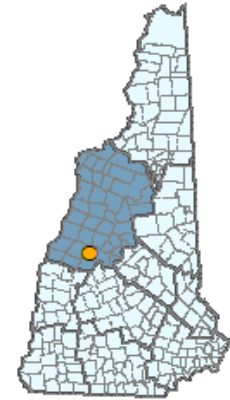


Orange (Grafton)

Orange is a rural town located in Grafton County and is home to Cardigan Mountain State Forest. There are 80 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of tooth loss, high cholesterol, anxiety disorders, post-traumatic stress disorder, schizophrenia and other psychotic disorders, Alzheimer’s disease or related dementias, hypertension, osteoporosis, lung cancer, benign prostatic hyperplasia, hypothyroidism, anemia, liver diseases, glaucoma, cataracts, and pressure ulcers. However, they had higher rates of leukemias and lymphomas. They are more likely to take the health promotion steps of meeting the CDC guidelines for aerobic physical activity, getting the recommended hours of sleep, not smoking and having annual dental exams. Community resources to support healthy aging include 3 primary care providers within 5 miles, and 3 home health agencies.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		230	1,327,503
Population 60 years or older as % of total population		43.5%	22.7%
Total population 60 years or older		100	301,630
Population 65 years or older as % of total population		34.8%	15.8%
Total population 65 years or older		80	210,385
% 65-74 years		67.5%	58.5%
% 75-84 years		23.8%	28.6%
% 85 years or older		8.8%	12.9%
Gender (65+ population)			
% female		38.8%	54.7%
Race/Ethnicity (65+ population)			
% White		100.0%	97.7%
% African American		0.0%	0.5%
% Asian		0.0%	0.9%
% Other		0.0%	0.9%
% Hispanic/Latino		0.0%	0.9%
Marital Status (65+ population)			
% married		66.3%	58.5%
% divorced/separated		22.5%	14.0%
% widowed		11.3%	22.9%
% never married		0.0%	4.6%
Education (65+ population)			
% with less than high school education		8.8%	12.3%
% with high school or some college		60.0%	57.1%
% with college degree		31.3%	30.6%
% of 65+ population living alone		21.3%	26.1%
% of 65+ population who speak only English at home		97.5%	91.3%
% of 65+ population who are veterans of military service		27.5%	24.8%
Age-sex adjusted 1-year mortality rate		3.1%	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		0.0%	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	B	84.4%	74.5%
% 60+ met CDC guidelines for muscle-strengthening activity		29.9%	26.0%
% 60+ met CDC guidelines for aerobic physical activity	B	69.6%	58.6%
% 60+ met CDC guidelines for both types of physical activities		23.4%	19.9%
% 60+ getting recommended hours of sleep	B	73.6%	66.4%
% 60+ injured in a fall within last 12 months		11.4%	10.4%
% 65+ had hip fracture		3.2%	3.3%
% 60+ with self-reported fair or poor health status		13.9%	16.5%
% 60+ with 15+ physically unhealthy days last month		10.4%	12.5%
% 60+ with physical exam/check-up in past year		80.9%	86.5%
% 60+ met CDC preventive health screening goals		39.7%	40.3%
% 60+ flu shot past year		66.1%	59.3%
% 65+ with pneumonia vaccine		81.0%	77.8%
% 60+ with cholesterol screening		94.5%	95.3%
% 60+ women with a mammogram within last 2 years		70.6%	79.3%
% 60+ with colorectal cancer screening		74.2%	77.0%
% 60+ with HIV test		14.4%	13.5%
% 60+ current smokers	B	3.9%	8.1%
Oral Health			
% 60+ with loss of 6 or more teeth	B	18.5%	29.0%
% 60+ with annual dental exam	B	83.6%	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		25.4%	20.2%
% 60+ self-reported obese	B	19.5%	27.2%
% 65+ clinically diagnosed obese		18.6%	16.7%
% 65+ with high cholesterol	B	56.7%	72.2%
% 60+ excessive drinking		9.8%	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		5.0%	6.9%
% 65+ with depression		27.3%	28.8%
% 65+ with anxiety disorders	B	15.3%	21.9%
% 65+ with bipolar disorders		2.5%	3.1%
% 65+ with post-traumatic stress disorder	B	0.7%	1.4%
% 65+ with schizophrenia & other psychotic disorders	B	3.9%	4.9%
% 65+ with personality disorders		0.9%	1.1%
# opioid deaths (all ages) (county)		45	1,279
% 65+ with substance use disorders (drug use +/- alcohol abuse)		5.0%	5.5%
% 65+ with tobacco use disorders		13.2%	10.4%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	B	9.8%	12.0%
% 65+ with diabetes		27.5%	28.2%
% 65+ with stroke		10.1%	10.8%
% 65+ with chronic obstructive pulmonary disease		18.3%	20.5%
% 65+ with asthma		14.6%	13.0%
% 65+ with hypertension	B	65.3%	70.2%
% 65+ ever had a heart attack		6.2%	4.5%
% 65+ with ischemic heart disease		31.9%	34.3%
% 65+ with congestive heart failure		16.9%	17.7%
% 65+ with atrial fibrillation		13.6%	14.4%
% 65+ with peripheral vascular disease		14.4%	14.7%
% 65+ with osteoarthritis/rheumatoid arthritis		45.2%	49.1%
% 65+ with osteoporosis	B	14.1%	17.4%
% 65+ with leukemias and lymphomas	W	3.4%	2.0%
% 65+ with lung cancer	B	1.1%	1.6%
% 65+ with colon cancer		2.0%	2.4%
% 65+ women with breast cancer		8.4%	9.8%
% 65+ women with endometrial cancer		1.5%	1.7%
% 65+ men with prostate cancer		10.8%	11.5%
% 65+ with benign prostatic hyperplasia	B	27.8%	36.8%
% 65+ with HIV/AIDS		0.05%	0.05%
% 65+ with hypothyroidism	B	17.8%	20.8%
% 65+ with anemia	B	28.7%	37.3%
% 65+ with chronic kidney disease		19.5%	22.3%
% 65+ with liver diseases	B	5.0%	6.9%
% 65+ with fibromyalgia, chronic pain and fatigue		16.7%	18.6%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.4%	4.0%
% 65+ with epilepsy		1.6%	2.1%
% 65+ with traumatic brain injury		1.0%	1.1%
% 65+ with autism spectrum disorders		N/A	0.03%
% 65+ with glaucoma	B	19.5%	22.9%
% 65+ with cataract	B	57.3%	61.2%
% 65+ with pressure ulcer or chronic ulcer	B	4.6%	7.1%
% 65+ with 4+ (out of 15) chronic conditions	B	48.1%	54.4%
% 65+ with 0 chronic conditions	B	14.8%	10.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		30.0%	15.0%
% 65+ with clinical diagnosis of deafness or hearing impairment		13.1%	14.4%
% 65+ with self-reported vision difficulty		5.0%	5.2%
% 65+ with clinical diagnosis of blindness or visual impairment		0.6%	0.9%
% 65+ with self-reported cognition difficulty		2.5%	6.9%
% 65+ with self-reported ambulatory difficulty		17.5%	18.8%
% 65+ with clinical diagnosis of mobility impairments		2.6%	3.2%
% 65+ with self-reported self-care difficulty		2.5%	5.6%
% 65+ with self-reported independent living difficulty		5.0%	11.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		7.4%	7.9%
% dually eligible for Medicare and Medicaid		7.6%	7.5%
% 60+ with a regular doctor		94.4%	95.8%
% 60+ who did not see doctor when needed due to cost		3.8%	5.4%
# of primary care providers within 5 miles		3	2,961
# of hospitals within 5 miles		0	26
# of nursing homes within 5 miles		0	74
# of home health agencies		3	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	*	4.9	6.3
Emergency room visits/1000 persons 65+ years per year	*	443	572
Part D monthly prescription fills per person per year		45.8	49.1
Home health visits per year		2.8	2.5
Durable medical equipment claims per year		1.9	2.0
Inpatient hospital stays/1000 persons 65+ years per year		215	237
Medicare inpatient hospital readmissions (as % of admissions)		16.5%	15.8%
# skilled nursing facility stays/1000 persons 65+ years per year		61	76
# skilled nursing home Medicare beds/1000 persons 65+ years		0	33
% 65+ getting Medicaid long term services and supports	*	2.3%	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)		0	N/A
% of grandparents raising grandchildren		0.0%	0.8%
% of grandparents who live with grandchildren		1.6%	2.5%
# of assisted living sites		0	134
% of vacant homes in community		20.7%	16.0%
# of universities and community colleges		0	41
# of public libraries		0	234
# of YMCAs		0	11
% in county with access to broadband (all ages)		89.0%	93.0%
% 60+ who used Internet in last month		84.8%	77.6%
Voter participation rate in 2018 election (age 18+)		69.1%	54.7%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		N/A	207
Homicide rate /100,000 persons (county)		2	1
# firearm fatalities (county)		40	586
Property crime rate /100,000 persons		N/A	2,012
% 65+ who own a motor vehicle		100.0%	91.0%
% 60+ who always drive wearing a seatbelt		82.9%	77.1%
# of fatal crashes involving adult age 60+/town		0	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		7.5%	5.4%
% 60+ receiving food stamps past year		0.0%	5.7%
% 65+ employed past year		28.8%	24.8%
Household income (65+ householder)			
% households with annual income < \$20,000		4.2%	18.2%
% households with annual income \$20,000-\$49,999		43.8%	36.5%
% households with annual income > \$50,000		52.1%	45.3%
% 60+ own home		98.3%	79.9%
% 60+ have mortgage on home		25.4%	35.3%
% 65+ households spend >35% of income on housing (renter)		0.0%	8.7%
% 65+ households spend >35% of income on housing (owner)		12.5%	21.2%
COST OF LIVING	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
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).

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