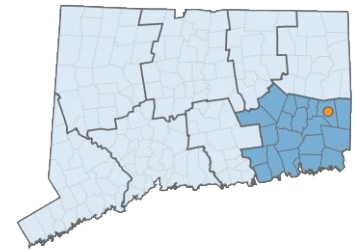# Griswold (New London)

Griswold is a town in New London County with 2,054 residents aged 65 and older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of Alzheimer's disease or related dementias, breast cancer, glaucoma, osteoporosis, prostate cancer, and schizophrenia. However, they have higher rates of high cholesterol, anemia, chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, osteoarthritis/rheumatoid arthritis, peripheral vascular disease, tobacco use disorder, and anxiety disorder. Older residents in New London County varied in obtaining preventive health screenings: residents 18 and older got annual physical exams (78%) and annual dental exams (72.6%), while 56.1% of men and 41.6% of women 65 and older completed all CDC recommended vaccinations and cancer screenings. Community resources to support healthy aging include two primary care providers, one community health center, two senior centers, and one public library.

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		11,488	3,611,317
Population 60 years or older as % of total population		26.5%	24.5%
Total population 60 years and older		3,049	885,046
Population 65 years or older as % of total population		17.9%	17.4%
Total population 65 years and older		2,054	629,108
% 65-74 years	*	72.3%	57.6%
% 75-84 years	*	20.4%	28.4%
% 85 years or older	*	7.3%	14.0%
% 65+ population who are female		57.6%	55.7%
% 85+ population who are female		69.3%	66.0%
Race and ethnicity of the population 65+			
% White	*	98.2%	84.8%
% African American	*	0.0%	6.7%
% Asian		0.0%	2.6%
% Other race(s)		1.8%	5.9%
% Hispanic	*	0.2%	6.7%
# 55+ who are Native American / Alaskan		65	1,729
Marital status of the population 65+			
% married	*	59.0%	54.5%
% divorced/separated		13.5%	16.1%
% widowed		23.7%	21.2%
% never married	*	3.8%	8.2%
Education of the population 65+			
% with less than high school education		12.2%	11.9%
% with high school or some college	*	68.6%	52.4%
% with college degree	*	10.4%	17.0%
% with graduate or professional degree	*	8.8%	18.6%
% 65+ population who speak only English at home	*	97.0%	84.4%
% 65+ population who are veterans of military service	*	26.4%	13.4%

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone		25.7%	27.7%
Average household size (all ages)		2.3	2.5
Median house value (all ages)	*	$260,400	$323,700
% 60+ own home	*	81.5%	76.0%
% 60+ homeowners who have mortgage		53.8%	46.7%
% 65+ households (renter) spend >35% of income on housing		30.6%	45.1%
% 65+ households (owner) spend >35% of income on housing		20.2%	27.1%
% grandparents who live with grandchildren		1.5%	2.6%
# of assisted living sites		0	207
SOCIAL DETERMINANTS OF HEALTH			
COST OF LIVING			
Elder Index			
Single, homeowner without mortgage, good health (County)	0.91	$27,840	$30,552
Single, renter, good health (County)	0.91	$29,916	$32,832
Couple, homeowner without mortgage, good health (County)	0.93	$40,200	$43,344
Couple, renter, good health (County)	0.93	$42,276	$45,624
ECONOMIC			
% 60+ receiving food stamps in past year		7.2%	11.0%
% 65+ employed in past year		20.4%	21.5%
% 65+ with income below the poverty line in past year	*	3.2%	7.9%
Median annual income for households with a householder age 65+		$68,167	$65,666
% 65+ households with annual income < $20,000	*	2.6%	14.0%
% 65+ households with annual income $20,000-$49,999		33.8%	25.6%
% 65+ households with annual income $50,000-$99,999		42.4%	28.2%
% 65+ households with annual income $100,000+	*	21.2%	32.3%
WELLNESS			
% 18+ with less than 7 hours sleep (County)		33.3%	NA
% 18+ without leisure-time physical activity (County)		20.4%	NA
% 18+ with fair or poor self-reported health status (County)		12.7%	NA
% 18+ with 14+ physically unhealthy days (County)		10.1%	NA
COMMUNITY			
Annual # unhealthy days due to air pollution for 65+ (County)		7	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)	*	93.1%	87.5%
% households with only a smartphone to access the Internet (all ages)		11.6%	7.3%
% households without a computer (all ages)	*	1.1%	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+)		75.0%	82.9%

SOCIAL DETERMINANTS OF HEALTH

	Significantly different than state rate	Community estimate	State estimate
COMMUNITY			
Homicide rate/100,000 persons (County)		2.2	3.1
# firearm fatalities (all ages) (County)		74	955
# 65+ deaths by suicide (County)		34	404
Age-sex adjusted 1-year mortality rate		4.7%	4.0%
TRANSPORTATION			
% householders 65+ who own a motor vehicle		94.9%	88.0%
# fatal crashes involving adult age 60+ (County)		44	349
AllTransit Score		2.40	2.79

HEALTH OUTCOMES

	Significantly different than state rate	Community estimate	State estimate
FALLS			
% 65+ with hip fracture		3.2%	3.5%
PREVENTION			
% 18+ with physical exam/check-up in past year (County)		78.0%	NA
% mammography use among women age 50-74 Years (County)		78.5%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)		81.9%	NA
% 65+ men up to date on preventive services (County)		56.1%	NA
% 65+ women up to date on preventive services (County)		41.6%	NA
NUTRITION & DIET			
% 18+ with obesity (County)		30.7%	NA
% 65+ with high cholesterol	W	81.7%	77.9%
% 18+ with cholesterol screening (County)		88.7%	NA
ORAL HEALTH			
% 18+ with annual dental exam (County)		72.6%	NA
# dentists per 100,000 persons (all ages) (County)		54.3	61.4
% 65+ with complete tooth loss (County)		7.8%	NA
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	B	12.0%	13.9%
% 65+ with anemia	W	52.8%	49.2%
% 65+ with asthma		16.2%	14.1%
% 65+ with atrial fibrillation		15.5%	15.5%
% 65+ with benign prostatic hyperplasia (men)		43.0%	44.0%
% 65+ with breast cancer (women)	B	8.8%	11.8%
% 65+ with cataract		63.1%	61.5%
% 65+ with chronic kidney disease	W	35.9%	32.8%
% 65+ with chronic obstructive pulmonary disease	W	29.0%	19.6%
% 65+ with colon cancer		2.6%	2.4%
% 65+ with congestive heart failure		20.5%	21.0%
% 65+ with diabetes	W	37.3%	31.8%
% 65+ with endometrial cancer (women)		2.4%	2.3%
% 65+ with fibromyalgia, chronic pain, and fatigue		37.0%	34.8%
% 65+ with glaucoma	B	19.5%	26.4%
% 65+ ever had a heart attack		5.3%	4.3%
% 65+ with HIV/AIDS		0.26%	0.28%

HEALTH OUTCOMES

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ with hypertension	W	79.5%	74.2%
% 65+ with ischemic heart disease		40.2%	39.1%
% 65+ with liver disease		12.3%	11.6%
% 65+ with lung cancer		2.3%	2.0%
% 65+ with migraine and other chronic headache		6.1%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis	W	59.5%	55.7%
% 65+ with osteoporosis	B	17.7%	20.2%
% 65+ with peripheral vascular disease	W	22.0%	19.1%
% 65+ with pressure ulcer or chronic ulcer		7.8%	9.1%
% 65+ with prostate cancer (men)	B	9.1%	13.4%
% 65+ with stroke		12.0%	11.5%
% 65+ with 4+ (out of 15) chronic conditions	W	66.7%	61.6%
% 65+ with 0 chronic conditions	W	6.0%	7.7%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		532	5,902
% 65+ with substance use disorder		10.0%	8.3%
% 18+ excessive drinking (County)		16.0%	NA
% 65+ with tobacco use disorder	W	17.4%	11.5%
% 18+ current smokers (County)		14.0%	NA
MENTAL HEALTH			
% 18+ with 14+ days poor mental health (County)		14.4%	NA
% 65+ with depression		31.3%	32.3%
% 65+ with anxiety disorder	W	35.4%	30.9%
% 65+ with post-traumatic stress disorder		2.5%	2.0%
% 65+ with schizophrenia & other psychotic disorder	B	2.6%	4.2%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.5%	11.4%
% 65+ with self-reported vision difficulty		6.6%	4.8%
% 65+ with self-reported cognition difficulty		13.0%	7.2%
% 65+ with self-reported ambulatory difficulty		19.8%	17.8%
% 65+ with self-reported self-care difficulty	*	3.5%	6.9%
% 65+ with self-reported independent living difficulty	*	3.5%	12.7%
CAREGIVING			
# of Alzheimer's support groups		0	29
% grandparents raising grandchildren		0.31%	0.73%

HEALTH OUTCOMES

	Significantly different than state rate	Community estimate	State estimate
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid		21.4%	22.5%
% 65+ Medicare managed care enrollees	*	52.4%	50.1%
% 18-64 who lack health insurance (County)		7.1%	NA
# of primary care providers		2	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		1	388
# of adult day health centers		0	38
SERVICE UTILIZATION			
# physician visits per year		7.9	8.4
# emergency room visits/1000 persons 65+ years annually	*	720.7	586.6
# Part D monthly prescription fills per person annually		53.6	52.1
# home health visits annually		2.8	3.1
# durable medical equipment claims annually	*	2.6	2.0
# inpatient hospital stays/1000 persons 65+ years annually		246.4	241.8
% Medicare inpatient hospital readmissions (as % of admissions)		19.1%	17.6%
# skilled nursing facility stays/1000 persons 65+ years annually		82.5	89.9
# skilled nursing home Medicare beds/1000 persons 65+ years		0.0	37.1
% 65+ getting Medicaid long term services and supports	*	2.2%	4.4%
% 65+ hospice users		2.3%	2.6%
% 65+ hospice users as % of decedents		48.1%	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). 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 <u>not</u> 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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