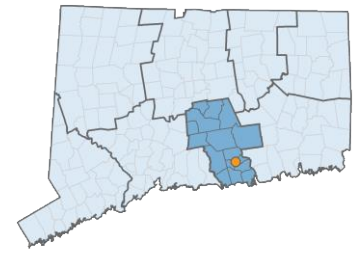


## Deep River (Middlesex)

Deep River is a town in Middlesex County with 893 residents aged 65 and older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of hip fracture, asthma, benign prostatic hyperplasia, chronic kidney disease, congestive heart failure (CHF), diabetes, high cholesterol, fibromyalgia/chronic pain/fatigue, ischemic heart disease, osteoarthritis/rheumatoid arthritis, osteoporosis, and peripheral vascular disease. Older residents in Middlesex County varied in obtaining preventive health screenings: residents 18 and older got annual physical exams (79.1%) and annual dental exams (74.4%), while 56.1% of men and 47.6% of women 65 and older completed all CDC recommended vaccinations and cancer screenings. Community resources to support healthy aging include one assisted living facility, one senior center, and one public library.



POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		4,445	3,611,317
Population 60 years or older as % of total population		26.0%	24.5%
Total population 60 years and older		1,156	885,046
Population 65 years or older as % of total population		20.1%	17.4%
Total population 65 years and older		893	629,108
% 65-74 years	*	73.7%	57.6%
% 75-84 years		21.6%	28.4%
% 85 years or older	*	4.7%	14.0%
% 65+ population who are female	*	42.6%	55.7%
% 85+ population who are female		100.0%	66.0%
Race and ethnicity of the population 65+			
% White	*	98.3%	84.8%
% African American	*	0.0%	6.7%
% Asian		0.6%	2.6%
% Other race(s)		1.1%	5.9%
% Hispanic	*	0.0%	6.7%
# 55+ who are Native American / Alaskan		0	1,729
Marital status of the population 65+			
% married		59.2%	54.5%
% divorced/separated		21.2%	16.1%
% widowed		14.8%	21.2%
% never married		4.8%	8.2%
Education of the population 65+			
% with less than high school education		9.7%	11.9%
% with high school or some college		47.6%	52.4%
% with college degree		27.4%	17.0%
% with graduate or professional degree		15.2%	18.6%
% 65+ population who speak only English at home		94.8%	84.4%
% 65+ population who are veterans of military service		16.5%	13.4%

## POPULATION CHARACTERISTICS

	Significantly different than state rate	Community estimate	State estimate
<b>HOUSING</b>			
% 65+ population who live alone		26.8%	27.7%
Average household size (all ages)	*	2.2	2.5
Median house value (all ages)		\$342,700	\$323,700
% 60+ own home		82.3%	76.0%
% 60+ homeowners who have mortgage		57.3%	46.7%
% 65+ households (renter) spend >35% of income on housing		39.8%	45.1%
% 65+ households (owner) spend >35% of income on housing	*	13.2%	27.1%
% grandparents who live with grandchildren		4.0%	2.6%
# of assisted living sites		1	207

## SOCIAL DETERMINANTS OF HEALTH

### COST OF LIVING

<b>Elder Index</b>			
Single, homeowner without mortgage, good health (County)	0.96	\$29,316	\$30,552
Single, renter, good health (County)	0.96	\$31,584	\$32,832
Couple, homeowner without mortgage, good health (County)	0.98	\$42,324	\$43,344
Couple, renter, good health (County)	0.98	\$44,592	\$45,624

### ECONOMIC

% 60+ receiving food stamps in past year		8.2%	11.0%
% 65+ employed in past year	*	36.8%	21.5%
% 65+ with income below the poverty line in past year	*	3.6%	7.9%
Median annual income for households with a householder age 65+		\$83,125	\$65,666
% 65+ households with annual income < \$20,000		11.9%	14.0%
% 65+ households with annual income \$20,000-\$49,999		14.7%	25.6%
% 65+ households with annual income \$50,000-\$99,999		31.6%	28.2%
% 65+ households with annual income \$100,000+		41.8%	32.3%

### WELLNESS

% 18+ with less than 7 hours sleep (County)		29.0%	NA
% 18+ without leisure-time physical activity (County)		19.5%	NA
% 18+ with fair or poor self-reported health status (County)		11.7%	NA
% 18+ with 14+ physically unhealthy days (County)		9.8%	NA

### COMMUNITY

Annual # unhealthy days due to air pollution for 65+ (County)		11	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		0	163
# of Osher Lifelong Learning Institutes (OLLI)		0	1
% households with a smartphone (all ages)		85.6%	87.5%
% households with only a smartphone to access the Internet (all ages)		5.3%	7.3%
% households without a computer (all ages)		9.5%	5.9%
% households with access to Broadband (all ages)		86.3%	90.1%
% households without access to the Internet (all ages)		13.7%	9.7%
Voter participation rate in 2020 election (age 18+)		84.0%	82.9%

## SOCIAL DETERMINANTS OF HEALTH

	Significantly different than state rate	Community estimate	State estimate
<b>COMMUNITY</b>			
Homicide rate/100,000 persons (County)		1.5	3.1
# firearm fatalities (all ages) (County)		43	955
# 65+ deaths by suicide (County)		29	404
Age-sex adjusted 1-year mortality rate		3.7%	4.0%
<b>TRANSPORTATION</b>			
% householders 65+ who own a motor vehicle		92.8%	88.0%
# fatal crashes involving adult age 60+ (County)		15	349
AllTransit Score		1.80	2.79
<b>HEALTH OUTCOMES</b>			
<b>FALLS</b>			
% 65+ with hip fracture	B	2.2%	3.5%
<b>PREVENTION</b>			
% 18+ with physical exam/check-up in past year (County)		79.1%	NA
% mammography use among women age 50-74 Years (County)		76.3%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)		80.1%	NA
% 65+ men up to date on preventive services (County)		56.1%	NA
% 65+ women up to date on preventive services (County)		47.6%	NA
<b>NUTRITION &amp; DIET</b>			
% 18+ with obesity (County)		31.0%	NA
% 65+ with high cholesterol	B	72.1%	77.9%
% 18+ with cholesterol screening (County)		90.5%	NA
<b>ORAL HEALTH</b>			
% 18+ with annual dental exam (County)		74.4%	NA
# dentists per 100,000 persons (all ages) (County)		64.9	61.4
% 65+ with complete tooth loss (County)		7.1%	NA
<b>CHRONIC DISEASE</b>			
% 65+ with Alzheimer's disease or related dementias		11.3%	13.9%
% 65+ with anemia		44.0%	49.2%
% 65+ with asthma	B	10.6%	14.1%
% 65+ with atrial fibrillation		15.2%	15.5%
% 65+ with benign prostatic hyperplasia (men)	B	34.4%	44.0%
% 65+ with breast cancer (women)		10.8%	11.8%
% 65+ with cataract		62.7%	61.5%
% 65+ with chronic kidney disease	B	27.6%	32.8%
% 65+ with chronic obstructive pulmonary disease		18.0%	19.6%
% 65+ with colon cancer		2.3%	2.4%
% 65+ with congestive heart failure	B	15.7%	21.0%
% 65+ with diabetes	B	25.3%	31.8%
% 65+ with endometrial cancer (women)		2.6%	2.3%
% 65+ with fibromyalgia, chronic pain, and fatigue	B	27.7%	34.8%
% 65+ with glaucoma		26.4%	26.4%
% 65+ ever had a heart attack		4.4%	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		70.1%	74.2%
% 65+ with ischemic heart disease	B	29.9%	39.1%
% 65+ with liver disease		10.1%	11.6%
% 65+ with lung cancer		1.9%	2.0%
% 65+ with migraine and other chronic headache		5.9%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis	B	47.1%	55.7%
% 65+ with osteoporosis	B	13.1%	20.2%
% 65+ with peripheral vascular disease	B	13.3%	19.1%
% 65+ with pressure ulcer or chronic ulcer		7.0%	9.1%
% 65+ with prostate cancer (men)		10.9%	13.4%
% 65+ with stroke		9.9%	11.5%
% 65+ with 4+ (out of 15) chronic conditions		56.9%	61.6%
% 65+ with 0 chronic conditions	B	11.9%	7.7%
<b>BEHAVIORAL HEALTH</b>			
# drug overdose deaths (all ages) (County)		282	5,902
% 65+ with substance use disorder		8.3%	8.3%
% 18+ excessive drinking (County)		15.4%	NA
% 65+ with tobacco use disorder		13.2%	11.5%
% 18+ current smokers (County)		11.7%	NA
<b>MENTAL HEALTH</b>			
% 18+ with 14+ days poor mental health (County)		13.4%	NA
% 65+ with depression		33.6%	32.3%
% 65+ with anxiety disorder		31.1%	30.9%
% 65+ with post-traumatic stress disorder		1.8%	2.0%
% 65+ with schizophrenia & other psychotic disorder		3.8%	4.2%
<b>LIVING WITH DISABILITY</b>			
% 65+ with self-reported hearing difficulty	*	3.7%	11.4%
% 65+ with self-reported vision difficulty		2.6%	4.8%
% 65+ with self-reported cognition difficulty		3.2%	7.2%
% 65+ with self-reported ambulatory difficulty		16.8%	17.8%
% 65+ with self-reported self-care difficulty		7.7%	6.9%
% 65+ with self-reported independent living difficulty		10.5%	12.7%
<b>CAREGIVING</b>			
# of Alzheimer's support groups		0	29
% grandparents raising grandchildren		3.01%	0.73%

## HEALTH OUTCOMES

Significantly  
different than  
state rate

Community  
estimate

State  
estimate

### ACCESS TO CARE

% 65+ dually eligible for Medicare and Medicaid	*	19.0%	22.5%
% 65+ Medicare managed care enrollees	*	55.0%	50.1%
% 18-64 who lack health insurance (County)		5.5%	NA
# of primary care providers		0	4,547
# of hospitals		0	36
# of home health agencies		0	80
# of skilled nursing facilities		0	202
# of hospice agencies		0	27
# of community health centers		0	388
# of adult day health centers		0	38

### SERVICE UTILIZATION

# physician visits per year		8.0	8.4
# emergency room visits/1000 persons 65+ years annually		527.1	586.6
# Part D monthly prescription fills per person annually	*	45.8	52.1
# home health visits annually		3.8	3.1
# durable medical equipment claims annually	*	1.4	2.0
# inpatient hospital stays/1000 persons 65+ years annually		227.4	241.8
% Medicare inpatient hospital readmissions (as % of admissions)		20.2%	17.6%
# skilled nursing facility stays/1000 persons 65+ years annually		64.9	89.9
# skilled nursing home Medicare beds/1000 persons 65+ years		0.0	37.1
% 65+ getting Medicaid long term services and supports	*	1.7%	4.4%
% 65+ hospice users		2.2%	2.6%
% 65+ hospice users as % of decedents		48.0%	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.*

Healthy Aging Data Report Research Team (2025): Beth Dugan PhD, Nina Silverstein PhD, Chae Man Lee PhD, Taylor Jansen PhD, Yan-Jhu Su, Yan Lin, Shan Qu, Tiffany Tang & Qian Song PhD, from the Gerontology Institute at the University of Massachusetts Boston. The Point32Health Foundation supported the research and provided important guidance.

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)

Questions or Ideas? [Beth.dugan@umb.edu](mailto:Beth.dugan@umb.edu)



Point32Health  
Foundation

In partnership with

