do better on several healthy aging indicators with lower rates of hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, ischemic heart disease, osteoarthritis and rheumatoid arthritis, osteoporosis, leukemias and lymphomas, anemia, liver diseases, traumatic brain injury, and visual impairment. Community resources to promote healthy aging include a Council on Aging and a recreation department.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		691	6,742,143
Population 60 years or older as % of total population		28.9%	21.2%
Total population 60 years or older		200	1,428,144
Population 65 years or older as % of total population		14.2%	15.1%
Total population 65 years or older		98	1,016,679
% 65-74 years		76.5%	55.3%
% 75-84 years		14.3%	29.4%
% 85 years or older		9.2%	15.2%
Gender (65+ population)			
% female		43.9%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		3.1%	3.8%
Marital Status (65+ population)			
% married		60.2%	52.5%
% divorced/separated		21.4%	14.0%
% widowed		18.4%	25.5%
% never married		0.0%	8.0%
Education (65+ population)			
% with less than high school education		3.1%	16.5%
% with high school or some college		52.0%	52.6%
% with college degree		44.9%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		17.3%	30.2%
% of 65+ population who speak only English at home		95.9%	83.3%
% of 65+ population who are veterans of military service		30.6%	18.8%
Age-sex adjusted 1-year mortality rate		5.1%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		2.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.3%	19.0%
% 65+ with high cholesterol	В	65.3%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		30.2%	31.5%
% 65+ with anxiety disorders	В	19.5%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	6.6%
% 65+ with tobacco use disorders	В	7.2%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	9.8%	13.6%
% 65+ with diabetes	В	23.0%	31.7%
% 65+ with stroke		12.2%	12.0%
% 65+ with chronic obstructive pulmonary disease		20.4%	21.5%
% 65+ with asthma		14.4%	15.0%
% 65+ with hypertension		72.0%	76.2%
% 65+ ever had a heart attack		3.3%	4.6%
% 65+ with ischemic heart disease	В	35.0%	40.2%
% 65+ with congestive heart failure		19.0%	22.4%
% 65+ with atrial fibrillation		16.9%	15.9%
% 65+ with peripheral vascular disease		18.9%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	43.6%	52.4%
% 65+ with osteoporosis	В	12.9%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer		10.0%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer		10.5%	13.8%
% 65+ with benign prostatic hyperplasia		35.7%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		25.3%	21.1%
% 65+ with anemia	В	37.7%	46.6%
% 65+ with chronic kidney disease		27.9%	27.3%
% 65+ with liver diseases	В	4.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		21.4%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		27.7%	25.7%
% 65+ with cataract		70.1%	65.4%
% 65+ with pressure ulcer or chronic ulcer		6.1%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	52.1%	60.7%
% 65+ with 0 chronic conditions	В	10.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		20.4%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		16.9%	16.1%
% 65+ with self-reported vision difficulty		8.2%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		10.2%	8.3%
% 65+ with self-reported ambulatory difficulty		15.3%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		6.1%	7.9%
% 65+ with self-reported independent living difficulty		11.2%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		25.3%	23.1%
% dually eligible for Medicare and Medicaid	*	9.4%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		14	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	*	7.0	7.8
Emergency room visits/1000 persons 65+ years per year		578	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	42.8	52.4
Home health visits per year	*	2.0	4.0
Durable medical equipment claims per year		2.1	1.9
Inpatient hospital stays/1000 persons 65+ years per year		268	294
Medicare inpatient hospital readmissions (as % of admissions)		14.4%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		106	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		7.9%	18.0%
Walkability score of community (0-100)		3	N/A
% of grandparents raising grandchildren		2.4%	0.8%
% of grandparents who live with grandchildren		3.5%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		11.6%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		85.2%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		46.2%	28.7%
% 65+ who own a motor vehicle		96.6%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		1	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.0	N/A
Leyden (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		3.1%	8.7%
% 60+ receiving food stamps past year		6.3%	12.3%
% 65+ employed past year		30.6%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		12.1%	23.6%
% households with annual income \$20,000-\$49,999		24.1%	32.5%
% households with annual income > \$50,000		63.8%	43.9%
% 60+ own home		96.3%	72.7%
% 60+ have mortgage on home		45.8%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		19.0%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
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### 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.

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## **Monroe (Franklin)**



Monroe is a small rural town 115 miles west-northwest of Boston with 22 residents aged 65 or older. The transit score suggests that there is minimal transit available (0/10). Compared to state averages, older residents of Monroe have lower rates of visual impairment, hearing impairment, traumatic brain injury, liver diseases, chronic kidney disease, anemia, prostate cancer, colon cancer, lung cancer, leukemias and lymphomas, osteoporosis, arthritis, peripheral vascular disease, congestive heart failure, ischemic heart disease, hypertension, asthma, chronic obstructive pulmonary disease, diabetes, Alzheimer's disease, schizophrenia and other psychotic disorders, bipolar disorders, anxiety disorders, high cholesterol, and hip fracture. However, they have a higher rate of post-traumatic stress disorder. Monroe has limited community resources to promote healthy aging.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		95	6,742,143
Population 60 years or older as % of total population		26.3%	21.2%
Total population 60 years or older		25	1,428,144
Population 65 years or older as % of total population		23.2%	15.1%
Total population 65 years or older		22	1,016,679
% 65-74 years		45.5%	55.3%
% 75-84 years		54.5%	29.4%
% 85 years or older		0.0%	15.2%
Gender (65+ population)			
% female		54.5%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		22.7%	52.5%
% divorced/separated		18.2%	14.0%
% widowed		54.5%	25.5%
% never married		4.5%	8.0%
Education (65+ population)			
% with less than high school education		13.6%	16.5%
% with high school or some college		86.4%	52.6%
% with college degree		0.0%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		50.0%	30.2%
% of 65+ population who speak only English at home		95.5%	83.3%
% of 65+ population who are veterans of military service		18.2%	18.8%
Age-sex adjusted 1-year mortality rate		5.4%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		31.8%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.4%	19.0%
% 65+ with high cholesterol	В	64.1%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		4.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		27.9%	31.5%
% 65+ with anxiety disorders	В	19.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders		8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.1%	13.6%
% 65+ with diabetes	В	25.2%	31.7%
% 65+ with stroke		10.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	16.2%	21.5%
% 65+ with asthma	В	11.9%	15.0%
% 65+ with hypertension	В	66.5%	76.2%
% 65+ ever had a heart attack		4.2%	4.6%
% 65+ with ischemic heart disease	В	33.0%	40.2%
% 65+ with congestive heart failure	В	18.5%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	14.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		11.2%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia		35.5%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.4%	21.1%
% 65+ with anemia	В	38.5%	46.6%
% 65+ with chronic kidney disease	В	21.0%	27.3%
% 65+ with liver diseases	В	5.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

<ul> <li>% 65+ with migraine and other chronic headache</li> <li>% 65+ with epilepsy</li> <li>% 65+ with traumatic brain injury</li> <li>% 65+ with autism spectrum disorders</li> <li>% 65+ with glaucoma</li> <li>% 65+ with glaucoma</li> <li>% 65+ with cataract</li> <li>% 65+ with pressure ulcer or chronic ulcer</li> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with self-reported cognition difficulty</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>	В	4.9% 2.5% 0.8%	4.6% 2.9%
<ul> <li>% 65+ with traumatic brain injury</li> <li>% 65+ with autism spectrum disorders</li> <li>% 65+ with glaucoma</li> <li>% 65+ with cataract</li> <li>% 65+ with pressure ulcer or chronic ulcer</li> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with self-reported cognition difficulty</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>	В		2 00/
<ul> <li>% 65+ with autism spectrum disorders</li> <li>% 65+ with glaucoma</li> <li>% 65+ with cataract</li> <li>% 65+ with pressure ulcer or chronic ulcer</li> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with self-reported cognition difficulty</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>	В	0.8%	2.3/0
<ul> <li>% 65+ with glaucoma</li> <li>% 65+ with cataract</li> <li>% 65+ with pressure ulcer or chronic ulcer</li> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>			1.5%
<ul> <li>% 65+ with cataract</li> <li>% 65+ with pressure ulcer or chronic ulcer</li> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>		0.1%	0.1%
<ul> <li>% 65+ with pressure ulcer or chronic ulcer</li> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>		26.3%	25.7%
<ul> <li>% 65+ with 4+ (out of 15) chronic conditions</li> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>		68.9%	65.4%
<ul> <li>% 65+ with 0 chronic conditions</li> <li>LIVING WITH DISABILITY</li> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>		7.8%	8.5%
LIVING WITH DISABILITY % 65+ with self-reported hearing difficulty % 65+ with clinical diagnosis of deafness or hearing impairment % 65+ with self-reported vision difficulty % 65+ with clinical diagnosis of blindness or visual impairment % 65+ with self-reported cognition difficulty	В	50.9%	60.7%
<ul> <li>% 65+ with self-reported hearing difficulty</li> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>	В	13.9%	7.3%
<ul> <li>% 65+ with clinical diagnosis of deafness or hearing impairment</li> <li>% 65+ with self-reported vision difficulty</li> <li>% 65+ with clinical diagnosis of blindness or visual impairment</li> <li>% 65+ with self-reported cognition difficulty</li> </ul>			
% 65+ with self-reported vision difficulty % 65+ with clinical diagnosis of blindness or visual impairment % 65+ with self-reported cognition difficulty		36.4%	14.2%
% 65+ with clinical diagnosis of blindness or visual impairment % 65+ with self-reported cognition difficulty	В	10.8%	16.1%
% 65+ with self-reported cognition difficulty		40.9%	5.8%
	В	0.9%	1.5%
		13.6%	8.3%
% 65+ with self-reported ambulatory difficulty		18.2%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		50.0%	7.9%
% 65+ with self-reported independent living difficulty		13.6%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		22.0%	23.1%
% dually eligible for Medicare and Medicaid	*	10.9%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		3	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	*	6.7	7.8
Emergency room visits/1000 persons 65+ years per year		0.7	.0

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	40.3	52.4
Home health visits per year	*	2.4	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year		271	294
Medicare inpatient hospital readmissions (as % of admissions)		20.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		85	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		38.1%	18.0%
Walkability score of community (0-100)		2	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		0.0%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		24.6%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		79.5%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		31.8%	28.7%
% 65+ who own a motor vehicle		91.7%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		0	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score Monroe (Franklin)		0.0	N/A PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		0.0%	8.7%
% 60+ receiving food stamps past year		33.3%	12.3%
% 65+ employed past year		4.5%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		25.0%	23.6%
% households with annual income \$20,000-\$49,999		75.0%	32.5%
% households with annual income > \$50,000		0.0%	43.9%
% 60+ own home		84.6%	72.7%
% 60+ have mortgage on home		30.8%	34.1%
% 65+ households spend >35% of income on housing (renter)		8.3%	11.6%
% 65+ households spend >35% of income on housing (owner)		50.0%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

## **Montague (Franklin)**

FOUNDATION

Montague is a rural town comprised of five villages along the Connecticut River in the upper Pioneer Valley. It has 1,696 residents aged 65 or older. The transit score suggests that there is minimal transit available (2/10). Compared to state averages, older residents of Montague have lower rates of visual impairment, lung cancer, and leukemias/lymphomas. However, they have higher rates of obesity, depression, post-traumatic stress disorder, personality disorders, substance use disorder, tobacco use disorder, Alzheimer's disease, stroke, chronic obstructive pulmonary disease, hypothyroidism, fibromyalgia, and cataract. Community resources to promote healthy aging include being a MA Department of Public Health Mass in Motion community, having a Council on Aging, and a cultural council.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		8,325	6,742,143
Population 60 years or older as % of total population		27.1%	21.2%
Total population 60 years or older		2,258	1,428,144
Population 65 years or older as % of total population		20.4%	15.1%
Total population 65 years or older		1,696	1,016,679
% 65-74 years		56.1%	55.3%
% 75-84 years		29.7%	29.4%
% 85 years or older		14.2%	15.2%
Gender (65+ population)			
% female		59.4%	57.2%
Race/Ethnicity (65+ population)			
% White		93.2%	90.0%
% African American		0.3%	4.3%
% Asian		6.3%	3.2%
% Other		0.3%	2.5%
% Hispanic/Latino		1.3%	3.8%
Marital Status (65+ population)			
% married		48.1%	52.5%
% divorced/separated		15.7%	14.0%
% widowed		31.1%	25.5%
% never married		5.1%	8.0%
Education (65+ population)			
% with less than high school education		18.1%	16.5%
% with high school or some college		56.1%	52.6%
% with college degree		25.8%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		27.7%	30.2%
% of 65+ population who speak only English at home		86.6%	83.3%
% of 65+ population who are veterans of military service		22.6%	18.8%
Age-sex adjusted 1-year mortality rate		4.3%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		2.7%	3.6%
% moved from different county in Massachusetts		2.1%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture		3.7%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		36	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	W	25.5%	19.0%
% 65+ with high cholesterol		72.9%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		10.7%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	W	37.1%	31.5%
% 65+ with anxiety disorders		25.5%	25.4%
% 65+ with bipolar disorders		5.5%	4.5%
% 65+ with post-traumatic stress disorder	W	3.2%	1.8%
% 65+ with schizophrenia & other psychotic disorders		6.3%	5.9%
% 65+ with personality disorders	W	2.9%	1.4%
# opioid deaths (all ages)		2	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)	W	10.6%	6.6%
% 65+ with tobacco use disorders	W	15.8%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	W	17.0%	13.6%
% 65+ with diabetes		32.4%	31.7%
% 65+ with stroke	W	15.4%	12.0%
% 65+ with chronic obstructive pulmonary disease	W	25.9%	21.5%
% 65+ with asthma		16.1%	15.0%
% 65+ with hypertension		76.4%	76.2%
% 65+ ever had a heart attack		4.9%	4.6%
% 65+ with ischemic heart disease		38.8%	40.2%
% 65+ with congestive heart failure	W	27.9%	22.4%
% 65+ with atrial fibrillation		17.5%	15.9%
% 65+ with peripheral vascular disease	W	22.9%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis		50.5%	52.4%
% 65+ with osteoporosis		20.0%	20.7%
% 65+ with leukemias and lymphomas	В	1.3%	2.3%
% 65+ with lung cancer	В	1.4%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		9.1%	10.9%
% 65+ women with endometrial cancer		2.9%	1.9%
% 65+ men with prostate cancer		11.5%	13.8%
% 65+ with benign prostatic hyperplasia		37.4%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	W	25.7%	21.1%
% 65+ with anemia		45.8%	46.6%
% 65+ with chronic kidney disease		30.0%	27.3%
% 65+ with liver diseases		8.2%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue	W	24.3%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.5%	4.6%
% 65+ with epilepsy		3.2%	2.9%
% 65+ with traumatic brain injury		1.3%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		26.7%	25.7%
% 65+ with cataract	W	70.3%	65.4%
% 65+ with pressure ulcer or chronic ulcer		8.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions		62.7%	60.7%
% 65+ with 0 chronic conditions		7.5%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		17.3%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		14.9%	16.1%
% 65+ with self-reported vision difficulty		2.9%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.8%	1.5%
% 65+ with self-reported cognition difficulty		10.4%	8.3%
% 65+ with self-reported ambulatory difficulty		22.7%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.8%	3.9%
% 65+ with self-reported self-care difficulty		9.4%	7.9%
% 65+ with self-reported independent living difficulty		14.3%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		23.5%	23.1%
% dually eligible for Medicare and Medicaid	*	20.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		7	299
# of community health centers		1	116
# of adult day health centers		0	131
# of memory cafes		0	95
# of dementia-related support groups		3	136
SERVICE UTILIZATION			
Physician visits per year	*	6.8	7.8
Emergency room visits/1000 persons 65+ years per year		736	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	55.7	52.4
Home health visits per year		3.1	4.0
Durable medical equipment claims per year		2.2	1.9
Inpatient hospital stays/1000 persons 65+ years per year		281	294
Medicare inpatient hospital readmissions (as % of admissions)	*	11.5%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		100	106
# skilled nursing home Medicare beds/1000 persons 65+ years		74	43
% 65+ getting Medicaid long term services and supports	*	9.3%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		24.6%	18.0%
Walkability score of community (0-100)		31	N/A
% of grandparents raising grandchildren		0.5%	0.8%
% of grandparents who live with grandchildren		3.7%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		7.5%	9.8%
# of universities and community colleges		0	163
# of public libraries		3	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		68.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		695	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		2,387	1,825
% of licensed drivers who are age 61+		33.8%	28.7%
% 65+ who own a motor vehicle		90.6%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		3	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		136	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		1.9	N/A
Montague (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		5.2%	8.7%
% 60+ receiving food stamps past year		20.3%	12.3%
% 65+ employed past year		24.2%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		29.5%	23.6%
% households with annual income \$20,000-\$49,999		30.8%	32.5%
% households with annual income > \$50,000		39.8%	43.9%
% 60+ own home		64.6%	72.7%
% 60+ have mortgage on home		23.0%	34.1%
% 65+ households spend >35% of income on housing (renter)		5.5%	11.6%
% 65+ households spend >35% of income on housing (owner)		16.4%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

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

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### 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.

<u>Data Sources</u>. 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).

## New Salem (Franklin)

New Salem is the largest community by area in western Massachusetts (58.6 sq. miles) and has 218 residents aged 65 or older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents of New Salem have lower rates of obesity, high cholesterol, anxiety disorders, depression, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, osteoporosis, leukemias/lymphomas, anemia, chronic kidney disease, liver diseases, glaucoma, cataract, ulcers, and visual impairment. However, rates are higher for post-traumatic stress disorder and personality disorders. Community resources to promote healthy aging include a Council on Aging and an arts and cultural center.







HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture		3.7%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	13.2%	19.0%
% 65+ with high cholesterol	В	60.2%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	27.5%	31.5%
% 65+ with anxiety disorders	В	21.5%	25.4%
% 65+ with bipolar disorders		5.5%	4.5%
% 65+ with post-traumatic stress disorder	W	3.2%	1.8%
% 65+ with schizophrenia & other psychotic disorders		6.3%	5.9%
% 65+ with personality disorders	W	2.9%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	6.6%
% 65+ with tobacco use disorders		8.6%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	9.2%	13.6%
% 65+ with diabetes	В	20.2%	31.7%
% 65+ with stroke		10.8%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	13.1%	21.5%
% 65+ with asthma	В	11.5%	15.0%
% 65+ with hypertension	В	60.2%	76.2%
% 65+ ever had a heart attack	В	3.2%	4.6%
% 65+ with ischemic heart disease	В	24.8%	40.2%
% 65+ with congestive heart failure	В	13.3%	22.4%
% 65+ with atrial fibrillation	В	12.1%	15.9%
% 65+ with peripheral vascular disease	В	14.0%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	47.7%	52.4%
% 65+ with osteoporosis	В	16.7%	20.7%
% 65+ with leukemias and lymphomas	В	1.3%	2.3%
% 65+ with lung cancer	В	1.4%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		9.2%	10.9%
% 65+ women with endometrial cancer		2.9%	1.9%
% 65+ men with prostate cancer		10.7%	13.8%
% 65+ with benign prostatic hyperplasia		37.9%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.3%	21.1%
% 65+ with anemia	В	31.9%	46.6%
% 65+ with chronic kidney disease	В	18.2%	27.3%
% 65+ with liver diseases	В	4.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		17.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.5%	4.6%
% 65+ with epilepsy		3.2%	2.9%
% 65+ with traumatic brain injury		1.3%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	В	20.8%	25.7%
% 65+ with cataract	В	59.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.7%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	42.8%	60.7%
% 65+ with 0 chronic conditions	В	12.3%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		13.3%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		15.9%	16.1%
% 65+ with self-reported vision difficulty		1.4%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.8%	1.5%
% 65+ with self-reported cognition difficulty		6.0%	8.3%
% 65+ with self-reported ambulatory difficulty		11.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.8%	3.9%
% 65+ with self-reported self-care difficulty		6.0%	7.9%
% 65+ with self-reported independent living difficulty		9.6%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	15.6%	23.1%
% dually eligible for Medicare and Medicaid	*	9.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		5	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	*	6.9	7.8
Emergency room visits/1000 persons 65+ years per year	*	392	639

		ESTIMATE
*	35.7	52.4
*	2.1	4.0
*	1.5	1.9
*	175	294
	19.2%	17.9%
*	51	106
	43	43
*	2.3%	4.9%
	Not yet	Yes
	3	N/A
	1.4%	18.0%
	13	N/A
	0.0%	0.8%
	4.7%	2.9%
	0	238
	8.6%	9.8%
	0	163
	1	470
	0	83
	78.0%	97.0%
	71.0%	71.3%
	82.5%	71.3%
	N/A	396
	0	2
	16	1,126
	N/A	1,825
	38.9%	28.7%
	93.8%	82.4%
	84.5%	86.3%
	1	529
	11	529
	12	132,351
	0	324
	0	268
	0	252
	0.6	N/A
	*	*       1.5         *       175         19.2%       *         *       51         43       *         2.3%         Not yet         3         1.4%         13         0.0%         4.7%         0         8.6%         0         11         0         78.0%         71.0%         82.5%         N/A         0         16         N/A         38.9%         93.8%         84.5%         1         12         0         0         0         0         11         12         0         0         0         12         0         0         0         0         10         0         0         0         0         0         0         0         0

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		6.9%	8.7%
% 60+ receiving food stamps past year		5.5%	12.3%
% 65+ employed past year		28.9%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		15.1%	23.6%
% households with annual income \$20,000-\$49,999		30.1%	32.5%
% households with annual income > \$50,000		54.8%	43.9%
% 60+ own home		94.2%	72.7%
% 60+ have mortgage on home		56.7%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		30.8%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

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## **Northfield (Franklin)**

Northfield is a town located at the junction of the Massachusetts, New Hampshire, and Vermont state borders along the Connecticut River, 84 miles west-northwest of Boston. It has 511 residents aged 65 or older. The transit score suggests that there is minimal public transit (0/10). Compared to state averages, older residents of Northfield do better on most healthy aging indicators. Rates are better for: hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia/other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, peripheral vascular disease, arthritis, osteoporosis, leukemias/lymphomas, prostate cancer, benign prostatic hyperplasia, anemia, traumatic brain injury, ulcers, hearing impairment, and visual impairment. Community resources to promote healthy aging include a Council on Aging and an arts and cultural center.





POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		3,006	6,742,143
Population 60 years or older as % of total population		26.5%	21.2%
Total population 60 years or older		796	1,428,144
Population 65 years or older as % of total population		17.0%	15.1%
Total population 65 years or older		511	1,016,679
% 65-74 years		65.8%	55.3%
% 75-84 years		11.2%	29.4%
% 85 years or older		23.1%	15.2%
Gender (65+ population)			
% female		50.1%	57.2%
Race/Ethnicity (65+ population)			
% White		100.0%	90.0%
% African American		0.0%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		40.7%	52.5%
% divorced/separated		23.5%	14.0%
% widowed		28.2%	25.5%
% never married		7.6%	8.0%
Education (65+ population)			
% with less than high school education		9.6%	16.5%
% with high school or some college		51.1%	52.6%
% with college degree		39.3%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		19.0%	30.2%
% of 65+ population who speak only English at home		98.4%	83.3%
% of 65+ population who are veterans of military service		27.2%	18.8%
Age-sex adjusted 1-year mortality rate		4.8%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		3.1%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		5.9%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.2%	19.0%
% 65+ with high cholesterol	В	65.4%	75.0%
% 60+ excessive drinking		8.5%	9.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		28.5%	31.5%
% 65+ with anxiety disorders	В	18.7%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.2%	6.6%
% 65+ with tobacco use disorders	В	7.4%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.5%	13.6%
% 65+ with diabetes	В	25.9%	31.7%
% 65+ with stroke		10.1%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	18.1%	21.5%
% 65+ with asthma	В	12.3%	15.0%
% 65+ with hypertension	В	67.4%	76.2%
% 65+ ever had a heart attack	В	3.3%	4.6%
% 65+ with ischemic heart disease	В	32.5%	40.2%
% 65+ with congestive heart failure		20.6%	22.4%
% 65+ with atrial fibrillation		14.3%	15.9%
% 65+ with peripheral vascular disease	В	14.2%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	45.9%	52.4%
% 65+ with osteoporosis	В	13.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer		8.6%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	35.0%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		20.6%	21.1%
% 65+ with anemia	В	39.9%	46.6%
% 65+ with chronic kidney disease		25.4%	27.3%
% 65+ with liver diseases		7.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.3%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		25.6%	25.7%
% 65+ with cataract		65.4%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	49.5%	60.7%
% 65+ with 0 chronic conditions	В	11.8%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		24.9%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	9.4%	16.1%
% 65+ with self-reported vision difficulty		7.6%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		16.2%	8.3%
% 65+ with self-reported ambulatory difficulty		25.6%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		14.7%	7.9%
% 65+ with self-reported independent living difficulty		21.7%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		21.7%	23.1%
% dually eligible for Medicare and Medicaid	*	12.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		5	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	*	6.6	7.8
Emergency room visits/1000 persons 65+ years per year	*	543	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	42.8	52.4
Home health visits per year	*	2.3	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	239	294
Medicare inpatient hospital readmissions (as % of admissions)		15.8%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	68	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.1%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		22.6%	18.0%
Walkability score of community (0-100)		36	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		0.0%	2.9%
# of assisted living sites		1	238
% of vacant homes in community		11.9%	9.8%
# of universities and community colleges		0	163
# of public libraries		2	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		74.7%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		133	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		964	1,825
% of licensed drivers who are age 61+		38.5%	28.7%
% 65+ who own a motor vehicle		93.8%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		37	132,351
# of senior transportation providers		1	324
# of medical transportation services for older people		1	268
# of nonmedical transportation services for older people		2	252
Summary transportation performance score		0.0	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		5.3%	8.7%
% 60+ receiving food stamps past year		16.0%	12.3%
% 65+ employed past year		32.3%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		18.3%	23.6%
% households with annual income \$20,000-\$49,999		36.3%	32.5%
% households with annual income > \$50,000		45.4%	43.9%
% 60+ own home		85.5%	72.7%
% 60+ have mortgage on home		42.1%	34.1%
% 65+ households spend >35% of income on housing (renter)		0.0%	11.6%
% 65+ households spend >35% of income on housing (owner)		17.6%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).
# **Orange (Franklin)**

Orange is a rural community and part of the Springfield, Massachusetts Metropolitan Statistical Area with 1,302 residents aged 65 or older. The transit score suggests that there is minimal transit (2/10). Compared to state averages, older residents have lower rates of hip fracture, bipolar disorders, schizophrenia and other psychotic disorders, Alzheimer's disease, stroke, peripheral vascular disease, osteoporosis, leukemias and lymphomas, women with breast cancer, liver diseases, traumatic brain injury, glaucoma, hearing impairment, and visual impairment. However, they have higher rates of obesity and tobacco use disorder. Community resources to promote healthy aging include a Council on Aging and a recreation department.

POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		7,709	6,742,143
Population 60 years or older as % of total population		26.0%	21.2%
Total population 60 years or older		2,004	1,428,144
Population 65 years or older as % of total population		16.9%	15.1%
Total population 65 years or older		1,302	1,016,679
% 65-74 years		61.1%	55.3%
% 75-84 years		28.9%	29.4%
% 85 years or older		10.1%	15.2%
Gender (65+ population)			
% female		58.0%	57.2%
Race/Ethnicity (65+ population)			
% White		99.7%	90.0%
% African American		0.3%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		45.2%	52.5%
% divorced/separated		23.0%	14.0%
% widowed		24.7%	25.5%
% never married		7.1%	8.0%
Education (65+ population)			
% with less than high school education		15.1%	16.5%
% with high school or some college		69.1%	52.6%
% with college degree		15.8%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		37.0%	30.2%
% of 65+ population who speak only English at home		99.5%	83.3%
% of 65+ population who are veterans of military service		27.0%	18.8%
Age-sex adjusted 1-year mortality rate		4.3%	4.2%





HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.2%	3.6%
% moved from different county in Massachusetts		3.5%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		26	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	W	23.6%	19.0%
% 65+ with high cholesterol		73.6%	75.0%
% 60+ excessive drinking		8.5%	9.3%
		38.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		30.6%	31.5%
% 65+ with anxiety disorders		22.6%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		1	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		8.4%	6.6%
% 65+ with tobacco use disorders	W	12.9%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	11.2%	13.6%
% 65+ with diabetes		31.8%	31.7%
% 65+ with stroke	В	10.1%	12.0%
% 65+ with chronic obstructive pulmonary disease		23.5%	21.5%
% 65+ with asthma		17.2%	15.0%
% 65+ with hypertension		76.4%	76.2%
% 65+ ever had a heart attack		5.5%	4.6%
% 65+ with ischemic heart disease		40.7%	40.2%
% 65+ with congestive heart failure		21.2%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	16.3%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis		51.7%	52.4%
% 65+ with osteoporosis	В	14.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer	В	7.4%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer		12.3%	13.8%
% 65+ with benign prostatic hyperplasia		39.8%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		18.6%	21.1%
% 65+ with anemia		44.2%	46.6%
% 65+ with chronic kidney disease		25.3%	27.3%
% 65+ with liver diseases	В	6.7%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		22.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	В	20.3%	25.7%
% 65+ with cataract		62.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.3%	8.5%
% 65+ with 4+ (out of 15) chronic conditions		58.3%	60.7%
% 65+ with 0 chronic conditions		7.7%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		10.1%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	10.1%	16.1%
% 65+ with self-reported vision difficulty		6.1%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		8.8%	8.3%
% 65+ with self-reported ambulatory difficulty		27.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		9.1%	7.9%
% 65+ with self-reported independent living difficulty		15.7%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	32.6%	23.1%
% dually eligible for Medicare and Medicaid	*	20.5%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		5	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		1	399
# of home health agencies		11	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	*	6.3	7.8
Emergency room visits/1000 persons 65+ years per year		704	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	49.1	52.4
Home health visits per year	*	2.6	4.0
Durable medical equipment claims per year	*	2.4	1.9
Inpatient hospital stays/1000 persons 65+ years per year		274	294
Medicare inpatient hospital readmissions (as % of admissions)		16.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		95	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports		5.3%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		25.2%	18.0%
Walkability score of community (0-100)		58	N/A
% of grandparents raising grandchildren		1.7%	0.8%
% of grandparents who live with grandchildren		3.0%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		10.1%	9.8%
# of universities and community colleges		0	163
# of public libraries		2	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		71.2%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		284	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		1,822	1,825
% of licensed drivers who are age 61+		34.3%	28.7%
% 65+ who own a motor vehicle		92.2%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		98	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		1.7	N/A
Orange (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		12.7%	8.7%
% 60+ receiving food stamps past year		17.7%	12.3%
% 65+ employed past year		17.3%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		31.2%	23.6%
% households with annual income \$20,000-\$49,999		49.1%	32.5%
% households with annual income > \$50,000		19.8%	43.9%
% 60+ own home		68.0%	72.7%
% 60+ have mortgage on home		28.6%	34.1%
% 65+ households spend >35% of income on housing (renter)		7.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		17.3%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

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### 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.

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# **Rowe (Franklin)**

Rowe is a rural town on the Vermont border with 130 residents aged 65 or older. The transit score suggests that there is minimal transit (0/10). Compared to state averages, older residents have lower rates of hip fracture, high cholesterol, anxiety and bipolar disorders, schizophrenia and other psychotic disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, peripheral vascular disease, arthritis, osteoporosis, leukemias and lymphomas, lung cancer, colon cancer, prostate cancer, anemia, chronic kidnev disease, liver diseases, traumatic brain injury, hearing and visual impairments. However, they have a higher rate of post-traumatic stress disorder compared to the state average. Community resources to promote healthy aging include a Council on Aging and a Parks and Recreation department.



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HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.5%	3.6%
% moved from different county in Massachusetts		1.5%	1.1%
% moved from different state		0.8%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.4%	19.0%
% 65+ with high cholesterol	В	64.1%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		4.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		27.9%	31.5%
% 65+ with anxiety disorders	В	19.4%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.5%	6.6%
% 65+ with tobacco use disorders		8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.1%	13.6%
% 65+ with diabetes	В	25.2%	31.7%
% 65+ with stroke		10.6%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	16.2%	21.5%
% 65+ with asthma	В	11.9%	15.0%
% 65+ with hypertension	В	66.5%	76.2%
% 65+ ever had a heart attack		4.2%	4.6%
% 65+ with ischemic heart disease	В	33.0%	40.2%
% 65+ with congestive heart failure	В	18.5%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	14.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		11.2%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia		35.5%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.4%	21.1%
% 65+ with anemia	В	38.5%	46.6%
% 65+ with chronic kidney disease	В	21.0%	27.3%
% 65+ with liver diseases	В	5.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		26.3%	25.7%
% 65+ with cataract		68.9%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	50.9%	60.7%
% 65+ with 0 chronic conditions	В	13.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.3%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	10.8%	16.1%
% 65+ with self-reported vision difficulty		3.8%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		5.4%	8.3%
% 65+ with self-reported ambulatory difficulty		13.8%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		7.7%	7.9%
% 65+ with self-reported independent living difficulty		13.1%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		22.0%	23.1%
% dually eligible for Medicare and Medicaid	*	10.9%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		4	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	*	6.7	7.8
Emergency room visits/1000 persons 65+ years per year	*	527	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	40.3	52.4
Home health visits per year	*	2.4	4.0
Durable medical equipment claims per year		1.8	1.9
Inpatient hospital stays/1000 persons 65+ years per year		271	294
Medicare inpatient hospital readmissions (as % of admissions)		20.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		85	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		18.8%	18.0%
Walkability score of community (0-100)		9	N/A
% of grandparents raising grandchildren		0.3%	0.8%
% of grandparents who live with grandchildren		2.8%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		26.9%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		83.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		52.0%	28.7%
% 65+ who own a motor vehicle		98.8%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		0	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.0	N/A
Rowe (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		1.5%	8.7%
% 60+ receiving food stamps past year		5.5%	12.3%
% 65+ employed past year		22.3%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		8.8%	23.6%
% households with annual income \$20,000-\$49,999		46.3%	32.5%
% households with annual income > \$50,000		45.0%	43.9%
% 60+ own home		92.5%	72.7%
% 60+ have mortgage on home		30.8%	34.1%
% 65+ households spend >35% of income on housing (renter)		2.5%	11.6%
% 65+ households spend >35% of income on housing (owner)		11.3%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

# Shelburne (Franklin)

Shelburne is a rural town in northwestern Massachusetts with 443 residents aged 65 or older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents have lower rates of hip fracture, high cholesterol, bipolar disorders, schizophrenia and other psychotic disorders, diabetes, chronic obstructive pulmonary disease, hypertension, ischemic heart disease, peripheral vascular disease, arthritis, osteoporosis, leukemias and lymphomas, lung cancer, colon cancer, women with breast cancer, prostate cancer, benign prostatic hyperplasia, hypothyroidism, anemia, chronic kidney disease, liver diseases, traumatic brain injury, ulcers, hearing and visual impairment. However, they have a higher rate of post-traumatic stress disorder. Community resources to promote healthy aging include a Council on Aging, a Parks and Recreation department, and a memory café.





POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,826	6,742,143
Population 60 years or older as % of total population		34.6%	21.2%
Total population 60 years or older		631	1,428,144
Population 65 years or older as % of total population		24.3%	15.1%
Total population 65 years or older		443	1,016,679
% 65-74 years		65.2%	55.3%
% 75-84 years		26.6%	29.4%
% 85 years or older		8.1%	15.2%
Gender (65+ population)			
% female		58.0%	57.2%
Race/Ethnicity (65+ population)			
% White		97.3%	90.0%
% African American		0.9%	4.3%
% Asian		0.0%	3.2%
% Other		1.8%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		50.3%	52.5%
% divorced/separated		23.0%	14.0%
% widowed		18.5%	25.5%
% never married		8.1%	8.0%
Education (65+ population)			
% with less than high school education		12.2%	16.5%
% with high school or some college		41.5%	52.6%
% with college degree		46.3%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		32.5%	30.2%
% of 65+ population who speak only English at home		97.5%	83.3%
% of 65+ population who are veterans of military service		18.3%	18.8%
Age-sex adjusted 1-year mortality rate		5.1%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.1%	3.6%
% moved from different county in Massachusetts		1.6%	1.1%
% moved from different state		1.8%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		110	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		17.5%	19.0%
% 65+ with high cholesterol	В	59.7%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		30.6%	31.5%
% 65+ with anxiety disorders		21.9%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		7.4%	6.6%
% 65+ with tobacco use disorders		8.0%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		11.8%	13.6%
% 65+ with diabetes	В	18.9%	31.7%
% 65+ with stroke		13.0%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	17.4%	21.5%
% 65+ with asthma		12.6%	15.0%
% 65+ with hypertension	В	65.2%	76.2%
% 65+ ever had a heart attack		3.3%	4.6%
% 65+ with ischemic heart disease	В	28.5%	40.2%
% 65+ with congestive heart failure		21.3%	22.4%
% 65+ with atrial fibrillation		16.2%	15.9%
% 65+ with peripheral vascular disease	В	12.7%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	44.9%	52.4%
% 65+ with osteoporosis	В	11.8%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer	В	7.1%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer	В	9.8%	13.8%
% 65+ with benign prostatic hyperplasia	В	35.1%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	В	15.7%	21.1%
% 65+ with anemia	В	40.9%	46.6%
% 65+ with chronic kidney disease	В	21.6%	27.3%
% 65+ with liver diseases	В	4.7%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		21.9%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		25.9%	25.7%
% 65+ with cataract		66.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.3%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	48.9%	60.7%
% 65+ with 0 chronic conditions	В	13.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		13.0%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	12.9%	16.1%
% 65+ with self-reported vision difficulty		6.5%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		8.4%	8.3%
% 65+ with self-reported ambulatory difficulty		19.5%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
% 65+ with self-reported self-care difficulty		14.9%	7.9%
% 65+ with self-reported independent living difficulty		14.9%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	19.6%	23.1%
% dually eligible for Medicare and Medicaid	*	14.0%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		2	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		7	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	*	6.8	7.8
			639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	40.5	52.4
Home health visits per year	*	2.5	4.0
Durable medical equipment claims per year	*	1.5	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	223	294
Medicare inpatient hospital readmissions (as % of admissions)		15.8%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	76	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	3.1%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		6.9%	18.0%
Walkability score of community (0-100)		11	N/A
% of grandparents raising grandchildren		0.6%	0.8%
% of grandparents who live with grandchildren		1.7%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		13.1%	9.8%
# of universities and community colleges		0	163
# of public libraries		2	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		80.2%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		0	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		742	1,825
% of licensed drivers who are age 61+		41.8%	28.7%
% 65+ who own a motor vehicle		82.1%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		29	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		0.5	N/A
Shelburne (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		4.1%	8.7%
% 60+ receiving food stamps past year		12.0%	12.3%
% 65+ employed past year		23.0%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		17.9%	23.6%
% households with annual income \$20,000-\$49,999		28.9%	32.5%
% households with annual income > \$50,000		53.1%	43.9%
% 60+ own home		75.2%	72.7%
% 60+ have mortgage on home		29.9%	34.1%
% 65+ households spend >35% of income on housing (renter)		2.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		11.7%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

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### 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.

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# **Shutesbury (Franklin)**

Shutesbury is a rural town near Springfield with 252 residents aged 65 or older. The transit score suggests that there is minimal transit (0/10). Compared to state averages, older residents do better on several of healthy aging indicators, with lower rates of obesity, high cholesterol, depression, anxiety disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, osteoporosis, leukemias and lymphomas, lung cancer, anemia, chronic kidney disease, liver diseases, glaucoma, cataract, ulcers, and visual impairment. However, they have higher rates of post-traumatic stress disorder and personality disorders. Community resources to promote healthy aging include a Council on Aging and a Parks and Recreation department.





OUNDATION

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		2.4%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture		3.7%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	13.2%	19.0%
% 65+ with high cholesterol	В	60.2%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	27.5%	31.5%
% 65+ with anxiety disorders	В	21.5%	25.4%
% 65+ with bipolar disorders		5.5%	4.5%
% 65+ with post-traumatic stress disorder	W	3.2%	1.8%
% 65+ with schizophrenia & other psychotic disorders		6.3%	5.9%
% 65+ with personality disorders	W	2.9%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	6.6%
% 65+ with tobacco use disorders		8.6%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	9.2%	13.6%
% 65+ with diabetes	В	20.2%	31.7%
% 65+ with stroke		10.8%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	13.1%	21.5%
% 65+ with asthma	В	11.5%	15.0%
% 65+ with hypertension	В	60.2%	76.2%
% 65+ ever had a heart attack	В	3.2%	4.6%
% 65+ with ischemic heart disease	В	24.8%	40.2%
% 65+ with congestive heart failure	В	13.3%	22.4%
% 65+ with atrial fibrillation	В	12.1%	15.9%
% 65+ with peripheral vascular disease	В	14.0%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	47.7%	52.4%
% 65+ with osteoporosis	В	16.7%	20.7%
% 65+ with leukemias and lymphomas	В	1.3%	2.3%
% 65+ with lung cancer	В	1.4%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		9.2%	10.9%
% 65+ women with endometrial cancer		2.9%	1.9%
% 65+ men with prostate cancer		10.7%	13.8%
% 65+ with benign prostatic hyperplasia		37.9%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.3%	21.1%
% 65+ with anemia	В	31.9%	46.6%
% 65+ with chronic kidney disease	В	18.2%	27.3%
% 65+ with liver diseases	В	4.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		17.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.5%	4.6%
% 65+ with epilepsy		3.2%	2.9%
% 65+ with traumatic brain injury		1.3%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	В	20.8%	25.7%
% 65+ with cataract	В	59.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.7%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	42.8%	60.7%
% 65+ with 0 chronic conditions	В	12.3%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		11.5%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		15.9%	16.1%
% 65+ with self-reported vision difficulty		3.6%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.8%	1.5%
% 65+ with self-reported cognition difficulty		5.6%	8.3%
% 65+ with self-reported ambulatory difficulty		8.3%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.8%	3.9%
% 65+ with self-reported self-care difficulty		7.1%	7.9%
% 65+ with self-reported independent living difficulty		8.7%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	15.6%	23.1%
% dually eligible for Medicare and Medicaid	*	9.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		7	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	*	6.9	7.8
Emergency room visits/1000 persons 65+ years per year	*	392	639

STATE RATE <sup>1</sup>	ESTIMATE	ESTIMATE
*	35.7	52.4
*	2.1	4.0
*	1.5	1.9
*	175	294
	19.2%	17.9%
*	51	106
	43	43
*	2.3%	4.9%
	Not yet	Yes
	3	N/A
	13.7%	18.0%
	3	N/A
	0.4%	0.8%
	2.6%	2.9%
	0	238
	13.4%	9.8%
	0	163
	1	470
	0	83
	78.0%	97.0%
	71.0%	71.3%
	83.3%	71.3%
	N/A	396
	0	2
	16	1,126
	N/A	1,825
	38.2%	28.7%
	90.7%	82.4%
	84.5%	86.3%
	0	529
	11	529
	10	132,351
	0	324
	0	268
	0	252
	0.0	N/A
	* * * *	*       2.1         *       1.5         *       175         19.2%       *         *       51         43       *         2.3%         Not yet         3         13.7%         3         13.7%         3         13.7%         3         13.7%         3         0.4%         2.6%         0         13.4%         0         13.4%         0         13.4%         0         13.4%         0         11         0         78.0%         71.0%         83.3%         N/A         0         16         N/A         38.2%         90.7%         84.5%         0         11         10         0         0         0         11         10         0         0         0

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		7.5%	8.7%
% 60+ receiving food stamps past year		10.8%	12.3%
% 65+ employed past year		34.5%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		12.8%	23.6%
% households with annual income \$20,000-\$49,999		40.7%	32.5%
% households with annual income > \$50,000		46.5%	43.9%
% 60+ own home		98.1%	72.7%
% 60+ have mortgage on home		59.6%	34.1%
% 65+ households spend >35% of income on housing (renter)		1.7%	11.6%
% 65+ households spend >35% of income on housing (owner)		39.0%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

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

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### 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.

<u>Data Sources</u>. 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).

## **Sunderland (Franklin)**

Sunderland is a rural town in western Massachusetts about 30 miles north of Springfield with 325 residents aged 65 or older. The transit score suggests that there is some transit available (3/10). Compared to state averages, older residents do better on many indicators of healthy aging with lower rates of obesity, high cholesterol, depression, anxiety disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, osteoporosis, leukemias/ lymphomas, lung cancer, anemia, chronic kidney disease, liver diseases, glaucoma, cataract, ulcer, and visual impairment. However, they have higher rates of post-traumatic stress disorder and personality disorders. Community resources to promote healthy aging include a Council on Aging and a Parks and Recreation department.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		3,673	6,742,143
Population 60 years or older as % of total population		15.7%	21.2%
Total population 60 years or older		575	1,428,144
Population 65 years or older as % of total population		8.8%	15.1%
Total population 65 years or older		325	1,016,679
% 65-74 years		58.5%	55.3%
% 75-84 years		35.4%	29.4%
% 85 years or older		6.2%	15.2%
Gender (65+ population)			
% female		66.2%	57.2%
Race/Ethnicity (65+ population)			
% White		96.9%	90.0%
% African American		3.1%	4.3%
% Asian		0.0%	3.2%
% Other		0.0%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		40.9%	52.5%
% divorced/separated		18.5%	14.0%
% widowed		35.1%	25.5%
% never married		5.5%	8.0%
Education (65+ population)			
% with less than high school education		10.2%	16.5%
% with high school or some college		35.1%	52.6%
% with college degree		54.8%	30.9%
% of 60+ LGBT (county)		N/A	3.2%
% of 65+ population living alone		41.2%	30.2%
% of 65+ population who speak only English at home		100.0%	83.3%
% of 65+ population who are veterans of military service		13.5%	18.8%
Age-sex adjusted 1-year mortality rate		3.7%	4.2%



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		2.2%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture		3.7%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	В	13.2%	19.0%
% 65+ with high cholesterol	В	60.2%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		100.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	27.5%	31.5%
% 65+ with anxiety disorders	В	21.5%	25.4%
% 65+ with bipolar disorders		5.5%	4.5%
% 65+ with post-traumatic stress disorder	W	3.2%	1.8%
% 65+ with schizophrenia & other psychotic disorders		6.3%	5.9%
% 65+ with personality disorders	W	2.9%	1.4%
# opioid deaths (all ages)		1	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	6.6%
% 65+ with tobacco use disorders		8.6%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	9.2%	13.6%
% 65+ with diabetes	В	20.2%	31.7%
% 65+ with stroke		10.8%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	13.1%	21.5%
% 65+ with asthma	В	11.5%	15.0%
% 65+ with hypertension	В	60.2%	76.2%
% 65+ ever had a heart attack	В	3.2%	4.6%
% 65+ with ischemic heart disease	В	24.8%	40.2%
% 65+ with congestive heart failure	В	13.3%	22.4%
% 65+ with atrial fibrillation	В	12.1%	15.9%
% 65+ with peripheral vascular disease	В	14.0%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	47.7%	52.4%
% 65+ with osteoporosis	В	16.7%	20.7%
% 65+ with leukemias and lymphomas	В	1.3%	2.3%
% 65+ with lung cancer	В	1.4%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		9.2%	10.9%
% 65+ women with endometrial cancer		2.9%	1.9%
% 65+ men with prostate cancer		10.7%	13.8%
% 65+ with benign prostatic hyperplasia		37.9%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		19.3%	21.1%
% 65+ with anemia	В	31.9%	46.6%
% 65+ with chronic kidney disease	В	18.2%	27.3%
% 65+ with liver diseases	В	4.3%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		17.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.5%	4.6%
% 65+ with epilepsy		3.2%	2.9%
% 65+ with traumatic brain injury		1.3%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	В	20.8%	25.7%
% 65+ with cataract	В	59.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.7%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	42.8%	60.7%
% 65+ with 0 chronic conditions	В	12.3%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		4.4%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		15.9%	16.1%
% 65+ with self-reported vision difficulty		0.0%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.8%	1.5%
% 65+ with self-reported cognition difficulty		9.2%	8.3%
% 65+ with self-reported ambulatory difficulty		16.9%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.8%	3.9%
% 65+ with self-reported self-care difficulty		4.7%	7.9%
% 65+ with self-reported independent living difficulty		4.7%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	15.6%	23.1%
% dually eligible for Medicare and Medicaid	*	9.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		1	399
# of home health agencies		7	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	*	6.9	7.8
Emergency room visits/1000 persons 65+ years per year	*	392	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	35.7	52.4
Home health visits per year	*	2.1	4.0
Durable medical equipment claims per year	*	1.5	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	175	294
Medicare inpatient hospital readmissions (as % of admissions)		19.2%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	51	106
# skilled nursing home Medicare beds/1000 persons 65+ years		43	43
% 65+ getting Medicaid long term services and supports	*	2.3%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		21.5%	18.0%
Walkability score of community (0-100)		37	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		0.8%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		1.1%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		73.1%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		25.6%	28.7%
% 65+ who own a motor vehicle		95.3%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		45	132,351
# of senior transportation providers		2	324
# of medical transportation services for older people		2	268
# of nonmedical transportation services for older people		11	252
Summary transportation performance score		3.4	N/A
Sunderland (Franklin)			PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		1.2%	8.7%
% 60+ receiving food stamps past year		0.0%	12.3%
% 65+ employed past year		36.3%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		16.5%	23.6%
% households with annual income \$20,000-\$49,999		23.6%	32.5%
% households with annual income > \$50,000		59.9%	43.9%
% 60+ own home		82.0%	72.7%
% 60+ have mortgage on home		37.7%	34.1%
% 65+ households spend >35% of income on housing (renter)		5.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		29.2%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
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<u>Data Sources</u>. 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).

## Warwick (Franklin)

Warwick is a rural town located in the Springfield metropolitan area and has 164 residents aged 65 or older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents fare better on several healthy aging indicators with lower rates of hip fracture, bipolar disorders, schizophrenia/other psychotic disorders, Alzheimer's disease, stroke, peripheral vascular disease, osteoporosis, leukemia/lymphomas, women with breast cancer, liver diseases, traumatic brain injury, glaucoma, hearing and visual impairments. However, they have higher rates of obesity and tobacco use disorders. Community resources to promote healthy aging include a Council on Aging and an arts and/or cultural department.







HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.2%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		1.2%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese	W	23.6%	19.0%
% 65+ with high cholesterol		73.6%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		30.6%	31.5%
% 65+ with anxiety disorders		22.6%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		8.4%	6.6%
% 65+ with tobacco use disorders	W	12.9%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	11.2%	13.6%
% 65+ with diabetes		31.8%	31.7%
% 65+ with stroke	В	10.1%	12.0%
% 65+ with chronic obstructive pulmonary disease		23.5%	21.5%
% 65+ with asthma		17.2%	15.0%
% 65+ with hypertension		76.4%	76.2%
% 65+ ever had a heart attack		5.5%	4.6%
% 65+ with ischemic heart disease		40.7%	40.2%
% 65+ with congestive heart failure		21.2%	22.4%
% 65+ with atrial fibrillation		15.4%	15.9%
% 65+ with peripheral vascular disease	В	16.3%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis		51.7%	52.4%
% 65+ with osteoporosis	В	14.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer	В	7.4%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer		12.3%	13.8%
% 65+ with benign prostatic hyperplasia		39.8%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		18.6%	21.1%
% 65+ with anemia		44.2%	46.6%
% 65+ with chronic kidney disease		25.3%	27.3%
% 65+ with liver diseases	В	6.7%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		22.7%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	В	20.3%	25.7%
% 65+ with cataract		62.6%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.3%	8.5%
% 65+ with 4+ (out of 15) chronic conditions		58.3%	60.7%
% 65+ with 0 chronic conditions		7.7%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		11.6%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	10.1%	16.1%
% 65+ with self-reported vision difficulty		6.1%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		6.7%	8.3%
% 65+ with self-reported ambulatory difficulty		11.0%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		3.7%	7.9%
% 65+ with self-reported independent living difficulty		11.0%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	32.6%	23.1%
% dually eligible for Medicare and Medicaid	*	20.5%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		11	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	*	6.3	7.8
Emergency room visits/1000 persons 65+ years per year		704	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	49.1	52.4
Home health visits per year	*	2.6	4.0
Durable medical equipment claims per year	*	2.4	1.9
Inpatient hospital stays/1000 persons 65+ years per year		274	294
Medicare inpatient hospital readmissions (as % of admissions)		16.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		95	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports		5.3%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		52.3%	18.0%
Walkability score of community (0-100)		8	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		2.2%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		25.2%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		78.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		N/A	1,825
% of licensed drivers who are age 61+		41.0%	28.7%
% 65+ who own a motor vehicle		98.1%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		1	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score Warwick (Franklin)		0.6	N/A PAGE 5

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		7.9%	8.7%
% 60+ receiving food stamps past year		11.4%	12.3%
% 65+ employed past year		34.1%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		18.3%	23.6%
% households with annual income \$20,000-\$49,999		44.2%	32.5%
% households with annual income > \$50,000		37.5%	43.9%
% 60+ own home		95.9%	72.7%
% 60+ have mortgage on home		40.0%	34.1%
% 65+ households spend >35% of income on housing (renter)		4.8%	11.6%
% 65+ households spend >35% of income on housing (owner)		21.2%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).
POPULATION CHARACTERISTICS

## Wendell (Franklin)

Wendell is a rural town in western Massachusetts with 169 residents aged 65 or older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents do better on most healthy aging indicators. Rates are better for: hip fracture, high cholesterol, anxiety disorders, bipolar disorders, schizophrenia/other psychotic disorders, tobacco use disorder, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, peripheral vascular disease, arthritis, osteoporosis, leukemia/lymphomas, prostate cancer, anemia, benign prostatic hyperplasia, traumatic brain injury, ulcers, hearing impairment, and visual impairment. Community resources to promote healthy aging include a Council on Aging and an arts and/or cultural department.

**ESTIMATE ESTIMATE** STATE RATE<sup>1</sup> Total population all ages 813 6,742,143 Population 60 years or older as % of total population 34.2% 21.2% Total population 60 years or older 278 1,428,144 Population 65 years or older as % of total population 20.8% 15.1% Total population 65 years or older 169 1,016,679 % 65-74 years 81.1% 55.3% % 75-84 years 17.8% 29.4% % 85 years or older 1.2% 15.2% Gender (65+ population) % female 50.9% 57.2% Race/Ethnicity (65+ population) % White 100.0% 90.0% % African American 0.0% 4.3% % Asian 0.0% 3.2% % Other 0.0% 2.5% % Hispanic/Latino 0.0% 3.8% Marital Status (65+ population) % married 54.4% 52.5% % divorced/separated 32.0% 14.0% % widowed 10.7% 25.5% % never married 3.0% 8.0% Education (65+ population) % with less than high school education 11.8% 16.5% 40.2% % with high school or some college 52.6% % with college degree 47.9% 30.9% 3.2% % of 60+ LGBT (county) N/A % of 65+ population living alone 25.4% 30.2% % of 65+ population who speak only English at home 96.4% 83.3% % of 65+ population who are veterans of military service 20.7% 18.8% Age-sex adjusted 1-year mortality rate 4.8% 4.2%

**BETTER / WORSE** 

man area

STATE

COMMUNITY



HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		3.6%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		1.2%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.2%	19.0%
% 65+ with high cholesterol	В	65.4%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		0.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression		28.5%	31.5%
% 65+ with anxiety disorders	В	18.7%	25.4%
% 65+ with bipolar disorders	В	2.9%	4.5%
% 65+ with post-traumatic stress disorder		2.3%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		6.2%	6.6%
% 65+ with tobacco use disorders	В	7.4%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.5%	13.6%
% 65+ with diabetes	В	25.9%	31.7%
% 65+ with stroke		10.1%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	18.1%	21.5%
% 65+ with asthma	В	12.3%	15.0%
% 65+ with hypertension	В	67.4%	76.2%
% 65+ ever had a heart attack	В	3.3%	4.6%
% 65+ with ischemic heart disease	В	32.5%	40.2%
% 65+ with congestive heart failure		20.6%	22.4%
% 65+ with atrial fibrillation		14.3%	15.9%
% 65+ with peripheral vascular disease	В	14.2%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	45.9%	52.4%
% 65+ with osteoporosis	В	13.2%	20.7%
% 65+ with leukemias and lymphomas	В	1.6%	2.3%
% 65+ with lung cancer		1.7%	2.1%
% 65+ with colon cancer		2.5%	2.9%
% 65+ women with breast cancer		8.6%	10.9%
% 65+ women with endometrial cancer		2.7%	1.9%
% 65+ men with prostate cancer	В	9.3%	13.8%
% 65+ with benign prostatic hyperplasia	В	35.0%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		20.6%	21.1%
% 65+ with anemia	В	39.9%	46.6%
% 65+ with chronic kidney disease		25.4%	27.3%
% 65+ with liver diseases		7.6%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.3%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		5.1%	4.6%
% 65+ with epilepsy		2.3%	2.9%
% 65+ with traumatic brain injury	В	0.6%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma		25.6%	25.7%
% 65+ with cataract		65.4%	65.4%
% 65+ with pressure ulcer or chronic ulcer	В	5.8%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	В	49.5%	60.7%
% 65+ with 0 chronic conditions	В	11.8%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		14.8%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment	В	9.4%	16.1%
% 65+ with self-reported vision difficulty		3.6%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with self-reported cognition difficulty		1.2%	8.3%
% 65+ with self-reported ambulatory difficulty		10.1%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.2%	3.9%
% 65+ with self-reported self-care difficulty		1.2%	7.9%
% 65+ with self-reported independent living difficulty		4.7%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		21.7%	23.1%
% dually eligible for Medicare and Medicaid	*	12.3%	16.7%
% 60+ with a regular doctor		96.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		0	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		0	399
# of home health agencies		2	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	*	6.6	7.8
Emergency room visits/1000 persons 65+ years per year	*	543	639

* * * * * *	42.8 2.3 1.8 239 15.8% 68 0 3.1% Not yet	52.4 4.0 1.9 294 17.9% 106 43 4.9%
*	1.8         239         15.8%         68         0         3.1%	1.9 294 17.9% 106 43
*	239 15.8% 68 0 3.1%	294 17.9% 106 43
*	15.8% 68 0 3.1%	17.9% 106 43
	68 0 3.1%	106 43
	0 3.1%	43
*	3.1%	-
*		4.9%
	Not vet	
	Not vet	
	,	Yes
	3	N/A
	45.2%	18.0%
	8	N/A
	0.0%	0.8%
	1.3%	2.9%
	0	238
	6.4%	9.8%
	0	163
	1	470
	0	83
	78.0%	97.0%
	71.0%	71.3%
	79.5%	71.3%
	N/A	396
	0	2
	16	1,126
	N/A	1,825
	40.2%	28.7%
	93.1%	82.4%
	84.5%	86.3%
	0	529
	11	529
	1	132,351
	0	324
	0	268
	0	
	0	252
		1 0 78.0% 71.0% 79.5% N/A 0 16 N/A 40.2% 93.1% 84.5% 0 11 1 1

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		6.5%	8.7%
% 60+ receiving food stamps past year		17.2%	12.3%
% 65+ employed past year		45.0%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		18.1%	23.6%
% households with annual income \$20,000-\$49,999		44.0%	32.5%
% households with annual income > \$50,000		37.9%	43.9%
% 60+ own home		89.3%	72.7%
% 60+ have mortgage on home		54.3%	34.1%
% 65+ households spend >35% of income on housing (renter)		1.7%	11.6%
% 65+ households spend >35% of income on housing (owner)		18.1%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

## TECHNICAL NOTES

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

<u>Healthy Aging Data Report Team</u>. 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

# Whately (Franklin)

Whately is a rural town in western Massachusetts with 257 residents aged 65 or older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents fare better on most healthy aging indicators with lower rates of depression, bipolar disorders, schizophrenia/other psychotic disorders, tobacco use disorder, hip fracture, high cholesterol, Alzheimer's disease, stroke, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, atrial fibrillation, osteoarthritis/rheumatoid arthritis, osteoporosis, lung cancer, leukaemia/lymphomas, colon cancer, anemia, chronic kidney disease, liver diseases, traumatic brain injury, ulcers, and visual impairment. However, they have higher rates of post-traumatic stress disorder and hypothyroidism. One community resource to promote healthy aging is the Council on Aging.







HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		0.0%	3.6%
% moved from different county in Massachusetts		0.0%	1.1%
% moved from different state		0.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		76.9%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		24.7%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		58.3%	56.8%
% 60+ met CDC guidelines for both types of physical activities		21.6%	20.8%
% 60+ getting recommended hours of sleep		60.9%	62.7%
% 60+ injured in a fall within last 12 months		14.5%	10.6%
% 65+ had hip fracture	В	3.0%	3.7%
% 60+ with self-reported fair or poor health status		14.0%	18.0%
% 60+ with 15+ physically unhealthy days last month		8.8%	12.7%
% 60+ with physical exam/check-up in past year		86.9%	89.3%
% 60+ met CDC preventive health screening goals		34.6%	35.0%
% 60+ flu shot past year		60.2%	60.8%
% 65+ with pneumonia vaccine		69.3%	72.0%
% 60+ with shingles vaccine		44.8%	39.7%
% 60+ with cholesterol screening		93.4%	95.7%
% 60+ women with a mammogram within last 2 years		83.8%	84.8%
% 60+ with colorectal cancer screening		59.0%	63.3%
% 60+ with HIV test		18.5%	15.6%
% 60+ current smokers		12.2%	8.5%
% 60+ living in a home where smoking is not allowed		81.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		39.1%	32.5%
% 60+ with annual dental exam		73.1%	77.5%
# of dentists per 100,000 persons (all ages)		0	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.8%	21.5%
% 60+ self-reported obese		24.4%	23.1%
% 65+ clinically diagnosed obese		21.0%	19.0%
% 65+ with high cholesterol	В	69.8%	75.0%
% 60+ excessive drinking		8.5%	9.3%
% 65+ with poor supermarket access		100.0%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.6%	7.0%
% 65+ with depression	В	27.9%	31.5%
% 65+ with anxiety disorders		23.1%	25.4%
% 65+ with bipolar disorders	В	2.6%	4.5%
% 65+ with post-traumatic stress disorder	W	2.8%	1.8%
% 65+ with schizophrenia & other psychotic disorders	В	3.1%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		0	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)		5.4%	6.6%
% 65+ with tobacco use disorders	В	5.8%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	В	10.2%	13.6%
% 65+ with diabetes	В	27.7%	31.7%
% 65+ with stroke	В	8.7%	12.0%
% 65+ with chronic obstructive pulmonary disease	В	14.4%	21.5%
% 65+ with asthma	В	11.0%	15.0%
% 65+ with hypertension	В	70.6%	76.2%
% 65+ ever had a heart attack		5.1%	4.6%
% 65+ with ischemic heart disease	В	28.8%	40.2%
% 65+ with congestive heart failure	В	18.0%	22.4%
% 65+ with atrial fibrillation	В	13.5%	15.9%
% 65+ with peripheral vascular disease		17.5%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis	В	46.3%	52.4%
% 65+ with osteoporosis	В	12.6%	20.7%
% 65+ with leukemias and lymphomas	В	1.5%	2.3%
% 65+ with lung cancer	В	1.0%	2.1%
% 65+ with colon cancer	В	2.1%	2.9%
% 65+ women with breast cancer		9.8%	10.9%
% 65+ women with endometrial cancer		1.6%	1.9%
% 65+ men with prostate cancer		11.7%	13.8%
% 65+ with benign prostatic hyperplasia		41.3%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	W	25.4%	21.1%
% 65+ with anemia	В	36.5%	46.6%
% 65+ with chronic kidney disease	В	23.6%	27.3%
% 65+ with liver diseases	В	5.4%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		18.5%	19.8%

% 65+ with epilepsy         2.5%         2.99           % 65+ with atumatic brain injury         B         0.8%         1.59           % 65+ with quarties brain injury         B         0.8%         1.59           % 65+ with quarties brain injury         B         0.8%         1.59           % 65+ with quarties brain injury         66.0%         65.49           % 65+ with pressure ulcer or chronic ulcer         B         5.7%         8.55           % 65+ with pressure ulcer or chronic conditions         B         51.0%         60.79           % 65+ with pressure ulcer or chronic conditions         B         51.0%         60.73           % 65+ with pressure ulcer or chronic conditions         B         51.0%         60.73           % 65+ with pressure ulcer or chronic conditions         B         51.0%         60.73           % 65+ with self-reported hearing difficulty         12.1%         14.29         8.58           % 65+ with self-reported cognition difficulty         1.5%         2.029         8.54         8.33         3.99           % 65+ with self-reported cognition difficulty         1.6%         7.99         3.37         3.99           % 65+ with self-reported cognition difficulty         1.6%         7.99         3.15%         3.15%	HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with traumatic brain injury         B         0.8%         1.59           % 65+ with glaucoma         27.9%         25.77           % 65+ with dataract         68.0%         65.49           % 65+ with traumatic brain injury         B         5.7%         8.65           % 65+ with traumatic brain injury         B         5.7%         8.65           % 65+ with 4+ (out of 15) chronic conditions         B         51.0%         60.7%           % 65+ with 4+ (out of 15) chronic conditions         B         51.0%         60.7%           % 65+ with 4+ (out of 15) chronic conditions         B         51.0%         60.7%           % 65+ with elif-reported hearing difficulty         12.1%         14.29           % 65+ with self-reported vision difficulty         4.3%         5.89           % 65+ with self-reported cognition difficulty         4.3%         5.89           % 65+ with self-reported ambulatory difficulty         1.5.2%         20.29           % 65+ with self-reported ambulatory difficulty         1.6%         7.99           % 65+ with self-reported ambulatory difficulty         1.6%         7.99           % 65+ with self-reported independent living difficulty         1.6%         7.99           % 65+ with self-reported independent living difficulty         1.6%	% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with autism spectrum disorders         0.1%         0.1%         0.19           % 65+ with glaucoma         27.9%         25.79           % 65+ with cataract         68.0%         65.44           % 65+ with pressure lucer or chronic ulcer         B         5.7%         8.59           % 65+ with of conditions         B         51.0%         60.79           % 65+ with of conditions         9.3%         7.33           LIVING WITH DISABILITY         14.29         14.29           % 65+ with of chronic conditions         9.3%         5.89           % 65+ with self-reported hearing difficulty         12.1%         14.29           % 65+ with self-reported vision difficulty         4.3%         5.89           % 65+ with self-reported cognition difficulty         1.2%         8.33           % 65+ with self-reported ambulatory difficulty         1.2%         8.33           % 65+ with self-reported ambulatory difficulty         1.2%         8.33           % 65+ with self-reported ambulatory difficulty         1.2%         8.33           % 65+ with self-reported self-care difficulty         1.6%         7.99           % 65+ with self-reported self-care difficulty         1.6%         7.99           % 65+ with self-reported self-care difficulty         1.6%	% 65+ with epilepsy		2.5%	2.9%
% 65+ with glaucoma         27.9%         25.79           % 65+ with cataract         68.0%         665.49           % 65+ with q (out of 15) chronic conditions         B         5.7%         8.59           % 65+ with 4 (out of 15) chronic conditions         B         51.0%         60.77           % 65+ with 0 chronic conditions         9.3%         7.33         7.33           LIVING WITH DISABILITY         12.1%         14.29           % 65+ with clinical diagnosis of deafness or hearing impairment         14.3%         16.19           % 65+ with clinical diagnosis of deafness or visual impairment         B         0.9%         1.59           % 65+ with clinical diagnosis of blindness or visual impairment         B         0.9%         1.59           % 65+ with self-reported cognition difficulty         1.2%         8.33         3.99           % 65+ with self-reported ambulatory difficulty         1.6%         7.99         65+ with self-reported ambulatory difficulty         1.6%         7.99           % 65+ with self-reported ambulatory difficulty         1.6%         7.99         65+ with self-reported ambulatory difficulty         1.6%         7.99           % 65+ with self-reported ambulatory         616         7.99         65+ with self-reported ambulatory         1.6%         7.99	% 65+ with traumatic brain injury	В	0.8%	1.5%
% 65+ with cataract         68.0%         65.4%           % 65+ with pressure ulcer or chronic ulcer         B         5.7%         8.59           % 65+ with 4+ (out of 15) chronic conditions         B         51.0%         60.7%           % 65+ with 0 chronic conditions         9.3%         7.3%         14/10%           LIVING WITH DISABILITY         14.2%         14.2%           % 65+ with self-reported hearing difficulty         4.3%         5.8%           % 65+ with clinical diagnosis of deafness or hearing impairment         B         0.9%         1.5%           % 65+ with self-reported vision difficulty         1.2%         8.3%           % 65+ with self-reported ambulatory difficulty         1.6%         7.9%           % 65+ with self-reported ambulatory difficulty         8.2%         14.3%           ACCESS TO CARE         1.6%         7.9%           Medicare managed care enrollees         *         20.8%         23.1%           % 60+ with a figligible for Medicare and Medicaid         *         5.9%         16.7%	% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with pressure ulcer or chronic ulcer         B         5.7%         8.55           % 65+ with 4+ (out of 15) chronic conditions         B         51.0%         60.79           % 65+ with 0 chronic conditions         9.3%         7.39           LIVING WITH DISABILITY         12.1%         14.29           % 65+ with self-reported hearing difficulty         12.1%         14.29           % 65+ with clinical diagnosis of deafness or hearing impairment         B         0.9%         15.9%           % 65+ with self-reported vision difficulty         4.3%         5.89         65.4%         7.99         65.4%         65.4%         7.99         65.4%         7.99         65.4%         7.99         65.4%         7.99         65.4%         7.99         65.4%         7.99         65.4%         7.99         66.4%         96.4%         96.4%         96.4%         96.4%         96.4%         96.4%         96.4%         96.4%	% 65+ with glaucoma		27.9%	25.7%
% 65+ with 4+ (out of 15) chronic conditions         B         51.0%         60.7?           % 65+ with 0 chronic conditions         9.3%         7.39           LIVING WITH DISABILITY         12.1%         14.2?           % 65+ with self-reported hearing difficulty         12.1%         14.2?           % 65+ with self-reported vision difficulty         4.3%         5.89           % 65+ with clinical diagnosis of blindness or visual impairment         B         0.9%         1.5?           % 65+ with self-reported cognition difficulty         12.2%         8.33         3.99           % 65+ with self-reported ambulatory difficulty         15.2%         20.2?         8.5*         with self-reported ambulatory difficulty         15.2%         20.2?           % 65+ with self-reported ambulatory difficulty         15.2%         20.2?         8.5*         4.3%         3.39         3.99           % 65+ with self-reported ambulatory difficulty         16.7%         20.2%         14.3%         7.99           % 65+ with self-reported ambulatory difficulty         18.2%         14.3%         7.99         65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65         9.65	% 65+ with cataract		68.0%	65.4%
% 65+ with 0 chronic conditions         9.3%         7.39           LIVING WITH DISABILITY         12.1%         14.29           % 65+ with self-reported hearing difficulty         12.1%         14.29           % 65+ with self-reported vision difficulty         4.3%         5.89           % 65+ with self-reported cognition difficulty         4.3%         5.89           % 65+ with self-reported cognition difficulty         1.2%         8.39           % 65+ with self-reported cognition difficulty         1.2%         8.39           % 65+ with self-reported cognition difficulty         1.2%         8.39           % 65+ with self-reported ambulatory difficulty         1.2%         8.39           % 65+ with self-reported ambulatory difficulty         1.2%         8.39           % 65+ with self-reported ambulatory difficulty         1.6%         7.99           % 65+ with self-reported self-care difficulty         1.6%         7.99           % 65+ with self-reported independent living difficulty         8.2%         14.39           ACCESS TO CARE         1.6%         7.99           Medicare (65+ population)         *         5.9%         16.79           % dually eligible for Medicare and Medicaid         *         5.9%         16.79           % 60+ who did not see doctor when needed due	% 65+ with pressure ulcer or chronic ulcer	В	5.7%	8.5%
LIVING WITH DISABILITY% 65+ with self-reported hearing difficulty12.1%14.29% 65+ with clinical diagnosis of deafness or hearing impairment14.3%16.19% 65+ with self-reported vision difficulty4.3%5.89% 65+ with self-reported cognition difficulty1.2%8.39% 65+ with self-reported cognition difficulty1.2%8.39% 65+ with self-reported ambulatory difficulty15.2%20.29% 65+ with self-reported ambulatory difficulty15.2%20.29% 65+ with self-reported ambulatory difficulty1.6%7.99% 65+ with self-reported self-care difficulty1.6%7.99% 65+ with self-reported independent living difficulty8.2%14.39ACCESS TO CAREMedicare (65+ population)16.79% 60+ with a regular doctor96.1%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.19% of primary care providers within 5 miles010.33% of home health agencies629% of nursing homes within 5 miles011% of adult day health centers013% of dementia-related support groups013% of dementia-related support groups013% for menory cafes013% for menory cafes <t< td=""><td>% 65+ with 4+ (out of 15) chronic conditions</td><td>В</td><td>51.0%</td><td>60.7%</td></t<>	% 65+ with 4+ (out of 15) chronic conditions	В	51.0%	60.7%
% 65+ with self-reported hearing difficulty       12.1%       14.29         % 65+ with clinical diagnosis of deafness or hearing impairment       14.3%       16.19         % 65+ with self-reported vision difficulty       4.3%       5.89         % 65+ with self-reported cognition difficulty       1.2%       8.39         % 65+ with self-reported cognition difficulty       1.2%       8.39         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with self-reported self-care difficulty       1.6%       7.99         % 65+ with self-reported self-care difficulty       1.6%       7.99         % 65+ with self-reported independent living difficulty       8.2%       14.39         ACCESS TO CARE       1.6%       7.99         Medicare (65+ population)       96.1%       99.1%         % dually eligible for Medicare and Medicaid       *       5.9%       16.79         % 60+ with a regular doctor       96.1%       96.49       4.49         % of nursing homes within 5 miles       0       66       4.9         % of nursing homes within 5 miles       0       66       29         # of nursing homes within 5 miles       0       1.39       39	% 65+ with 0 chronic conditions		9.3%	7.3%
% 65+ with clinical diagnosis of deafness or hearing impairment       14.3%       16.19         % 65+ with self-reported vision difficulty       4.3%       5.88         % 65+ with self-reported cognition difficulty       1.2%       8.33         % 65+ with self-reported cognition difficulty       1.2%       8.39         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with self-reported self-care difficulty       1.6%       7.99         % 65+ with self-reported independent living difficulty       8.2%       14.39         ACCESS TO CARE       8.2%       14.39         Medicare (65+ population)       8.2%       14.39         % 60+ with a regular doctor       96.1%       96.49         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         % of nursing homes within 5 miles       0       10.33         # of nursing homes within 5 miles       0       13         # of onursing home swithin 5 miles       0       13         # of onursing homes within 5 miles       0       13         # of onursing homes within 5 miles       0       13         # of onursing home swithin 5 miles       0       13	LIVING WITH DISABILITY			
% 65+ with self-reported vision difficulty       4.3%       5.8%         % 65+ with clinical diagnosis of blindness or visual impairment       B       0.9%       1.5%         % 65+ with self-reported cognition difficulty       1.2%       8.3%         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with clinical diagnosis of mobility impairments       3.3%       3.99         % 65+ with self-reported self-care difficulty       1.6%       7.99         % 65+ with self-reported independent living difficulty       8.2%       14.39         ACCESS TO CARE       8.2%       14.39         Medicare (65+ population)       8.2%       16.79         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         % of norsing homes within 5 miles       0       10.33         # of norsing homes within 5 miles       1       39         # of normarity health centers       0       11         # of odmentia-related support groups       0       13         # of dementia-related support groups       0       13         # of dementia-related support grou	% 65+ with self-reported hearing difficulty		12.1%	14.2%
% 65+ with clinical diagnosis of blindness or visual impairment         B         0.9%         1.5%           % 65+ with self-reported cognition difficulty         12%         8.39           % 65+ with self-reported ambulatory difficulty         15.2%         20.29           % 65+ with self-reported ambulatory difficulty         15.2%         20.29           % 65+ with self-reported self-care difficulty         1.6%         7.99           % 65+ with self-reported self-care difficulty         1.6%         7.99           % 65+ with self-reported independent living difficulty         8.2%         14.39           ACCESS TO CARE          20.8%         23.19           % decare managed care enrollees         *         20.8%         23.19           % dually eligible for Medicare and Medicaid         *         5.9%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           # of nursing homes within 5 miles         0         10.33           # of home health agencies         6         29           # of community health centers         0         11           # of adult day health centers         0         13           # of mem	% 65+ with clinical diagnosis of deafness or hearing impairment		14.3%	16.1%
% 65+ with self-reported cognition difficulty       1.2%       8.39         % 65+ with self-reported ambulatory difficulty       15.2%       20.29         % 65+ with clinical diagnosis of mobility impairments       3.3%       3.99         % 65+ with self-reported self-care difficulty       1.6%       7.99         % 65+ with self-reported independent living difficulty       8.2%       14.39         ACCESS TO CARE        20.8%       23.19         % deciare managed care enrollees       *       20.8%       23.19         % dually eligible for Medicare and Medicaid       *       5.9%       16.79         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         % of primary care providers within 5 miles       0       10.33         # of nornsing homes within 5 miles       0       10.33         # of onursing homes within 5 miles       0       11         # of onursing homes within 5 miles       0       13         # of dementia-related support groups       0       13         # of memory cafes       0       13         # of dementia-related support groups       0       13         BerVICE UTILIZATION       *       7.3       7. <td>% 65+ with self-reported vision difficulty</td> <td></td> <td>4.3%</td> <td>5.8%</td>	% 65+ with self-reported vision difficulty		4.3%	5.8%
% 65+ with self-reported ambulatory difficulty         15.2%         20.29           % 65+ with clinical diagnosis of mobility impairments         3.3%         3.99           % 65+ with self-reported self-care difficulty         1.6%         7.99           % 65+ with self-reported independent living difficulty         8.2%         14.39           ACCESS TO CARE          7.99           Medicare (65+ population)         *         20.8%         23.19           % dually eligible for Medicare and Medicaid         *         5.9%         16.79           % 60+ who did not see doctor when needed due to cost         3.7%         4.19           # of primary care providers within 5 miles         0         10,33           # of nonsing homes within 5 miles         0         10,33           # of nursing homes within 5 miles         0         11           # of adult day health centers         0         11           # of adult day health centers         0         13           # of memory cafes         0         9           # of dementia-related support groups         0         13           # of dementia-related support groups         0         13           BERVICE UTILIZATION         *         7.3         7.	% 65+ with clinical diagnosis of blindness or visual impairment	В	0.9%	1.5%
% 65+ with clinical diagnosis of mobility impairments3.3%3.9%% 65+ with self-reported self-care difficulty1.6%7.9%% 65+ with self-reported independent living difficulty8.2%14.3%ACCESS TO CAREMedicare (65+ population)*20.8%23.1%% dually eligible for Medicare and Medicaid*5.9%16.7%% 60+ with a regular doctor96.1%96.4%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.1%# of primary care providers within 5 miles010,33# of nonsing homes within 5 miles066# of nursing homes within 5 miles011# of adult day health centers011# of adult day health centers013# of dementia-related support groups013BERVICE UTILIZATION*7.37.Physician visits per year*7.37.	% 65+ with self-reported cognition difficulty		1.2%	8.3%
% 65+ with self-reported self-care difficulty1.6%7.99% 65+ with self-reported independent living difficulty8.2%14.39ACCESS TO CAREMedicare (65+ population)*20.8%23.19% Medicare managed care enrollees*20.8%23.19% dually eligible for Medicare and Medicaid*5.9%16.79% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles010,33# of hospitals within 5 miles06# of nursing homes within 5 miles01# of nursing homes within 5 miles011# of nursing homes within 5 miles011# of deumentiare tenters011# of deumentiare tenters013# of deumentiare tenters013# of deumentiare tenters013# of deumentiare tenters013BERVICE UTILIZATION*7.3Physician visits per year*7.3	% 65+ with self-reported ambulatory difficulty		15.2%	20.2%
% 65+ with self-reported independent living difficulty8.2%14.3%ACCESS TO CARE*20.8%23.1%Medicare (65+ population)*20.8%23.1%% Medicare managed care enrollees*20.8%23.1%% dually eligible for Medicare and Medicaid*5.9%16.7%% 60+ with a regular doctor96.1%96.4%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.1%# of primary care providers within 5 miles010,33# of hospitals within 5 miles066# of nursing homes within 5 miles139# of nome health agencies629# of oromnunity health centers011# of adult day health centers013# of dementia-related support groups013SERVICE UTILIZATION*7.37.	% 65+ with clinical diagnosis of mobility impairments		3.3%	3.9%
ACCESS TO CAREMedicare (65+ population)% Medicare managed care enrollees*20.8%23.19% dually eligible for Medicare and Medicaid*5.9%16.79% 60+ with a regular doctor96.1%96.49% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles010,33# of hospitals within 5 miles066# of nursing homes within 5 miles066# of nursing homes within 5 miles139# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATION*7.37.3	% 65+ with self-reported self-care difficulty		1.6%	7.9%
Medicare (65+ population)% Medicare managed care enrollees*20.8%23.19% dually eligible for Medicare and Medicaid*5.9%16.79% 60+ with a regular doctor96.1%96.49% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles010,33# of hospitals within 5 miles066# of nursing homes within 5 miles06# of nursing homes within 5 miles06# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATION*7.37.	% 65+ with self-reported independent living difficulty		8.2%	14.3%
% Medicare managed care enrollees       *       20.8%       23.19         % dually eligible for Medicare and Medicaid       *       5.9%       16.79         % 60+ with a regular doctor       96.1%       96.49         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         # of primary care providers within 5 miles       0       10,33         # of hospitals within 5 miles       0       6         # of nursing homes within 5 miles       0       6         # of nome health agencies       6       29         # of community health centers       0       11         # of adult day health centers       0       13         # of dementia-related support groups       0       13         # of dementia-related support groups       0       13         Physician visits per year       *       7.3       7.	ACCESS TO CARE			
% intendent in intraged care enrotities       20.8%       23.17         % dually eligible for Medicare and Medicaid       *       5.9%       16.79         % 60+ with a regular doctor       96.1%       96.4%         % 60+ who did not see doctor when needed due to cost       3.7%       4.19         # of primary care providers within 5 miles       0       10,33         # of hospitals within 5 miles       0       66         # of nursing homes within 5 miles       0       6         # of nursing homes within 5 miles       0       1         # of nursing homes within 5 miles       0       11         # of nursing homes within 5 miles       0       11         # of community health centers       0       11         # of adult day health centers       0       13         # of memory cafes       0       13         # of dementia-related support groups       0       13         SERVICE UTILIZATION       *       7.3       7.	Medicare (65+ population)			
% duality englishe for interlicate and interlicate3.5%16.7%% 60+ with a regular doctor96.1%96.4%% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles010,33# of hospitals within 5 miles06# of nursing homes within 5 miles139# of home health agencies629# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATION* 7.37.	% Medicare managed care enrollees	*	20.8%	23.1%
% 60+ who did not see doctor when needed due to cost3.7%4.19# of primary care providers within 5 miles010,33# of hospitals within 5 miles06# of nursing homes within 5 miles139# of home health agencies629# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATION* 7.3 7.	% dually eligible for Medicare and Medicaid	*	5.9%	16.7%
# of primary care providers within 5 miles       0       10,33         # of hospitals within 5 miles       0       6         # of nursing homes within 5 miles       1       39         # of nursing homes within 5 miles       1       39         # of home health agencies       6       29         # of community health centers       0       11         # of adult day health centers       0       13         # of memory cafes       0       9         # of dementia-related support groups       0       13         SERVICE UTILIZATION       *       7.3       7.	% 60+ with a regular doctor		96.1%	96.4%
# of hospitals within 5 miles06# of nursing homes within 5 miles139# of nursing home within 5 miles139# of home health agencies629# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATIONPhysician visits per year*7.37.	% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of nursing homes within 5 miles139# of home health agencies629# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATIONPhysician visits per year*7.37.	# of primary care providers within 5 miles		0	10,333
# of home health agencies629# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATIONPhysician visits per year*7.37.	# of hospitals within 5 miles		0	66
# of community health centers011# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATIONPhysician visits per year*7.37.	# of nursing homes within 5 miles		1	399
# of adult day health centers013# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATIONPhysician visits per year*7.37.	# of home health agencies		6	299
# of memory cafes09# of dementia-related support groups013SERVICE UTILIZATIONPhysician visits per year*7.37.	# of community health centers		0	116
# of dementia-related support groups 0 13 SERVICE UTILIZATION Physician visits per year * 7.3 7.	# of adult day health centers		0	131
SERVICE UTILIZATIONPhysician visits per year*7.37.	# of memory cafes		0	95
Physician visits per year * 7.3 7.	# of dementia-related support groups		0	136
	SERVICE UTILIZATION			
Emergency room visits/1000 persons 65+ years per year * 477 63	Physician visits per year	*	7.3	7.8
	Emergency room visits/1000 persons 65+ years per year	*	477	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	41.5	52.4
Home health visits per year	*	2.1	4.0
Durable medical equipment claims per year		1.6	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	220	294
Medicare inpatient hospital readmissions (as % of admissions)	*	11.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year	*	76	106
# skilled nursing home Medicare beds/1000 persons 65+ years		0	43
% 65+ getting Medicaid long term services and supports	*	1.5%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		3	N/A
Open space in community		10.8%	18.0%
Walkability score of community (0-100)		13	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		1.8%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		7.7%	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)		78.0%	97.0%
% 60+ who used Internet in last month		71.0%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		81.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		155	396
Homicide rate /100,000 persons (county)		0	2
# firearm fatalities (county)		16	1,126
Property crime rate /100,000 persons		947	1,825
% of licensed drivers who are age 61+		40.1%	28.7%
% 65+ who own a motor vehicle		93.8%	82.4%
% 60+ who always drive wearing a seatbelt		84.5%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		11	529
Total # of all crashes involving adult age 60+/town		52	132,351
# of senior transportation providers		0	324
# of medical transportation services for older people		0	268
# of nonmedical transportation services for older people		0	252
Summary transportation performance score		1.1	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		2.3%	8.7%
% 60+ receiving food stamps past year		3.9%	12.3%
% 65+ employed past year		32.3%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		10.2%	23.6%
% households with annual income \$20,000-\$49,999		27.3%	32.5%
% households with annual income > \$50,000		62.5%	43.9%
% 60+ own home		92.7%	72.7%
% 60+ have mortgage on home		40.4%	34.1%
% 65+ households spend >35% of income on housing (renter)		3.4%	11.6%
% 65+ households spend >35% of income on housing (owner)		22.2%	20.4%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,892	\$24,636	0.97
Single, renter, good health	\$25,788	\$28,248	0.91
Couple, homeowner without mortgage, good health	\$36,276	\$36,168	1.00
Couple, renter, good health	\$38,172	\$39,780	0.96

## TECHNICAL NOTES

\*See our technical report (online at <u>http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical</u>) 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 <u>not</u> 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.

<u>Data Sources</u>. 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).

<u>Healthy Aging Data Report Team</u>. 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