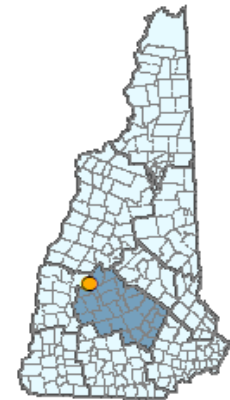# Wilmot (Merrimack)

TUFTS
Health Plan
F O U N D A T I O N

Wilmont is a town in Merrimack County and home to Winslow State Park. There are 347 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of anxiety disorders, post-traumatic stress disorder, schizophrenia and other psychotic disorders, tobacco use disorders, diabetes, asthma, hypertension, congestive heart failure, lung cancer, chronic kidney disease, liver diseases, and hearing and mobility impairments. However, they had higher rates of leukemias and lymphomas and benign prostatic hyperplasia. Community resources to support healthy aging include 2 home health agencies, a public library, and access to broadband.

POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,510	1,327,503
Population 60 years or older as % of total population		30.5%	22.7%
Total population 60 years or older		460	301,630
Population 65 years or older as % of total population		23.0%	15.8%
Total population 65 years or older		347	210,385
% 65-74 years		51.6%	58.5%
% 75-84 years		47.0%	28.6%
% 85 years or older		1.4%	12.9%
Gender (65+ population)			
% female		55.6%	54.7%
Race/Ethnicity (65+ population)			
% White		99.7%	97.7%
% African American		0.0%	0.5%
% Asian		0.0%	0.9%
% Other		0.3%	0.9%
% Hispanic/Latino		0.0%	0.9%
Marital Status (65+ population)			
% married		60.2%	58.5%
% divorced/separated		19.9%	14.0%
% widowed		19.9%	22.9%
% never married		0.0%	4.6%
Education (65+ population)			
% with less than high school education		2.9%	12.3%
% with high school or some college		46.7%	57.1%
% with college degree		50.4%	30.6%
% of 65+ population living alone		23.3%	26.1%
% of 65+ population who speak only English at home		98.3%	91.3%
% of 65+ population who are veterans of military service		29.4%	24.8%
Age-sex adjusted 1-year mortality rate	B	2.4%	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		0.0%	3.6%
% moved from different county in New Hampshire		0.0%	1.0%
% moved from different state		2.3%	1.7%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		71.7%	74.5%
% 60+ met CDC guidelines for muscle-strengthening activity		26.4%	26.0%
% 60+ met CDC guidelines for aerobic physical activity		59.6%	58.6%
% 60+ met CDC guidelines for both types of physical activities		20.1%	19.9%
% 60+ getting recommended hours of sleep		70.6%	66.4%
% 60+ injured in a fall within last 12 months		11.2%	10.4%
% 65+ had hip fracture		4.0%	3.3%
% 60+ with self-reported fair or poor health status		18.1%	16.5%
% 60+ with 15+ physically unhealthy days last month		13.5%	12.5%
% 60+ with physical exam/check-up in past year		84.8%	86.5%
% 60+ met CDC preventive health screening goals		40.7%	40.3%
% 60+ flu shot past year		60.6%	59.3%
% 65+ with pneumonia vaccine		78.0%	77.8%
% 60+ with cholesterol screening		94.1%	95.3%
% 60+ women with a mammogram within last 2 years		76.7%	79.3%
% 60+ with colorectal cancer screening		73.1%	77.0%
% 60+ with HIV test		13.1%	13.5%
% 60+ current smokers		7.4%	8.1%
Oral Health			
% 60+ with loss of 6 or more teeth		32.8%	29.0%
% 60+ with annual dental exam		73.2%	75.7%
# of dentists per 100,000 persons (all ages) (county)		78	72
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		18.2%	20.2%
% 60+ self-reported obese		31.5%	27.2%
% 65+ clinically diagnosed obese		16.5%	16.7%
% 65+ with high cholesterol		69.8%	72.2%
% 60+ excessive drinking		8.2%	9.2%
% 65+ with poor supermarket access		0.0%	28.4%

HEALTHY AGING INDICATORS

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		5.6%	6.9%
% 65+ with depression		25.6%	28.8%
% 65+ with anxiety disorders	B	15.3%	21.9%
% 65+ with bipolar disorders		2.3%	3.1%
% 65+ with post-traumatic stress disorder	B	0.7%	1.4%
% 65+ with schizophrenia & other psychotic disorders	B	2.8%	4.9%
% 65+ with personality disorders		0.8%	1.1%
# opioid deaths (all ages) (county)		118	1,279
% 65+ with substance use disorders (drug use +/or alcohol abuse)		4.1%	5.5%
% 65+ with tobacco use disorders	B	6.7%	10.4%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		10.5%	12.0%
% 65+ with diabetes	B	19.4%	28.2%
% 65+ with stroke		9.1%	10.8%
% 65+ with chronic obstructive pulmonary disease		17.9%	20.5%
% 65+ with asthma	B	10.1%	13.0%
% 65+ with hypertension	B	62.8%	70.2%
% 65+ ever had a heart attack		5.9%	4.5%
% 65+ with ischemic heart disease		34.2%	34.3%
% 65+ with congestive heart failure	B	13.7%	17.7%
% 65+ with atrial fibrillation		13.4%	14.4%
% 65+ with peripheral vascular disease		13.0%	14.7%
% 65+ with osteoarthritis/rheumatoid arthritis		47.6%	49.1%
% 65+ with osteoporosis		16.4%	17.4%
% 65+ with leukemias and lymphomas	W	4.6%	2.0%
% 65+ with lung cancer	B	0.9%	1.6%
% 65+ with colon cancer		2.3%	2.4%
% 65+ women with breast cancer		7.5%	9.8%
% 65+ women with endometrial cancer		1.5%	1.7%
% 65+ men with prostate cancer		11.8%	11.5%
% 65+ with benign prostatic hyperplasia	W	47.9%	36.8%
% 65+ with HIV/AIDS		0.05%	0.05%
% 65+ with hypothyroidism		17.8%	20.8%
% 65+ with anemia		33.6%	37.3%
% 65+ with chronic kidney disease	B	16.6%	22.3%
% 65+ with liver diseases	B	4.6%	6.9%
% 65+ with fibromyalgia, chronic pain and fatigue		16.0%	18.6%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.0%
% 65+ with epilepsy		1.5%	2.1%
% 65+ with traumatic brain injury		1.1%	1.1%
% 65+ with autism spectrum disorders		N/A	0.03%
% 65+ with glaucoma		21.1%	22.9%
% 65+ with cataract		65.0%	61.2%
% 65+ with pressure ulcer or chronic ulcer		5.3%	7.1%
% 65+ with 4+ (out of 15) chronic conditions	B	46.2%	54.4%
% 65+ with 0 chronic conditions		11.5%	10.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty	B	8.9%	15.0%
% 65+ with clinical diagnosis of deafness or hearing impairment	B	10.1%	14.4%
% 65+ with self-reported vision difficulty		3.2%	5.2%
% 65+ with clinical diagnosis of blindness or visual impairment		0.6%	0.9%
% 65+ with self-reported cognition difficulty		0.9%	6.9%
% 65+ with self-reported ambulatory difficulty		20.5%	18.8%
% 65+ with clinical diagnosis of mobility impairments	B	2.1%	3.2%
% 65+ with self-reported self-care difficulty		7.2%	5.6%
% 65+ with self-reported independent living difficulty		6.6%	11.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		6.5%	7.9%
% dually eligible for Medicare and Medicaid	*	5.0%	7.5%
% 60+ with a regular doctor		94.3%	95.8%
% 60+ who did not see doctor when needed due to cost		4.5%	5.4%
# of primary care providers within 5 miles		0	2,961
# of hospitals within 5 miles		0	26
# of nursing homes within 5 miles		0	74
# of home health agencies		2	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		467	572
Part D monthly prescription fills per person per year	*	44.6	49.1
Home health visits per year		1.9	2.5
Durable medical equipment claims per year		1.6	2.0
Inpatient hospital stays/1000 persons 65+ years per year		186	237
Medicare inpatient hospital readmissions (as % of admissions)		14.8%	15.8%
# skilled nursing facility stays/1000 persons 65+ years per year		69	76
# skilled nursing home Medicare beds/1000 persons 65+ years		0	33
% 65+ getting Medicaid long term services and supports	*	2.2%	3.7%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
AARP Age-Friendly efforts in community		Not yet	Yes
# of senior centers		0	44
Air pollution: annual # of unhealthy days for 65+ (county)		0	N/A
% of grandparents raising grandchildren		1.1%	0.8%
% of grandparents who live with grandchildren		3.0%	2.5%
# of assisted living sites		0	134
% of vacant homes in community		11.2%	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)		92.0%	93.0%
% 60+ who used Internet in last month		76.5%	77.6%
Voter participation rate in 2018 election (age 18+)		61.3%	54.7%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	207
Homicide rate /100,000 persons (county)		N/A	1
# firearm fatalities (county)		51	586
Property crime rate /100,000 persons		N/A	2,012
% 65+ who own a motor vehicle		98.1%	91.0%
% 60+ who always drive wearing a seatbelt		72.2%	77.1%
# of fatal crashes involving adult age 60+/town		0	151
# of fatal crashes involving adult age 60+/county		18	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		7.5%	5.4%
% 60+ receiving food stamps past year		2.6%	5.7%
% 65+ employed past year		23.6%	24.8%
Household income (65+ householder)			
% households with annual income < $20,000		9.6%	18.2%
% households with annual income $20,000-$49,999		40.9%	36.5%
% households with annual income > $50,000		49.5%	45.3%
% 60+ own home		87.5%	79.9%
% 60+ have mortgage on home		45.6%	35.3%
% 65+ households spend >35% of income on housing (renter)		9.6%	8.7%
% 65+ households spend >35% of income on housing (owner)		28.8%	21.2%

	$ COUNTY ESTIMATE	$ STATE ESTIMATE	RATIO (COUNTY/STATE)
COST OF LIVING			
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	$25,860	$25,284	1.02
Single, renter, good health	$26,376	$26,400	1.00
Couple, homeowner without mortgage, good health	$37,800	$37,128	1.02
Couple, renter, good health	$38,316	$38,244	1.00

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 <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 *. 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).*

Update: 05/2019