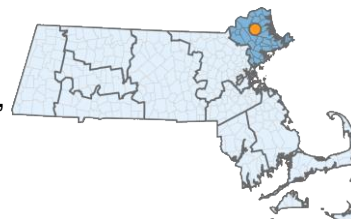


Georgetown (Essex)

Georgetown is a town in Essex County with 1,532 residents aged 65 and older. Compared to state average rates, Georgetown's older residents exhibit lower rates of tooth loss, Alzheimer's disease or related dementias, anemia, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), glaucoma, hypertension, osteoarthritis/rheumatoid arthritis, peripheral vascular disease, tobacco use disorder, PTSD, and schizophrenia. Older residents are more likely to take the health promotion step of having an annual dental exam. Community resources to support healthy aging include a COA and a public library.



POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		8,455	6,984,205
Population 60 years or older as % of total population		24.5%	23.8%
Total population 60 years and older		2,071	1,661,076
Population 65 years or older as % of total population		18.1%	17.1%
Total population 65 years and older		1,532	1,195,589
% 65-74 years	*	62.7%	58.4%
% 75-84 years		25.8%	28.1%
% 85 years or older		11.5%	13.4%
% 65+ population who are female		55.6%	56.2%
% 85+ population who are female		76.7%	66.6%
Race and ethnicity of the population 65+			
% White	*	98.0%	86.3%
% African American	*	0.0%	4.4%
% Asian		0.7%	4.0%
% Other race(s)		1.4%	5.3%
% Hispanic		1.9%	4.8%
# 55+ who are Native American / Alaskan		0	3,537
Marital status of the population 65+			
% married	*	70.6%	54.0%
% divorced/separated		11.3%	15.8%
% widowed	*	12.9%	21.1%
% never married		5.3%	9.0%
Education of the population 65+			
% with less than high school education	*	2.9%	12.7%
% with high school or some college		56.7%	50.3%
% with college degree	*	24.9%	18.1%
% with graduate or professional degree		15.6%	18.9%
% 65+ population who speak only English at home	*	95.0%	83.1%
% 65+ population who are veterans of military service	*	20.3%	12.7%
% 60+ LGBT		2.5%	3.5%

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone		20.2%	28.1%
Average household size (all ages)		2.7	2.5
Median house value (all ages)	*	\$563,100	\$483,900
% 60+ own home		77.7%	72.9%
% 60+ homeowners who have mortgage	*	59.1%	46.8%
% 65+ households (renter) spend >35% of income on housing		68.3%	43.6%
% 65+ households (owner) spend >35% of income on housing		24.1%	27.3%
% grandparents who live with grandchildren		2.8%	2.8%
# of assisted living sites		0	275
SOCIAL DETERMINANTS OF HEALTH			
COST OF LIVING			
Elder Index			
Single, homeowner without mortgage, good health (County)	1.00	\$30,600	\$30,552
Single, renter, good health (County)	1.03	\$39,888	\$38,580
Couple, homeowner without mortgage, good health (County)	0.98	\$43,728	\$44,520
Couple, renter, good health (County)	0.97	\$53,016	\$54,548
ECONOMIC			
% 60+ receiving food stamps in past year	*	3.2%	13.3%
% 65+ employed in past year		17.5%	22.0%
% 65+ with income below the poverty line in past year		6.5%	9.9%
Median annual income for households with a householder age 65+		\$87,652	\$61,624
% 65+ households with annual income < \$20,000		11.6%	17.1%
% 65+ households with annual income \$20,000-\$49,999		25.2%	25.3%
% 65+ households with annual income \$50,000-\$99,999		23.7%	26.7%
% 65+ households with annual income \$100,000+	*	39.5%	31.0%
WELLNESS			
% 60+ getting the recommended hours of sleep		63.8%	63.1%
% 60+ doing any physical activity in past month		77.6%	72.8%
% 60+ met CDC guidelines for muscle-strengthening activity		31.1%	25.8%
% 60+ met CDC guidelines for aerobic physical activity		60.7%	53.9%
% 60+ with fair or poor self-reported health status		17.0%	18.5%
% 60+ with 15+ physically unhealthy days in past month		14.3%	13.1%
COMMUNITY			
Annual # unhealthy days due to air pollution for 65+ (County)		1	NA
AARP Age-Friendly Communities		Not yet	Yes
Dementia Friendly Communities		Not yet	Yes
# of public universities and community colleges		0	124
# of public libraries		1	455
# of Councils of Aging (COAs)		1	350
# of Osher Lifelong Learning Institutes (OLLI)		0	4
% households with a smartphone (all ages)	*	89.5%	87.6%
% households with only a smartphone to access the Internet (all ages)	*	2.8%	6.4%

SOCIAL DETERMINANTS OF HEALTH		Significantly different than state rate	Community estimate	State estimate
COMMUNITY				
% households without a computer (all ages)			5.6%	5.7%
% households with access to Broadband (all ages)			93.6%	90.7%
% households without access to the Internet (all ages)			6.4%	9.2%
% 60+ who used Internet in past month		*	83.5%	70.6%
Voter participation rate in 2020 election (age 18+)			84.6%	80.8%
Homicide rate/100,000 persons (County)			2.0	2.3
# firearm fatalities (all ages) (County)			137	1267
# 65+ deaths by suicide (County)			56	527
Age-sex adjusted 1-year mortality rate			3.7%	3.9%
TRANSPORTATION				
% householders 65+ who own a motor vehicle			81.8%	84.2%
% 60+ who always drive or ride wearing a seatbelt			84.6%	85.9%
% 60+ drove under influence			NA	1.3%
# fatal crashes involving adult age 60+ (County)			51	545
AllTransit Score			NA	2.93
HEALTH OUTCOMES				
FALLS				
% 60+ who fell in past year			24.2%	26.6%
% 60+ who were injured by a fall in past year			9.4%	10.1%
% 65+ with hip fracture			2.9%	3.2%
PREVENTION				
% 60+ with physical exam/check-up in past year			89.0%	89.8%
% 60+ flu shot in past year			67.9%	67.6%
% 60+ with pneumonia vaccine			56.0%	61.7%
% 60+ with shingles vaccine			39.0%	46.3%
% 60+ women with mammogram in past 2 years			73.1%	79.9%
% 60+ had colorectal cancer screening			61.2%	62.4%
% 60+ with optimal preventive health			27.3%	26.1%
NUTRITION & DIET				
% 60+ with 5 or more servings of fruit or vegetables per day			19.3%	16.3%
% 60+ self-reported obese			23.2%	27.8%
% 65+ with high cholesterol			76.2%	75.9%
% 60+ with high cholesterol screening			95.4%	96.3%
ORAL HEALTH				
% 60+ with annual dental exam		B	81.0%	74.9%
# dentists per 100,000 persons (all ages) (County)			69.3	69.0
% 60+ with loss of 6+ teeth		B	18.3%	28.2%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	B	9.2%	12.9%
% 65+ with anemia	B	36.2%	43.1%
% 65+ with asthma		13.7%	13.9%
% 65+ with atrial fibrillation		14.4%	15.2%
% 65+ with benign prostatic hyperplasia (men)		44.3%	42.6%
% 65+ with breast cancer (women)		13.0%	11.6%
% 65+ with cataract		62.3%	64.3%
% 65+ with chronic kidney disease		31.9%	34.3%
% 65+ with chronic obstructive pulmonary disease	B	15.3%	19.1%
% 65+ with colon cancer		2.5%	2.4%
% 65+ with congestive heart failure	B	14.5%	19.6%
% 65+ with diabetes		26.2%	28.6%
% 65+ with endometrial cancer (women)		2.2%	2.2%
% 65+ with fibromyalgia, chronic pain, and fatigue		35.2%	37.2%
% 65+ with glaucoma	B	21.1%	25.3%
% 65+ ever had a heart attack		4.9%	4.6%
% 65+ with HIV/AIDS		0.18%	0.30%
% 65+ with hypertension	B	68.9%	72.9%
% 65+ with ischemic heart disease		35.1%	37.1%
% 65+ with liver disease		12.9%	12.2%
% 65+ with lung cancer		2.1%	2.1%
% 65+ with migraine and other chronic headache		7.7%	8.0%
% 65+ with osteoarthritis or rheumatoid arthritis	B	51.5%	55.5%
% 65+ with osteoporosis		17.7%	20.1%
% 65+ with peripheral vascular disease	B	14.5%	18.1%
% 65+ with pressure ulcer or chronic ulcer		7.3%	7.8%
% 65+ with prostate cancer (men)		14.3%	13.6%
% 65+ with stroke		12.0%	11.2%
% 65+ with 4+ (out of 15) chronic conditions	B	56.9%	60.4%
% 65+ with 0 chronic conditions		7.7%	7.2%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		1,556	11,845
% 65+ with substance use disorder		8.5%	9.4%
% 60+ excessive drinking		12.0%	10.9%
% 65+ with tobacco use disorder	B	10.0%	12.3%
% 60+ current smokers		8.5%	8.9%
MENTAL HEALTH			
% 60+ with 15+ days poor mental health in past month		9.4%	8.4%
% 65+ with depression		33.6%	34.6%
% 65+ with anxiety disorder		30.1%	33.0%
% 65+ with post-traumatic stress disorder	B	1.7%	3.0%
% 65+ with schizophrenia & other psychotic disorder	B	1.9%	4.0%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		10.3%	12.3%
% 65+ with self-reported vision difficulty	*	1.2%	4.8%
% 65+ with self-reported cognition difficulty		4.4%	7.5%
% 65+ with self-reported ambulatory difficulty		22.1%	18.6%
% 65+ with self-reported self-care difficulty		4.5%	7.3%
% 65+ with self-reported independent living difficulty		10.0%	13.2%
CAREGIVING			
# of Alzheimer's support groups		0	25
% grandparents raising grandchildren		0.27%	0.66%
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid	*	8.9%	17.1%
% 65+ Medicare managed care enrollees	*	26.8%	30.5%
% 60+ with a regular doctor		97.7%	96.5%
% 60+ who did not see a doctor when needed due to cost		3.7%	3.9%
# of primary care providers		0	8,899
# of hospitals		0	79
# of home health agencies		0	269
# of skilled nursing facilities		0	352
# of hospice agencies		0	76
# of community health centers		0	215
# of adult day health centers		0	143
SERVICE UTILIZATION			
# physician visits per year	*	7.8	7.3
# emergency room visits/1000 persons 65+ years annually	*	452.3	558.8
# Part D monthly prescription fills per person annually	*	49.5	53.5
# home health visits annually		2.6	2.9
# durable medical equipment claims annually		2.3	1.9
# inpatient hospital stays/1000 persons 65+ years annually	*	205.2	251.7
% Medicare inpatient hospital readmissions (as % of admissions)		17.2%	18.2%
# skilled nursing facility stays/1000 persons 65+ years annually	*	45.0	72.9
# skilled nursing home Medicare beds/1000 persons 65+ years		0.0	33.7
% 65+ getting Medicaid long term services and supports	*	1.2%	3.4%
% 65+ hospice users		2.9%	2.8%
% 65+ hospice users as % of decedents	*	64.1%	44.0%

NOTES

TECHNICAL NOTES

*For more information on data sources, measures, and methodology used in the 2025 Massachusetts 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; Massachusetts Department of Public Health (MDPH) (Behavioral Risk Factor Surveillance Survey (BRFSS)), 2010-2022.*
- *Housing: ACS, 2018-2022; Mass.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: BRFSS, 2010-2022.*
- *Community: AARP, 2023; ACS, 2018-2022; BRFSS, 2010-2022; CDC WONDER, 2016-2020; The CMS Master Beneficiary Summary File ABCD/Other (CMS), 2020-2021; Dementia Friendly Massachusetts, 2023; Massachusetts Executive Office of Elder Affairs (EOEA), 2023; NECHE, 2023; OLLI, 2023; MA State Library, 2023; MA Secretary of State, 2023; U.S. EPA Air Compare, 2023.*
- *Transportation: ACS, 2018-2022; AllTransit™, 2023; BRFSS, 2010-2022; NHTSA, 2018-2022.*
- *Falls: CMS, 2020-2021; BRFSS, 2010-2022.*
- *Prevention: BRFSS, 2010-2022.*
- *Nutrition/Diet: BRFSS, 2010-2022; CMS, 2020-2021.*
- *Oral Health: BRFSS, 2010-2022; HRSA, 2023.*
- *Chronic Disease: CMS, 2020-2021.*
- *Behavioral Health: BRFSS, 2010-2022; CDC WONDER 2016-2020; CMS, 2020-2021.*
- *Mental Health: BRFSS, 2010-2022; CMS, 2020-2021.*
- *Living with Disability: ACS, 2018-2022.*
- *Caregiving: ACS, 2018-2022; Alzheimer’s Association, 2023.*
- *Access to Care: BRFSS, 2010-2022; CMS, 2020-2021; HRSA, 2023; Medicare.gov, 2023; Massachusetts Executive Office of Health and Human Services (HHS), 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 Massachusetts 2025 Healthy Aging Data Report. Retrieved from www.healthyagingdatareports.org

Questions or Ideas? Beth.dugan@umb.edu



Point32Health Foundation

In partnership with



Point32Health companies