Agenda

- Welcome, Introductions, and Housekeeping

- Healthy Aging Data Report

- Break

- NHAHA Updates

- Brightspot: NH Commission on Aging Update & AgeWellNH

- New Futures NHAHA Advocacy Update

- Wrap Up

- Adjourn and Lunch

The New Hampshire Healthy Aging Data Report
Tools to Advance Equity in Healthy Aging
2025 Update

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Aims

1. What is the 2025 NH Healthy Aging Data Report?

2. Describe the tools in the 2025 NH Healthy Aging Data Report.

3. Provide a sneak peak of results to be released in May 2025.
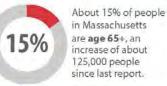
4. Help us spread the word!

2018 Massachusetts Healthy Aging Data Report
Older Adult Health in Every Community

Reporting on **179** health risk indicators in **379** communities
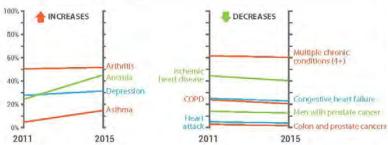
MASSACHUSETTS IS GETTING OLDER

15%

About 15% of people in Massachusetts are **age 65+**, an increase of about 125,000 people since last report.

The older population in Massachusetts:
- Is more racially and ethnically **diverse**
- Has more **education**
- Has **higher incomes**, with more people earning $50K+
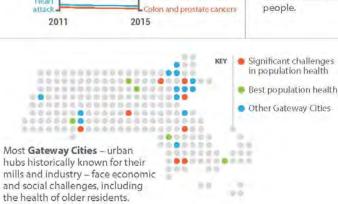- Is **younger**, with more 65-74-year-olds

#7 Massachusetts is the 7th healthiest state for older people in the U.S., according to America's Health Rankings Senior Report. Still, there is room to improve!

Health challenges are shifting

↑ INCREASES

- Arthritis
- Anemia
- Depression
- Asthma

2011 — 2015

↓ DECREASES

- Ischemic heart disease
- COPD
- Heart attack
- Multiple chronic conditions (4+)
- Congestive heart failure
- Men with prostate cancer
- Colon and prostate cancers

2011 — 2015

MENTAL HEALTH IS OVERLOOKED

Mental health is important at every stage of life. It includes **emotional, psychological, and social well-being**. It affects how we think, feel, and act. It influences how we handle stress, relate to others, and make choices.

6% of all Massachusetts residents 65+ years have some form of **substance use disorder.**

Rates vary widely across the state, from less than 4% to about 16%.

3 out of every 10 older residents have ever been diagnosed with **depression** – the most commonly diagnosed mental health issue among older people.

↑ **Higher rates** were found in communities with relatively high levels of serious and chronic disease, crime, and older people living alone.

↓ **Lower rates** were found in communities with higher percentages of older women of Asian descent.

BE A PART OF THE CHANGE

UNDERSTAND.
- Download your Community Profile at healthyagingdatareports.org.
- Educate yourself and others about the older people who live in your city or town.
- Compare your city or town to state averages.

ENGAGE.
- Start a conversation.
- Bring older people, community organizations together.

ACT.
- Join the age-friendly movement.
- Prioritize community needs and resources.
- Collaborate with diverse partners and funders.

WHERE YOU LIVE MATTERS

Many **rural communities** have higher percentages of people 65+ and limited access to care and transportation options.

Most **Gateway Cities** – urban hubs historically known for their mills and industry – face economic and social challenges, including the health of older residents.

KEY
- Significant challenges in population health
- Best population health
- Other Gateway Cities

Serious chronic disease rates among older people are **lowest** in cities and towns where people have **more** education and **higher** incomes.

Serious chronic disease rates among older people are **highest** in cities and towns where people have **less** education and **lower** incomes.

The 2015 data above reflect health for adults age 60+ or 65+ in Massachusetts.

Visit **healthyagingdatareports.org** for more.

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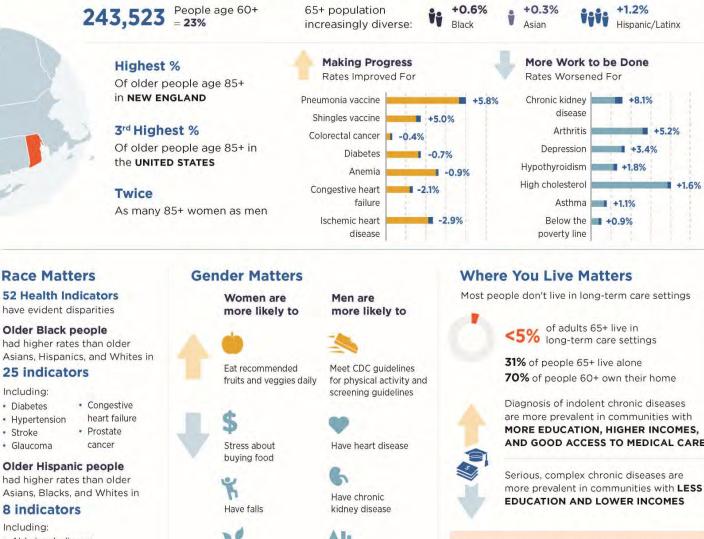
Reports in 2016, 2020, 2025

Older Adult Health in Every Community

CHANGES SINCE 2016

Older Rhode Islanders Are More Diverse; Population Is Growing

243,523 People age 60+ = **23%**

65+ population increasingly diverse:

+0.6% Black **+0.3%** Asian **+1.2%** Hispanic/Latinx

Highest %
Of older people age 85+ in **NEW ENGLAND**

3rd Highest %
Of older people age 85+ in the **UNITED STATES**

Twice
As many 85+ women as men

Making Progress
Rates Improved For

Pneumonia vaccine	+5.8%
Shingles vaccine	+5.0%
Colorectal cancer	-0.4%
Diabetes	-0.7%
Anemia	-0.9%
Congestive heart failure	-2.1%
Ischemic heart disease	-2.9%

More Work to be Done
Rates Worsened For

Chronic kidney disease	+8.1%
Arthritis	+5.2%
Depression	+3.4%
Hypothyroidism	+1.8%
High cholesterol	+1.6%
Asthma	+1.1%
Below the poverty line	+0.9%

Race Matters

52 Health Indicators have evident disparities

Older Black people had higher rates than older Asians, Hispanics, and Whites in **25 indicators**

Including:
- Diabetes
- Hypertension
- Stroke
- Glaucoma
- Congestive heart failure
- Prostate cancer

Older Hispanic people had higher rates than older Asians, Blacks, and Whites in **8 indicators**

Including:
- Alzheimer's disease
- Liver disease
- Depression

Gender Matters

Women are more likely to
- Eat recommended fruits and veggies daily
- Stress about buying food
- Have falls
- Have depression

Men are more likely to
- Meet CDC guidelines for physical activity and screening guidelines
- Have heart disease
- Have chronic kidney disease
- Have diabetes

Where You Live Matters

Most people don't live in long-term care settings

<5% of adults 65+ live in long-term care settings

31% of people 65+ live alone
70% of people 60+ own their home

Diagnosis of indolent chronic diseases are more prevalent in communities with **MORE EDUCATION, HIGHER INCOMES, AND GOOD ACCESS TO MEDICAL CARE**

Serious, complex chronic diseases are more prevalent in communities with **LESS EDUCATION AND LOWER INCOMES**

COVID-19 EXACERBATES EXISTING DISPARITIES in communities of color

Understand

1. Download community profile
2. Read the Highlights Report to understand how your community compares to the statewide trends
3. Learn about programs and resources
   - Call The POINT at 401-462-4444
   - Visit R.I. Office of Healthy Aging at www.oha.ri.gov

Engage

1. Encourage people you know and community leaders to engage in age-friendly movement
2. Connect with Age-Friendly R.I. at www.agefriendlyri.org
3. Recommend changes for healthy aging

Act

1. Get involved in local efforts to promote healthy aging
2. Use data to prioritize community needs
3. Collaborate with diverse partners
4. Create opportunities for civic engagement and social connection
5. Identify and build upon what's working

Learn more at
healthyagingreports.org/rhode-island

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2019 New Hampshire Healthy Aging Data Report
Older Adult Health in Every Community

Reporting on **166** health risk indicators in **244** communities

NEW HAMPSHIRE IS GROWING OLDER

The Granite State has one of the highest median ages in the nation, second only to Maine.

20%

About **20%** of the state population is 60+

301,000 people

New Hampshire ranks among the healthiest states. A recent study ranked NH the 3rd healthiest state for older people in the US.

#3

But not for everyone. There are disparities by ZIP code and gender.

In recent years:

⬆ **Improved** rates for: ischemic heart disease (caused by narrowed arteries)

⬇ **Worsened** rates for: arthritis, breast cancer, cataracts, chronic kidney disease, depression, endometrial cancer, glaucoma, high cholesterol and hypothyroidism.

WHERE YOU LIVE MATTERS

About 37% of NH's population lives in rural areas. Older people in rural areas often have greater needs – and less access to the services needed to diagnose, treat acute illness and manage chronic disease.

Cities had the:

⬇ **lowest** disability rates

⬆ **highest** serious & complex chronic disease rates

Towns had the:

⬇ **lowest** serious & complex chronic disease rates

⬆ **highest** disability rates

Rural communities had the:

⬇ **lowest** indolent chronic conditions rates (which progress slowly and cause little pain)

⬆ **high** serious & complex chronic disease rates

MEN AND WOMEN AGE DIFFERENTLY

Women have better rates than men for...

- 🍅 Eating fruits and vegetables
- Wearing a seatbelt
- Getting the pneumonia vaccine

...but **worse rates** than men for...

- Depression
- Arthritis
- Fall-related injury in past year

Men have better rates than women for...

- 🏃 Physical activity
- CDC health screening
- Getting an HIV test

...but **worse rates** than women for...

- Substance use disorders
- HIV/AIDS
- Ischemic heart disease

TOGETHER WE CAN CREATE CHANGE

UNDERSTAND.

- Download your Community Profile at healthyagingdatareports.org.
- Educate yourself and others about the older people who live in your city or town.
- Compare your community to state averages.

ENGAGE.

- Start a conversation.
- Bring together older people and community organizations to discuss how to address opportunities and challenges.
- Connect with the NH Alliance for Healthy Aging to learn from others who care about aging.

ACT.

- Identify what's working.
- Use the data to prioritize needs.
- Collaborate with diverse partners and funders.
- Join the age-friendly movement.

Visit **healthyagingdatareports.org** to learn more.

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2021 Connecticut Healthy Aging Data Report

Older Adult Health in Every Community

REPORTING 190 INDICATORS FOR EVERY CITY AND TOWN IN CONNECTICUT | www.healthyagingdatareports.org

Connecticut is growing older — everywhere

823,529 people

23% of the state population is 60+

28.4% of 65+ live alone

7th oldest state in the nation

<5% of adults 65+ live in long-term care settings

Many rural communities have higher percentages of people 65+ and limited access to care and transportation options.

• 100+ people

5%–45% range of communities with a high % of residents 60+

The state average is 16.4%

Racism affects people's health

Everyone deserves a fair chance to age well, but systemic inequities create health disparities. Connecticut has the most racially diverse older population (65+) in New England.

Black older people have highest rates of:
- 4+ chronic conditions
- Diabetes
- Hypertension
- Obesity
- Stroke
- Substance use disorders

Hispanic older people have highest rates of:
- Asthma
- Depression
- Heart attack
- PTSD

COVID-19 exacerbates existing disparities in communities of color

Gender matters

Men are more likely to
- have heart disease, atrial fibrillation, congestive heart failure, hypertension, heart attack & stroke

have better rates
- at physical activity

57% of 65+ population is female

66.7% of 85+ population is female

Women are more likely to
- have arthritis, obesity, osteoporosis, falls, hip fracture & depression

have better rates on
- eating recommended fruits and vegetables & getting annual check-up

Location reinforces disparities

65+ household incomes
7% below the poverty line

24% above $100K annually

65+ level of education
14.7% high school diploma or less

16.8% graduate/ professional degree

65+ home ownership
37% in low income areas

100% in high income areas

77% statewide average

65+ median house value
$128K in low income areas

$1.5M in high income areas

$273K statewide average

65+ spending >35% of income on housing
100% in low income areas

0% in high income areas

44% statewide average

Preventive health interventions are needed (2015–2017)

Making progress
Rates Improved For

Asthma **-1.45%**   Diabetes **-0.41%**

More work to be done
Rates Worsened For

Alzheimer's disease **+0.31%**   Depression **+1.69%**

Obesity **+5.42%**   4+ chronic conditions **+0.40%**

Understand
1. Learn what makes a community age-friendly.
2. Download your community profile: healthyagingdatareports.org
3. Read the Highlights Report to understand how your community compares to the statewide trends
4. Learn about programs and resources: myplacect.org

Engage
1. Encourage people you know and community leaders to engage in the age-friendly movement
2. Connect with Connecticut Age Well Collaborative at www.ctagewellcollaborative.org

Act
1. Promote healthy aging.
2. Collaborate with diverse and local partners to identify and build upon what's working.

Learn more at healthyagingdataareports.org/connecticut

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Older Adult Health in Every County

125 indicators for 82 counties

The older population is increasing, while the Mississippi state population is declining

65+

29.3%
Increase in Mississippi population of adults 65+ between 2010 and 2021

15.9%
Of Mississippi over 65+
In some counties older adults make up nearly 25% of the population
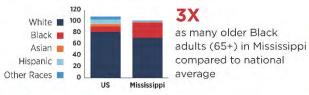
Aging Population Density

- 1 Dot = 100 People Age 65+

State Total: 474,270

Social Determinants of Health

Race Matters

Accumulated inequities cause health disparities that age-friendly communities can help mitigate

White
Black
Asian
Hispanic
Other Races

US   Mississippi

3X
as many older Black adults (65+) in Mississippi compared to national average

Older Black adults (65+) in Mississippi are more likely to...

- report higher rates of Alzheimer's disease and related dementias
- report lower average income than 65+ white households ($20k less)
- report less than a high school education

Place Matters

Compared to urban counties, rural counties...

17.6% **Are older**
Population 65+ (vs. 15.5%)

15.4% **Are poorer**
Population 65+ with income below the poverty line in last year (vs. 11.3%)

6.5X **Have less access to care**
Fewer primary care physicians and hospitals (20 vs 120)

80%
of counties are rural
■ Rural □ Urban

U.S. Department of Agriculture's Economic Research Service Rural-Urban continuum codes (RUCA)

Together We Can Create Change

Understand
- Download your Community Profile at **healthyms.com**
- Educate yourself and others about the older people who live in your city or town.
- Compare your community to state averages.

Engage
- Start a conversation.
- Bring together older people and community organizations to discuss how to address opportunities and challenges.
- Connect with the MSDH Age-Friendly Public Health System to learn from others who care about aging.

Act
- Identify what's working.
- Use the data to prioritize needs.
- Collaborate with diverse partners and funders.
- Join the age-friendly movement.

LEARN MORE

MISSISSIPPI STATE DEPARTMENT OF HEALTH

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Data ----> *Social Change*

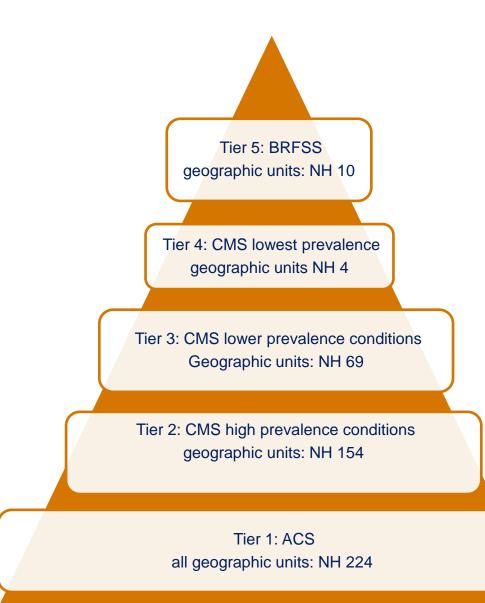# How are the healthy aging data reports created?

Data Sources   (+/-)

▸ The **American Community Survey (ACS) 5-year files** of the U.S. Census Bureau was the source of demographic, socioeconomic status, and housing data for communities. 2018-2022.

▸ The **Centers for Medicare and Medicaid Services** the Medicare Summary Beneficiary files were the major source of data on prevalence rates of chronic disease conditions and medical utilization. 2020-2021. *(Ever diagnosed vs current diagnosed)*

▸ The **Behavioral Risk Factor Surveillance System** of the Centers for Disease Control and Prevention and state health departments was the major source of data for health risk behaviors, preventive health practices, and health care access. 2020-2021.

▸ Plus many other data sources noted in technical documents.

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Pragmatic, hierarchical approach to reporting
(*only going as far as the __data__ and DUA's allow*)
but reporting at the most local level possible

Tier 5: BRFSS
geographic units: NH 10

Tier 4: CMS lowest prevalence
geographic units NH 4

Tier 3: CMS lower prevalence conditions
Geographic units: NH 69

Tier 2: CMS high prevalence conditions
geographic units: NH 154

Tier 1: ACS
all geographic units: NH 224

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Aims

1. What is the Healthy Aging Data Report?

2. <mark>Describe the tools in the 2025 NH Healthy Aging Data Report</mark>.

3. Provide a sneak peak of results to be released in May 2025.

4. Help spread the word!

HEALTHYAGING DATAREPORTS.ORG

STATE REPORTS ⌄   ABOUT   CONTACT

NEW HAMPSHIRE HEALTHY AGING DATA REPORT

COMMUNITY PROFILES

HEALTHY AGING INDICATORS

INFOGRAPHIC

CHRONIC DISEASE RATES

REGIONAL TRENDS

TECHNICAL REPORT, DATA SOURCES, AND METHODS

NEW HAMPSHIRE HEALTHY AGING DATA REPORT

The 2019 New Hampshire Healthy Aging Data Report is designed to help advocates and leaders across the state understand more about the health of older people throughout the state.

The report includes **244 Community Profiles** —one for every city and town in New Hampshire, plus neighborhoods in Nashua and Manchester. Each Community Profile includes **166 indicators** of health as well as state averages.

The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston.

Explore the Report

- Explore the Highlights Report
- Download the infographic
- View the community profiles
- View the state maps
- Explore the interactive maps
- Explore the Technical Report

Connect with Others Who Care About Healthy Aging

The New Hampshire Alliance for Healthy Aging (NHAHA) is a statewide coalition of over 300 participants focused on aging issues. You can become an advocate for the priorities established by NHAHA, which include:

- A permanent statewide entity on aging which can champion issues affecting older people across all state agencies, build effective public/private partnerships and focus attention on creating an age-friendly state.
- Adequate and sustainable funding to support and promote healthy aging in New Hampshire.

Point32Health Foundation

HealthyAgingDataReports.org is supported by Point32Health Foundation.

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Concord (Merrimack)

Concord is a city in Merrimack County with 7,926 residents aged 65 or older. Compared to state average rates, older residents have higher rates of hip fracture, Alzheimer's disease or related dementias, cataract, glaucoma, migraine, osteoarthritis/rheumatoid arthritis, osteoporosis, pressure ulcer, stroke, substance and tobacco use disorders, depression, anxiety disorder, PTSD, and schizophrenia. 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 146 primary care providers, two hospitals, one home health agency, four assisted living facilities, four skilled nursing facilities, two hospice agencies, three senior centers, two universities or community colleges, one public library, and one Osher Lifelong Learning Institute (OLLI).

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		44,049	1,379,610
Population 60 years or older as % of total population		26.0%	26.7%
Total population 60 years and older		11,434	368,151
Population 65 years or older as % of total population		18.0%	19.0%
Total population 65 years and older		7,926	261,749
% 65-74 years		57.5%	60.7%
% 75-84 years		28.0%	28.0%
% 85 years or older		14.5%	11.3%
% 65+ population who are female		55.9%	53.9%
% 85+ population who are female		73.8%	64.0%
Race and ethnicity of the population 65+			
% White		93.2%	95.7%
% African American		1.3%	0.6%
% Asian		1.7%	1.3%
% Other race(s)		3.8%	2.3%
% Hispanic		1.1%	1.1%
# 55+ who are Native American / Alaskan		87	549
Marital status of the population 65+			
% married	*	51.8%	58.5%
% divorced/separated	*	21.4%	16.5%
% widowed		19.5%	20.0%
% never married		7.3%	5.1%
Education of the population 65+			
% with less than high school education		9.8%	8.1%
% with high school or some college	*	47.6%	56.3%
% with college degree		20.3%	19.6%
% with graduate or professional degree	*	22.3%	16.0%
% 65+ population who speak only English at home		93.5%	93.4%
% 65+ population who are veterans of military service		17.7%	18.0%

2025 update
244 Community Profiles
With 152 Indicators:

Population characteristics
Social determinants of health
Health outcomes

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POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone		29.5%	25.5%
Average household size (all ages)	*	2.3	2.5
Median house value (all ages)	*	$287,600	$337,100
% 60+ own home	*	67.0%	80.2%
% 60+ homeowners who have mortgage	*	51.7%	42.8%
% 65+ households (renter) spend >35% of income on housing	*	54.2%	44.1%
% 65+ households (owner) spend >35% of income on housing		23.5%	25.0%
% grandparents who live with grandchildren		2.4%	2.5%
# of assisted living sites		4	24
SOCIAL DETERMINANTS OF HEALTH			
COST OF LIVING			
Elder Index			
Single, homeowner without mortgage, good health (County)	0.95	$29,496	$30,948
Single, renter, good health (County)	0.92	$30,000	$32,784
Couple, homeowner without mortgage, good health (County)	0.93	$42,288	$45,336
Couple, renter, good health (County)	0.91	$42,792	$47,172
ECONOMIC			
% 60+ receiving food stamps in past year	*	8.2%	5.0%
% 65+ employed in past year	*	17.2%	21.5%
% 65+ with income below the poverty line in past year		6.1%	7.0%
Median annual income for households with a householder age 65+		$57,872	$60,844
% 65+ households with annual income < $20,000		12.8%	13.2%
% 65+ households with annual income $20,000-$49,999		27.1%	28.1%
% 65+ households with annual income $50,000-$99,999		34.0%	30.7%
% 65+ households with annual income $100,000+		26.1%	28.0%
WELLNESS			
% 18+ with less than 7 hours sleep (County)		31.7%	NA
% 18+ without leisure-time physical activity (County)		20.8%	NA
% 18+ with fair or poor self-reported health status (County)		12.2%	NA
% 18+ with 14+ physically unhealthy days (County)		9.9%	NA
COMMUNITY			
Annual # unhealthy days due to air pollution for 65+ (County)		1	NA
AARP Age-Friendly Communities		Not yet	Not yet
# of public universities and community colleges		2	20
# of public libraries		1	221
# of senior centers		3	50
# of Osher Lifelong Learning Institutes (OLLI)		1	2
% households with a smartphone (all ages)		85.3%	86.8%
% households with only a smartphone to access the Internet (all ages)		5.6%	5.2%
% households without a computer (all ages)		5.9%	5.0%
% households with access to Broadband (all ages)	*	89.1%	91.0%
% households without access to the Internet (all ages)		10.7%	8.8%
Voter participation rate in 2020 election (age 18+)		62.8%	72.5%

SOCIAL DETERMINANTS OF HEALTH	Significantly different than state rate	Community estimate	State estimate
COMMUNITY			
Homicide rate/100,000 persons (County)		1.9	1.6
# firearm fatalities (all ages) (County)		82	717
# 65+ deaths by suicide (County)		26	232
Age-sex adjusted 1-year mortality rate	W	4.4%	3.9%
TRANSPORTATION			
% householders 65+ who own a motor vehicle		87.0%	92.6%
# fatal crashes involving adult age 60+ (County)		27	177
AllTransit Score		1.80	0.58
HEALTH OUTCOMES			
FALLS			
% 65+ with hip fracture	W	3.7%	2.8%
PREVENTION			
% 18+ with physical exam/check-up in past year (County)		73.2%	NA
% mammography use among women age 50-74 Years (County)		74.6%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)		76.4%	NA
% 65+ men up to date on preventive services (County)		52.5%	NA
% 65+ women up to date on preventive services (County)		46.0%	NA
NUTRITION & DIET			
% 18+ with obesity (County)		31.2%	NA
% 65+ with high cholesterol		72.5%	72.0%
% 18+ with cholesterol screening (County)		85.7%	NA
ORAL HEALTH			
% 18+ with annual dental exam (County)		69.4%	NA
# dentists per 100,000 persons (all ages) (County)		69.6	55.0
% 65+ with complete tooth loss (County)		9.3%	NA
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	W	16.0%	10.7%
% 65+ with anemia		35.0%	35.0%
% 65+ with asthma		12.2%	11.4%
% 65+ with atrial fibrillation		14.5%	14.0%
% 65+ with benign prostatic hyperplasia (men)		36.9%	36.9%
% 65+ with breast cancer (women)		11.1%	10.2%
% 65+ with cataract	W	67.9%	60.3%
% 65+ with chronic kidney disease		29.1%	28.0%
% 65+ with chronic obstructive pulmonary disease		17.8%	17.4%
% 65+ with colon cancer		1.7%	2.0%
% 65+ with congestive heart failure		16.4%	16.7%
% 65+ with diabetes		25.9%	25.2%
% 65+ with endometrial cancer (women)		2.1%	2.0%
% 65+ with fibromyalgia, chronic pain, and fatigue		33.0%	32.9%
% 65+ with glaucoma	W	26.9%	22.6%
% 65+ ever had a heart attack		4.5%	4.6%
% 65+ with HIV/AIDS		0.14%	0.10%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ with hypertension		66.3%	67.3%
% 65+ with ischemic heart disease		33.8%	32.9%
% 65+ with liver disease		9.7%	10.1%
% 65+ with lung cancer		1.5%	1.6%
% 65+ with migraine and other chronic headache	W	8.0%	6.9%
% 65+ with osteoarthritis or rheumatoid arthritis	W	55.5%	53.2%
% 65+ with osteoporosis	W	18.4%	16.3%
% 65+ with peripheral vascular disease		14.6%	13.6%
% 65+ with pressure ulcer or chronic ulcer	W	8.7%	6.2%
% 65+ with prostate cancer (men)		11.1%	11.6%
% 65+ with stroke	W	11.6%	10.0%
% 65+ with 4+ (out of 15) chronic conditions	W	56.6%	53.9%
% 65+ with 0 chronic conditions	W	8.8%	10.2%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		225	2,268
% 65+ with substance use disorder	W	8.9%	7.6%
% 18+ excessive drinking (County)		16.1%	NA
% 65+ with tobacco use disorder	W	14.2%	11.7%
% 18+ current smokers (County)		13.6%	NA
MENTAL HEALTH			
% 18+ with 14+ days poor mental health (County)		14.1%	NA
% 65+ with depression	W	38.1%	30.5%
% 65+ with anxiety disorder	W	34.5%	28.0%
% 65+ with post-traumatic stress disorder	W	3.9%	2.3%
% 65+ with schizophrenia & other psychotic disorder	W	7.3%	2.8%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		14.6%	13.8%
% 65+ with self-reported vision difficulty		4.2%	4.8%
% 65+ with self-reported cognition difficulty		6.5%	6.5%
% 65+ with self-reported ambulatory difficulty		19.1%	16.7%
% 65+ with self-reported self-care difficulty		4.0%	5.3%
% 65+ with self-reported independent living difficulty		10.2%	10.1%
CAREGIVING			
# of Alzheimer's support groups		0	5
% grandparents raising grandchildren		0.32%	0.69%

HEALTH OUTCOMES

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid	*	11.3%	6.6%
% 65+ Medicare managed care enrollees	*	33.7%	26.5%
% 18-64 who lack health insurance (County)		7.4%	NA
# of primary care providers		146	1,852
# of hospitals		2	28
# of home health agencies		1	27
# of skilled nursing facilities		4	73
# of hospice agencies		2	20
# of community health centers		0	68
# of adult day health centers		0	12
SERVICE UTILIZATION			
# physician visits per year	*	6.9	6.1
# emergency room visits/1000 persons 65+ years annually	*	675.3	507.9
# Part D monthly prescription fills per person annually	*	54.8	49.1
# home health visits annually	*	3.2	1.9
# durable medical equipment claims annually		2.1	1.9
# inpatient hospital stays/1000 persons 65+ years annually		194.4	187.5
% Medicare inpatient hospital readmissions (as % of admissions)		14.9%	16.2%
# skilled nursing facility stays/1000 persons 65+ years annually	*	66.5	45.0
# skilled nursing home Medicare beds/1000 persons 65+ years		42.2	26.1
% 65+ getting Medicaid long term services and supports	*	6.7%	2.7%
% 65+ hospice users	*	3.5%	2.7%
% 65+ hospice users as % of decedents		48.4%	47.1%

NOTES

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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.*

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 New Hampshire 2025 Healthy Aging Data Report. Retrieved from www.healthyagingdatareports.org

Questions or Ideas? Beth.dugan@umb.edu

Point32Health Foundation

UMass Boston

In partnership with

Harvard Pilgrim Health Care
a Point32Health company

HEALTHYAGING DATAREPORTS.ORG

STATE REPORTS ⌄   ABOUT   CONTACT

NEW HAMPSHIRE HEALTHY
AGING DATA REPORT

COMMUNITY PROFILES

HEALTHY AGING INDICATORS

INFOGRAPHIC

CHRONIC DISEASE RATES

REGIONAL TRENDS

TECHNICAL REPORT, DATA
SOURCES, AND METHODS

NEW HAMPSHIRE HEALTHY AGING DATA REPORT

The 2019 New Hampshire Healthy Aging Data Report is designed to help advocates and leaders across the state understand more about the health of older people throughout the state.

The report includes **244 Community Profiles** —one for every city and town in New Hampshire, plus neighborhoods in Nashua and Manchester. Each Community Profile includes **166 indicators** of health as well as state averages.

The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston.

Explore the Report

- Explore the Highlights Report
- Download the infographic
- View the community profiles
- View the state maps
- Explore the interactive maps
- Explore the Technical Report

Connect with Others Who Care About Healthy Aging

The New Hampshire Alliance for Healthy Aging (NHAHA) is a statewide coalition of over 300 participants focused on aging issues. You can become an advocate for the priorities established by NHAHA, which include:
- A permanent statewide entity on aging which can champion issues affecting older people across all state agencies, build effective public/private partnerships and focus attention on creating an age-friendly state.
- Adequate and sustainable funding to support and promote healthy aging in New Hampshire.

Point32Health Foundation   HealthyAgingDataReports.org is supported by Point32Health Foundation.

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Aims

1. What is the Healthy Aging Data Report?

2. Describe the tools in the 2025 NH Healthy Aging Data Report.

3. Provide a sneak peak of results to be released in May 2025.

4. Help spread the word!

Map 3

Density of Population Age 60+ Years

Neighborhood values in NH cities

Manchester

Nashua

State Total: 368,151

Source: ACS, 2018-2022

• 1 Dot = 100 people Age 60+

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Density of Population Age 60+ Years

Place	Pop.	Place	Pop.	Place	Pop.	Place	Pop.	Place	Pop.
Acworth	216	Dalton	278	Haverhill	1,338	Nelson	214	South Hampton	238
Albany	203	Danbury	424	Hebron	372	New Boston	1,206	Springfield	211
Alexandria	707	Danville	1,135	Henniker	1,482	New Castle	417	Stark	239
Allenstown	879	Deerfield	1,143	Hill	249	New Durham	648	Stewartstown	469
Alstead	588	Deering	552	Hillsborough	1,557	New Hampton	1,005	Stoddard	363
Alton	1,752	Derry	7,583	Hinsdale	1,449	New Ipswich	1,102	Strafford	1,468
Amherst	3,442	Dorchester	201	Holderness	769	New London	1,891	Stratford	348
Andover	695	Dover	7,185	Hollis	2,596	Newbury	579	Stratham	2,075
Antrim	718	Dublin	536	Hooksett	3,262	Newfields	369	Sugar Hill	339
Ashland	602	Dummer	100	Hopkinton	1,542	Newington	354	Sullivan	186
Atkinson	2,708	Dunbarton	647	Hudson	6,676	Newmarket	2,289	Sunapee	1,204
Auburn	1,225	Durham	1,712	Jackson	483	Newport	1,687	Surry	290
Barnstead	1,310	East Kingston	789	Jaffrey	1,511	Newton	1,212	Sutton	687
Barrington	1,919	Easton	178	Jefferson	443	North Hampton	1,576	Swanzey	2,702
Bartlett	1,510	Eaton	176	Keene	5,334	Northfield	1,231	Tamworth	890
Bath	426	Effingham	427	Kensington	582	Northumberland	586	Temple	398
Bedford	5,743	Ellsworth	21	Kingston	2,170	Northwood	1,282	Thornton	798
Belmont	2,201	Enfield	1,592	Laconia	5,205	Nottingham	1,318	Tilton	1,157
Bennington	373	Epping	1,938	Lancaster	978	Orange	91	Troy	488
Benton	218	Epsom	1,406	Landaff	193	Orford	413	Tuftonboro	1,148
Berlin	2,354	Errol	164	Langdon	212	Ossipee	1,499	Unity	666
Bethlehem	904	Exeter	4,629	Lebanon	4,183	Pelham	3,082	Wakefield	1,584
Boscawen	1,101	Farmington	1,544	Lee	1,416	Pembroke	1,395	Walpole	981
Bow	1,894	Fitzwilliam	800	Lempster	275	Peterborough	2,427	Warner	846
Bradford	467	Francestown	495	Lincoln	496	Piermont	224	Warren	323
Brentwood	1,151	Franconia	501	Lisbon	437	Pittsburg	424	Washington	378
Bridgewater	479	Franklin	2,695	Litchfield	1,893	Pittsfield	1,325	Waterville Valley	119
Bristol	880	Freedom	649	Littleton	1,973	Plainfield	758	Weare	1,968
Brookfield	237	Fremont	1,105	Londonderry	5,516	Plaistow	1,945	Webster	571
Brookline	764	Gilford	2,216	Loudon	2,135	Plymouth	1,342	Wentworth	363
Campton	480	Gilmanton	1,197	Lyman	169	Portsmouth	6,165	Westmoreland	785
Canaan	1,101	Gilsum	260	Lyme	604	Randolph	176	Whitefield	909
Candia	1,296	Goffstown	4,938	Lyndeborough	485	Raymond	2,737	Wilmot	446
Canterbury	696	Gorham	1,057	Madbury	340	Richmond	449	Wilton	1,022
Carroll	363	Goshen	378	Madison	746	Rindge	1,619	Winchester	1,067
Center Harbor	487	Grafton	409	Manchester	24,163	Rochester	8,354	Windham	3,559
Charlestown	1,622	Grantham	1,058	Marlborough	558	Rollinsford	643	Windsor	57
Chatham	114	Greenfield	465	Marlow	289	Roxbury	54	Wolfeboro	2,707
Chester	1,224	Greenland	1,158	Mason	395	Rumney	362	Woodstock	440
Chesterfield	1,181	Greenville	548	Meredith	2,872	Rye	2,278		
Chichester	600	Groton	167	Merrimack	6,428	Salem	8,097		
Claremont	3,425	Hale's Location	124	Middleton	394	Salisbury	540		
Clarksville	87	Hampstead	2,651	Milan	435	Sanbornton	913		
Colebrook	714	Hampton	6,209	Milford	3,218	Sandown	1,140		
Columbia	244	Hampton Falls	718	Milton	1,079	Sandwich	1,025		
Concord	11,434	Hancock	704	Monroe	294	Seabrook	3,067		
Conway	3,619	Hanover	2,407	Mont Vernon	507	Sharon	162		
Cornish	816	Harrisville	398	Moultonborough	2,075	Shelburne	229		
Croydon	313	Hart's Location	35	Nashua	22,100	Somersworth	2,635		

Manchester

Central Manchester	5,399
Manchester: West	4,662
Manchester: South	6,440
Manchester: North	4,613
Manchester: East	3,049

Nashua

Nashua: Zip 03060	7,202
Nashua: Zip 03062	8,081
Nashua: Zip 03063	6,758
Nashua: Zip 03064	7,107

Unincorporated Places

Atkinson and Gilmanton
Academy Grant
Bean's Grant
Bean's Purchase
Cambridge
Chandler's Purchase
Crawford's Purchase
Cutt's Grant
Dix's Grant
Dixville
Erving's Location
Green's Grant
Hadley's Purchase
Kilkenny
Livermore
Low and Burbank's Grant
Martin's Location
Millsfield
Odell
Pinkham's Grant
Sargent's Purchase
Second College Grant
Success
Thompson and Meserves Purchase
Wentworth's Location

Density of Population Age 60+ Years (Ranked)

Place	Pop.	Place	Pop.	Place	Pop.	Place	Pop.	Place	Pop.
Manchester	24,163	Epping	1,938	Boscawen	1,101	Deering	552	Monroe	294
Nashua	22,100	Barrington	1,919	Canaan	1,101	Greenville	548	Surry	290
Concord	11,434	Bow	1,894	Milton	1,079	Salisbury	540	Marlow	289
Rochester	8,354	Litchfield	1,893	Winchester	1,067	Dublin	536	Dalton	278
Salem	8,097	New London	1,891	Grantham	1,058	Mont Vernon	507	Lempster	275
Derry	7,583	Alton	1,752	Gorham	1,057	Franconia	501	Gilsum	260
Dover	7,185	Durham	1,712	Sandwich	1,025	Lincoln	496	Hill	249
Hudson	6,676	Newport	1,687	Wilton	1,022	Francestown	495	Columbia	244
Merrimack	6,428	Charlestown	1,622	New Hampton	1,005	Troy	488	Stark	239
Hampton	6,209	Rindge	1,619	Walpole	981	Center Harbor	487	South Hampton	238
Portsmouth	6,165	Enfield	1,592	Lancaster	978	Lyndeborough	485	Brookfield	237
Bedford	5,743	Wakefield	1,584	Sanbornton	913	Jackson	483	Shelburne	229
Londonderry	5,516	North Hampton	1,576	Whitefield	909	Campton	480	Piermont	224
Keene	5,334	Hillsborough	1,557	Bethlehem	904	Bridgewater	479	Benton	218
Laconia	5,205	Farmington	1,544	Tamworth	890	Stewartstown	469	Acworth	216
Goffstown	4,938	Hopkinton	1,542	Bristol	880	Bradford	467	Nelson	214
Exeter	4,629	Jaffrey	1,511	Allenstown	879	Greenfield	465	Langdon	212
Lebanon	4,183	Bartlett	1,510	Warner	846	Richmond	449	Springfield	211
Conway	3,619	Ossipee	1,499	Cornish	816	Wilmot	446	Albany	203
Windham	3,559	Henniker	1,482	Fitzwilliam	800	Jefferson	443	Dorchester	201
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Hooksett	3,262	Lee	1,416	Westmoreland	785	Milan	435	Dummer	178
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Hampstead	2,651	Northfield	1,231	Canterbury	696	Mason	395	Dummer	100
Somersworth	2,635	Auburn	1,225	Andover	695	Middleton	394	Orange	91
Hollis	2,596	Chester	1,224	Sutton	687	Goshen	378	Clarksville	87
Peterborough	2,427	Newton	1,212	Unity	666	Washington	378	Windsor	57
Hanover	2,407	New Boston	1,206	Freedom	649	Bennington	373	Roxbury	54
Berlin	2,354	Sunapee	1,204	New Durham	648	Hebron	372	Hart's Location	35
Newmarket	2,289	Gilmanton	1,197	Dunbarton	647	Newfields	369	Ellsworth	21
Rye	2,278	Chesterfield	1,181	Rollinsford	643	Carroll	363		
Gilford	2,216	Greenland	1,158	Lyme	604	Stoddard	363		
Belmont	2,201	Tilton	1,157	Ashland	602	Wentworth	363		
Kingston	2,170	Brentwood	1,151	Chichester	600	Rumney	362		
Loudon	2,135	Tuftonboro	1,148	Alstead	588	Newington	354		
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Stratham	2,075	Sandown	1,140	Kensington	582	Madbury	340		
Littleton	1,973	Danville	1,135	Newbury	579	Sugar Hill	339		
Weare	1,968	Fremont	1,105	Webster	571	Warren	323		
Plaistow	1,945	New Ipswich	1,102	Marlborough	558	Croydon	313		
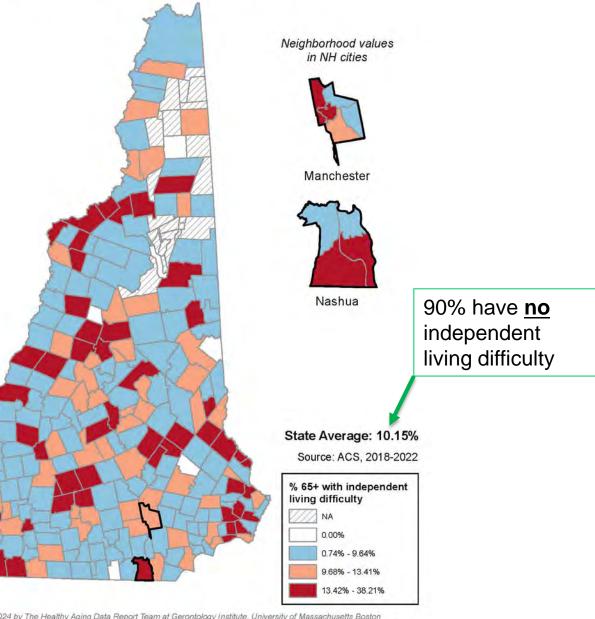
Manchester

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Low and Burbank's Grant
Martin's Location
Millsfield
Odell
Pinkham's Grant
Sargent's Purchase
Second College Grant
Success
Thompson and Meserves Purchase
Wentworth's Location

Questions ? Beth.Dugan@umb.edu

Map 2

Percentage of Population Age 60+ Years

Neighborhood values
in NH cities

Manchester

Nashua

State Average: 26.69%

Source: ACS, 2018-2022

% Age 60+

NA
11.36% - 26.90%
26.93% - 30.80%
30.80% - 37.85%
37.85% - 66.04%

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Map 128
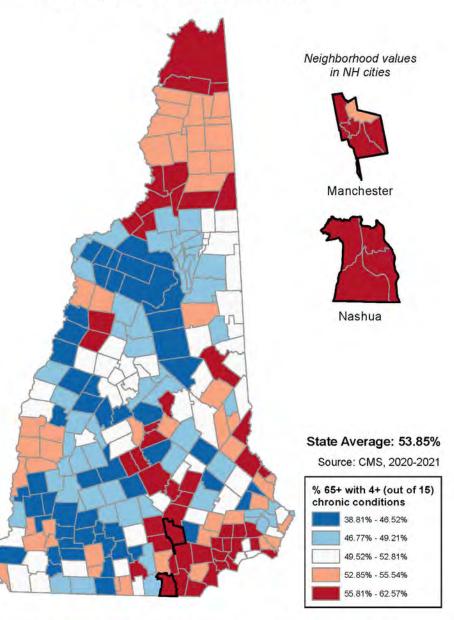
Percentage of Population Age 65+ Years
with Self-Reported Independent Living Difficulty

Neighborhood values
in NH cities

Manchester

Nashua

90% have **<u>no</u>**
independent
living difficulty

State Average: 10.15%

Source: ACS, 2018-2022

% 65+ with independent
living difficulty

⧄	NA
☐	0.00%
▥	0.74% - 9.64%
▥	9.68% - 13.41%
▥	13.42% - 38.21%

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BOSTON

Map 111
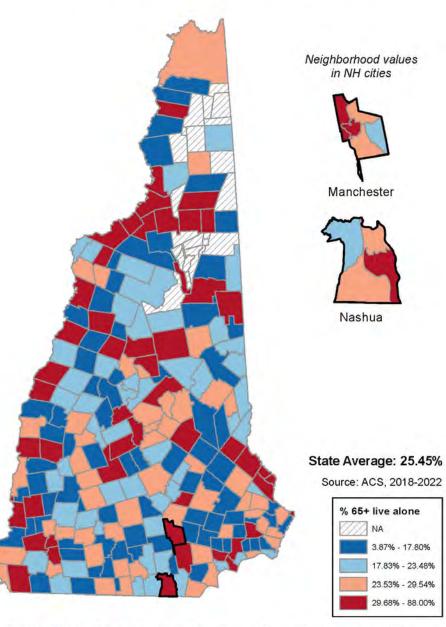
Percentage of Medicare Beneficiaries Age 65+ Years
with 4+ (out of 15) Chronic Conditions

*Neighborhood values
in NH cities*

Manchester

Nashua

State Average: 53.85%

Source: CMS, 2020-2021

**% 65+ with 4+ (out of 15)
chronic conditions**

■	38.81% - 46.52%
■	46.77% - 49.21%
□	49.52% - 52.81%
■	52.85% - 55.54%
■	55.81% - 62.57%

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Map 27

Percentage of Population Age 65+ Years who Live Alone

Neighborhood values
in NH cities

Manchester

Nashua

State Average: 25.45%

Source: ACS, 2018-2022

% 65+ live alone
NA
3.87% - 17.80%
17.83% - 23.48%
23.53% - 29.54%
29.68% - 88.00%

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2025 New Hampshire Healthy Aging Data Report

152 indicators for 245 communities to promote healthy aging

healthyagingdatareports.org/new-hampshire-healthy-aging-data-report/

New Hampshire's older population grew 66,000 people

Since our 2019 report

368,151

People in NH are 60+

27%
of state population

More opportunities to volunteer, serve, and stay engaged

Volunteerism

61% of older adults are age 65-74

The 65+ population is shifting younger and are active social contributors through volunteerism

Diversity

Increases in population 65+ who are Black, Hispanic, Asian, and Other Race(s)

6% of older adults speak a language other than English at home

Social Isolation

1/3 of older adults live alone in 10 communities

State Rates for Chronic Conditions 65+

- Hypertension (68%)
- 4+ Chronic Conditions (54%)
- Arthritis (54%)
- Ischemic Heart Disease (34%)
- Depression (31%)
- Diabetes (25%)

Where you live matters

	Urban	Rural
Population Characteristics		
65+ in Total Population	18.3%	28.5%
Households Without Access to the Internet (All Ages)	7.1%	14.3%
Annual Income Above $100,000	31.7%	22.8%
Health Conditions 65+		
Breast Cancer (Women)	10.3%	8.7%
High Cholesterol	72.9%	67.1%
Osteoporosis	16.0%	13.9%

Positive Momentum

There is positive momentum towards supporting all New Hampshire citizens as they age.

- Age Well NH
- NH Alliance for Healthy Aging
- Age Friendly Public Health System Initiative

Together We Can Create Change

UNDERSTAND

- **Download** your community profile at:
  HEALTHYAGING DATAREPORTS.ORG
- **Educate** yourself and others about the indicators in your community

ENGAGE

- **Encourage** participation in the age-friendly movement
- **Bring** people together to talk about the data
- **Think** about what your community needs to promote health for all ages

ACT

- **Get involved!** Join New Hampshire Alliance for Healthy Aging
- **Use** data to inform your work
- **Identify** and build on what's working

UMass Boston | Gerontology Institute

Point32Health Foundation

In partnership with
Harvard Pilgrim Health Care
Point32Health companies

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Healthy Aging Data Report

Highlights from 2025
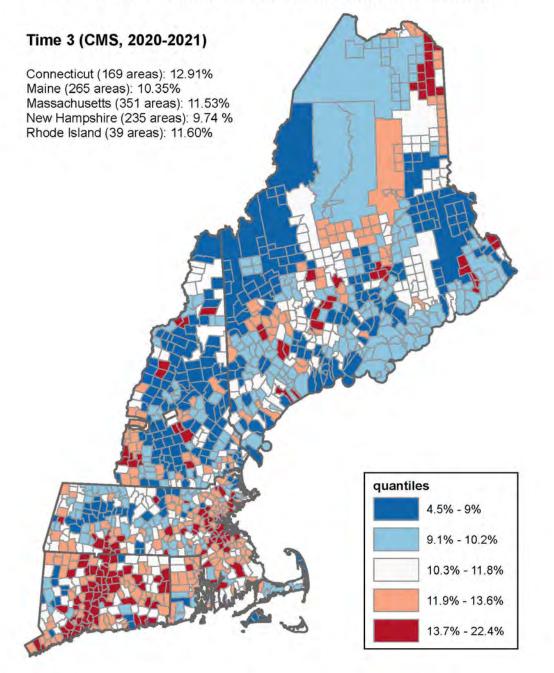
NEW HAMPSHIRE

Explore more online at
HealthyAgingDataReports.org

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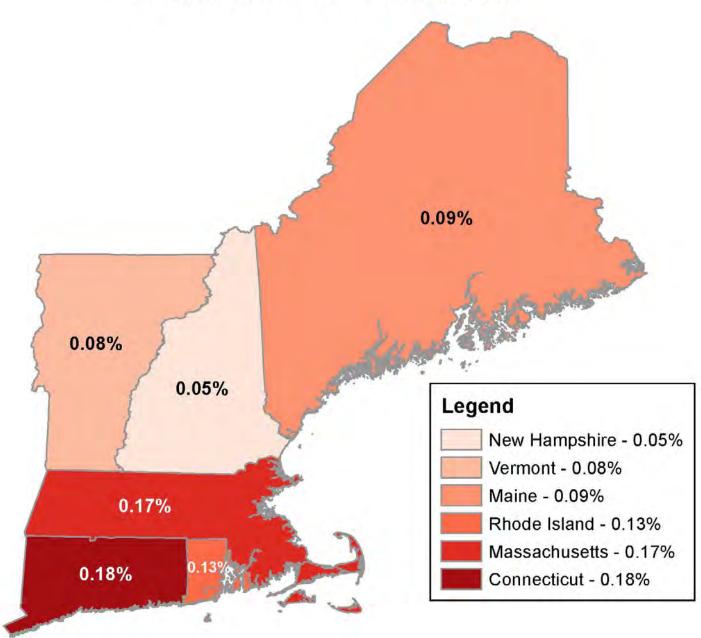# % 65+ with Alzheimer's Disease or Related Dementias

Time 3 (CMS, 2020-2021)

Connecticut (169 areas): 12.91%
Maine (265 areas): 10.35%
Massachusetts (351 areas): 11.53%
New Hampshire (235 areas): 9.74 %
Rhode Island (39 areas): 11.60%

quantiles

- 4.5% - 9%
- 9.1% - 10.2%
- 10.3% - 11.8%
- 11.9% - 13.6%
- 13.7% - 22.4%

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Identifying disparities in healthy aging to spur action

▸ Location (frontier, rural, suburban, urban)

▸ Gender

▸ Race and ethnicity

▸ Insurance coverage (dual eligible, managed care)

▸ Regional patterns by state and New England
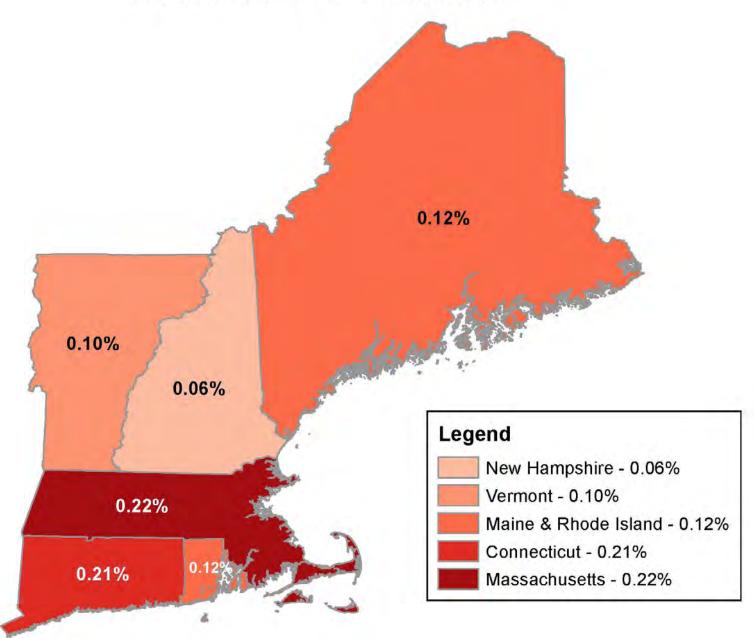
2014-2015 Rates of % 65+ with HIV/AIDS

0.09%

0.08%

0.05%

0.17%

0.18%

0.13%

Legend

New Hampshire - 0.05%

Vermont - 0.08%

Maine - 0.09%

Rhode Island - 0.13%

Massachusetts - 0.17%

Connecticut - 0.18%

UMASS
BOSTON
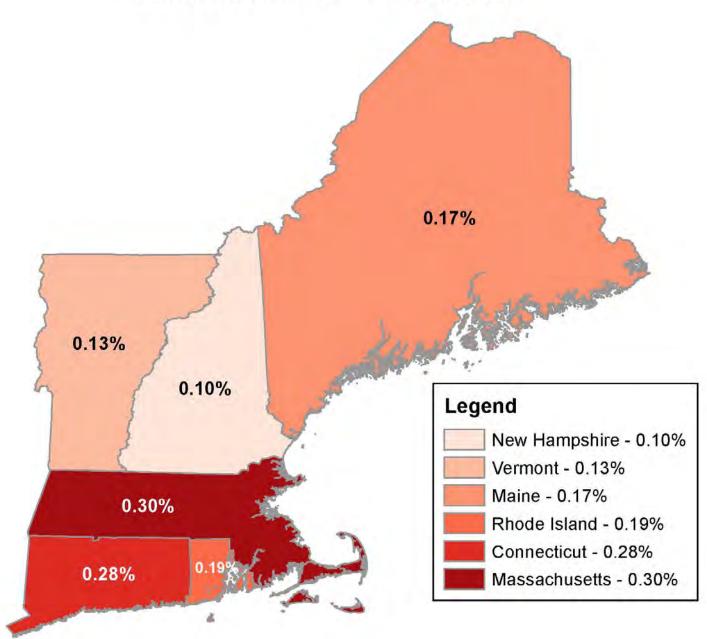
2016-2017 Rates of % 65+ with HIV/AIDS
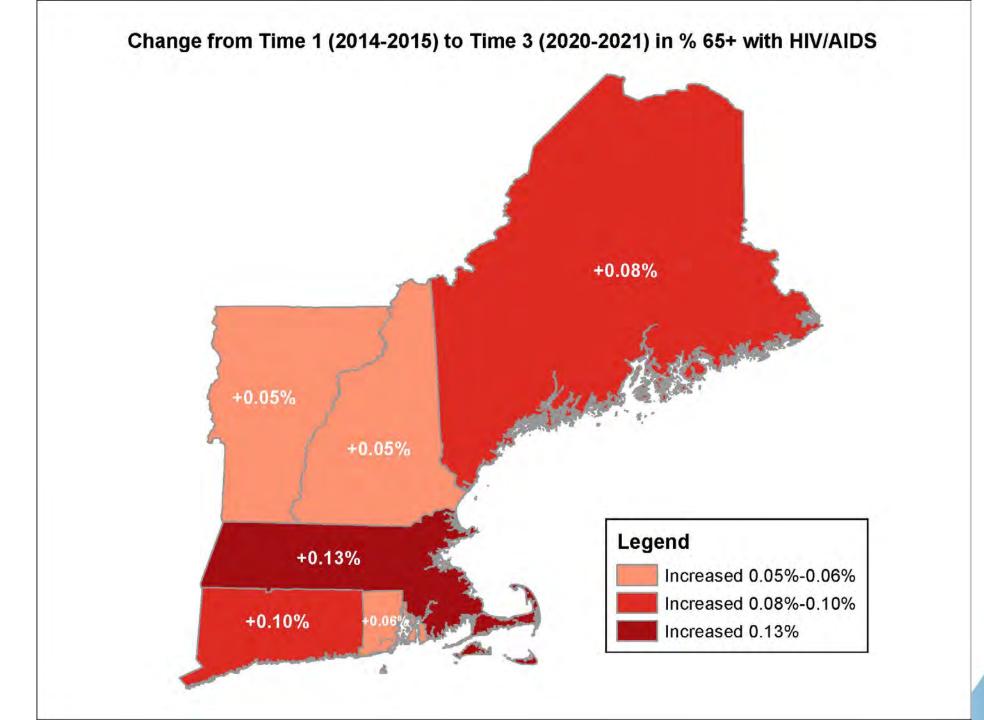
2020-2021 Rates of % 65+ with HIV/AIDS

Change from Time 1 (2014-2015) to Time 3 (2020-2021) in % 65+ with HIV/AIDS

TECHNICAL DOCUMENTATION

Overview

This report contains details about the development of the 2022 Mississippi Healthy Aging Data report. This includes technical definitions, data sources, years of data used, and definitions of the geographic units employed for indicators. Our general approach is hierarchical reporting. We report indicators at the county level when data allow, and report in larger geographic units (i.e., public health districts) when necessary.

1. Healthy Aging Indicator Definitions

Most indicators are derived from secondary data sources and limited to those indicators for which data are available at the county-level or larger geographic subareas within Mississippi. Table A-1 contains technical definitions for the indicators reported in this study.

2. Data Sources

Multiple data sources are used in this study. Table A-2 contains a summary of all data sources, and the specific years of data used for each reported indicator. Estimates of county-level indicators of population characteristics, living with disability, caregiving, transportation, housing, and economic indicators were mainly derived from the Five-Year American Community Survey (2016-2020) produced by the U.S. Census Bureau. Wellness, falls, preventive health practices, nutrition/diet, and oral health indicators were mainly derived from the State of Mississippi's Behavioral Risk Factor Surveillance System (BRFSS) (2013-2020). The chronic condition indicators and access to care indicators were derived from the Centers for Medicare and Medicaid Services (CMS).

U.S. Census Bureau

Data on population composition were downloaded from the U.S. Census Bureau (https://data.census.gov/cedsci/). All census population estimates reported in the community profiles were derived from the 5-year detailed tables from the *American Community Survey* (2016-2020). Each indicator was downloaded for all N=82 counties in Mississippi. Each downloaded data table from the ACS is described below in Table A1.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of annual health surveys established by the Centers for Disease Control and Prevention (CDC) that collects information on health risk behaviors, preventive health practices, and health care access, primarily related to chronic disease and injury. The BRFSS provides a rich source of information about individual health behaviors such as smoking, excessive drinking, obesity, preventive health service use, which are relevant for the development of healthy aging indicators. A core set of questions about such health

% 65+ households with annual income < $20,000	The percentage of households with a householder (i.e., the person (or one of the people) in whose name the housing unit is owned or rented (maintained)) age 65 years or older with an annual income less than $20,000.
% 65+ households with annual income $20,000-$49,999	The percentage of households with a householder aged 65 years or older with an annual income between $20,000 and $49,000.
% 65+ households with annual income $50,000-$99,999	The percentage of households with a householder aged 65 years or older with an annual income between $50,000-$99,999.
% 65+ households with annual income $100,000+	The percentage of households with a householder aged 65 years or older with an annual income more than $100,000.
COST OF LIVING	
Elder Index	
Single, homeowner without mortgage, good health	Annual income needed for a single homeowner with no mortgage in good health to attain a modest standard of living in the county.
Single, renter, good health	Annual income needed for a single renter in good health to attain a modest standard of living in the county.
Couple, homeowner without mortgage, good health	Annual income needed for a couple who are homeowners with no mortgage in good health to attain a modest standard of living in the county.
Couple, renter, good health	Annual income needed for a couple who are renters in good health to attain a modest standard of living in the county.

Table A2: Years and Data Sources for Community Profile Indicators

INDICATORS	DEFINITION
POPULATION CHARACTERISTICS	
Total population all ages, Population 60 years or older as a % of total population, Total population 60 years or older, Population 65 years or older as a % of total population, Total population 65 years or older, % 65-74 years, 75-84 years, 85 years or older , % 65+ female, % 85+ female	United States Census Bureau. "B01001: SEX BY AGE." *2016-2020 American Community Survey.* Accessed May 2022. (https://data.census.gov/cedsci/).

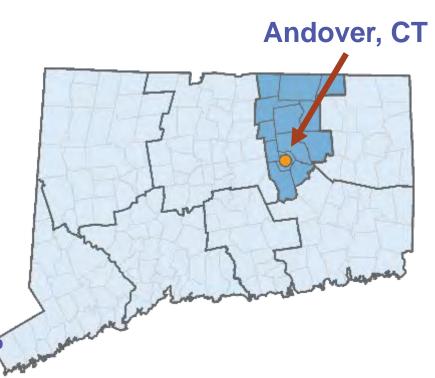# DATA IN YOUR BACKYARD

Andover Senior Center

100 Hutchinson Rd
Andover, CT

DATA IN YOUR BACKYARD

The Aging Population of Andover

Total population: **3,233**

Population 65+: **405**

% of community is 65+: **12.6%**

% of 65+ population live alone: **24.4%**

Andover, CT

How have the Healthy Aging Data Reports been used?

IMPACT OF HEALTHY AGING DATA REPORTS

Advocacy
‣ Advocates used the Healthy Aging Data Report to convince state leaders to establish a State Commission on Aging (NH) and the state plan on aging was informed by the data report (MA, CT).
‣ Funds were appropriated to expand transportation (RI) and $1million+ chronic disease mgt services (MA) for older people after reviewing MA data report.

Service Development
‣ A healthcare organization used one of the reports for market research on where to locate a memory assessment clinic (MA).
‣ Communities with high rates of falls added fall prevention programs (MA, RI).

Education
‣ Elected officials used the reports to better understand their communities and constituents.
‣ Nonprofit organizations used the Healthy Aging Data Reports to write more competitive grant applications.
‣ Students use the HADR in class (MA, CT, RI, NH).

Collaboration
‣ A group of rural communities joined together to address healthy aging issues described in their community profiles (MA, NH).

UMASS BOSTON

NH Healthy Aging Data Report Launch

Statewide Events	Briefings to Key State Leaders	Community Engagement
• Legislative breakfast • NHAHA Quarterly Meeting • Media Conference Call	• Senate President • House Speaker • Minority Leaders • Committee Chairs • Commissioner • State Committee on Aging	• Ambassador Training Program • Social Media Campaign/Toolkit

Helping Communities, States, and the Region *Compete* for Funding

$1,000,000.00

Example - Age-Friendly Walking
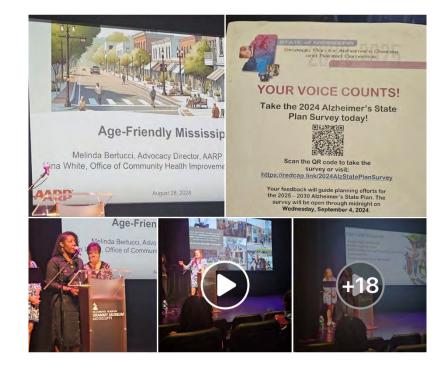
Data Report Indicators

- Walkability score (0-100)

- % of older adults with any physical activity in the past month

- % of older adults meeting CDC guidelines for aerobic physical activity

- Behavioral health

- transportation

INFRASTRUCTURE

Make street crossings safer with longer WALK times, raised crossings, bump outs, signals, and many other options

Make bus and transit stops fully accessible

Provide large type/well-lit street signs and wayfinding

Provide lots of benches

Identify and mark publicly accessible toilets

Plant lots of shade trees

Improve night lighting

Make sure that parks are age-friendly (e.g. benches, shade, smooth walking paths)

POLICIES AND PRACTICES

Include seniors in municipal infrastructure planning

Provide an explicit budget for sidewalk installation and maintenance

Establish age-friendly partnerships among municipal departments (e.g. library-council on aging; disabilities commission-public works)

Slow traffic (with traffic calming and reduced speed limits) and add "Senior Slow Zones" (like school zones)

Through zoning and planning, build senior-serving facilities (housing, senior centers, clinics) in the most walkable locations in town

Review municipal plans with an age-friendly lens

Enact and enforce sidewalk snow shoveling

Lead age-friendly walk audits with seniors and municipal staff (from transportation, public works, police, council on aging, elected officials)

UMASS BOSTON

Mississippi Delta Mayors' Invitation

- Distributed a Healthy Aging Data Report and Data Profiles to every city/community mayor

- Invited Mayors representing 17 Delta Communities to an Invitational Discussion on becoming age and dementia-friendly communities

- Held 1:1 follow up calls to engage and begin strategic planning for application development

"If we can do it in Mississippi, it can happen anywhere"

Example: Affordable Homes Act

ECONOMIC & HOUSING VARIABLES
% 65+ with income below the poverty line past year
% 60+ receiving food stamps past year
% 65+ employed past year
Household income (65+ householder)
% households with annual income < $20,000
% households with annual income $20,000-$49,999
% households with annual income > $50,000
% 60+ own home
% 60+ have mortgage on home
% 65+ households spend >35% of income on housing (renter)
% 65+ households spend >35% of income on housing (owner)
COST OF LIVING
Elder Economic Security Standard Index
Single, homeowner without mortgage, good health
Single, renter, good health
Couple, homeowner without mortgage, good health
Couple, renter, good health

- $5.16 billion in spending over the next five years w/ 49 policy initiatives

- ADU's Statewide by-right

- Mandates statewide housing plan

- Special Commissions on Extremely Low Income Housing, Senior Housing, and Accessible Housing for persons living with disabilities and seniors
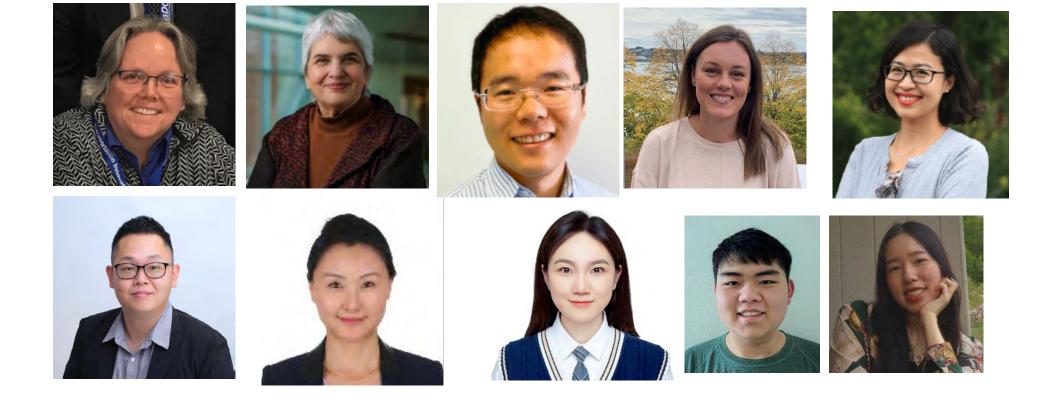
Helping Communities, States, and the Region Compete for Funding

Gerontological Society of America, 2024
Seattle, WA

Symposium about using data to advance health equity, with state leaders from MA (James Fuccoine), MS (Dr. Kina White), NH (Jennifer Rabalais), and WY (Dr. Ginny Vincenti).

Thank you!

Opus Designs,
JSI website design

The Healthy Aging Data Report Team
Gerontology Institute
Manning School of Nursing and Health Sciences
The University of Massachusetts Boston.
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www.healthyagingdatareports.org

Healthy Aging Data Report Q & A

Healthy Aging Data Report Feedback

How can the Healthy Aging Data Report be used in NH?

Who should we make sure knows about the report?

the

Coffee

Break

TIME

designed by freepik.com

NHAHA Updates

Nashua Community Listening Session on Healthy Aging

- Sharing experiences of what it's like to grow older in New Hampshire.

- Identified themes to address needs of older adults.

Leadership Exchange on Ageism

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

Goals of Leadership Exchange on Ageism

Change and enhance our understanding of ageism at all levels

Change the way we feel, think, and talk about aging and older people

Inspire us to take action to combat ageism in the institutions and systems in which we operate

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

Leadership Exchange on Ageism Structure

- Designed for policy makers, executives, and leaders of organizations and initiatives across societal sectors.

- A cohort is about 18-25 participants.

- Training includes 4 virtual sessions; each about 3 ½ hours across 4 weeks

- The program is a participatory, peer-learning-centered leadership development experience and challenges participants to see their role in ending ageism.

- LEA participants are provided with pre- and post-session material and resources to review and are encouraged to maintain a journal for reflections.

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

Next Steps:

MOU with Maine Council on Aging

Convene Advisory Group

Establish parameters of NH program

Train the trainer for facilitators

Outreach for first cohort

2024 NHAHA Annual Survey: Who Completed it?

Sample

- Number of surveys started: **64**

- Number of surveys completed: **40**
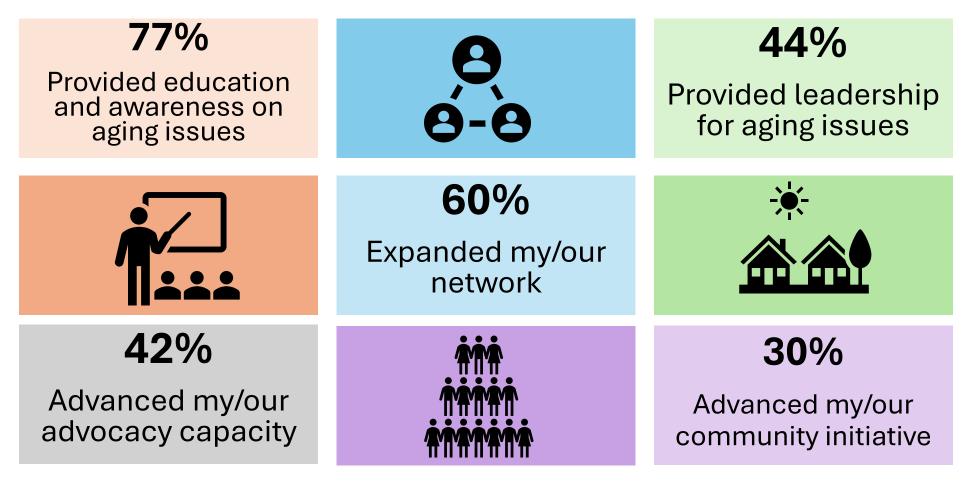
Demographic Information

- **37%** of respondents were ages 65 - 74

- **7%** of respondents identified as Latinx

- Respondents represented **every county** in NH

Role

- **59%** represent an organization as a paid staff

- **7%** represent an organization or community initiative as a volunteer

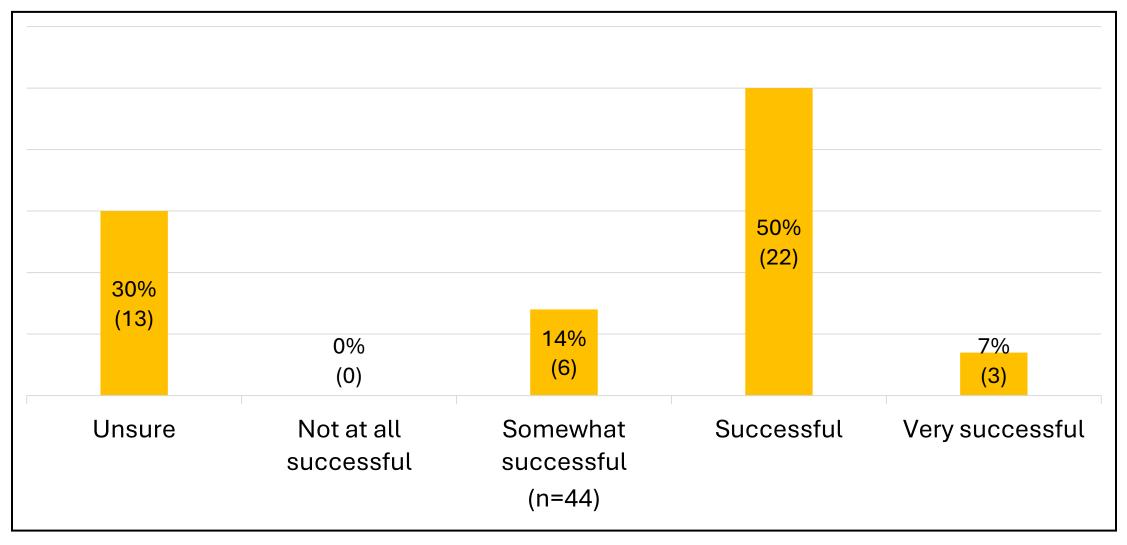- **34%** participate out of personal interest

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

2024 NHAHA Annual Survey:
Benefits to Participating in NHAHA

77%
Provided education and awareness on aging issues

44%
Provided leadership for aging issues

60%
Expanded my/our network

42%
Advanced my/our advocacy capacity

30%
Advanced my/our community initiative

(n=43)

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

Level of success in making progress towards NHAHA vision
(2024)

Unsure	30% (13)
Not at all successful	0% (0)
Somewhat successful (n=44)	14% (6)
Successful	50% (22)
Very successful	7% (3)

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

NHAHA's Greatest Accomplishments in 2024

- Convening a diverse group of stakeholders to expand and connect the aging network

- Advocacy

- Work of Transportation and Workforce Strategic Priority Areas

- Commitment to diversity, equity, and inclusion

- Unsure

(n = 23)

Thank you!

Alison.Rataj@unh.edu
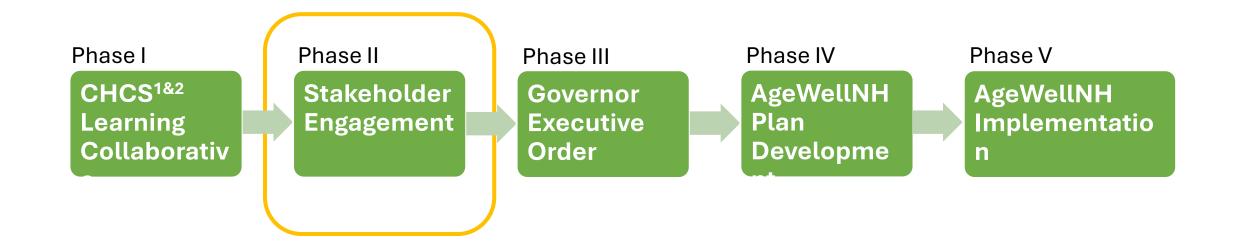
The Plan Concept

- **A 10-year vision for change**
- A cross-sector, state-led strategic planning roadmap
- Builds on Priorities & Goals of the Governor, Legislature, State Agencies
- Reflects extensive input from the community – all ages and abilities
- Considers systemic issues and infrastructure that lead to avoidable disparities in aging
- Guides policies, programs, and funding – public & private / state & county
- A living document with updates and accountability built in

Next Steps: Convene, Collaborate, Catalyze

Phase I
CHCS[1&2] Learning Collaborativ

Phase II
Stakeholder Engagement

Phase III
Governor Executive Order

Phase IV
AgeWellNH Plan Developme

Phase V
AgeWellNH Implementatio n

[1] Center for Health Care Strategies – Multisector Plan for Aging
[2] State Level Multisector Plans for Aging (MPA) Resources

Discussion

Current Issues
What are the 2-3 biggest issues facing your organization regarding older adults today?

Tomorrow's Issues Today
Anticipating what the state will look like in 10 years, what do you foresee as the issues or opportunities that we need to think about today? This could be systems, individual care, economics, housing, etc.

Future 'Poofing'
You have a magic wand to use in the present and future tenses for two changes in policies, systems, infrastructure, needs for older adults ... what are they?

Advice
What are the "I hope they are going to address XXX..." or "Gosh I hope they don't do YYY..." or "I wish NH could do what they do in the state of (South Kentucky) where they do ZZZ."

Inform
Tell us about existing planning efforts, programs, and initiatives that are working in your community and around the state that should be considered in AgeWellNH Planning.

AgeWellNH CREATING A LONGEVITY READY
NEW HAMPSHIRE

Framing for AgeWellNH:

All levels of government honoring their commitments to older people and their families

- **What's missing?**

- **What should be prioritized?**

- **Which are least critical to address?**

- **Who's currently working an issues?**

AgeWellNH **CREATING A LONGEVITY READY NEW HAMPSHIRE**

Initial Working Draft Framing for AgeWellNH:
All levels of government honoring their commitments to older people and their families

Three Pillars

I. **Strengthen Systems of Care for Healthy Aging**

II. **Longevity Ready Infrastructure**

    A. **Housing For All**

    B. **Transportation & Mobility Options**

    C. **Community Design and Public Space**

III. **Economic, Civic, & Social Vibrancy**

AgeWellNH CREATING A LONGEVITY READY NEW HAMPSHIRE

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website: nhcoa.nh.gov

New Hampshire
State Commission
on Aging

2025 Legislative Session
healthy aging

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING
ADVOCACY

newfutures〉〉

New Futures – NH Alliance for Healthy Aging

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Healthy Aging Policy Coordinator
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Martha McLeod

VP of Community Engagement
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listening session **takeaways** 》》

》》 **Costs such as rent, food, insurance are increasing, and Social Security monthly income cannot keep up**

》》 **Caregivers explain the work involved in keeping a loved one at home by providing 24/7 care in the home**

》》 **Listening Sessions Reflect NH AHA Priority Areas**

2025 legislation

Support SB 122

Medicare Savings Program is a Medicaid Program that Pays for Gaps in Medicare

- Eliminates the Resource Limit
- Increases the Income Limit

Oppose HB 60 – Landlord Tenant

- Removes existing tenant protections and permits "no cause evictions" that allow landlords to evict tenants without providing a reason at the end of the lease term.

2025 legislation ⟫

Support SB 244
Relative to expanding access to primary health care services, Medicaid rates

- ⟫ Increases Medicaid reimbursement rates for certain health care providers

- ⟫ Establishes public-private workforce hub to help support recruitment, retention efforts for health care workers

- ⟫ Supports training programs at Area Health Education Centers

Oppose SB 134
Relative to work requirements under the state Medicaid program

- ⟫ Restricts access to Medicaid expansion by re-instating work requirements

2025 legislation ⟫

Support HB 704
Relative to funding for Caregiver Respite and "Senior Volunteer Programs

⟫ Funding for ADRD Caregiver Respite

⟫ Funding for Senior Volunteer Programs
  Senior Companions
  Retired Senior Volunteers
  Foster Grandparent

How to use the UMass Boston Index for Advocacy

2025 legislation

Advocate Regarding the House Budget

- Choices for Independence
- Caregiver Respite
- Senior Volunteer
- Transportation
- Congregate Housing
- Guardianship Services
- HB 2 changes to Medicaid Eligibility

Oppose Federal Medicaid Cuts
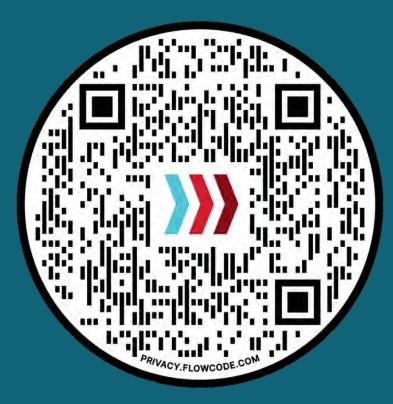
- Include federal information in Email alerts
- NH Medicaid Matters
- Following national alerts and CMS memos

Advocating for Healthy Aging ❱❱

https://new-futures.org/current-legislation

sign up for action alerts »»

PRIVACY.FLOWCODE.COM

www.new-futures.org/training/sign-up

Engage with NHAHA

NHAHA website

www.nhaha.info

Facebook

https://www.facebook.com/NHAHA603

Twitter

https://twitter.com/NHAHA603

LinkedIn

https://www.linkedin.com/company/the-new-hampshire-alliance-for-healthy-aging

NHAHA

NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

Thank you for participating!

For questions or additional information, contact:

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FOR HEALTHY AGING