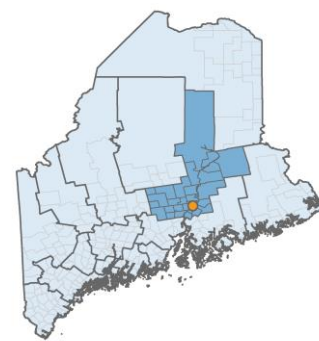


Veazie (Penobscot)

Veazie is a town in Penobscot County with 374 residents aged 65 and older. Compared to state average rates, older residents fare worse on some healthy aging indicators with higher rates of hip fracture, Alzheimer's disease or related dementias, anemia, asthma, benign prostatic hyperplasia, chronic kidney disease, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, fibromyalgia/chronic pain/fatigue, glaucoma, heart attack, hypertension, ischemic heart disease, liver disease, lung cancer, osteoporosis, pressure ulcer, substance and tobacco use disorder, depression, anxiety disorder, and PTSD. Older residents in Penobscot County varied in obtaining preventive health screenings: residents 18 and older got annual physical exams (78.3%) and annual dental exams (58.3%), while 47.7% of men and 40.7% of women 65 and older completed all CDC recommended vaccinations and cancer screenings.



POPULATION CHARACTERISTICS

	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		1,869	1,366,949
Population 60 years or older as % of total population		27.4%	29.4%
Total population 60 years and older		513	402,170
Population 65 years or older as % of total population		20.0%	21.5%
Total population 65 years and older		374	293,488
% 65-74 years	*	78.3%	59.9%
% 75-84 years	*	17.1%	28.5%
% 85 years or older	*	4.5%	11.6%
% 65+ population who are female		56.1%	54.3%
% 85+ population who are female		76.5%	64.8%
Race and ethnicity of the population 65+			
% White	*	79.9%	96.6%
% African American		0.0%	0.3%
% Asian		0.0%	0.5%
% Other race(s)		20.1%	2.5%
% Hispanic		11.8%	0.7%
# 55+ who are Native American / Alaskan		0	1,794
Marital status of the population 65+			
% married		65.5%	57.0%
% divorced/separated		9.6%	16.9%
% widowed		24.6%	20.6%
% never married		0.3%	5.6%
Education of the population 65+			
% with less than high school education		6.4%	7.6%
% with high school or some college		55.6%	59.0%
% with college degree		20.9%	18.3%
% with graduate or professional degree		17.1%	15.1%
% 65+ population who speak only English at home		93.6%	92.7%
% 65+ population who are veterans of military service		15.8%	18.4%

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone		26.7%	28.3%
Average household size (all ages)		2.4	2.3
Median house value (all ages)		\$263,400	\$244,800
% 60+ own home		78.5%	80.4%
% 60+ homeowners who have mortgage		40.4%	40.6%
% 65+ households (renter) spend >35% of income on housing		31.1%	35.2%
% 65+ households (owner) spend >35% of income on housing		12.8%	20.4%
% grandparents who live with grandchildren	*	0.6%	1.8%
# of assisted living sites		0	21
SOCIAL DETERMINANTS OF HEALTH			
COST OF LIVING			
Elder Index			
Single, homeowner without mortgage, good health (County)	0.98	\$24,132	\$24,528
Single, renter, good health (County)	0.98	\$28,200	\$28,704
Couple, homeowner without mortgage, good health (County)	1.01	\$37,704	\$37,380
Couple, renter, good health (County)	1.01	\$41,772	\$41,556
ECONOMIC			
% 60+ receiving food stamps in past year		5.0%	10.8%
% 65+ employed in past year		15.2%	18.8%
% 65+ with income below the poverty line in past year	*	0.3%	9.0%
Median annual income for households with a householder age 65+		\$56,058	\$49,828
% 65+ households with annual income < \$20,000		8.4%	17.1%
% 65+ households with annual income \$20,000-\$49,999		33.8%	33.1%
% 65+ households with annual income \$50,000-\$99,999		33.3%	29.4%
% 65+ households with annual income \$100,000+		24.4%	20.4%
WELLNESS			
% 18+ with less than 7 hours sleep (County)		32.4%	NA
% 18+ without leisure-time physical activity (County)		27.3%	NA
% 18+ with fair or poor self-reported health status (County)		15.4%	NA
% 18+ with 14+ physically unhealthy days (County)		11.9%	NA
COMMUNITY			
Annual # unhealthy days due to air pollution for 65+ (County)		0	NA
AARP Age-Friendly Communities		Not yet	Yes
# of public universities and community colleges		0	42
# of public libraries		0	261
# of senior centers		0	27
# of Osher Lifelong Learning Institutes (OLLI)		0	1
% households with a smartphone (all ages)		84.1%	82.5%
% households with only a smartphone to access the Internet (all ages)	*	2.0%	6.4%
% households without a computer (all ages)		4.1%	7.1%
% households with access to Broadband (all ages)		92.7%	87.3%
% households without access to the Internet (all ages)	*	7.3%	12.3%

SOCIAL DETERMINANTS OF HEALTH		Significantly different than state rate	Community estimate	State estimate
COMMUNITY				
Voter participation rate in 2020 election (age 18+)			72.7%	74.1%
Homicide rate/100,000 persons (County)			1.3	1.5
# firearm fatalities (all ages) (County)			105	770
# 65+ deaths by suicide (County)			35	290
Age-sex adjusted 1-year mortality rate		W	5.0%	4.2%
TRANSPORTATION				
% householders 65+ who own a motor vehicle			96.4%	91.0%
# fatal crashes involving adult age 60+ (County)			24	251
AllTransit Score			NA	0.51
HEALTH OUTCOMES				
FALLS				
% 65+ with hip fracture		W	4.3%	3.1%
PREVENTION				
% 18+ with physical exam/check-up in past year (County)			78.3%	NA
% mammography use among women age 50-74 Years (County)			76.1%	NA
% 50-75 with fecal occult blood test, sigmoidoscopy, or colonoscopy (County)			75.8%	NA
% 65+ men up to date on preventive services (County)			47.7%	NA
% 65+ women up to date on preventive services (County)			40.7%	NA
NUTRITION & DIET				
% 18+ with obesity (County)			36.2%	NA
% 65+ with high cholesterol			71.2%	69.5%
% 18+ with cholesterol screening (County)			61.2%	NA
ORAL HEALTH				
% 18+ with annual dental exam (County)			58.3%	NA
# dentists per 100,000 persons (all ages) (County)			58.9	47.2
% 65+ with complete tooth loss (County)			16.2%	NA
CHRONIC DISEASE				
% 65+ with Alzheimer's disease or related dementias		W	15.1%	11.0%
% 65+ with anemia		W	46.3%	38.1%
% 65+ with asthma		W	14.9%	11.8%
% 65+ with atrial fibrillation			13.6%	14.3%
% 65+ with benign prostatic hyperplasia (men)		W	38.4%	35.2%
% 65+ with breast cancer (women)			9.7%	9.6%
% 65+ with cataract			60.6%	60.4%
% 65+ with chronic kidney disease		W	35.0%	29.4%
% 65+ with chronic obstructive pulmonary disease		W	24.2%	20.9%
% 65+ with colon cancer			2.4%	2.1%
% 65+ with congestive heart failure		W	20.3%	18.1%
% 65+ with diabetes		W	30.3%	26.2%
% 65+ with endometrial cancer (women)			2.3%	2.2%
% 65+ with fibromyalgia, chronic pain, and fatigue		W	37.9%	34.8%
% 65+ with glaucoma		W	28.9%	23.3%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ ever had a heart attack	W	9.3%	6.1%
% 65+ with HIV/AIDS		0.07%	0.17%
% 65+ with hypertension	W	69.4%	67.1%
% 65+ with ischemic heart disease	W	37.8%	35.3%
% 65+ with liver disease	W	11.9%	10.2%
% 65+ with lung cancer	W	2.1%	1.8%
% 65+ with migraine and other chronic headache		7.3%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis		50.7%	51.5%
% 65+ with osteoporosis	W	17.5%	15.7%
% 65+ with peripheral vascular disease		16.4%	15.3%
% 65+ with pressure ulcer or chronic ulcer	W	9.0%	6.8%
% 65+ with prostate cancer (men)		9.2%	10.3%
% 65+ with stroke		11.0%	10.0%
% 65+ with 4+ (out of 15) chronic conditions	W	59.5%	55.5%
% 65+ with 0 chronic conditions		12.3%	12.4%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		306	2,080
% 65+ with substance use disorder	W	10.5%	8.7%
% 18+ excessive drinking (County)		14.7%	NA
% 65+ with tobacco use disorder	W	15.5%	13.6%
% 18+ current smokers (County)		18.0%	NA
MENTAL HEALTH			
% 18+ with 14+ days poor mental health (County)		16.3%	NA
% 65+ with depression	W	39.5%	34.8%
% 65+ with anxiety disorder	W	36.8%	30.7%
% 65+ with post-traumatic stress disorder	W	5.2%	3.9%
% 65+ with schizophrenia & other psychotic disorder		3.7%	3.2%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		13.9%	15.5%
% 65+ with self-reported vision difficulty		4.3%	4.6%
% 65+ with self-reported cognition difficulty		8.0%	7.5%
% 65+ with self-reported ambulatory difficulty	*	7.2%	17.8%
% 65+ with self-reported self-care difficulty		7.5%	5.2%
% 65+ with self-reported independent living difficulty		7.5%	10.5%
CAREGIVING			
# of Alzheimer's support groups		0	11
% grandparents raising grandchildren		0.55%	0.55%

HEALTH OUTCOMES

	Significantly different than state rate	Community estimate	State estimate
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid	*	23.0%	18.7%
% 65+ Medicare managed care enrollees	*	43.7%	50.3%
% 18-64 who lack health insurance (County)		7.9%	NA
# of primary care providers		0	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
SERVICE UTILIZATION			
# physician visits per year	*	5.1	4.7
# emergency room visits/1000 persons 65+ years annually		569.9	556.1
# Part D monthly prescription fills per person annually	*	57.1	49.8
# home health visits annually	*	2.2	1.7
# durable medical equipment claims annually		2.1	2.0
# inpatient hospital stays/1000 persons 65+ years annually	*	255.5	169.8
% Medicare inpatient hospital readmissions (as % of admissions)		16.5%	14.3%
# skilled nursing facility stays/1000 persons 65+ years annually	*	69.2	43.3
# skilled nursing home Medicare beds/1000 persons 65+ years		0.0	20.0
% 65+ getting Medicaid long term services and supports	*	3.6%	2.1%
% 65+ hospice users	*	3.6%	3.0%
% 65+ hospice users as % of decedents		45.7%	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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