Ashland (Grafton)

TUFTS
Health Plan
**FOUNDATION**

Ashland is a rural town in central New Hampshire that is home to Scribner-Fellows State Forest. There are 405 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of obesity, depression, anxiety and bipolar disorders, schizophrenia and other psychotic disorders, tobacco use disorders, Alzheimer's disease or related dementias, diabetes, chronic obstructive pulmonary disease, peripheral vascular disease, osteoporosis, chronic kidney disease, fibromyalgia/chronic pain/fatigue, migraine, epilepsy, pressure ulcers, and visual or mobility impairments. Community resources to support healthy aging include one hospital within 5 miles, 4 home health agencies, a senior center, and a public library.
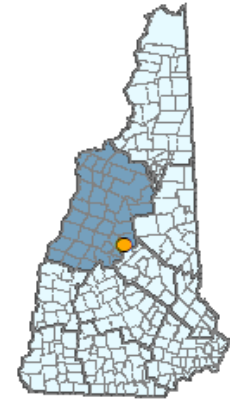
POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		2,159	1,327,503
Population 60 years or older as % of total population		24.5%	22.7%
Total population 60 years or older		528	301,630
Population 65 years or older as % of total population		18.8%	15.8%
Total population 65 years or older		405	210,385
% 65-74 years		63.0%	58.5%
% 75-84 years		28.4%	28.6%
% 85 years or older		8.6%	12.9%
Gender (65+ population)			
% female		62.2%	54.7%
Race/Ethnicity (65+ population)			
% White		97.5%	97.7%
% African American		0.0%	0.5%
% Asian		0.0%	0.9%
% Other		2.5%	0.9%
% Hispanic/Latino		0.0%	0.9%
Marital Status (65+ population)			
% married		56.5%	58.5%
% divorced/separated		7.4%	14.0%
% widowed		28.1%	22.9%
% never married		7.9%	4.6%
Education (65+ population)			
% with less than high school education		8.9%	12.3%
% with high school or some college		63.2%	57.1%
% with college degree		27.9%	30.6%
% of 65+ population living alone		26.7%	26.1%
% of 65+ population who speak only English at home		94.8%	91.3%
% of 65+ population who are veterans of military service		23.7%	24.8%
Age-sex adjusted 1-year mortality rate		3.0%	4.1%

HEALTHY AGING INDICATORS

	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		2.7%	3.6%
% moved from different county in New Hampshire		0.0%	1.0%
% moved from different state		0.0%	1.7%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		77.5%	74.5%
% 60+ met CDC guidelines for muscle-strengthening activity		30.4%	26.0%
% 60+ met CDC guidelines for aerobic physical activity		61.7%	58.6%
% 60+ met CDC guidelines for both types of physical activities		24.3%	19.9%
% 60+ getting recommended hours of sleep		68.7%	66.4%
% 60+ injured in a fall within last 12 months		8.2%	10.4%
% 65+ had hip fracture		2.7%	3.3%
% 60+ with self-reported fair or poor health status		13.3%	16.5%
% 60+ with 15+ physically unhealthy days last month		14.1%	12.5%
% 60+ with physical exam/check-up in past year		83.2%	86.5%
% 60+ met CDC preventive health screening goals		38.5%	40.3%
% 60+ flu shot past year		60.9%	59.3%
% 65+ with pneumonia vaccine		83.7%	77.8%
% 60+ with cholesterol screening		93.9%	95.3%
% 60+ women with a mammogram within last 2 years		79.2%	79.3%
% 60+ with colorectal cancer screening		69.9%	77.0%
% 60+ with HIV test		18.1%	13.5%
% 60+ current smokers		8.8%	8.1%
Oral Health			
% 60+ with loss of 6 or more teeth		31.7%	29.0%
% 60+ with annual dental exam		73.5%	75.7%
# of dentists per 100,000 persons (all ages) (county)		83	72
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		24.1%	20.2%
% 60+ self-reported obese		22.1%	27.2%
% 65+ clinically diagnosed obese	B	11.3%	16.7%
% 65+ with high cholesterol		69.7%	72.2%
% 60+ excessive drinking		7.0%	9.2%
% 65+ with poor supermarket access		0.0%	28.4%

HEALTHY AGING INDICATORS

	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.8%	6.9%
% 65+ with depression	B	22.3%	28.8%
% 65+ with anxiety disorders	B	15.6%	21.9%
% 65+ with bipolar disorders	B	1.5%	3.1%
% 65+ with post-traumatic stress disorder		1.5%	1.4%
% 65+ with schizophrenia & other psychotic disorders	B	2.6%	4.9%
% 65+ with personality disorders		0.7%	1.1%
# opioid deaths (all ages) (county)		45	1,279
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.9%	5.5%
% 65+ with tobacco use disorders	B	8.0%	10.4%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	B	9.7%	12.0%
% 65+ with diabetes	B	23.5%	28.2%
% 65+ with stroke		10.1%	10.8%
% 65+ with chronic obstructive pulmonary disease	B	17.2%	20.5%
% 65+ with asthma		13.3%	13.0%
% 65+ with hypertension		69.6%	70.2%
% 65+ ever had a heart attack		3.8%	4.5%
% 65+ with ischemic heart disease		31.6%	34.3%
% 65+ with congestive heart failure		16.5%	17.7%
% 65+ with atrial fibrillation		15.6%	14.4%
% 65+ with peripheral vascular disease	B	11.6%	14.7%
% 65+ with osteoarthritis/rheumatoid arthritis		46.7%	49.1%
% 65+ with osteoporosis	B	12.9%	17.4%
% 65+ with leukemias and lymphomas		1.7%	2.0%
% 65+ with lung cancer		1.4%	1.6%
% 65+ with colon cancer		2.0%	2.4%
% 65+ women with breast cancer		10.3%	9.8%
% 65+ women with endometrial cancer		2.2%	1.7%
% 65+ men with prostate cancer		12.4%	11.5%
% 65+ with benign prostatic hyperplasia		35.0%	36.8%
% 65+ with HIV/AIDS		0.05%	0.05%
% 65+ with hypothyroidism		21.7%	20.8%
% 65+ with anemia		35.4%	37.3%
% 65+ with chronic kidney disease	B	16.9%	22.3%
% 65+ with liver diseases		5.3%	6.9%
% 65+ with fibromyalgia, chronic pain and fatigue	B	15.5%	18.6%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache	B	3.1%	4.0%
% 65+ with epilepsy	B	1.3%	2.1%
% 65+ with traumatic brain injury		1.1%	1.1%
% 65+ with autism spectrum disorders		N/A	0.03%
% 65+ with glaucoma		22.7%	22.9%
% 65+ with cataract		61.0%	61.2%
% 65+ with pressure ulcer or chronic ulcer	B	4.8%	7.1%
% 65+ with 4+ (out of 15) chronic conditions	B	49.0%	54.4%
% 65+ with 0 chronic conditions		10.8%	10.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty	W	27.4%	15.0%
% 65+ with clinical diagnosis of deafness or hearing impairment		12.3%	14.4%
% 65+ with self-reported vision difficulty		6.4%	5.2%
% 65+ with clinical diagnosis of blindness or visual impairment	B	0.5%	0.9%
% 65+ with self-reported cognition difficulty		4.4%	6.9%
% 65+ with self-reported ambulatory difficulty	W	28.4%	18.8%
% 65+ with clinical diagnosis of mobility impairments	B	1.7%	3.2%
% 65+ with self-reported self-care difficulty		3.7%	5.6%
% 65+ with self-reported independent living difficulty		8.9%	11.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		8.7%	7.9%
% dually eligible for Medicare and Medicaid		5.9%	7.5%
% 60+ with a regular doctor		90.8%	95.8%
% 60+ who did not see doctor when needed due to cost		6.7%	5.4%
# of primary care providers within 5 miles		0	2,961
# of hospitals within 5 miles		1	26
# of nursing homes within 5 miles		0	74
# of home health agencies		4	49
# of community health centers		0	22
# of adult day health centers		0	21
# of memory cafes		0	12
# of dementia-related support groups		0	14

HEALTHY AGING INDICATORS

	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
SERVICE UTILIZATION			
Physician visits per year	*	4.4	6.3
Emergency room visits/1000 persons 65+ years per year		622	572
Part D monthly prescription fills per person per year	*	43.0	49.1
Home health visits per year	*	1.2	2.5
Durable medical equipment claims per year		1.7	2.0
Inpatient hospital stays/1000 persons 65+ years per year		222	237
Medicare inpatient hospital readmissions (as % of admissions)		17.9%	15.8%
# skilled nursing facility stays/1000 persons 65+ years per year		71	76
# skilled nursing home Medicare beds/1000 persons 65+ years		0	33
% 65+ getting Medicaid long term services and supports	*	2.0%	3.7%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
AARP Age-Friendly efforts in community		Not yet	Yes
# of senior centers		1	44
Air pollution: annual # of unhealthy days for 65+ (county)		0	N/A
% of grandparents raising grandchildren		1.0%	0.8%
% of grandparents who live with grandchildren		1.7%	2.5%
# of assisted living sites		0	134
% of vacant homes in community		36.5%	16.0%
# of universities and community colleges		0	41
# of public libraries		1	234
# of YMCAs		0	12
% in county with access to broadband (all ages)		89.0%	93.0%
% 60+ who used Internet in last month		78.9%	77.6%
Voter participation rate in 2018 election (age 18+)		50.3%	54.7%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		97	207
Homicide rate /100,000 persons (county)		2	1
# firearm fatalities (county)		40	586
Property crime rate /100,000 persons		2,244	2,012
% 65+ who own a motor vehicle		91.6%	91.0%
% 60+ who always drive wearing a seatbelt		76.1%	77.1%
# of fatal crashes involving adult age 60+/town		1	151
# of fatal crashes involving adult age 60+/county		17	151

HEALTHY AGING INDICATORS

	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		10.1%	5.4%
% 60+ receiving food stamps past year		9.2%	5.7%
% 65+ employed past year		30.9%	24.8%
Household income (65+ householder)			
% households with annual income < $20,000		36.5%	18.2%
% households with annual income $20,000-$49,999		33.1%	36.5%
% households with annual income > $50,000		30.4%	45.3%
% 60+ own home		66.3%	79.9%
% 60+ have mortgage on home		21.1%	35.3%
% 65+ households spend >35% of income on housing (renter)		10.6%	8.7%
% 65+ households spend >35% of income on housing (owner)		15.2%	21.2%

	$ COUNTY ESTIMATE	$ STATE ESTIMATE	RATIO (COUNTY/STATE)
COST OF LIVING			
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	$23,496	$25,284	0.93
Single, renter, good health	$26,592	$26,400	1.01
Couple, homeowner without mortgage, good health	$35,436	$37,128	0.95
Couple, renter, good health	$38,532	$38,244	1.01

TECHNICAL NOTES

*See our technical report (online at https://healthyagingdatareports.org/) for more information on data sources, measures, methodology, and margin of errors. For most indicators the reported community and state values are both estimates derived from sample data. Thus, it is possible that some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms "better" and "worse" to highlight differences between community and state estimates that we are confident are not due to chance. "Better" is used where a higher/lower value has positive implications for the health of older residents. "Worse" is used where a higher/lower score has negative implications for the health of older people, and when the implication is unclear, we use an *. 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 244 geographic units (i.e., every NH city/town and 5 Manchester neighborhoods, 4 Nashua neighborhoods). For example, the population characteristics were reported for all 244 units. For other data (i.e., highly prevalent chronic disease, health services utilization) we could report for 154 geographic units. For less prevalent conditions we report for 69 geographic units. For the BRFSS data we report for 28 geographic units, and for the lowest prevalence conditions (e.g., HIV) we report for 4 geographic units. The same estimate is reported for all cities/towns within aggregated geographic areas. Maps of the different geographic groupings and the rationale behind the groupings are in the Technical Report.

Data Sources:
- *Population Characteristics: The U.S. Census Bureau (American Community Survey 2012-2016).*
- *Wellness & Prevention: The Behavioral Risk Factor Surveillance System (2011-2016).*
- *Nutrition/Diet: BRFSS (2011-2016), CMS (2014-2015), and the U.S. Department of Agriculture Food Atlas (2017).*
- *Behavioral Health: BRFSS (2011-2016), CMS (2014-2015), CDC Wonder website (2014-2016).*
- *Chronic Disease: The Master Beneficiary Summary File ABCD/Other from CMS (2014-2015).*
- *Disability: CMS (2014-2015) for the clinical measures, and ACS (2012-2016) for the self-reported disability.*
- *Access to Care: BRFSS (2011-2016), CMS (2015), Medicare.gov (June-July 2018), the NH Division of Public Health Services (2018), National Adult Day Services Association (2018), memorycaredirectory.com (2018), and the Alzheimer's Association (July 2018).*
- *Service Utilization: CMS (2015), and Medicare Nursing Home Compare (December 2018).*
- *Community & Civic Engagement: AARP (2018 update; https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html), the Aging & Disability Resource Center, U.S. Environmental Protection Agency Air Compare (2016), assistedlivingfacilities.org, ACS (2012-2016), the NH Department of Business and Economic Affairs Division of Travel and Tourism Development (August 2018), NH YMCA (July 2018), the Federal Communications Commission (2016), BRFSS (2011-2016), and the NH Secretary of State.*
- *Safety & Transportation: U.S. Department of Justice Federal Bureau of Investigation (August 2017), the County Health Rankings (2018), BRFSS (2011-2016), ACS (2012-2016), and the National Highway Traffic Safety Administration (2011-2015).*
- *Economic & Housing, Cost of Living: ACS (2012-2016) and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston (August 2017).*

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