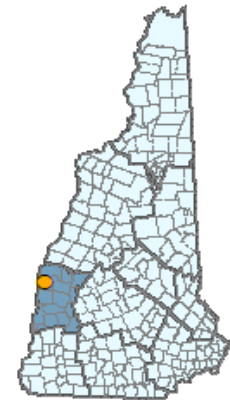


Cornish (Sullivan)

Cornish is a rural town in southwestern New Hampshire that is home to the Cornish-Windsor Bridge, the longest two-span covered bridge in the world. There are 289 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 impairment. 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 2 primary care providers, a hospital and a nursing home within 5 miles, 2 home health agencies, and a public library.



POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		1,664	1,327,503
Population 60 years or older as % of total population		32.6%	22.7%
Total population 60 years or older		542	301,630
Population 65 years or older as % of total population		17.4%	15.8%
Total population 65 years or older		289	210,385
% 65-74 years		68.5%	58.5%
% 75-84 years		21.5%	28.6%
% 85 years or older		10.0%	12.9%
Gender (65+ population)			
% female		49.1%	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		64.0%	58.5%
% divorced/separated		14.2%	14.0%
% widowed		15.2%	22.9%
% never married		6.6%	4.6%
Education (65+ population)			
% with less than high school education		4.5%	12.3%
% with high school or some college		48.4%	57.1%
% with college degree		47.1%	30.6%
% of 65+ population living alone		26.6%	26.1%
% of 65+ population who speak only English at home		95.8%	91.3%
% of 65+ population who are veterans of military service		16.6%	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		3.1%	3.6%
% moved from different county in New Hampshire		2.1%	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		0.0%	28.4%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		5.6%	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		12.8%	15.0%
% 65+ with clinical diagnosis of deafness or hearing impairment	B	12.1%	14.4%
% 65+ with self-reported vision difficulty		4.8%	5.2%
% 65+ with clinical diagnosis of blindness or visual impairment		0.9%	0.9%
% 65+ with self-reported cognition difficulty		2.4%	6.9%
% 65+ with self-reported ambulatory difficulty	B	8.3%	18.8%
% 65+ with clinical diagnosis of mobility impairments		3.4%	3.2%
% 65+ with self-reported self-care difficulty		1.0%	5.6%
% 65+ with self-reported independent living difficulty		5.9%	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		2	2,961
# of hospitals within 5 miles		1	26
# of nursing homes within 5 miles		1	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 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		0	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		0.7%	0.8%
% of grandparents who live with grandchildren		2.4%	2.5%
# of assisted living sites		0	134
% of vacant homes in community		11.5%	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)		79.0%	93.0%
% 60+ who used Internet in last month		76.5%	77.6%
Voter participation rate in 2018 election (age 18+)		66.8%	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		93.1%	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		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		2.1%	5.4%
% 60+ receiving food stamps past year		2.0%	5.7%
% 65+ employed past year		32.2%	24.8%
Household income (65+ householder)			
% households with annual income < \$20,000		12.4%	18.2%
% households with annual income \$20,000-\$49,999		42.6%	36.5%
% households with annual income > \$50,000		45.0%	45.3%
% 60+ own home		87.7%	79.9%
% 60+ have mortgage on home		32.4%	35.3%
% 65+ households spend >35% of income on housing (renter)		4.0%	8.7%
% 65+ households spend >35% of income on housing (owner)		19.3%	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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