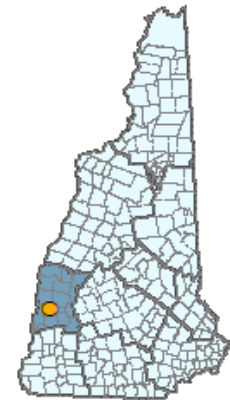


Unity (Sullivan)

Unity is a rural town in Sullivan County adjacent to the Connecticut River. There are 360 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of high cholesterol, anxiety disorders, Alzheimer’s disease or related dementias, atrial fibrillation, osteoporosis, breast cancer, prostate cancer, benign prostatic hyperplasia, hypothyroidism, anemia, chronic kidney disease, glaucoma, cataracts, and hearing impairments. However, they had higher rates of depression, tobacco use disorders, chronic obstructive pulmonary disease, heart attack, and colon cancer. Community resources to support healthy aging include 8 primary care providers and a nursing home within 5 miles, and 4 home health agencies.



| POPULATION CHARACTERISTICS | BETTER / WORSE STATE RATE¹ | COMMUNITY ESTIMATE | STATE ESTIMATE |
|--|--|-------------------------------|---------------------------|
| Total population all ages | | 1,564 | 1,327,503 |
| Population 60 years or older as % of total population | | 31.8% | 22.7% |
| Total population 60 years or older | | 498 | 301,630 |
| Population 65 years or older as % of total population | | 23.0% | 15.8% |
| Total population 65 years or older | | 360 | 210,385 |
| % 65-74 years | | 53.6% | 58.5% |
| % 75-84 years | | 24.2% | 28.6% |
| % 85 years or older | | 22.2% | 12.9% |
| Gender (65+ population) | | | |
| % female | | 55.8% | 54.7% |
| Race/Ethnicity (65+ population) | | | |
| % White | | 96.7% | 97.7% |
| % African American | | 0.0% | 0.5% |
| % Asian | | 0.0% | 0.9% |
| % Other | | 3.3% | 0.9% |
| % Hispanic/Latino | | 0.0% | 0.9% |
| Marital Status (65+ population) | | | |
| % married | | 56.9% | 58.5% |
| % divorced/separated | | 11.7% | 14.0% |
| % widowed | | 24.7% | 22.9% |
| % never married | | 6.7% | 4.6% |
| Education (65+ population) | | | |
| % with less than high school education | | 28.3% | 12.3% |
| % with high school or some college | | 61.7% | 57.1% |
| % with college degree | | 10.0% | 30.6% |
| % of 65+ population living alone | | 10.5% | 26.1% |
| % of 65+ population who speak only English at home | | 95.8% | 91.3% |
| % of 65+ population who are veterans of military service | | 23.3% | 24.8% |
| Age-sex adjusted 1-year mortality rate | | 4.8% | 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 | | 8.9% | 3.6% |
| % moved from different county in New Hampshire | | 1.1% | 1.0% |
| % moved from different state | | 0.0% | 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 | | 3.6% | 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) | | 35 | 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 | | 18.1% | 16.7% |
| % 65+ with high cholesterol | B | 64.2% | 72.2% |
| % 60+ excessive drinking | | 8.2% | 9.2% |
| % 65+ with poor supermarket access | | 0.9% | 28.4% |

| HEALTHY AGING INDICATORS | BETTER / WORSE STATE RATE¹ | COMMUNITY ESTIMATE | STATE ESTIMATE |
|---|--|-------------------------------|---------------------------|
| BEHAVIORAL HEALTH | | | |
| % 60+ with 15+ days poor mental health last month | | 5.6% | 6.9% |
| % 65+ with depression | W | 31.2% | 28.8% |
| % 65+ with anxiety disorders | B | 19.1% | 21.9% |
| % 65+ with bipolar disorders | | 3.1% | 3.1% |
| % 65+ with post-traumatic stress disorder | | 1.7% | 1.4% |
| % 65+ with schizophrenia & other psychotic disorders | | 5.3% | 4.9% |
| % 65+ with personality disorders | | 0.8% | 1.1% |
| # opioid deaths (all ages) (county) | | 27 | 1,279 |
| % 65+ with substance use disorders (drug use +/- alcohol abuse) | | 5.4% | 5.5% |
| % 65+ with tobacco use disorders | W | 12.7% | 10.4% |
| CHRONIC DISEASE | | | |
| % 65+ with Alzheimer's disease or related dementias | B | 10.5% | 12.0% |
| % 65+ with diabetes | | 28.7% | 28.2% |
| % 65+ with stroke | | 10.5% | 10.8% |
| % 65+ with chronic obstructive pulmonary disease | W | 25.0% | 20.5% |
| % 65+ with asthma | | 13.8% | 13.0% |
| % 65+ with hypertension | | 68.7% | 70.2% |
| % 65+ ever had a heart attack | W | 5.5% | 4.5% |
| % 65+ with ischemic heart disease | | 33.5% | 34.3% |
| % 65+ with congestive heart failure | | 19.0% | 17.7% |
| % 65+ with atrial fibrillation | B | 12.2% | 14.4% |
| % 65+ with peripheral vascular disease | | 15.6% | 14.7% |
| % 65+ with osteoarthritis/rheumatoid arthritis | | 47.9% | 49.1% |
| % 65+ with osteoporosis | B | 16.1% | 17.4% |
| % 65+ with leukemias and lymphomas | | 2.0% | 2.0% |
| % 65+ with lung cancer | | 1.9% | 1.6% |
| % 65+ with colon cancer | W | 3.0% | 2.4% |
| % 65+ women with breast cancer | B | 8.4% | 9.8% |
| % 65+ women with endometrial cancer | | 1.6% | 1.7% |
| % 65+ men with prostate cancer | B | 7.8% | 11.5% |
| % 65+ with benign prostatic hyperplasia | B | 32.7% | 36.8% |
| % 65+ with HIV/AIDS | | 0.05% | 0.05% |
| % 65+ with hypothyroidism | B | 19.2% | 20.8% |
| % 65+ with anemia | B | 35.0% | 37.3% |
| % 65+ with chronic kidney disease | B | 20.2% | 22.3% |
| % 65+ with liver diseases | | 6.8% | 6.9% |
| % 65+ with fibromyalgia, chronic pain and fatigue | | 19.2% | 18.6% |

| HEALTHY AGING INDICATORS | BETTER / WORSE STATE RATE¹ | COMMUNITY ESTIMATE | STATE ESTIMATE |
|---|--|-------------------------------|---------------------------|
| % 65+ with migraine and other chronic headache | | 4.0% | 4.0% |
| % 65+ with epilepsy | | 1.7% | 2.1% |
| % 65+ with traumatic brain injury | | 0.9% | 1.1% |
| % 65+ with autism spectrum disorders | | N/A | 0.03% |
| % 65+ with glaucoma | B | 19.7% | 22.9% |
| % 65+ with cataract | B | 58.5% | 61.2% |
| % 65+ with pressure ulcer or chronic ulcer | | 7.3% | 7.1% |
| % 65+ with 4+ (out of 15) chronic conditions | | 53.3% | 54.4% |
| % 65+ with 0 chronic conditions | B | 12.2% | 10.3% |
| LIVING WITH DISABILITY | | | |
| % 65+ with self-reported hearing difficulty | | 14.0% | 15.0% |
| % 65+ with clinical diagnosis of deafness or hearing impairment | B | 12.1% | 14.4% |
| % 65+ with self-reported vision difficulty | | 7.9% | 5.2% |
| % 65+ with clinical diagnosis of blindness or visual impairment | | 0.9% | 0.9% |
| % 65+ with self-reported cognition difficulty | | 7.0% | 6.9% |
| % 65+ with self-reported ambulatory difficulty | | 15.4% | 18.8% |
| % 65+ with clinical diagnosis of mobility impairments | | 3.4% | 3.2% |
| % 65+ with self-reported self-care difficulty | | 0.0% | 5.6% |
| % 65+ with self-reported independent living difficulty | | 9.2% | 11.3% |
| ACCESS TO CARE | | | |
| Medicare (65+ population) | | | |
| % Medicare managed care enrollees | * | 1.5% | 7.9% |
| % dually eligible for Medicare and Medicaid | * | 12.4% | 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 | | 8 | 2,961 |
| # of hospitals within 5 miles | | 0 | 26 |
| # of nursing homes within 5 miles | | 1 | 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 RATE¹ | COMMUNITY ESTIMATE | STATE ESTIMATE |
|--|--|-------------------------------|---------------------------|
| SERVICE UTILIZATION | | | |
| Physician visits per year | * | 3.6 | 6.3 |
| Emergency room visits/1000 persons 65+ years per year | * | 648 | 572 |
| Part D monthly prescription fills per person per year | | 50.7 | 49.1 |
| Home health visits per year | * | 2.0 | 2.5 |
| Durable medical equipment claims per year | | 2.1 | 2.0 |
| Inpatient hospital stays/1000 persons 65+ years per year | | 233 | 237 |
| Medicare inpatient hospital readmissions (as % of admissions) | | 15.7% | 15.8% |
| # skilled nursing facility stays/1000 persons 65+ years per year | * | 90 | 76 |
| # skilled nursing home Medicare beds/1000 persons 65+ years | | 42 | 33 |
| % 65+ getting Medicaid long term services and supports | * | 5.9% | 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) | | N/A | N/A |
| % of grandparents raising grandchildren | | 1.2% | 0.8% |
| % of grandparents who live with grandchildren | | 2.0% | 2.5% |
| # of assisted living sites | | 0 | 134 |
| % of vacant homes in community | | 21.3% | 16.0% |
| # of universities and community colleges | | 0 | 41 |
| # of public libraries | | 0 | 234 |
| # of YMCAs | | 0 | 12 |
| % in county with access to broadband (all ages) | | 79.0% | 93.0% |
| % 60+ who used Internet in last month | | 76.5% | 77.6% |
| Voter participation rate in 2018 election (age 18+) | | 43.5% | 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) | | 31 | 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 | | 72.2% | 77.1% |
| # of fatal crashes involving adult age 60+/town | | 0 | 151 |
| # of fatal crashes involving adult age 60+/county | | 1 | 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 | | 3.1% | 5.4% |
| % 60+ receiving food stamps past year | | 9.3% | 5.7% |
| % 65+ employed past year | | 15.0% | 24.8% |
| Household income (65+ householder) | | | |
| % households with annual income < \$20,000 | | 11.8% | 18.2% |
| % households with annual income \$20,000-\$49,999 | | 40.2% | 36.5% |
| % households with annual income > \$50,000 | | 48.0% | 45.3% |
| % 60+ own home | | 96.6% | 79.9% |
| % 60+ have mortgage on home | | 48.5% | 35.3% |
| % 65+ households spend >35% of income on housing (renter) | | 0.0% | 8.7% |
| % 65+ households spend >35% of income on housing (owner) | | 34.6% | 21.2% |
| COST OF LIVING | \$ COUNTY ESTIMATE | \$ STATE ESTIMATE | RATIO (COUNTY/STATE) |
| Elder Economic Security Standard Index | | | |
| Single, homeowner without mortgage, good health | \$25,332 | \$25,284 | 1.00 |
| Single, renter, good health | \$25,920 | \$26,400 | 0.98 |
| Couple, homeowner without mortgage, good health | \$37,272 | \$37,128 | 1.00 |
| Couple, renter, good health | \$37,860 | \$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), memorycaresdirectory.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

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