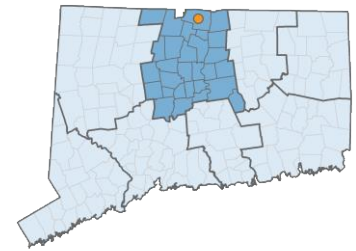


## Suffield (Hartford)

Suffield is a town in Hartford County with 2,788 residents aged 65 and older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of diabetes, peripheral vascular disease, and schizophrenia. However, they have higher rates of atrial fibrillation, glaucoma, and hypertension. Older residents in Hartford County varied in obtaining preventive health screenings: residents 18 and older got annual physical exams (77.9%) and annual dental exams (69.2%), while 46.5% of men and 47.1% of women 65 and older completed all CDC recommended vaccinations and cancer screenings. Community resources to support healthy aging include two assisted living facilities, one Alzheimer’s disease support group, one primary care provider, one skilled nursing facility, one senior center, one public university or community college, and one public library.



POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		15,676	3,611,317
Population 60 years or older as % of total population		23.6%	24.5%
Total population 60 years and older		3,692	885,046
Population 65 years or older as % of total population		17.8%	17.4%
Total population 65 years and older		2,788	629,108
% 65-74 years		54.7%	57.6%
% 75-84 years		25.9%	28.4%
% 85 years or older		19.3%	14.0%
% 65+ population who are female		53.4%	55.7%
% 85+ population who are female		71.1%	66.0%
Race and ethnicity of the population 65+			
% White	*	92.4%	84.8%
% African American	*	1.3%	6.7%
% Asian		2.2%	2.6%
% Other race(s)		4.1%	5.9%
% Hispanic	*	2.6%	6.7%
# 55+ who are Native American / Alaskan		0	1,729
Marital status of the population 65+			
% married		59.6%	54.5%
% divorced/separated		14.6%	16.1%
% widowed		19.7%	21.2%
% never married		6.0%	8.2%
Education of the population 65+			
% with less than high school education	*	2.2%	11.9%
% with high school or some college	*	62.4%	52.4%
% with college degree		20.2%	17.0%
% with graduate or professional degree		15.2%	18.6%
% 65+ population who speak only English at home		89.5%	84.4%
% 65+ population who are veterans of military service		17.0%	13.4%

## POPULATION CHARACTERISTICS

	Significantly different than state rate	Community estimate	State estimate
<b>HOUSING</b>			
% 65+ population who live alone		21.9%	27.7%
Average household size (all ages)		2.6	2.5
Median house value (all ages)	*	\$394,900	\$323,700
% 60+ own home	*	87.6%	76.0%
% 60+ homeowners who have mortgage	*	36.3%	46.7%
% 65+ households (renter) spend >35% of income on housing		60.5%	45.1%
% 65+ households (owner) spend >35% of income on housing		18.4%	27.1%
% grandparents who live with grandchildren	*	1.1%	2.6%
# of assisted living sites		2	207

## SOCIAL DETERMINANTS OF HEALTH

### COST OF LIVING

<b>Elder Index</b>			
Single, homeowner without mortgage, good health (County)	0.97	\$29,568	\$30,552
Single, renter, good health (County)	0.95	\$31,056	\$32,832
Couple, homeowner without mortgage, good health (County)	0.97	\$42,096	\$43,344
Couple, renter, good health (County)	0.96	\$43,584	\$45,624

### ECONOMIC

% 60+ receiving food stamps in past year	*	2.3%	11.0%
% 65+ employed in past year		22.8%	21.5%
% 65+ with income below the poverty line in past year	*	2.8%	7.9%
Median annual income for households with a householder age 65+	*	\$78,117	\$65,666
% 65+ households with annual income < \$20,000	*	7.2%	14.0%
% 65+ households with annual income \$20,000-\$49,999		20.4%	25.6%
% 65+ households with annual income \$50,000-\$99,999		39.1%	28.2%
% 65+ households with annual income \$100,000+		33.2%	32.3%

### WELLNESS

% 18+ with less than 7 hours sleep (County)		34.5%	NA
% 18+ without leisure-time physical activity (County)		25.2%	NA
% 18+ with fair or poor self-reported health status (County)		14.1%	NA
% 18+ with 14+ physically unhealthy days (County)		10.3%	NA

### COMMUNITY

Annual # unhealthy days due to air pollution for 65+ (County)		3	NA
AARP Age-Friendly Communities		Not yet	Not yet
# of public universities and community colleges		0	38
# of public libraries		1	237
# of senior centers		1	163
# of Osher Lifelong Learning Institutes (OLLI)		0	1
% households with a smartphone (all ages)		87.9%	87.5%
% households with only a smartphone to access the Internet (all ages)	*	2.8%	7.3%
% households without a computer (all ages)	*	3.3%	5.9%
% households with access to Broadband (all ages)	*	93.0%	90.1%
% households without access to the Internet (all ages)		6.8%	9.7%
Voter participation rate in 2020 election (age 18+)		87.2%	82.9%

## SOCIAL DETERMINANTS OF HEALTH

	Significantly different than state rate	Community estimate	State estimate
<b>COMMUNITY</b>			
Homicide rate/100,000 persons (County)		3.8	3.1
# firearm fatalities (all ages) (County)		234	955
# 65+ deaths by suicide (County)		94	404
Age-sex adjusted 1-year mortality rate		3.8%	4.0%
<b>TRANSPORTATION</b>			
% householders 65+ who own a motor vehicle	*	95.9%	88.0%
# fatal crashes involving adult age 60+ (County)		74	349
AllTransit Score		0.00	2.79
<b>HEALTH OUTCOMES</b>			
<b>FALLS</b>			
% 65+ with hip fracture		3.6%	3.5%
<b>PREVENTION</b>			
% 18+ with physical exam/check-up in past year (County)		77.9%	NA
% mammography use among women age 50-74 Years (County)		78.9%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)		75.4%	NA
% 65+ men up to date on preventive services (County)		46.5%	NA
% 65+ women up to date on preventive services (County)		47.1%	NA
<b>NUTRITION &amp; DIET</b>			
% 18+ with obesity (County)		33.3%	NA
% 65+ with high cholesterol		79.5%	77.9%
% 18+ with cholesterol screening (County)		89.4%	NA
<b>ORAL HEALTH</b>			
% 18+ with annual dental exam (County)		69.2%	NA
# dentists per 100,000 persons (all ages) (County)		90.4	61.4
% 65+ with complete tooth loss (County)		7.7%	NA
<b>CHRONIC DISEASE</b>			
% 65+ with Alzheimer's disease or related dementias		13.9%	13.9%
% 65+ with anemia		48.2%	49.2%
% 65+ with asthma		12.8%	14.1%
% 65+ with atrial fibrillation	W	17.8%	15.5%
% 65+ with benign prostatic hyperplasia (men)		42.9%	44.0%
% 65+ with breast cancer (women)		12.4%	11.8%
% 65+ with cataract		62.6%	61.5%
% 65+ with chronic kidney disease		33.0%	32.8%
% 65+ with chronic obstructive pulmonary disease		19.4%	19.6%
% 65+ with colon cancer		2.5%	2.4%
% 65+ with congestive heart failure		21.0%	21.0%
% 65+ with diabetes	B	28.0%	31.8%
% 65+ with endometrial cancer (women)		1.9%	2.3%
% 65+ with fibromyalgia, chronic pain, and fatigue		34.9%	34.8%
% 65+ with glaucoma	W	29.2%	26.4%
% 65+ ever had a heart attack		4.2%	4.3%
% 65+ with HIV/AIDS		0.20%	0.28%

## HEALTH OUTCOMES

	Significantly different than state rate	Community estimate	State estimate
<b>CHRONIC DISEASE</b>			
% 65+ with hypertension	W	78.0%	74.2%
% 65+ with ischemic heart disease		42.1%	39.1%
% 65+ with liver disease		10.3%	11.6%
% 65+ with lung cancer		2.3%	2.0%
% 65+ with migraine and other chronic headache		7.3%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis		57.8%	55.7%
% 65+ with osteoporosis		19.8%	20.2%
% 65+ with peripheral vascular disease	B	15.3%	19.1%
% 65+ with pressure ulcer or chronic ulcer		8.8%	9.1%
% 65+ with prostate cancer (men)		14.5%	13.4%
% 65+ with stroke		11.7%	11.5%
% 65+ with 4+ (out of 15) chronic conditions		62.3%	61.6%
% 65+ with 0 chronic conditions	W	5.6%	7.7%
<b>BEHAVIORAL HEALTH</b>			
# drug overdose deaths (all ages) (County)		1,664	5,902
% 65+ with substance use disorder		7.0%	8.3%
% 18+ excessive drinking (County)		14.0%	NA
% 65+ with tobacco use disorder		11.0%	11.5%
% 18+ current smokers (County)		12.9%	NA
<b>MENTAL HEALTH</b>			
% 18+ with 14+ days poor mental health (County)		14.9%	NA
% 65+ with depression		33.5%	32.3%
% 65+ with anxiety disorder		30.8%	30.9%
% 65+ with post-traumatic stress disorder		1.9%	2.0%
% 65+ with schizophrenia & other psychotic disorder	B	3.3%	4.2%
<b>LIVING WITH DISABILITY</b>			
% 65+ with self-reported hearing difficulty		15.1%	11.4%
% 65+ with self-reported vision difficulty		4.8%	4.8%
% 65+ with self-reported cognition difficulty		11.8%	7.2%
% 65+ with self-reported ambulatory difficulty		17.9%	17.8%
% 65+ with self-reported self-care difficulty		8.3%	6.9%
% 65+ with self-reported independent living difficulty	*	22.0%	12.7%
<b>CAREGIVING</b>			
# of Alzheimer's support groups		1	29
% grandparents raising grandchildren	*	0.21%	0.73%

## HEALTH OUTCOMES

	Significantly different than state rate	Community estimate	State estimate
<b>ACCESS TO CARE</b>			
% 65+ dually eligible for Medicare and Medicaid	*	13.2%	22.5%
% 65+ Medicare managed care enrollees	*	46.4%	50.1%
% 18-64 who lack health insurance (County)		7.8%	NA
# of primary care providers		1	4,547
# of hospitals		0	36
# of home health agencies		0	80
# of skilled nursing facilities		1	202
# of hospice agencies		0	27
# of community health centers		0	388
# of adult day health centers		0	38
<b>SERVICE UTILIZATION</b>			
# physician visits per year	*	7.8	8.4
# emergency room visits/1000 persons 65+ years annually	*	493.3	586.6
# Part D monthly prescription fills per person annually		52.7	52.1
# home health visits annually	*	2.4	3.1
# durable medical equipment claims annually		2.2	2.0
# inpatient hospital stays/1000 persons 65+ years annually		235.9	241.8
% Medicare inpatient hospital readmissions (as % of admissions)		15.8%	17.6%
# skilled nursing facility stays/1000 persons 65+ years annually		81.0	89.9
# skilled nursing home Medicare beds/1000 persons 65+ years		45.0	37.1
% 65+ getting Medicaid long term services and supports	*	2.3%	4.4%
% 65+ hospice users		2.2%	2.6%
% 65+ hospice users as % of decedents		41.5%	42.4%

## NOTES

## TECHNICAL NOTES

\*For more information on data sources, measures, and methodology used in the 2025 Connecticut Healthy Aging Data Report see our technical documentation at ([healthyagingdatareports.org](http://healthyagingdatareports.org)). For most indicators, the community and state values are 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. 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.

### Data Sources:

- *Population Characteristics: The U.S. Census Bureau (American Community Survey (ACS)) 2018-2022.*
- *Housing: ACS, 2018-2022; CT.gov, 2023.*
- *Cost of Living: Center for Social and Demographic Research on Aging at the University of Massachusetts Boston, 2023.*
- *Economic: ACS, 2018-2022.*
- *Wellness: Centers for Disease Control and Prevention (CDC; Behavioral Risk Factor Surveillance Survey (BRFSS)), 2020-2021.*
- *Community: AARP, 2023; ACS, 2018-2022; CDC WONDER, 2016-2020; The CMS Master Beneficiary Summary File ABCD/Other (CMS), 2020-2021; CT.gov, 2023; CT State Library, 2023; CT Secretary of State, 2023; NECHE, 2023; OLLI, 2023; U.S. EPA Air Compare, 2023.*
- *Transportation: ACS, 2018-2022; AllTransit™, 2023; NHTSA, 2018-2022.*
- *Falls: CMS, 2020-2021.*
- *Prevention: BRFSS, 2020-2021.*
- *Nutrition/Diet: BRFSS, 2020-2021; CMS, 2020-2021.*
- *Oral Health: BRFSS, 2020-2021; HRSA, 2023.*
- *Chronic Disease: CMS, 2020-2021.*
- *Behavioral Health: BRFSS, 2020-2021; CDC WONDER 2016-2020; CMS, 2020-2021.*
- *Mental Health: BRFSS, 2020-2021; CMS, 2020-2021.*
- *Living with Disability: ACS, 2018-2022.*
- *Caregiving: ACS, 2018-2022; Alzheimer’s Association, 2023.*
- *Access to Care: BRFSS, 2020-2021; CMS, 2020-2021; Connecticut Association of Adult Day Services, 2023; HRSA, 2023; Medicare.gov, 2023.*
- *Service Utilization: CMS, 2020-2021.*

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Suggested citation: Dugan E, Lee CM, Jansen T, Su YJ, Silverstein NM, & Song Q. (2025). The Connecticut 2025 Healthy Aging Data Report. Retrieved from [www.healthyagingdatareports.org](http://www.healthyagingdatareports.org)

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