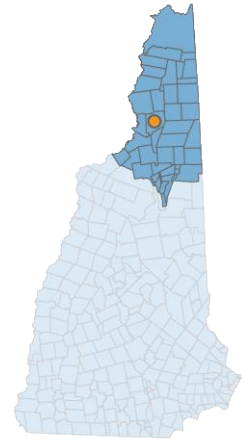


Stark (Coös)

Warner is a town in Merrimack County with 662 residents aged 65 or older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of high cholesterol, Alzheimer's disease or related dementias, anemia, benign prostatic hyperplasia, chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, fibromyalgia/chronic pain/fatigue, hypertension, ischemic heart disease, liver disease, osteoarthritis/rheumatoid arthritis, peripheral vascular disease, stroke, tobacco use disorder, depression, and anxiety disorder. Older residents in Merrimack County vary in obtaining preventive health screenings: residents 18 and older got annual physical exams (73.2%) and annual dental exams (69.4%), while 52.5% of men and 46% of women 65 and older completed all CDC recommended vaccinations and cancer screenings. Community resources to support healthy aging include two primary care providers and a public library.



POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		508	1,379,610
Population 60 years or older as % of total population		47.0%	26.7%
Total population 60 years and older		239	368,151
Population 65 years or older as % of total population		28.0%	19.0%
Total population 65 years and older		142	261,749
% 65-74 years		72.5%	60.7%
% 75-84 years		20.4%	28.0%
% 85 years or older		7.0%	11.3%
% 65+ population who are female		51.4%	53.9%
% 85+ population who are female		60.0%	64.0%
Race and ethnicity of the population 65+			
% White		100.0%	95.7%
% African American		0.0%	0.6%
% Asian		0.0%	1.3%
% Other race(s)		0.0%	2.3%
% Hispanic		0.7%	1.1%
# 55+ who are Native American / Alaskan		0	549
Marital status of the population 65+			
% married		58.5%	58.5%
% divorced/separated		26.8%	16.5%
% widowed		12.7%	20.0%
% never married		2.1%	5.1%
Education of the population 65+			
% with less than high school education		9.2%	8.1%
% with high school or some college	*	76.8%	56.3%
% with college degree	*	7.7%	19.6%
% with graduate or professional degree	*	6.3%	16.0%
% 65+ population who speak only English at home		85.9%	93.4%
% 65+ population who are veterans of military service		18.3%	18.0%

POPULATION CHARACTERISTICS

	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone		22.5%	25.5%
Average household size (all ages)		2.6	2.5
Median house value (all ages)	*	\$171,000	\$337,100
% 60+ own home	*	91.0%	80.2%
% 60+ homeowners who have mortgage		34.4%	42.8%
% 65+ households (renter) spend >35% of income on housing		0.0%	44.1%
% 65+ households (owner) spend >35% of income on housing		22.4%	25.0%
% grandparents who live with grandchildren		6.8%	2.5%
# of assisted living sites		0	24

SOCIAL DETERMINANTS OF HEALTH

COST OF LIVING

Elder Index			
Single, homeowner without mortgage, good health (County)	0.95	\$29,304	\$30,948
Single, renter, good health (County)	0.89	\$29,088	\$32,784
Couple, homeowner without mortgage, good health (County)	0.97	\$44,136	\$45,336
Couple, renter, good health (County)	0.93	\$43,920	\$47,172

ECONOMIC

% 60+ receiving food stamps in past year		7.4%	5.0%
% 65+ employed in past year		12.7%	21.5%
% 65+ with income below the poverty line in past year		10.6%	7.0%
Median annual income for households with a householder age 65+	*	\$35,417	\$60,844
% 65+ households with annual income < \$20,000		6.9%	13.2%
% 65+ households with annual income \$20,000-\$49,999	*	60.9%	28.1%
% 65+ households with annual income \$50,000-\$99,999		31.0%	30.7%
% 65+ households with annual income \$100,000+		1.1%	28.0%

WELLNESS

% 18+ with less than 7 hours sleep (County)		34.2%	NA
% 18+ without leisure-time physical activity (County)		26.6%	NA
% 18+ with fair or poor self-reported health status (County)		17.2%	NA
% 18+ with 14+ physically unhealthy days (County)		13.0%	NA

COMMUNITY

Annual # unhealthy days due to air pollution for 65+ (County)		2	NA
AARP Age-Friendly Communities		Not yet	Not yet
# of public universities and community colleges		0	20
# of public libraries		0	221
# of senior centers		0	50
# of Osher Lifelong Learning Institutes (OLLI)		0	2
% households with a smartphone (all ages)		71.9%	86.8%
% households with only a smartphone to access the Internet (all ages)		9.2%	5.2%
% households without a computer (all ages)		5.1%	5.0%
% households with access to Broadband (all ages)		87.2%	91.0%
% households without access to the Internet (all ages)		11.2%	8.8%
Voter participation rate in 2020 election (age 18+)		83.0%	72.5%

SOCIAL DETERMINANTS OF HEALTH

	Significantly different than state rate	Community estimate	State estimate
COMMUNITY			
Homicide rate/100,000 persons (County)		NA	1.6
# firearm fatalities (all ages) (County)		26	717
# 65+ deaths by suicide (County)		11	232
Age-sex adjusted 1-year mortality rate		5.7%	3.9%
TRANSPORTATION			
% householders 65+ who own a motor vehicle		88.5%	92.6%
# fatal crashes involving adult age 60+ (County)		9	177
AllTransit Score		NA	0.58
HEALTH OUTCOMES			
FALLS			
% 65+ with hip fracture		2.4%	2.8%
PREVENTION			
% 18+ with physical exam/check-up in past year (County)		74.3%	NA
% mammography use among women age 50-74 Years (County)		70.2%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)		72.8%	NA
% 65+ men up to date on preventive services (County)		46.2%	NA
% 65+ women up to date on preventive services (County)		35.0%	NA
NUTRITION & DIET			
% 18+ with obesity (County)		36.2%	NA
% 65+ with high cholesterol		74.9%	72.0%
% 18+ with cholesterol screening (County)		85.3%	NA
ORAL HEALTH			
% 18+ with annual dental exam (County)		56.9%	NA
# dentists per 100,000 persons (all ages) (County)		35.2	55.0
% 65+ with complete tooth loss (County)		12.3%	NA
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		10.2%	10.7%
% 65+ with anemia		35.7%	35.0%
% 65+ with asthma		9.7%	11.4%
% 65+ with atrial fibrillation		15.2%	14.0%
% 65+ with benign prostatic hyperplasia (men)		35.9%	36.9%
% 65+ with breast cancer (women)		9.0%	10.2%
% 65+ with cataract	B	54.0%	60.3%
% 65+ with chronic kidney disease		29.3%	28.0%
% 65+ with chronic obstructive pulmonary disease		18.2%	17.4%
% 65+ with colon cancer		2.2%	2.0%
% 65+ with congestive heart failure		17.4%	16.7%
% 65+ with diabetes	W	32.8%	25.2%
% 65+ with endometrial cancer (women)		2.3%	2.0%
% 65+ with fibromyalgia, chronic pain, and fatigue	B	26.4%	32.9%
% 65+ with glaucoma		20.6%	22.6%
% 65+ ever had a heart attack	W	7.5%	4.6%
% 65+ with HIV/AIDS		0.12%	0.10%

HEALTH OUTCOMES

	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ with hypertension	W	75.5%	67.3%
% 65+ with ischemic heart disease		34.0%	32.9%
% 65+ with liver disease		11.7%	10.1%
% 65+ with lung cancer		1.8%	1.6%
% 65+ with migraine and other chronic headache		6.0%	6.9%
% 65+ with osteoarthritis or rheumatoid arthritis		49.3%	53.2%
% 65+ with osteoporosis		15.3%	16.3%
% 65+ with peripheral vascular disease		17.0%	13.6%
% 65+ with pressure ulcer or chronic ulcer	W	10.7%	6.2%
% 65+ with prostate cancer (men)		8.0%	11.6%
% 65+ with stroke		10.7%	10.0%
% 65+ with 4+ (out of 15) chronic conditions	W	61.5%	53.9%
% 65+ with 0 chronic conditions		9.9%	10.2%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		45	2,268
% 65+ with substance use disorder		6.9%	7.6%
% 18+ excessive drinking (County)		15.2%	NA
% 65+ with tobacco use disorder	W	16.6%	11.7%
% 18+ current smokers (County)		17.7%	NA
MENTAL HEALTH			
% 18+ with 14+ days poor mental health (County)		15.2%	NA
% 65+ with depression		34.6%	30.5%
% 65+ with anxiety disorder		32.1%	28.0%
% 65+ with post-traumatic stress disorder	W	4.2%	2.3%
% 65+ with schizophrenia & other psychotic disorder	B	1.5%	2.8%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.0%	13.8%
% 65+ with self-reported vision difficulty		4.2%	4.8%
% 65+ with self-reported cognition difficulty		0.7%	6.5%
% 65+ with self-reported ambulatory difficulty		30.3%	16.7%
% 65+ with self-reported self-care difficulty		6.3%	5.3%
% 65+ with self-reported independent living difficulty		10.6%	10.1%
CAREGIVING			
# of Alzheimer's support groups		0	5
% grandparents raising grandchildren		0.28%	0.69%

HEALTH OUTCOMES

Significantly
different than
state rate

Community
estimate

State
estimate

ACCESS TO CARE

% 65+ dually eligible for Medicare and Medicaid	*	11.7%	6.6%
% 65+ Medicare managed care enrollees		24.8%	26.5%
% 18-64 who lack health insurance (County)		9.4%	NA
# of primary care providers		0	1,852
# of hospitals		0	28
# of home health agencies		0	27
# of skilled nursing facilities		0	73
# of hospice agencies		0	20
# of community health centers		0	68
# of adult day health centers		0	12

SERVICE UTILIZATION

# physician visits per year	*	2.0	6.1
# emergency room visits/1000 persons 65+ years annually		517.7	507.9
# Part D monthly prescription fills per person annually		50.6	49.1
# home health visits annually		1.7	1.9
# durable medical equipment claims annually	*	1.4	1.9
# inpatient hospital stays/1000 persons 65+ years annually		197.4	187.5
% Medicare inpatient hospital readmissions (as % of admissions)		20.8%	16.2%
# skilled nursing facility stays/1000 persons 65+ years annually		43.2	45.0
# skilled nursing home Medicare beds/1000 persons 65+ years		0.0	26.1
% 65+ getting Medicaid long term services and supports	*	3.9%	2.7%
% 65+ hospice users		2.6%	2.7%
% 65+ hospice users as % of decedents	*	29.9%	47.1%

NOTES

TECHNICAL NOTES

*For more information on data sources, measures, and methodology used in the 2025 New Hampshire 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 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; New Hampshire Home Care Association (NHHCA), 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; NECHE, 2023; New Hampshire ServiceLink, 2023; NH Library Directory, 2023; NH Secretary of State, 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; HRSA, 2023; Medicare.gov, 2023; State of NH, 2023.*
- *Service Utilization: CMS, 2020-2021.*

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