

## Casco (Cumberland)

Casco is a town in Cumberland County with 925 residents aged 65 and older. Compared to state average rates, older residents fare better on some healthy aging indicators with lower rates of colon cancer, glaucoma, 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. A community resource to support healthy aging is their public library.



POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		3,657	1,366,949
Population 60 years or older as % of total population		34.4%	29.4%
Total population 60 years and older		1,259	402,170
Population 65 years or older as % of total population		25.3%	21.5%
Total population 65 years and older		925	293,488
% 65-74 years	*	50.5%	59.9%
% 75-84 years		40.9%	28.5%
% 85 years or older		8.6%	11.6%
% 65+ population who are female		63.5%	54.3%
% 85+ population who are female		80.0%	64.8%
Race and ethnicity of the population 65+			
% White		78.7%	96.6%
% African American		0.0%	0.3%
% Asian		0.0%	0.5%
% Other race(s)		21.3%	2.5%
% Hispanic		0.0%	0.7%
# 55+ who are Native American / Alaskan		0	1,794
Marital status of the population 65+			
% married		46.8%	57.0%
% divorced/separated		20.0%	16.9%
% widowed		25.8%	20.6%
% never married		7.4%	5.6%
Education of the population 65+			
% with less than high school education		7.4%	7.6%
% with high school or some college		62.3%	59.0%
% with college degree	*	10.7%	18.3%
% with graduate or professional degree		19.7%	15.1%
% 65+ population who speak only English at home		97.5%	92.7%
% 65+ population who are veterans of military service	*	5.6%	18.4%

POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
<b>HOUSING</b>			
% 65+ population who live alone		37.9%	28.3%
Average household size (all ages)	*	2.0	2.3
Median house value (all ages)		\$254,300	\$244,800
% 60+ own home		92.1%	80.4%
% 60+ homeowners who have mortgage		38.3%	40.6%
% 65+ households (renter) spend >35% of income on housing		39.1%	35.2%
% 65+ households (owner) spend >35% of income on housing		13.9%	20.4%
% grandparents who live with grandchildren		1.9%	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		9.1%	10.8%
% 65+ employed in past year		23.2%	18.8%
% 65+ with income below the poverty line in past year		7.0%	9.0%
Median annual income for households with a householder age 65+		\$37,863	\$49,828
% 65+ households with annual income < \$20,000		7.9%	17.1%
% 65+ households with annual income \$20,000-\$49,999		48.4%	33.1%
% 65+ households with annual income \$50,000-\$99,999	*	19.4%	29.4%
% 65+ households with annual income \$100,000+		24.4%	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		Not yet	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)		85.4%	82.5%
% households with only a smartphone to access the Internet (all ages)		10.8%	6.4%
% households without a computer (all ages)		5.0%	7.1%
% households with access to Broadband (all ages)		90.4%	87.3%
% households without access to the Internet (all ages)		9.6%	12.3%

SOCIAL DETERMINANTS OF HEALTH		Significantly different than state rate	Community estimate	State estimate
COMMUNITY				
Voter participation rate in 2020 election (age 18+)			68.3%	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			5.1%	4.2%
TRANSPORTATION				
% householders 65+ who own a motor vehicle			96.1%	91.0%
# fatal crashes involving adult age 60+ (County)			29	251
AllTransit Score			0.00	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			65.8%	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			8.4%	11.0%
% 65+ with anemia			31.8%	38.1%
% 65+ with asthma			11.4%	11.8%
% 65+ with atrial fibrillation			10.9%	14.3%
% 65+ with benign prostatic hyperplasia (men)			30.5%	35.2%
% 65+ with breast cancer (women)			7.2%	9.6%
% 65+ with cataract			59.9%	60.4%
% 65+ with chronic kidney disease			31.9%	29.4%
% 65+ with chronic obstructive pulmonary disease			20.8%	20.9%
% 65+ with colon cancer		B	1.8%	2.1%
% 65+ with congestive heart failure			18.9%	18.1%
% 65+ with diabetes			25.2%	26.2%
% 65+ with endometrial cancer (women)			2.3%	2.2%
% 65+ with fibromyalgia, chronic pain, and fatigue			32.4%	34.8%
% 65+ with glaucoma		B	17.6%	23.3%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
<b>CHRONIC DISEASE</b>			
% 65+ ever had a heart attack		4.6%	6.1%
% 65+ with HIV/AIDS		0.20%	0.17%
% 65+ with hypertension		61.8%	67.1%
% 65+ with ischemic heart disease		32.1%	35.3%
% 65+ with liver disease		11.8%	10.2%
% 65+ with lung cancer		1.6%	1.8%
% 65+ with migraine and other chronic headache		6.5%	7.1%
% 65+ with osteoarthritis or rheumatoid arthritis		52.2%	51.5%
% 65+ with osteoporosis		18.8%	15.7%
% 65+ with peripheral vascular disease		12.6%	15.3%
% 65+ with pressure ulcer or chronic ulcer		6.7%	6.8%
% 65+ with prostate cancer (men)		8.8%	10.3%
% 65+ with stroke	B	6.1%	10.0%
% 65+ with 4+ (out of 15) chronic conditions		50.8%	55.5%
% 65+ with 0 chronic conditions		14.6%	12.4%
<b>BEHAVIORAL HEALTH</b>			
# drug overdose deaths (all ages) (County)		426	2,080
% 65+ with substance use disorder		9.1%	8.7%
% 18+ excessive drinking (County)		18.4%	NA
% 65+ with tobacco use disorder		16.8%	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		33.8%	34.8%
% 65+ with anxiety disorder		32.7%	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		17.5%	15.5%
% 65+ with self-reported vision difficulty		1.2%	4.6%
% 65+ with self-reported cognition difficulty	*	3.4%	7.5%
% 65+ with self-reported ambulatory difficulty		14.8%	17.8%
% 65+ with self-reported self-care difficulty		7.1%	5.2%
% 65+ with self-reported independent living difficulty		6.8%	10.5%
<b>CAREGIVING</b>			
# of Alzheimer's support groups		0	11
% grandparents raising grandchildren		1.24%	0.55%

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

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

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

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

## ACCESS TO CARE

% 65+ dually eligible for Medicare and Medicaid		17.2%	18.7%
% 65+ Medicare managed care enrollees	*	59.0%	50.3%
% 18-64 who lack health insurance (County)		6.2%	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	4.5	4.7
# emergency room visits/1000 persons 65+ years annually	509.3	556.1
# Part D monthly prescription fills per person annually	50.1	49.8
# home health visits annually	1.6	1.7
# durable medical equipment claims annually	2.1	2.0
# inpatient hospital stays/1000 persons 65+ years annually	159.3	169.8
% Medicare inpatient hospital readmissions (as % of admissions)	18.4%	14.3%
# skilled nursing facility stays/1000 persons 65+ years annually	42.7	43.3
# skilled nursing home Medicare beds/1000 persons 65+ years	0.0	20.0
% 65+ getting Medicaid long term services and supports	1.4%	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.*

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 Maine 2025 Healthy Aging Data Report. Retrieved from [www.healthyagingdatareports.org](https://www.healthyagingdatareports.org)

Questions or Ideas? [Beth.dugan@umb.edu](mailto:Beth.dugan@umb.edu)



Point32Health  
Foundation

In partnership with



a Point32Health company