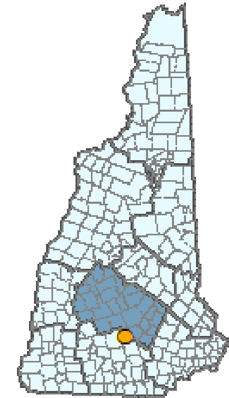
Dunbarton (Merrimack)

TUFTS Health Plan FOUNDATION

Dunbarton is a town located in southern New Hampshire named after Dunbartonshire in Scotland and is the hometown of Archibald Stark, a prominent settler of the town. There are 336 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of obesity, depression, schizophrenia and other psychotic disorders, personality disorders, Alzheimer's disease or related dementias, diabetes, stroke, chronic obstructive pulmonary disease, asthma, hypertension, heart attack, ischemic heart disease, congestive heart failure, peripheral vascular disease, osteoarthritis/rheumatoid arthritis, osteoporosis, benign prostatic hyperplasia, anemia, chronic kidney disease, liver diseases, epilepsy, cataracts, hearing and mobility impairments. 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		2,805	1,327,503
Population 60 years or older as % of total population		20.1%	22.7%
Total population 60 years or older		563	301,630
Population 65 years or older as % of total population		12.0%	15.8%
Total population 65 years or older		336	210,385
% 65-74 years		75.9%	58.5%
% 75-84 years		17.6%	28.6%
% 85 years or older		6.5%	12.9%
Gender (65+ population)			
% female		47.6%	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		64.6%	58.5%
% divorced/separated		10.1%	14.0%
% widowed		15.2%	22.9%
% never married		10.1%	4.6%
Education (65+ population)			
% with less than high school education		8.9%	12.3%
% with high school or some college		63.7%	57.1%
% with college degree		27.4%	30.6%
% of 65+ population living alone		18.2%	26.1%
% of 65+ population who speak only English at home		95.8%	91.3%
% of 65+ population who are veterans of military service		29.8%	24.8%
Age-sex adjusted 1-year mortality rate		4.0%	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		0.0%	1.7%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		74.2%	74.5%
% 60+ met CDC guidelines for muscle-strengthening activity		23.1%	26.0%
% 60+ met CDC guidelines for aerobic physical activity		61.5%	58.6%
% 60+ met CDC guidelines for both types of physical activities		17.7%	19.9%
% 60+ getting recommended hours of sleep		66.8%	66.4%
% 60+ injured in a fall within last 12 months		7.1%	10.4%
% 65+ had hip fracture		3.2%	3.3%
% 60+ with self-reported fair or poor health status		15.4%	16.5%
% 60+ with 15+ physically unhealthy days last month		10.7%	12.5%
% 60+ with physical exam/check-up in past year		84.8%	86.5%
% 60+ met CDC preventive health screening goals		35.3%	40.3%
% 60+ flu shot past year		58.9%	59.3%
% 65+ with pneumonia vaccine		73.7%	77.8%
% 60+ with cholesterol screening		92.1%	95.3%
% 60+ women with a mammogram within last 2 years		84.1%	79.3%
% 60+ with colorectal cancer screening		78.7%	77.0%
% 60+ with HIV test		17.4%	13.5%
% 60+ current smokers		8.3%	8.1%
Oral Health			
% 60+ with loss of 6 or more teeth		24.0%	29.0%
% 60+ with annual dental exam		77.3%	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		22.7%	20.2%
% 60+ self-reported obese		24.3%	27.2%
% 65+ clinically diagnosed obese	B	14.0%	16.7%
% 65+ with high cholesterol		71.3%	72.2%
% 60+ excessive drinking		6.5%	9.2%
% 65+ with poor supermarket access		0.0%	28.4%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.8%	6.9%
% 65+ with depression	B	24.6%	28.8%
% 65+ with anxiety disorders		19.9%	21.9%
% 65+ with bipolar disorders		2.5%	3.1%
% 65+ with post-traumatic stress disorder		1.1%	1.4%
% 65+ with schizophrenia & other psychotic disorders	B	3.7%	4.9%
% 65+ with personality disorders	B	0.5%	1.1%
# opioid deaths (all ages) (county)		118	1,279
% 65+ with substance use disorders (drug use +/or alcohol abuse)		5.5%	5.5%
% 65+ with tobacco use disorders		10.6%	10.4%
CHRONIC DISEASE			
% 65+ with Alzheimer’s disease or related dementias	B	8.7%	12.0%
% 65+ with diabetes	B	24.2%	28.2%
% 65+ with stroke	B	6.7%	10.8%
% 65+ with chronic obstructive pulmonary disease	B	15.4%	20.5%
% 65+ with asthma	B	9.9%	13.0%
% 65+ with hypertension	B	63.7%	70.2%
% 65+ ever had a heart attack	B	2.6%	4.5%
% 65+ with ischemic heart disease	B	27.4%	34.3%
% 65+ with congestive heart failure	B	11.5%	17.7%
% 65+ with atrial fibrillation		12.6%	14.4%
% 65+ with peripheral vascular disease	B	10.4%	14.7%
% 65+ with osteoarthritis/rheumatoid arthritis	B	44.8%	49.1%
% 65+ with osteoporosis	B	14.2%	17.4%
% 65+ with leukemias and lymphomas		1.5%	2.0%
% 65+ with lung cancer		1.3%	1.6%
% 65+ with colon cancer		2.0%	2.4%
% 65+ women with breast cancer		9.2%	9.8%
% 65+ women with endometrial cancer		1.9%	1.7%
% 65+ men with prostate cancer		9.1%	11.5%
% 65+ with benign prostatic hyperplasia	B	29.6%	36.8%
% 65+ with HIV/AIDS		0.07%	0.05%
% 65+ with hypothyroidism		18.9%	20.8%
% 65+ with anemia	B	27.3%	37.3%
% 65+ with chronic kidney disease	B	18.6%	22.3%
% 65+ with liver diseases	B	4.8%	6.9%
% 65+ with fibromyalgia, chronic pain and fatigue		16.4%	18.6%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.3%	4.0%
% 65+ with epilepsy	B	1.1%	2.1%
% 65+ with traumatic brain injury		1.4%	1.1%
% 65+ with autism spectrum disorders		N/A	0.03%
% 65+ with glaucoma		24.2%	22.9%
% 65+ with cataract	B	54.7%	61.2%
% 65+ with pressure ulcer or chronic ulcer		5.9%	7.1%
% 65+ with 4+ (out of 15) chronic conditions	B	47.2%	54.4%
% 65+ with 0 chronic conditions	B	12.8%	10.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		15.8%	15.0%
% 65+ with clinical diagnosis of deafness or hearing impairment	B	10.3%	14.4%
% 65+ with self-reported vision difficulty		3.9%	5.2%
% 65+ with clinical diagnosis of blindness or visual impairment		0.7%	0.9%
% 65+ with self-reported cognition difficulty		3.9%	6.9%
% 65+ with self-reported ambulatory difficulty		14.3%	18.8%
% 65+ with clinical diagnosis of mobility impairments	B	2.5%	3.2%
% 65+ with self-reported self-care difficulty		3.0%	5.6%
% 65+ with self-reported independent living difficulty		6.0%	11.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		8.2%	7.9%
% dually eligible for Medicare and Medicaid	*	5.0%	7.5%
% 60+ with a regular doctor		95.7%	95.8%
% 60+ who did not see doctor when needed due to cost		4.4%	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		6.0	6.3
Emergency room visits/1000 persons 65+ years per year	*	425	572
Part D monthly prescription fills per person per year	*	44.0	49.1
Home health visits per year		2.5	2.5
Durable medical equipment claims per year	*	1.6	2.0
Inpatient hospital stays/1000 persons 65+ years per year		221	237
Medicare inpatient hospital readmissions (as % of admissions)		19.6%	15.8%
# skilled nursing facility stays/1000 persons 65+ years per year	*	40	76
# skilled nursing home Medicare beds/1000 persons 65+ years		0	33
% 65+ getting Medicaid long term services and supports		3.0%	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		0.3%	0.8%
% of grandparents who live with grandchildren		1.1%	2.5%
# of assisted living sites		0	134
% of vacant homes in community		7.0%	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)		92.0%	93.0%
% 60+ who used Internet in last month		83.0%	77.6%
Voter participation rate in 2018 election (age 18+)		67.8%	54.7%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		83	207
Homicide rate /100,000 persons (county)		N/A	1
# firearm fatalities (county)		51	586
Property crime rate /100,000 persons		1,168	2,012
% 65+ who own a motor vehicle		97.0%	91.0%
% 60+ who always drive wearing a seatbelt		75.0%	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		0.0%	5.4%
% 60+ receiving food stamps past year		2.5%	5.7%
% 65+ employed past year		32.7%	24.8%
Household income (65+ householder)			
% households with annual income < $20,000		0.0%	18.2%
% households with annual income $20,000-$49,999		49.5%	36.5%
% households with annual income > $50,000		50.5%	45.3%
% 60+ own home		94.9%	79.9%
% 60+ have mortgage on home		50.6%	35.3%
% 65+ households spend >35% of income on housing (renter)		0.0%	8.7%
% 65+ households spend >35% of income on housing (owner)		21.0%	21.2%

COST OF LIVING	$ COUNTY ESTIMATE	$ STATE ESTIMATE	RATIO (COUNTY/STATE)
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 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 Prisad 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