

Health in Maine: Older Adults

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) highlights populations and geographies that experience disparate health and well-being outcomes due to social and institutional inequities. These disparities are documented through a community engagement process and the health equity data profiles.

For data in the health equity profiles, there are several factors currently limiting what is included:

- Not all data sources collect sufficient data elements for all populations of interest.
- Some populations and geographies in Maine are numerically small, resulting in data that is less reliable due to low numbers, unavailable due to suppression and/or privacy concerns, and/or missing entirely.
- Some health equity profiles may include fewer indicators than others and what appears in the County Data Profiles, given data availability, suppressed data rates, and what is and is not collected at the state and national level.
- Disparities are generally only analyzed at the state level for more reliable estimates with less suppression. However, this assumes disparities found at the state level have similar patterns for smaller geographical areas, which do not account for unique characteristics of population throughout the state.
- The data sets used by the Maine Share CHNA follow federal reporting guidelines for race, ethnicity, sexual orientation, and gender identity, which may not encompass nor resonate with everyone. Thus, some people may not see their identity in the health equity profiles.

To try to account for some of these gaps and complement the quantitative data, the Maine Shared CHNA engaged in an extensive community engagement process. That process and the results are outlined in the Community Engagement Overviews. Additional information on data commitments, how data is selected, data limitations, and data sources and definitions can be found in the data profiles for each County.

Population (Maine 2022)
65-74 Years Old 13.4%
75-84 Years Old 6.8%
85 Years Old or Older 2.4%

How to Read This Document

The following symbols are used in the tables to note when data may be too small for statistical reliability and suppressed due to a small number of responses and when data is pending (available at a later date) or unavailable.

Symbols	
*	means results may be statistically unreliable due to small numbers, use caution when interpreting.
~	means suppressed data due to a small number of respondents.
^	means data is pending.
—	means data is unavailable.

Health and Well-Being Indicators by Age Group, 65 and Older

	Older Adults				
Indicator	65-74	75-84	75 or older	85 or older	Maine
Demographics					
Population (percent of total Maine population)	2022 13.4%	2022 6.8%	—	2022 2.4%	2022 100.0%
Veterans	2018-2022 24.8%	—	2018-2022 28.1%	—	2018-2022 9.0%
Gay, lesbian and bisexual (adults)	2017-2021 2.5%	—	2017-2021 1.3%	—	2017-2021 5.1%
Transgender adults	2017-2021 1.2%	—	2017-2021 1.4%	—	2017-2021 1.4%
Persons with a disability	2018-2022 22.7%	—	2018-2022 46.7%	—	2018-2022 15.8%
Social Drivers of Health					
Individuals living in poverty	—	—	—	—	2018-2022 10.9%
General Health Status					
Fair or poor health	2021 19.2%	—	2021 19.9%	—	2021 14.8%
14 or more days lost due to poor physical health	2021 14.2%	—	2021 14.0%	—	2021 11.7%
14 or more days lost due to poor mental health	2021 8.3%	—	2021 6.7%	—	2021 15.2%
Three or more chronic conditions	2021 28.9%	—	2021 34.9%	—	2021 16.7%

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Indicator	65-74	75-84	75 or older	85 or older	Maine
Overall Mortality					
Overall death rate per 100,000 population	2022 1,880.4	2022 4,785.1	—	2022 15,873.0	2022 844.3
Access					
Uninsured	2018-2022 0.2%	—	2018-2022 0.0%	—	2018-2022 7.1%
Usual primary care provider (adults)	2021 97.8%	—	2021 96.5%	—	2021 90.7%
Primary care visit to any primary care provider in the past year	2021 89.0%	—	2021 91.9%	—	2021 78.9%
Cost barriers to health care	2021 1.7%	—	2021 2.0%	—	2021 7.6%
Health Care Quality					
Ambulatory care-sensitive condition hospitalizations per 10,000 population	2021 94.0	2021 188.3	—	2021 367.7	2021 37.6
Ambulatory care-sensitive condition emergency department rate per 10,000 population	^	^	^	^	^
Cardiovascular Disease					
Cardiovascular disease deaths per 100,000 population	2022 457.4	2022 1,274.6	—	2022 5,462.9	2022 304.8
Coronary heart disease deaths per 100,000 population	2022 204.1	2022 564.6	—	2022 2,042.6	2022 126.2
Heart attack deaths per 100,000 population	2022 64.8	2022 148.6	—	2022 492.0	2022 38.1
Stroke deaths per 100,000 population	2022 58.9	2022 188.2	—	2022 849.9	2022 29.4
High blood pressure hospitalizations per 10,000 population	2021 55.0	2021 145.0	—	2021 328.3	2021 19.8
Heart failure hospitalizations per 10,000 population	2021 11.5	2021 23.8	—	2021 50.4	2021 3.9
Heart attack hospitalizations per 10,000 population	2021 57.0	2021 93.0	—	2021 130.8	2021 18.0
Stroke hospitalizations per 10,000 population	2021 59.1	2021 117.4	—	2021 186.5	2021 18.1
High blood pressure	2021 54.2%	—	2021 60.6%	—	2021 33.9%
High cholesterol	2019 51.1%	—	2019 47.2%	—	2019 34.9%
Cholesterol checked in past five years	2019 97.0%	—	2019 97.5%	—	2019 89.0%

	Older Adults				
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Diabetes					
Diabetes	²⁰²¹ 20.2%	—	²⁰²¹ 18.6%	—	²⁰²¹ 10.4%
Diabetes deaths (underlying cause) per 100,000 population	²⁰²² 92.3	²⁰²² 147.6	—	²⁰²² 348.9	²⁰²² 38.5
Diabetes hospitalizations (principal diagnosis) per 10,000 population	²⁰²¹ 25.5	²⁰²¹ 28.4	—	²⁰²¹ 25.0	²⁰²¹ 12.5
Diabetes emergency department rate (principal diagnosis) per 10,000 population	^	^	^	^	^
A1c test at least twice/year (adults with diabetes)	²⁰¹⁵⁻²⁰²¹ 77.8%	—	²⁰¹⁵⁻²⁰²¹ 75.0%	—	²⁰¹⁵⁻²⁰²¹ 75.5%
Formal diabetes education (adults with diabetes)	²⁰¹⁵⁻²⁰²¹ 57.0%	—	²⁰¹⁵⁻²⁰²¹ 50.0%	—	²⁰¹⁵⁻²⁰²¹ 55.2%
Dilated eye exam annually (adults with diabetes)	²⁰¹⁷⁻²⁰²¹ 77.6%	—	²⁰¹⁷⁻²⁰²¹ 82.5%	—	²⁰¹⁷⁻²⁰²¹ 71.9%
Respiratory Health					
Current asthma (adults)	²⁰²¹ 10.3%	—	²⁰²¹ 9.8%	—	²⁰²¹ 12.5%
Chronic obstructive pulmonary disease (COPD)	²⁰²¹ 14.7%	—	²⁰²¹ 16.7%	—	²⁰²¹ 9.0%
Chronic lower respiratory disease deaths per 100,000 population	²⁰²² 143.1	²⁰²² 297.3	—	²⁰²² 578.5	²⁰²² 40.0
Asthma emergency department rate per 10,000 population	^	^	^	^	^
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	²⁰²¹ 21.2	²⁰²¹ 30.0	—	²⁰²¹ 32.0	²⁰²¹ 6.0
Pneumonia hospitalizations per 10,000 population	²⁰²¹ 22.1	²⁰²¹ 51.9	—	²⁰²¹ 107.8	²⁰²¹ 8.4
Physical Activity, Nutrition and Weight					
Obesity (adults)	²⁰²¹ 31.2%	—	²⁰²¹ 22.7%	—	²⁰²¹ 31.9%
Overweight (adults)	²⁰²¹ 36.5%	—	²⁰²¹ 40.0%	—	²⁰²¹ 34.0%
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	²⁰²¹ 31.4%	—	²⁰²¹ 40.4%	—	²⁰²¹ 26.5%
Met aerobic physical activity recommendations (adults)	²⁰¹⁹ 54.7%	—	²⁰¹⁹ 49.1%	—	²⁰¹⁹ 51.5%
Fruit consumption (adults reporting less than one serving per day)	²⁰²¹ 31.1%	—	²⁰²¹ 27.9%	—	²⁰²¹ 35.0%
Vegetable consumption (adults reporting less than one serving per day)	²⁰²¹ 12.4%	—	²⁰²¹ 12.9%	—	²⁰²¹ 13.1%

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Cognitive Health					
Cognitive decline	2020 8.1%	—	2020 11.5%	—	2020 7.9%
Caregiving at least 20 hours per week	2017, 2019 & 2021 5.1%	—	2017, 2019 & 2021 4.8%	—	2017, 2019 & 2021 5.1%
Arthritis					
Arthritis	2021 49.2%	—	2021 53.1%	—	2021 31.1%
Immunizations					
Influenza vaccination in the past year (adults)	2021 68.5%	—	2021 76.3%	—	2021 50.0%
Pneumococcal pneumonia vaccination (adults ages 65+)	2021 68.4%	—	2021 78.4%	—	2021 72.4%
Infectious Disease					
COVID hospital admissions per 100,000/year	^	^	^	^	^
COVID deaths (any of multiple causes) per 100,000/year	^	^	^	^	^
Unintentional Injury					
Injury deaths per 100,000 population	2022 83.2	2022 161.5	—	2022 700.8	2022 115.4
Fall-related deaths (unintentional) per 100,000 population	2022 20.0	2022 96.2	—	2022 572.5	2022 16.2
Motor vehicle traffic crash (unintentional) deaths per 100,000 population	2022 11.3	2022 15.0	—	2022 20.9	2022 13.0
Poisoning deaths (unintentional and undetermined intent) per 100,000 population	2022 18.9	2022 ~	—	2022 ~	2022 55.6
Fall-related injury (unintentional) emergency department rate per 10,000 population	2021 357.1	2021 765.8	—	2021 1,716.8	2021 261.0
Traumatic brain injury emergency department rate per 10,000 population	2021 30.0	2021 51.0	—	2021 84.1	2021 34.8
Intentional Injury					
Suicide deaths per 100,000 population	2022 21.1	2022 19.2	—	2022 53.7	2022 17.7
Firearm deaths per 100,000 population	2022 13.5	2022 15.0	—	2022 56.7	2022 11.7
Mental Health					
Depression, current symptoms (adults)	2021 7.4%	—	2021 5.8%	—	2021 10.8%
Depression, lifetime	2021 17.6%	—	2021 11.5%	—	2021 23.6%
Anxiety, lifetime	2021 15.5%	—	2021 9.8%	—	2021 23.8%
Mental health emergency department rate per 10,000 population	2021 64.5	2021 94.0	—	2021 139.1	2021 148.5
Currently receiving outpatient mental health treatment (adults)	2021 15.8%	—	2021 10.3%	—	2021 20.6%

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Oral Health					
Tooth loss (adults)	²⁰²⁰ 32.9%	—	²⁰²⁰ 40.7%	—	²⁰²⁰ 18.6%
Ambulatory care sensitive dental emergency department rates for adults per 10,000 population	^	^	^	^	^
Dentist visits in the past year (adults)	²⁰²⁰ 69.1%	—	²⁰²⁰ 66.4%	—	²⁰²⁰ 66.7%
Substance Use					
Drug-induced deaths per 100,000 population	²⁰²² 18.9	²⁰²² 5.3	—	²⁰²² 3.0	²⁰²² 55.6
Alcohol-induced deaths per 100,000 population	²⁰²² 36.7	²⁰²² 23.5	—	²⁰²² 11.9	²⁰²² 18.6
Chronic heavy drinking (adults)	²⁰²¹ 6.0%	—	²⁰²¹ 4.8%	—	²⁰²¹ 8.2%
Binge drinking (adults)	²⁰²¹ 6.0%	—	²⁰²¹ 3.1%	—	²⁰²¹ 15.3%
Past-30-day marijuana use (adults)	²⁰²¹ 11.7%	—	²⁰²¹ 2.5%	—	²⁰²¹ 21.3%
Past-30-day misuse of prescription drugs (adults)	²⁰¹¹⁻²⁰²¹ 0.4%	—	²⁰¹¹⁻²⁰²¹ 0.3%	—	²⁰¹¹⁻²⁰²¹ 1.3%
Opiate poisoning emergency department rate per 10,000 population	^	^	^	^	^
Opiate poisoning hospitalizations per 10,000 population	²⁰²¹ 0.9	²⁰²¹ 1.0	—	²⁰²¹ 0.7	²⁰²¹ 1.1
Tobacco Use					
Current cigarette smoking (adults)	²⁰²¹ 9.3%	—	²⁰²¹ 5.7%	—	²⁰²¹ 15.6%
Current E-cigarette use (adults)	²⁰²¹ 0.9%	—	²⁰²¹ 1.1%	—	²⁰²¹ 5.8%

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare, Northern Light Health, MaineGeneral Health, MaineHealth, the Maine Center for Disease Control and Prevention, and the Maine Community Action Partnership. By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine. This is the fifth collaborative Maine Shared CHNA.

The mission of the Maine Shared CHNA is to:

- Create shared CHNA reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine.

These data profiles, as well as additional information and data, can be found online at the Maine Shared CHNA's website – www.mainechna.org.

