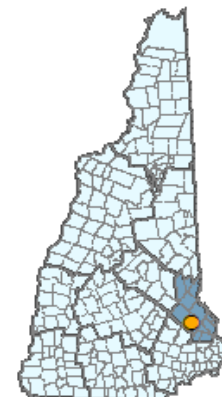


Barrington (Strafford)

Barrington is a rural town in southeastern New Hampshire containing the notable Beauty Hill. There are 1,075 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of bipolar disorders, schizophrenia and other psychotic disorders, personality disorders, substance use disorders, heart attack, congestive heart failure, peripheral vascular disease, osteoporosis, hypothyroidism, anemia, glaucoma, and cataracts. They are more likely to take the health promotion steps of having cholesterol and colorectal cancer screenings, having a regular doctor, and always wearing a seatbelt while driving. Community resources to support healthy aging include 7 primary care providers within 5 miles, 9 home health agencies, 2 assisted living sites, a public library, and access to broadband.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		8,770	1,327,503
Population 60 years or older as % of total population		19.2%	22.7%
Total population 60 years or older		1,681	301,630
Population 65 years or older as % of total population		12.3%	15.8%
Total population 65 years or older		1,075	210,385
% 65-74 years		60.5%	58.5%
% 75-84 years		28.6%	28.6%
% 85 years or older		11.0%	12.9%
Gender (65+ population)			
% female		48.2%	54.7%
Race/Ethnicity (65+ population)			
% White		98.9%	97.7%
% African American		0.0%	0.5%
% Asian		1.1%	0.9%
% Other		0.0%	0.9%
% Hispanic/Latino		4.5%	0.9%
Marital Status (65+ population)			
% married		66.7%	58.5%
% divorced/separated		8.6%	14.0%
% widowed		15.4%	22.9%
% never married		9.3%	4.6%
Education (65+ population)			
% with less than high school education		17.5%	12.3%
% with high school or some college		52.2%	57.1%
% with college degree		30.3%	30.6%
% of 65+ population living alone		26.0%	26.1%
% of 65+ population who speak only English at home		89.9%	91.3%
% of 65+ population who are veterans of military service		26.0%	24.8%
Age-sex adjusted 1-year mortality rate		3.2%	4.1%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		3.3%	3.6%
% moved from different county in New Hampshire		0.0%	1.0%
% moved from different state		1.1%	1.7%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		77.2%	74.5%
% 60+ met CDC guidelines for muscle-strengthening activity		25.4%	26.0%
% 60+ met CDC guidelines for aerobic physical activity		61.9%	58.6%
% 60+ met CDC guidelines for both types of physical activities		21.6%	19.9%
% 60+ getting recommended hours of sleep		69.3%	66.4%
% 60+ injured in a fall within last 12 months		12.2%	10.4%
% 65+ had hip fracture		2.8%	3.3%
% 60+ with self-reported fair or poor health status		13.4%	16.5%
% 60+ with 15+ physically unhealthy days last month		9.8%	12.5%
% 60+ with physical exam/check-up in past year		90.0%	86.5%
% 60+ met CDC preventive health screening goals		44.3%	40.3%
% 60+ flu shot past year		61.6%	59.3%
% 65+ with pneumonia vaccine		79.8%	77.8%
% 60+ with cholesterol screening	B	98.6%	95.3%
% 60+ women with a mammogram within last 2 years		78.2%	79.3%
% 60+ with colorectal cancer screening	B	83.6%	77.0%
% 60+ with HIV test		10.9%	13.5%
% 60+ current smokers		6.4%	8.1%
Oral Health			
% 60+ with loss of 6 or more teeth		26.9%	29.0%
% 60+ with annual dental exam		80.0%	75.7%
# of dentists per 100,000 persons (all ages) (county)		68	72
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		22.7%	20.2%
% 60+ self-reported obese		24.4%	27.2%
% 65+ clinically diagnosed obese		19.1%	16.7%
% 65+ with high cholesterol		73.2%	72.2%
% 60+ excessive drinking		10.6%	9.2%
% 65+ with poor supermarket access		0.0%	28.4%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		6.9%	6.9%
% 65+ with depression		29.5%	28.8%
% 65+ with anxiety disorders		22.8%	21.9%
% 65+ with bipolar disorders	B	2.3%	3.1%
% 65+ with post-traumatic stress disorder		1.4%	1.4%
% 65+ with schizophrenia & other psychotic disorders	B	3.4%	4.9%
% 65+ with personality disorders	B	0.3%	1.1%
# opioid deaths (all ages) (county)		142	1,279
% 65+ with substance use disorders (drug use +/- alcohol abuse)	B	4.0%	5.5%
% 65+ with tobacco use disorders		9.8%	10.4%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		10.1%	12.0%
% 65+ with diabetes		28.0%	28.2%
% 65+ with stroke		9.2%	10.8%
% 65+ with chronic obstructive pulmonary disease		19.3%	20.5%
% 65+ with asthma		11.3%	13.0%
% 65+ with hypertension		67.9%	70.2%
% 65+ ever had a heart attack	B	3.2%	4.5%
% 65+ with ischemic heart disease		31.8%	34.3%
% 65+ with congestive heart failure	B	14.8%	17.7%
% 65+ with atrial fibrillation		12.4%	14.4%
% 65+ with peripheral vascular disease	B	12.4%	14.7%
% 65+ with osteoarthritis/rheumatoid arthritis		46.6%	49.1%
% 65+ with osteoporosis	B	12.7%	17.4%
% 65+ with leukemias and lymphomas		1.8%	2.0%
% 65+ with lung cancer		1.5%	1.6%
% 65+ with colon cancer		2.2%	2.4%
% 65+ women with breast cancer		7.8%	9.8%
% 65+ women with endometrial cancer		1.4%	1.7%
% 65+ men with prostate cancer		8.8%	11.5%
% 65+ with benign prostatic hyperplasia		34.8%	36.8%
% 65+ with HIV/AIDS		0.04%	0.05%
% 65+ with hypothyroidism	B	16.8%	20.8%
% 65+ with anemia	B	28.9%	37.3%
% 65+ with chronic kidney disease		21.3%	22.3%
% 65+ with liver diseases		6.7%	6.9%
% 65+ with fibromyalgia, chronic pain and fatigue		17.6%	18.6%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		3.5%	4.0%
% 65+ with epilepsy		2.1%	2.1%
% 65+ with traumatic brain injury		1.5%	1.1%
% 65+ with autism spectrum disorders		N/A	0.03%
% 65+ with glaucoma	B	18.0%	22.9%
% 65+ with cataract	B	53.1%	61.2%
% 65+ with pressure ulcer or chronic ulcer		6.5%	7.1%
% 65+ with 4+ (out of 15) chronic conditions	B	50.9%	54.4%
% 65+ with 0 chronic conditions		12.2%	10.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		16.9%	15.0%
% 65+ with clinical diagnosis of deafness or hearing impairment		12.9%	14.4%
% 65+ with self-reported vision difficulty		2.8%	5.2%
% 65+ with clinical diagnosis of blindness or visual impairment		0.8%	0.9%
% 65+ with self-reported cognition difficulty		14.9%	6.9%
% 65+ with self-reported ambulatory difficulty	W	26.0%	18.8%
% 65+ with clinical diagnosis of mobility impairments		2.8%	3.2%
% 65+ with self-reported self-care difficulty		5.0%	5.6%
% 65+ with self-reported independent living difficulty		18.2%	11.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	4.5%	7.9%
% dually eligible for Medicare and Medicaid		6.1%	7.5%
% 60+ with a regular doctor	B	98.2%	95.8%
% 60+ who did not see doctor when needed due to cost		4.2%	5.4%
# of primary care providers within 5 miles		7	2,961
# of hospitals within 5 miles		0	26
# of nursing homes within 5 miles		0	74
# of home health agencies		9	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 RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
SERVICE UTILIZATION			
Physician visits per year		6.6	6.3
Emergency room visits/1000 persons 65+ years per year		505	572
Part D monthly prescription fills per person per year		48.8	49.1
Home health visits per year		2.2	2.5
Durable medical equipment claims per year		1.7	2.0
Inpatient hospital stays/1000 persons 65+ years per year		225	237
Medicare inpatient hospital readmissions (as % of admissions)		11.7%	15.8%
# skilled nursing facility stays/1000 persons 65+ years per year	*	46	76
# skilled nursing home Medicare beds/1000 persons 65+ years		0	33
% 65+ getting Medicaid long term services and supports		3.1%	3.7%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
AARP Age-Friendly efforts in community		Not yet	Yes
# of senior centers		0	38
Air pollution: annual # of unhealthy days for 65+ (county)		N/A	N/A
% of grandparents raising grandchildren		0.4%	0.8%
% of grandparents who live with grandchildren		1.8%	2.5%
# of assisted living sites		2	134
% of vacant homes in community		9.3%	16.0%
# of universities and community colleges		0	41
# of public libraries		1	234
# of YMCAs		0	11
% in county with access to broadband (all ages)		97.0%	93.0%
% 60+ who used Internet in last month		80.1%	77.6%
Voter participation rate in 2018 election (age 18+)		64.1%	54.7%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		27	207
Homicide rate /100,000 persons (county)		1	1
# firearm fatalities (county)		52	586
Property crime rate /100,000 persons		1,074	2,012
% 65+ who own a motor vehicle		97.7%	91.0%
% 60+ who always drive wearing a seatbelt	B	83.1%	77.1%
# of fatal crashes involving adult age 60+/town		2	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		1.3%	5.4%
% 60+ receiving food stamps past year		5.9%	5.7%
% 65+ employed past year		20.7%	24.8%
Household income (65+ householder)			
% households with annual income < \$20,000		24.8%	18.2%
% households with annual income \$20,000-\$49,999		24.2%	36.5%
% households with annual income > \$50,000		51.0%	45.3%
% 60+ own home		95.2%	79.9%
% 60+ have mortgage on home		42.3%	35.3%
% 65+ households spend >35% of income on housing (renter)		0.0%	8.7%
% 65+ households spend >35% of income on housing (owner)		28.0%	21.2%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$24,936	\$25,284	0.99
Single, renter, good health	\$26,112	\$26,400	0.99
Couple, homeowner without mortgage, good health	\$36,504	\$37,128	0.98
Couple, renter, good health	\$37,680	\$38,244	0.99

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).

Healthy Aging Data Report Team. Many people contributed to this research. The 2018 research team: Beth Dugan PhD, Frank Porell PhD, Nina Silverstein PhD, Chae Man Lee PhD, Shuangshuang Wang PhD, Bon Kim, Natalie Pitheckoff, Haowei Wang, Sae Hwang Han, Richard Chunga, & Shiva Prasad from the Gerontology Institute in the McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston. The Tufts Health Plan Foundation supported the research and provided important guidance. Our Advisory Committees helped to make the Data Report best address the needs of New Hampshire. We thank JSI for their continued partnership. Questions? Beth.dugan@umb.edu