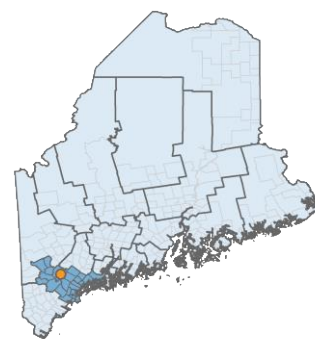


## Frye Island, Raymond (Cumberland)

The communities of Frye Island and Raymond are located in Cumberland County. Collectively, these areas are home to 1,060 residents aged 65 and older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of anemia, asthma, atrial fibrillation, benign prostatic hyperplasia, chronic obstructive pulmonary disease (COPD), colon cancer, congestive heart failure (CHF), glaucoma, heart attack, hypertension, and stroke. Older residents in Cumberland County varied in obtaining preventive health screenings: residents 18 and older got annual physical exams (77.5%) and annual dental exams (73.2%), while 54.5% of men and 43.5% of women 65 and older completed all CDC recommended vaccinations and cancer screenings. Community resources to support healthy aging include one primary care provider, one public library, and one Alzheimer's disease support group. Raymond is a designated AARP Age-Friendly Community.



### POPULATION CHARACTERISTICS

	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		4,567	1,366,949
Population 60 years or older as % of total population		30.7%	29.4%
Total population 60 years and older		1,400	402,170
Population 65 years or older as % of total population		23.2%	21.5%
Total population 65 years and older		1,060	293,488
% 65-74 years		73.6%	59.9%
% 75-84 years		21.8%	28.5%
% 85 years or older		4.6%	11.6%
% 65+ population who are female		49.7%	54.3%
% 85+ population who are female		79.6%	64.8%
Race and ethnicity of the population 65+			
% White		99.9%	96.6%
% African American		0.1%	0.3%
% Asian		0.0%	0.5%
% Other race(s)		0.0%	2.5%
% Hispanic		0.0%	0.7%
# 55+ who are Native American / Alaskan		0	1,794
Marital status of the population 65+			
% married	*	77.6%	57.0%
% divorced/separated		10.4%	16.9%
% widowed	*	9.9%	20.6%
% never married		2.1%	5.6%
Education of the population 65+			
% with less than high school education	*	1.7%	7.6%
% with high school or some college		58.8%	59.0%
% with college degree		21.3%	18.3%
% with graduate or professional degree		18.2%	15.1%
% 65+ population who speak only English at home		100.0%	92.7%
% 65+ population who are veterans of military service		26.3%	18.4%

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
<b>HOUSING</b>			
% 65+ population who live alone	*	16.3%	28.3%
Average household size (all ages)		2.2	2.3
Median house value (all ages)	*	\$436,200	\$244,800
% 60+ own home	*	90.7%	80.4%
% 60+ homeowners who have mortgage		50.3%	40.6%
% 65+ households (renter) spend >35% of income on housing		42.9%	35.2%
% 65+ households (owner) spend >35% of income on housing		13.8%	20.4%
% grandparents who live with grandchildren		1.4%	1.8%
# of assisted living sites		0	21
<b>SOCIAL DETERMINANTS OF HEALTH</b>			
<b>COST OF LIVING</b>			
Elder Index			
Single, homeowner without mortgage, good health (County)	1.05	\$25,752	\$24,528
Single, renter, good health (County)	1.15	\$33,132	\$28,704
Couple, homeowner without mortgage, good health (County)	1.02	\$38,088	\$37,380
Couple, renter, good health (County)	1.09	\$45,468	\$41,556
<b>ECONOMIC</b>			
% 60+ receiving food stamps in past year	*	2.2%	10.8%
% 65+ employed in past year		20.8%	18.8%
% 65+ with income below the poverty line in past year		5.0%	9.0%
Median annual income for households with a householder age 65+		\$74,271	\$49,828
% 65+ households with annual income < \$20,000		9.4%	17.1%
% 65+ households with annual income \$20,000-\$49,999		42.4%	33.1%
% 65+ households with annual income \$50,000-\$99,999		26.7%	29.4%
% 65+ households with annual income \$100,000+		21.5%	20.4%
<b>WELLNESS</b>			
% 18+ with less than 7 hours sleep (County)		29.0%	NA
% 18+ without leisure-time physical activity (County)		19.8%	NA
% 18+ with fair or poor self-reported health status (County)		10.8%	NA
% 18+ with 14+ physically unhealthy days (County)		9.1%	NA
<b>COMMUNITY</b>			
Annual # unhealthy days due to air pollution for 65+ (County)		3	NA
AARP Age-Friendly Communities		Yes	Yes
# of public universities and community colleges		0	42
# of public libraries		1	261
# of senior centers		0	27
# of Osher Lifelong Learning Institutes (OLLI)		0	1
% households with a smartphone (all ages)		86.1%	82.5%
% households with only a smartphone to access the Internet (all ages)		2.9%	6.4%
% households without a computer (all ages)		3.6%	7.1%
% households with access to Broadband (all ages)		90.0%	87.3%
% households without access to the Internet (all ages)		10.0%	12.3%

SOCIAL DETERMINANTS OF HEALTH		Significantly different than state rate	Community estimate	State estimate
COMMUNITY				
Voter participation rate in 2020 election (age 18+)			81.3%	74.1%
Homicide rate/100,000 persons (County)			1.2	1.5
# firearm fatalities (all ages) (County)			104	770
# 65+ deaths by suicide (County)			42	290
Age-sex adjusted 1-year mortality rate			3.2%	4.2%
TRANSPORTATION				
% householders 65+ who own a motor vehicle			97.2%	91.0%
# fatal crashes involving adult age 60+ (County)			29	251
AllTransit Score			NA	0.51
HEALTH OUTCOMES				
FALLS				
% 65+ with hip fracture			3.0%	3.1%
PREVENTION				
% 18+ with physical exam/check-up in past year (County)			77.5%	NA
% mammography use among women age 50-74 Years (County)			78.4%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)			83.0%	NA
% 65+ men up to date on preventive services (County)			54.5%	NA
% 65+ women up to date on preventive services (County)			43.5%	NA
NUTRITION & DIET				
% 18+ with obesity (County)			26.3%	NA
% 65+ with high cholesterol			68.7%	69.5%
% 18+ with cholesterol screening (County)			63.3%	NA
ORAL HEALTH				
% 18+ with annual dental exam (County)			73.2%	NA
# dentists per 100,000 persons (all ages) (County)			90.4	47.2
% 65+ with complete tooth loss (County)			8.4%	NA
CHRONIC DISEASE				
% 65+ with Alzheimer's disease or related dementias			8.6%	11.0%
% 65+ with anemia		B	29.8%	38.1%
% 65+ with asthma		B	9.0%	11.8%
% 65+ with atrial fibrillation		B	8.5%	14.3%
% 65+ with benign prostatic hyperplasia (men)		B	25.4%	35.2%
% 65+ with breast cancer (women)			8.6%	9.6%
% 65+ with cataract			60.2%	60.4%
% 65+ with chronic kidney disease			26.2%	29.4%
% 65+ with chronic obstructive pulmonary disease		B	15.5%	20.9%
% 65+ with colon cancer		B	1.8%	2.1%
% 65+ with congestive heart failure		B	13.4%	18.1%
% 65+ with diabetes			23.3%	26.2%
% 65+ with endometrial cancer (women)			2.3%	2.2%
% 65+ with fibromyalgia, chronic pain, and fatigue			31.8%	34.8%
% 65+ with glaucoma		B	19.0%	23.3%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
<b>CHRONIC DISEASE</b>			
% 65+ ever had a heart attack	B	3.3%	6.1%
% 65+ with HIV/AIDS		0.20%	0.17%
% 65+ with hypertension	B	58.3%	67.1%
% 65+ with ischemic heart disease		32.4%	35.3%
% 65+ with liver disease		11.1%	10.2%
% 65+ with lung cancer		1.6%	1.8%
% 65+ with migraine and other chronic headache		7.3%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis		47.1%	51.5%
% 65+ with osteoporosis		12.7%	15.7%
% 65+ with peripheral vascular disease		14.8%	15.3%
% 65+ with pressure ulcer or chronic ulcer		5.3%	6.8%
% 65+ with prostate cancer (men)		8.8%	10.3%
% 65+ with stroke	B	7.5%	10.0%
% 65+ with 4+ (out of 15) chronic conditions	B	48.8%	55.5%
% 65+ with 0 chronic conditions		14.4%	12.4%
<b>BEHAVIORAL HEALTH</b>			
# drug overdose deaths (all ages) (County)		426	2,080
% 65+ with substance use disorder		9.3%	8.7%
% 18+ excessive drinking (County)		18.4%	NA
% 65+ with tobacco use disorder		12.6%	13.6%
% 18+ current smokers (County)		11.5%	NA
<b>MENTAL HEALTH</b>			
% 18+ with 14+ days poor mental health (County)		13.7%	NA
% 65+ with depression		33.9%	34.8%
% 65+ with anxiety disorder		26.6%	30.7%
% 65+ with post-traumatic stress disorder		3.9%	3.9%
% 65+ with schizophrenia & other psychotic disorder		3.5%	3.2%
<b>LIVING WITH DISABILITY</b>			
% 65+ with self-reported hearing difficulty		9.0%	15.5%
% 65+ with self-reported vision difficulty		1.3%	4.6%
% 65+ with self-reported cognition difficulty	*	0.2%	7.5%
% 65+ with self-reported ambulatory difficulty	*	3.7%	17.8%
% 65+ with self-reported self-care difficulty		0.0%	5.2%
% 65+ with self-reported independent living difficulty	*	2.0%	10.5%
<b>CAREGIVING</b>			
# of Alzheimer's support groups		1	11
% grandparents raising grandchildren		0.00%	0.55%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
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**Significantly  
different than  
state rate**

## Community estimate

State  
estimate

## ACCESS TO CARE

% 65+ dually eligible for Medicare and Medicaid	*	10.2%	18.7%
% 65+ Medicare managed care enrollees	*	54.8%	50.3%
% 18-64 who lack health insurance (County)		6.2%	NA
# of primary care providers		1	2,199
# of hospitals		0	37
# of home health agencies		0	20
# of skilled nursing facilities		0	87
# of hospice agencies		0	14
# of community health centers		0	164
# of adult day health centers		0	33

[illegible]

# physician visits per year	*	5.8	4.7
# emergency room visits/1000 persons 65+ years annually	*	393.3	556.1
# Part D monthly prescription fills per person annually	*	44.4	49.8
# home health visits annually		1.3	1.7
# durable medical equipment claims annually	*	1.4	2.0
# inpatient hospital stays/1000 persons 65+ years annually	*	114.0	169.8
% Medicare inpatient hospital readmissions (as % of admissions)	*	7.6%	14.3%
# skilled nursing facility stays/1000 persons 65+ years annually	*	26.9	43.3
# skilled nursing home Medicare beds/1000 persons 65+ years		0.0	20.0
% 65+ getting Medicaid long term services and supports	*	1.2%	2.1%
% 65+ hospice users		3.1%	3.0%
% 65+ hospice users as % of decedents		58.0%	49.7%

## NOTES

## TECHNICAL NOTES

\*For more information on data sources, measures, and methodology used in the 2025 Maine Healthy Aging Data Report see our technical documentation at ([healthyagingdatareports.org](https://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; Maine Home Care Association (MEHCA), 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; State of Maine, 2023; Maine State Library, 2023; Maine 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; Maine.gov, 2023.*
- *Service Utilization: CMS, 2020-2021.*

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Suggested citation: Dugan E, Lee CM, Jansen T, Su YJ, Silverstein NM, & Song Q. (2025). The Maine 2025 Healthy Aging Data Report. Retrieved from [www.healthyagingdatareports.org](https://www.healthyagingdatareports.org)

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