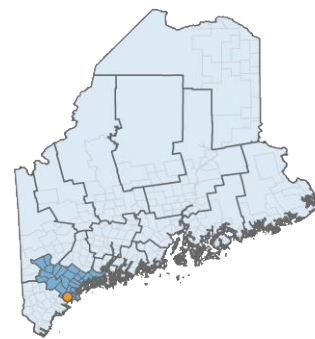# Scarborough (Cumberland)

Scarborough is a town in Cumberland County with 5,207 residents aged 65 and older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of anemia, chronic obstructive pulmonary disease (COPD), colon cancer, diabetes, glaucoma, heart attack, ischemic heart disease, peripheral vascular disease, and tobacco use disorder. However, they have higher rates of cataract, fibromyalgia/chronic pain/fatigue, osteoarthritis/rheumatoid arthritis, and prostate cancer. 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 75 primary care providers, three skilled nursing facilities, two hospice agencies, one senior center, one public library, and an Alzheimer's disease support group. Scarborough is a designated AARP Age-Friendly Community.

POPULATION CHARACTERISTICS

	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		22,315	1,366,949
Population 60 years or older as % of total population		30.6%	29.4%
Total population 60 years and older		6,835	402,170
Population 65 years or older as % of total population		23.3%	21.5%
Total population 65 years and older		5,207	293,488
% 65-74 years	*	53.7%	59.9%
% 75-84 years		36.6%	28.5%
% 85 years or older		9.7%	11.6%
% 65+ population who are female		53.3%	54.3%
% 85+ population who are female		66.3%	64.8%
Race and ethnicity of the population 65+			
% White		96.9%	96.6%
% African American		0.0%	0.3%
% Asian		0.4%	0.5%
% Other race(s)		2.7%	2.5%
% Hispanic		0.7%	0.7%
# 55+ who are Native American / Alaskan		0	1,794
Marital status of the population 65+			
% married		59.7%	57.0%
% divorced/separated	*	10.8%	16.9%
% widowed		24.9%	20.6%
% never married		4.7%	5.6%
Education of the population 65+			
% with less than high school education	*	2.6%	7.6%
% with high school or some college	*	47.0%	59.0%
% with college degree	*	31.3%	18.3%
% with graduate or professional degree		19.1%	15.1%
% 65+ population who speak only English at home		95.8%	92.7%
% 65+ population who are veterans of military service		18.8%	18.4%

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone		26.1%	28.3%
Average household size (all ages)		2.4	2.3
Median house value (all ages)	*	$460,400	$244,800
% 60+ own home	*	75.0%	80.4%
% 60+ homeowners who have mortgage		45.8%	40.6%
% 65+ households (renter) spend >35% of income on housing		55.7%	35.2%
% 65+ households (owner) spend >35% of income on housing		17.7%	20.4%
% grandparents who live with grandchildren		2.7%	1.8%
# of assisted living sites		0	21
SOCIAL DETERMINANTS OF HEALTH			
COST OF LIVING			
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
ECONOMIC			
% 60+ receiving food stamps in past year	*	2.7%	10.8%
% 65+ employed in past year		16.5%	18.8%
% 65+ with income below the poverty line in past year	*	5.4%	9.0%
Median annual income for households with a householder age 65+	*	$67,051	$49,828
% 65+ households with annual income < $20,000	*	7.9%	17.1%
% 65+ households with annual income $20,000-$49,999	*	24.0%	33.1%
% 65+ households with annual income $50,000-$99,999		36.4%	29.4%
% 65+ households with annual income $100,000+		31.7%	20.4%
WELLNESS			
% 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
COMMUNITY			
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		1	27
# of Osher Lifelong Learning Institutes (OLLI)		0	1
% households with a smartphone (all ages)	*	88.9%	82.5%
% households with only a smartphone to access the Internet (all ages)	*	2.0%	6.4%
% households without a computer (all ages)	*	3.7%	7.1%
% households with access to Broadband (all ages)	*	91.2%	87.3%
% households without access to the Internet (all ages)	*	7.9%	12.3%

SOCIAL DETERMINANTS OF HEALTH	Significantly different than state rate	Community estimate	State estimate
COMMUNITY			
Voter participation rate in 2020 election (age 18+)		78.6%	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	B	3.4%	4.2%
TRANSPORTATION			
% householders 65+ who own a motor vehicle		97.6%	91.0%
# fatal crashes involving adult age 60+ (County)		29	251
AllTransit Score		2.00	0.51
HEALTH OUTCOMES			
FALLS			
% 65+ with hip fracture		3.2%	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		71.9%	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		11.2%	11.0%
% 65+ with anemia	B	34.6%	38.1%
% 65+ with asthma		11.2%	11.8%
% 65+ with atrial fibrillation		15.4%	14.3%
% 65+ with benign prostatic hyperplasia (men)		34.3%	35.2%
% 65+ with breast cancer (women)		10.9%	9.6%
% 65+ with cataract	W	66.4%	60.4%
% 65+ with chronic kidney disease		28.6%	29.4%
% 65+ with chronic obstructive pulmonary disease	B	15.1%	20.9%
% 65+ with colon cancer	B	1.8%	2.1%
% 65+ with congestive heart failure		17.2%	18.1%
% 65+ with diabetes	B	23.4%	26.2%
% 65+ with endometrial cancer (women)		2.3%	2.2%
% 65+ with fibromyalgia, chronic pain, and fatigue	W	38.0%	34.8%
% 65+ with glaucoma	B	20.8%	23.3%

HEALTH OUTCOMES

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ ever had a heart attack	B	4.3%	6.1%
% 65+ with HIV/AIDS		0.20%	0.17%
% 65+ with hypertension		66.5%	67.1%
% 65+ with ischemic heart disease	B	30.4%	35.3%
% 65+ with liver disease		9.6%	10.2%
% 65+ with lung cancer		1.6%	1.8%
% 65+ with migraine and other chronic headache		7.7%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis	W	55.0%	51.5%
% 65+ with osteoporosis		16.7%	15.7%
% 65+ with peripheral vascular disease	B	13.4%	15.3%
% 65+ with pressure ulcer or chronic ulcer		6.4%	6.8%
% 65+ with prostate cancer (men)	W	13.1%	10.3%
% 65+ with stroke		10.3%	10.0%
% 65+ with 4+ (out of 15) chronic conditions		53.8%	55.5%
% 65+ with 0 chronic conditions	W	10.0%	12.4%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		426	2,080
% 65+ with substance use disorder		7.4%	8.7%
% 18+ excessive drinking (County)		18.4%	NA
% 65+ with tobacco use disorder	B	8.9%	13.6%
% 18+ current smokers (County)		11.5%	NA
MENTAL HEALTH			
% 18+ with 14+ days poor mental health (County)		13.7%	NA
% 65+ with depression		35.0%	34.8%
% 65+ with anxiety disorder		32.5%	30.7%
% 65+ with post-traumatic stress disorder		3.9%	3.9%
% 65+ with schizophrenia & other psychotic disorder		3.5%	3.2%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty	*	9.0%	15.5%
% 65+ with self-reported vision difficulty		6.2%	4.6%
% 65+ with self-reported cognition difficulty	*	1.8%	7.5%
% 65+ with self-reported ambulatory difficulty	*	10.4%	17.8%
% 65+ with self-reported self-care difficulty		3.0%	5.2%
% 65+ with self-reported independent living difficulty		6.3%	10.5%
CAREGIVING			
# 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
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid	*	8.2%	18.7%
% 65+ Medicare managed care enrollees	*	53.3%	50.3%
% 18-64 who lack health insurance (County)		6.2%	NA
# of primary care providers		75	2,199
# of hospitals		0	37
# of home health agencies		0	20
# of skilled nursing facilities		3	87
# of hospice agencies		2	14
# of community health centers		0	164
# of adult day health centers		0	33
SERVICE UTILIZATION			
# physician visits per year	*	6.5	4.7
# emergency room visits/1000 persons 65+ years annually	*	444.5	556.1
# Part D monthly prescription fills per person annually	*	43.9	49.8
# home health visits annually		1.6	1.7
# durable medical equipment claims annually		1.9	2.0
# inpatient hospital stays/1000 persons 65+ years annually		158.2	169.8
% Medicare inpatient hospital readmissions (as % of admissions)		14.7%	14.3%
# skilled nursing facility stays/1000 persons 65+ years annually		49.3	43.3
# skilled nursing home Medicare beds/1000 persons 65+ years		39.6	20.0
% 65+ getting Medicaid long term services and supports	*	1.6%	2.1%
% 65+ hospice users		3.5%	3.0%
% 65+ hospice users as % of decedents	*	65.2%	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). 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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