



2026 Age-Friendly Community Needs Assessment Full Report

Montgomery County, Maryland

June 2026

Coordinated by Montgomery County Department of Health and Human Services
Aging and Disability Services Division

Letter from Leadership

On behalf of Montgomery County's Age-Friendly Network, we are pleased to share the results of the Age-Friendly community needs assessment. This study reflects the County's ongoing commitment to ensuring that Montgomery County is a place where residents of all ages can contribute and thrive.

As the number of residents over 60 living longer and healthier lives continues to grow, our community must adapt to support evolving needs. Recognizing this, Montgomery County joined the World Health Organization/AARP Network of Age-Friendly Communities in 2015, committing to a comprehensive planning process to foster an inclusive and supportive environment for older adults. We are now one of 1,048 Age-Friendly designated communities in the United States!

Since joining the network, local government, businesses, non-profit organizations, and community advocates have worked together to advance this vision. Their collaboration has guided progress across key focus areas including Housing; Health and Wellness; Transportation and Mobility; Public Safety; Home and Community Services; Employment; Communication and Outreach; Civic and Social Involvement; Elder Abuse Prevention; and Planning, Open Spaces, Parks, and Community Buildings.

These efforts have yielded meaningful results. The County has increased investments in senior centers, adult protective services, free and discounted transportation options, aging in place villages, pickleball courts, and other amenities that enhance residents' quality of life.

This progress would not be possible without strong engagement across sectors. The contributions of trusted community partners, and especially the tireless advocacy of the Commission on Aging, continue to play a vital role in shaping an Age-Friendly future. Sustaining this momentum requires leadership and participation at every level. From policymakers to residents offering a helping hand, each person can contribute to making Montgomery County a place where everyone can age well. We encourage you to use the data and recommendations in this report to support that shared mission so we can continue to **Age Well, Together**.

Age-Friendly Co-Chairs

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Acknowledgement & Thanks

This assessment reflects the time, expertise, and lived experience of many people who believe in an age-friendly future for Montgomery County. Age-Friendly Montgomery extends its deepest gratitude to every individual who contributed their time, voice, and ideas to shape this report and the work that will follow.

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Other Voices

- To every Montgomery County resident who shared their voice or helped others share theirs, including those who completed the survey, attended a listening session, or joined a focus group. Your perspectives ground this report in real experience.
- To everyone who assisted with facilitation, survey distribution, and outreach, especially our Senior Centers and Villages, whose partnership helped us reach older adults countywide.

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Glossary of Terms

This glossary defines key terms, acronyms, and program names used throughout this report.

Term	Definition
Age-Friendly Community	A community that adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities, following the World Health Organization (WHO) and AARP (formerly the American Association of Retired Persons) framework.
Aging in Place	The ability of older adults to remain living in their own homes and communities safely, independently, and comfortably as they age, rather than moving to institutional settings.
AARP	A national nonprofit organization, formerly the American Association of Retired Persons, focused on issues affecting people age 50 and older. Several measures and frameworks used in this report are produced by AARP.
AARP Livability Index	A national index developed by the AARP Public Policy Institute that scores communities from 0 to 100 (national average 50) across seven categories of livability for residents of all ages.
County Health Rankings	An annual measure from the Robert Wood Johnson Foundation (RWJF) that ranks counties on health outcomes and health factors, used here to compare Montgomery County with state and national averages.
Data Signal Rating	The qualitative rating used in each domain's Data at a Glance table, summarizing what the four data sources showed: Asset (predominantly positive), Mixed (strengths and gaps), Gap (a need is evident, qualified as Moderate or Strong by depth), and Limited (theme not prominent in that source).
Home and Community-Based Services (HCBS)	Supports that allow older adults to live in the community rather than in institutional settings, such as home health aides, meal delivery, personal care, adult day programs, and respite care.
Longevity Ready Maryland (LRM)	Maryland's first ten-year state plan focused on aging, established by executive order in January 2024, with which this assessment aligns.
Older Adult	For the purposes of this assessment, a resident age 65 and older, except where a different age threshold is specified.

Term	Definition
Secondary Data	Existing data drawn from external sources such as the U.S. Census Bureau, federal health surveillance, and index-based rankings, as distinct from data collected directly for this assessment.
Stratification	Reporting survey results broken out by subgroups (such as age or race) to make differences between groups visible, used here instead of statistical weighting.
Village Model	A grassroots, membership-based network in which older adults and volunteers help neighbors remain in their homes and communities as they age.

Executive Summary

Montgomery County is one of the strongest places in the nation to grow older, and this assessment celebrates that strength while identifying meaningful opportunities to make the county even more age-friendly in the years ahead.

This Community Needs Assessment offers a current, comprehensive picture of what it means to age in Montgomery County. It draws on more than 2,000 community survey responses, listening sessions held in every region of the county, focus groups conducted in four languages, and a thorough review of local, state, and national data, organized around the ten domains of an age-friendly community.

The county's strengths are genuine. Montgomery County ranks among the most livable communities in the nation for aging, with high and rising satisfaction with parks and outdoor spaces, strong civic and social participation, a robust health infrastructure, and broad digital connectivity. Overall quality of life ratings are high, and most residents express a strong desire to remain in Montgomery County as they age, a reflection of the deep connection they feel to their communities.

This report is intended as a shared resource. It brings community voices and data together in one place to inform future planning, support partnerships and grant-seeking, and help the county, community organizations, and residents work together toward a shared vision of Montgomery County as a community for a lifetime. It is designed to be returned to over time as a foundation for that ongoing work.

Across the ten domains, five cross-cutting opportunities emerged as areas where focused attention can make the greatest difference for older adults:

- Social Vulnerability and Isolation – strengthening the relationships and networks that help older adults stay connected to their community.
- Elder Abuse and Financial Exploitation – equipping older adults with the tools and support to stay safe from increasingly sophisticated scams.
- Information Access and Engagement – building on the county's substantial network of services by making them easier for every resident to find and connect with.
- Navigation of Health Services – helping older adults and caregivers more easily connect to the county's strong health resources.
- Housing Access and Affordability – expanding options that help older adults remain in the communities they call home.

Taken together, these findings describe a community with the resources and the commitment to meet the needs of its older residents, and a clear view of where focused attention will matter most in the decade ahead. The sections that follow document the full picture in detail.

Introduction

Age-Friendly Montgomery is a county-wide initiative working to make Montgomery County, Maryland a place where residents of all ages can thrive, and where older adults can remain in the community they call home as they age.

Coordinated through the Department of Health and Human Services (DHHS) and its Aging and Disability Services division, Age-Friendly Montgomery is guided by an advisory group. The initiative brings together county agencies, community organizations, residents, and elected leadership around a shared vision: Montgomery County as a Community for a Lifetime.

In December 2015, Montgomery County formalized that commitment by joining the AARP (American Association of Retired Persons) Network of Age-Friendly States and Communities, a program that connects communities across the United States to a global movement toward more livable places for people of all ages. Membership means committing to an ongoing cycle of assessment, planning, action, and reassessment. That cycle is what produces this report.

This Community Needs Assessment provides a current, comprehensive picture of the needs of older adults in Montgomery County. It reflects months of community engagement: a county-wide survey completed by more than 2,000 residents age 55 and older, listening sessions held in every region of the county, focus groups conducted in four languages, and a thorough review of local, state, and national data. Together, these sources provide an honest and current picture of what it means to age in Montgomery County today.

The findings that follow document real progress over the past decade alongside real and persistent gaps, some of which have not improved in ten years. Both are presented here with equal care. The purpose of this assessment is to give the county the clearest possible foundation for the next phase of its age-friendly work.

Why Age-Friendly Planning Matters

Montgomery County is in the middle of a significant demographic shift.

The county is home to approximately 195,000 residents age 65 or older, representing about 18% of the total population. The 60-and-older population currently makes up 22% of residents and is expected to grow to 25% of residents by 2030, while the 75-and-older group is projected to grow nearly ten times faster than the county as a whole over the next five years¹. This is not a distant trend. It is already shaping what the county needs to offer in housing, transportation, health care, employment, and social connection.

¹ [Maryland State Data Center](#), Maryland Department of Planning, 2025

These trends reflect a broader national context. As of 2024, the country is aging quickly: the share of Americans age 65 and older has risen from 12.4% in 2004 to 18.0%, and older adults now outnumber children in nearly half of all U.S. counties.² The older population is also becoming more racially and ethnically diverse, a pattern already visible in Montgomery County and one that will deepen in the years ahead.

Age-friendly planning is the county's response to these realities, and also an investment that benefits residents of all ages. The sidewalk that is safe for an older adult with a walker is safer for a parent pushing a stroller. The transit route that connects an older adult to a medical appointment connects a young worker without a car to a job. The community that reduces isolation among its oldest residents builds social infrastructure that benefits everyone. Age-friendly planning is community planning, and its benefits extend across generations.

The Age-Friendly Framework

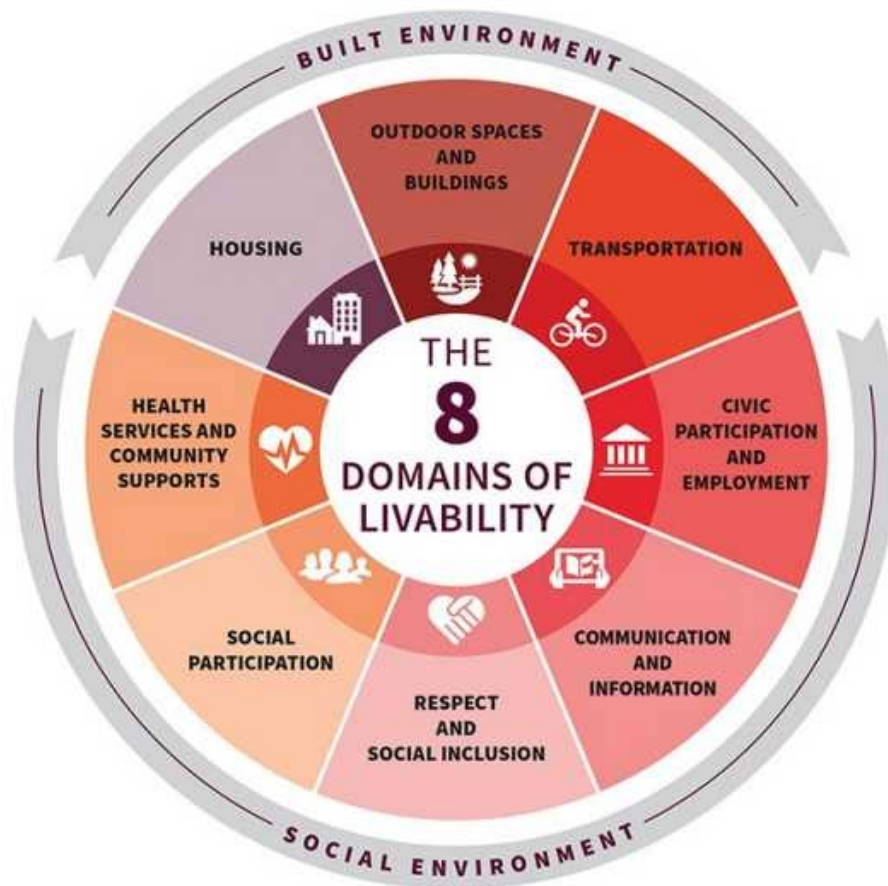
A Global Movement with Local Roots

The concept of an age-friendly community was developed by the WHO (World Health Organization) in the mid-2000s, grounded in research identifying the conditions that most help people age well. In 2010, WHO established the Global Network for Age-Friendly Cities and Communities. In 2012, AARP launched the Network of Age-Friendly States and Communities to bring this framework to the United States.

The framework is organized around eight Domains of Livability: the areas of community life that most directly shape whether older adults can live with independence, connection, and dignity. Those domains are outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services.

² U.S. Census Bureau, Vintage 2024 Population Estimates, 2025

Figure 1: AARP 8 Domains of Livability



Source: [AARP](#) (American Association of Retired Persons)

Joining the AARP Network means committing to a cycle of continuous improvement. Communities assess their needs, develop an action plan, implement it, and then reassess on a regular cycle.

Age-Friendly Montgomery

When Age-Friendly Montgomery joined the AARP Network in December 2015, it built on the global framework with a locally adapted approach. Recognizing that elder abuse prevention and Senior Public Safety were especially critical concerns for this community, the county expanded the standard eight domains to ten.

Montgomery County's age-friendly work is organized around the following ten domains of community life, the last two of which reflect priorities specific to Montgomery County:

- **Planning, Outdoor Spaces, and Buildings:** Walkable neighborhoods, parks, outdoor recreation, and age-friendly design.

- **Transportation and Mobility:** Safe, affordable, and reliable options for getting around the county.
- **Housing:** Affordable, accessible, and adaptable housing options for older adults.
- **Civic and Social Involvement:** Opportunities for community participation, volunteering, and social connection.
- **Communication and Outreach:** Access to information and services in languages and formats residents can use.
- **Employment:** Workforce participation, retirement transitions, and economic opportunity.
- **Health and Wellness:** Access to physical, mental, and preventive health care across the lifespan.
- **Home and Community-Based Services:** In-home support, caregiver resources, and services that help people age in place.
- **Elder Abuse Prevention (Montgomery County-specific):** Protection from financial exploitation, neglect, and abuse of older adults.
- **Senior Public Safety (Montgomery County-specific):** Physical safety, crime prevention, and emergency preparedness for older adults.

Ten Years of Age-Friendly Work

Age-friendly work does not happen within a single agency or department. It depends on partnerships across county government, health systems, higher education, volunteer networks, and community organizations. County departments and the County Council have advanced funding and policy changes. Hospitals have provided evidence-based health promotion and fall prevention programs. Universities have contributed workforce development, research, and direct programming for residents. Volunteers sustain the Villages network, Senior Centers, meal delivery, and caregiver support programs. These relationships are what turn a policy commitment into something residents experience in their daily lives. A full list of Age-Friendly Montgomery partnerships is provided in [Appendix A](#).

Over the past decade, that work has produced many achievements, including:

- The county's Villages network grew from 14 to 25 active volunteer-led organizations that help neighbors age in place, with more in development. Nearly 1,000 volunteers now provide rides, social events, and other services, and Village members report greater social connection and greater confidence in staying at home.
- Montgomery Connects, the county's digital equity program, distributed more than 19,000 Chromebooks to older residents between 2022 and 2024, and provided digital literacy training to nearly 3,000 participants at Senior Residential buildings and organizations.
- The State's Attorney's Office in Montgomery County's Crimes Against Seniors and Vulnerable Adults Unit investigated more than 450 cases of physical and sexual abuse, neglect, and financial exploitation, bringing nearly 400 cases to District and Circuit Court. Annual World Elder Abuse Awareness Day events have continued to educate residents on prevention and available resources.

- Since 2018, the county has hosted Active Aging Week, with more than 90 events annually promoting physical, mental, and intellectual health across the lifespan. The county resumed hosting the Maryland Senior Olympics in 2015, and with dedicated funding starting in FY2018 the event has served an average of more than 2,000 athletes annually. The Senior Nutrition Program maintained uninterrupted meal service throughout the COVID-19 pandemic and has since expanded to include culturally diverse meals from local restaurants.
- In 2025, the county removed fares for RideOn bus service and extended coverage to most Metrobus routes for older adults. Ride On Flex, an on-demand service using wheelchair-accessible vehicles, now operates in Rockville, Glenmont/Wheaton, and White Oak/Sandy Spring, with door-to-door pickup for passengers with disabilities.
- The Silver Spring Recreation and Aquatic Center, which opened in 2024, includes a full-service Senior Center co-located with affordable Senior Housing and a health center.
- The Pedestrian Master Plan, approved in 2023, incorporates street design changes to increase safety and comfort for older adults and people with disabilities.
- In October 2023, Age-Friendly Montgomery, county government partners, and the Commission on Aging jointly hosted the county's third Summit on Aging. The Summit brought residents, advocates, and partners together to reflect on progress and identify both actionable and longer-term ideas for the county's age-friendly work. Those conversations contributed to the priorities reflected in this assessment.
- This work has been recognized nationally. In December 2025, AARP ranked Montgomery County as the second-best place in the country for older adults to live among communities of 500,000 or more, as measured by the AARP Livability Index.

The 2025 to 2026 assessment provides an up-to-date picture of the community's needs, and the results show progress alongside persistence. Community survey results show that residents' overall satisfaction with quality of life in the county increased: the share rating quality of life as "Good" or "Excellent" rose from 89% in 2015 to 92% in 2025. The share of older adults who plan to stay in Montgomery County long-term rose from 66% to 75%. Satisfaction with parks and outdoor activities, volunteer opportunities, available activities, and the sense of respect and inclusion in the community all improved over the decade.

At the same time, some of the county's most persistent challenges continue to affect residents' daily lives. Affordable housing received the lowest ratings of any community characteristic in both the 2015 and 2025 surveys; the gap has not closed. Satisfaction with access to home-based care dropped by 17 percentage points over the decade. Financial concern held steady, with 71% of respondents reporting at least some worry about affording retirement.

This report celebrates what is working, is honest about what needs attention, and provides a foundation for the years ahead.

Montgomery County and Longevity Ready Maryland

Age-Friendly Montgomery's work takes place within a supportive state policy environment. In January 2024, Governor Wes Moore signed an executive order establishing Longevity Ready Maryland, the state's first ten-year plan focused on aging. The plan brings together state agencies, counties, and community partners to help Marylanders age safely, independently, and with financial security.

Age-Friendly Montgomery's work aligns with and contributes to this statewide effort. Where Longevity Ready Maryland sets direction at the state level, this assessment translates that direction into locally grounded priorities for Montgomery County's specific communities, populations, and challenges. Relevant connections to state priorities are noted alongside the domain findings.³

About This Report

This assessment draws on multiple sources of data spanning local, state, and national resources, including three new primary data collections conducted specifically for this report. A county-wide community survey collected more than 2,000 responses from residents age 55 and older. Five listening sessions reached approximately 105 older adults across the county's geographic regions. A series of targeted focus groups engaged specific populations whose perspectives are especially important to this assessment. A thorough review of secondary data from local, state, and national sources provided the quantitative and policy context for the community findings. Each data source is described in detail in Section II.

The full data underlying this report are available in the appendices. They are intended for those who need greater depth for a variety of purposes, including grant applications, program planning, policy development, or further research.

The findings are specifically intended to support the work of Aging and Disability Services (ADS), which serves as Montgomery County's Area Agency on Aging and administers a broad range of programs for older adults and people with disabilities, from home care and respite services to caregiver support and nutrition programs. This assessment is designed to complement and strengthen the planning efforts of ADS and its community partners. In addition to aligning with the Longevity Ready Maryland report, this assessment leverages other interconnected county and local plans, including the most recent Community Health Assessment, ongoing work with the Urban Institute on housing, recent efforts to evaluate the nursing home experience, and other related initiatives.

³ Longevity Ready Maryland, Maryland Department of Aging, 2025

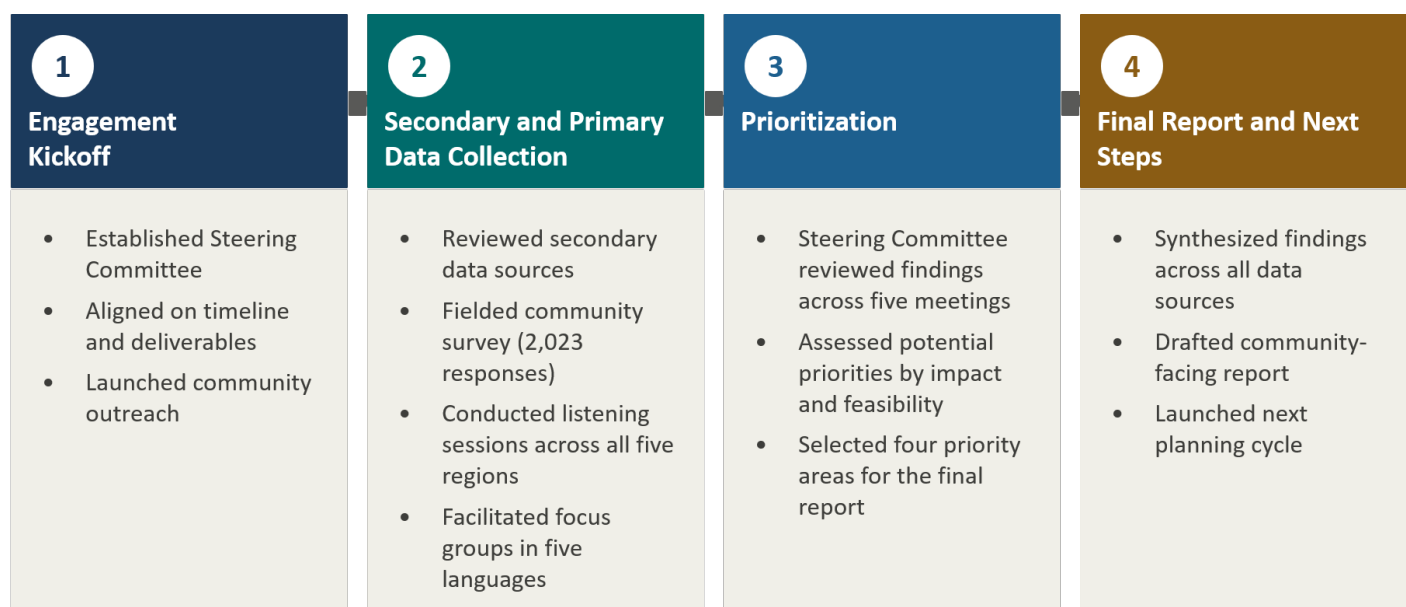
Methodology

Assessment Overview

This assessment was built on multiple layers of data, gathered over eight months.

The four-stage process began in fall 2025 with the formation of a Steering Committee and kicked off formally in October 2025. From there, the work unfolded in four phases: secondary data collection and analysis, primary data collection through community listening sessions, a county-wide survey, and targeted focus groups, followed by prioritization and report development.

Figure 2: Age-Friendly Montgomery Community Assessment Process



The assessment was designed to meet the requirements of the AARP Network of Age-Friendly States and Communities, which calls for a comprehensive, community-driven baseline assessment across all domains of livability before developing an updated action plan.

Throughout the process, findings were shared with the Steering Committee at five meetings held between October 2025 and June 2026. Steering Committee members completed a formal prioritization survey to help identify the final priority focus areas for future planning and efforts.

Data Collection Methods

Four data collections came together to build a complete picture of older adult life in Montgomery County.

Each source was designed to answer different questions and reach different audiences. Together, they allow for a richer, more reliable set of findings than any single method could provide.

Secondary Data Existing Data Review National, state, and local datasets	2,023 Community Survey Responses County residents age 55+	~105 Listening Session Participants Across 5 sessions	186 Focus Group Participants Across 10 targeted groups
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Secondary Data

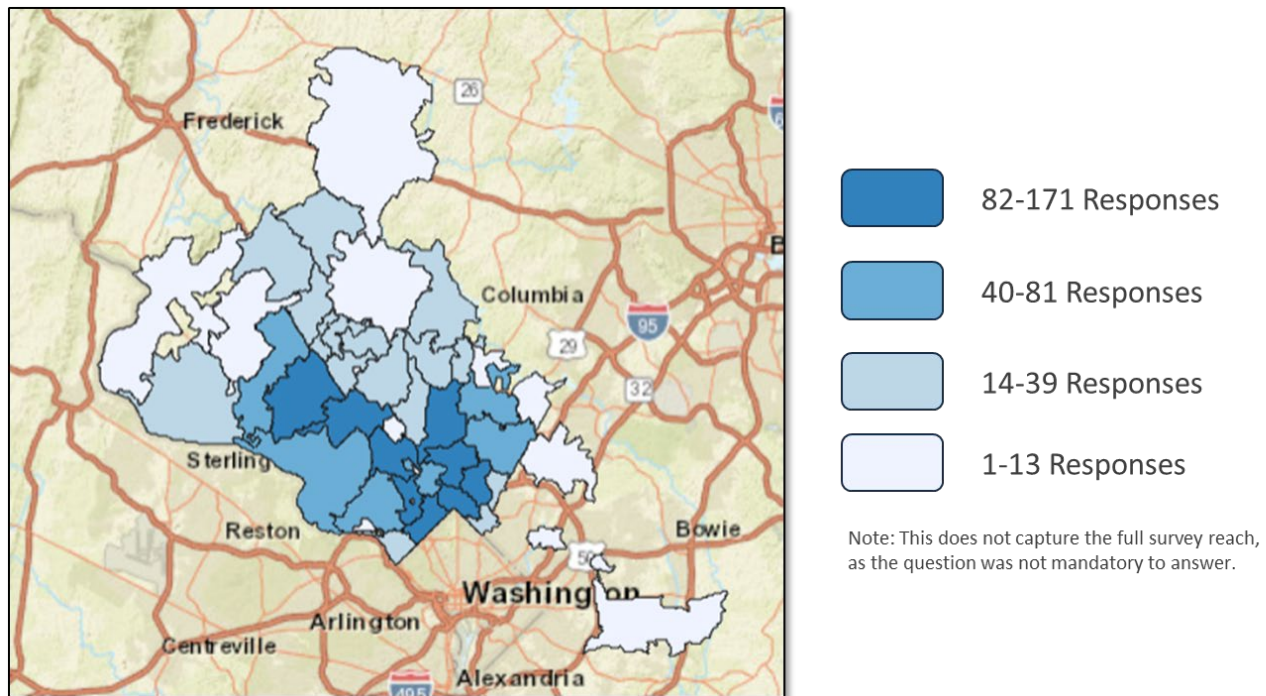
The assessment began with a thorough review of existing data from national, state, and local sources, covering demographic trends, health indicators, socioeconomic conditions, housing, transportation, and the built environment. Key sources included the U.S. Census Bureau and American Community Survey, the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index, the AARP Livability Index, the Robert Wood Johnson Foundation's (RWJF) County Health Rankings, Esri Business Analyst population projections, the Healthy Montgomery 2023 Community Health Needs Assessment, and the Longevity Ready Maryland state plan.

Community Survey

Between October 31, 2025 and January 12, 2026, a county-wide community survey was open to all Montgomery County residents age 55 and older. The survey collected 2,023 complete responses spanning virtually all ZIP codes in the county, a large sample for a community survey of this kind given the population age 55 and older within the county is approximately 327,000. The survey was designed to capture residents' experiences and priorities across all ten of Montgomery County's Age-Friendly domains, to revisit key questions from the county's original 2015 survey to allow decade-over-decade comparison, and to gather input on specific community needs to guide programming and planning going forward.

The survey was distributed through the Age-Friendly Montgomery website, Montgomery County Senior Centers, and a broad network of nonprofit organizations and community groups serving older adults across the county. To reach the county's linguistically diverse population, the survey was offered in eight languages: English, Spanish, Chinese, French, Vietnamese, Korean, Farsi, and Amharic. Residents who needed assistance completing the survey in any language were encouraged to contact ADS directly for support.

Figure 3: Community Survey Geographic Coverage – Responses by ZIP Code



Source: 2025 Age Friendly Community Survey, All Responses

Listening Sessions

Five community listening sessions were held between December 1 and 11, 2025, reaching approximately 105 older adults across the county. The sessions were designed to hear directly from older adults in their own words, providing depth and context that a survey alone cannot capture. Session locations were intentionally chosen to reach the county's distinct geographic communities, including the Lawton Community Recreation Center in Bethesda, the Damascus Community Recreation Center, and the White Oak Community Recreation Center and Senior Center in Silver Spring, ensuring that residents across different parts of the county had the opportunity to participate. Each session was facilitated around a structured discussion guide built to expand on themes emerging from the community survey, allowing participants to share their experiences, priorities, and ideas in greater detail.

Session	Date	Location	Participants	Format
Virtual Community Listening Session	December 1, 2025	Online (Zoom)	30	English

Session	Date	Location	Participants	Format
Lawton Community Center Listening Session	December 9, 2025	Bethesda	15	English
Damascus Community Listening Session	December 10, 2025	Damascus	15	English
White Oak Senior Center Chinese Language Session	December 11, 2025	Silver Spring	35	English with Mandarin Interpretation
White Oak Senior Center General Session	December 11, 2025	Silver Spring	10	English

Focus Groups

A series of targeted focus groups were conducted between February and April 2026 to dive deeper into emerging themes from the assessment and to explore areas where the data called for greater context. The focus groups also ensured that the voices of populations who may have been less likely to participate in a general community survey or public listening session, including residents who primarily speak a language other than English and others facing cultural or logistical barriers to participation, were meaningfully represented in the findings. Several sessions were conducted in partnership with community organizations, including the African American Health Program (AAHP) and the Chinese American Senior Services Association (CASSA), and others were facilitated entirely in Spanish, Korean, and Japanese to reach residents in their primary language. Focus group topics were shaped by what the survey and listening sessions had already surfaced, allowing facilitators to probe more deeply into the experiences and perspectives behind the data.

Focus Group	Date	Audience	Participants
Spanish Language Focus Group (Group 1)	February 20, 2026	Spanish-speaking older adults	12
Upcounty Virtual Focus Group	February 24, 2026	Upcounty leaders and residents	12
Upcounty In-Person Focus Group	March 2, 2026	Poolesville leaders and residents	12

Focus Group	Date	Audience	Participants
White Oak AAHP Focus Group	March 3, 2026	African American Health Program members	15
AAHP Virtual Focus Group	March 11, 2026	African American Health Program members	17
Korean Language Focus Group	March 12, 2026	Korean-speaking older adults	12
County and Frontline Staff Focus Group	March 12, 2026	County and community-based staff	29
LGBTQ+ Community Session	March 12, 2026	LGBTQ+ older adults	1*
Spanish Language Focus (Group 2)	March 27, 2026	Spanish-speaking older adults	65
Japanese Language Focus Group	April 13, 2026	Japanese-speaking older adults	11

** The LGBTQ+ focus group had difficulty with participants due to weather and other external barriers, so the time was spent speaking with a key community leader representing the group.*

Community Engagement Approach

Reaching older adults across all of Montgomery County's diversity was a central goal of this assessment, not an afterthought.

The county is home to residents who speak more than 100 languages, live across a wide geographic range from dense urban neighborhoods to rural Upcounty communities⁴, and include populations who are often underrepresented in traditional survey-based research.

Survey Accessibility

The community survey was available in eight languages. Several focus groups were conducted entirely in languages other than English, including Spanish, Korean, and Mandarin Chinese, with facilitation provided by or in partnership with organizations trusted within those communities. To ensure equitable access for all participants, residents requiring accommodations to complete the survey, including those with visual impairments, limited dexterity, or other disabilities affecting their ability to complete an

⁴ Upcounty refers to the northern, more rural part of Montgomery County, generally beyond the Agricultural Reserve, including communities such as Damascus, Clarksburg, and Poolesville.

online form, were encouraged to contact ADS directly to request assistance in a format accessible to them.

Geographic Reach

Listening sessions were intentionally spread across the county, from Bethesda to Damascus to Silver Spring. Upcounty communities were the focus of two dedicated focus groups. Survey responses reached nearly every ZIP code in the county.

Population-Specific Outreach

The focus group series was designed specifically to reach populations less likely to be captured through a general community survey, including Spanish-speaking and other immigrant older adults, Korean- and Japanese-speaking residents, African American older adults, LGBTQ+ older adults, Upcounty and rural community residents, and county staff who work directly with the community.

Analysis and Limitations

No assessment can capture every voice, and this one is no exception.

Survey Representativeness

The survey gathered more than enough responses for the sample size itself to be sufficient; however, because it relied on open, convenience sampling rather than a random draw, the results cannot be treated as fully representative of the county's older adults. White and female respondents were somewhat overrepresented relative to the county's older adult population as a whole. To address this, the survey was stratified by age and race in the analysis. Stratification was chosen rather than statistical weighting as self-reporting race was an optional question for participant comfort; a weighted analysis would have excluded more than 10% of the sample who left the race question unanswered, introducing its own bias. Stratification keeps all responses in view while giving greater visibility into disparities between groups. The majority of findings in the domains of this report are reporting out all survey responses without stratification for ease of reading; because the sample overrepresented some groups, these figures reflect all respondents and may not be representative of the county's older adult population as a whole. Stratified findings for each question are available in Appendix D. Targeted multilingual outreach also helped broaden participation.

Secondary Data Lag

Secondary data used in this assessment reflects the most recent figures publicly available at the time of analysis, but release schedules vary by source. American Community Survey estimates, federal health surveillance data, and index-based rankings such as the AARP Livability Index and RWJF County Health Rankings typically lag one to several years behind the period they describe, and some indicators have not been refreshed since before the COVID-19 pandemic. Where conditions on the ground may have shifted since the underlying data was collected, findings drawn from secondary sources have been triangulated against the community survey, listening sessions, and focus groups conducted for this assessment.

Community Engagement Self-Selection

Listening sessions and focus groups tend to attract residents who are already connected enough to attend. The most isolated older adults, and others who face barriers to participating, may not be fully represented. These include unhoused and transient residents, those without reliable transportation, economically disadvantaged residents, and others for whom attending a session or completing a survey is difficult, all of whom are among the hardest to reach through a survey, address-based secondary data, and venue-based sessions alike. As a result, the absence of dedicated findings on homelessness reflects this gap in the data rather than an absence of need in the community. The focus group series was designed in part to address this by partnering with trusted community organizations.

Qualitative Data Interpretation

Findings from listening sessions and focus groups reflect the perceptions and experiences shared by participants and are presented as such throughout this report. Where themes appear consistently across multiple sessions and population groups, that consistency is noted as a signal of broader relevance.

Taken together, this assessment reflects a comprehensive community engagement effort, including more than 2,000 survey responses, 290 participants across listening sessions and focus groups, multilingual outreach across eight languages, and engagement with a wide range of community populations. The findings that follow are grounded in that breadth.

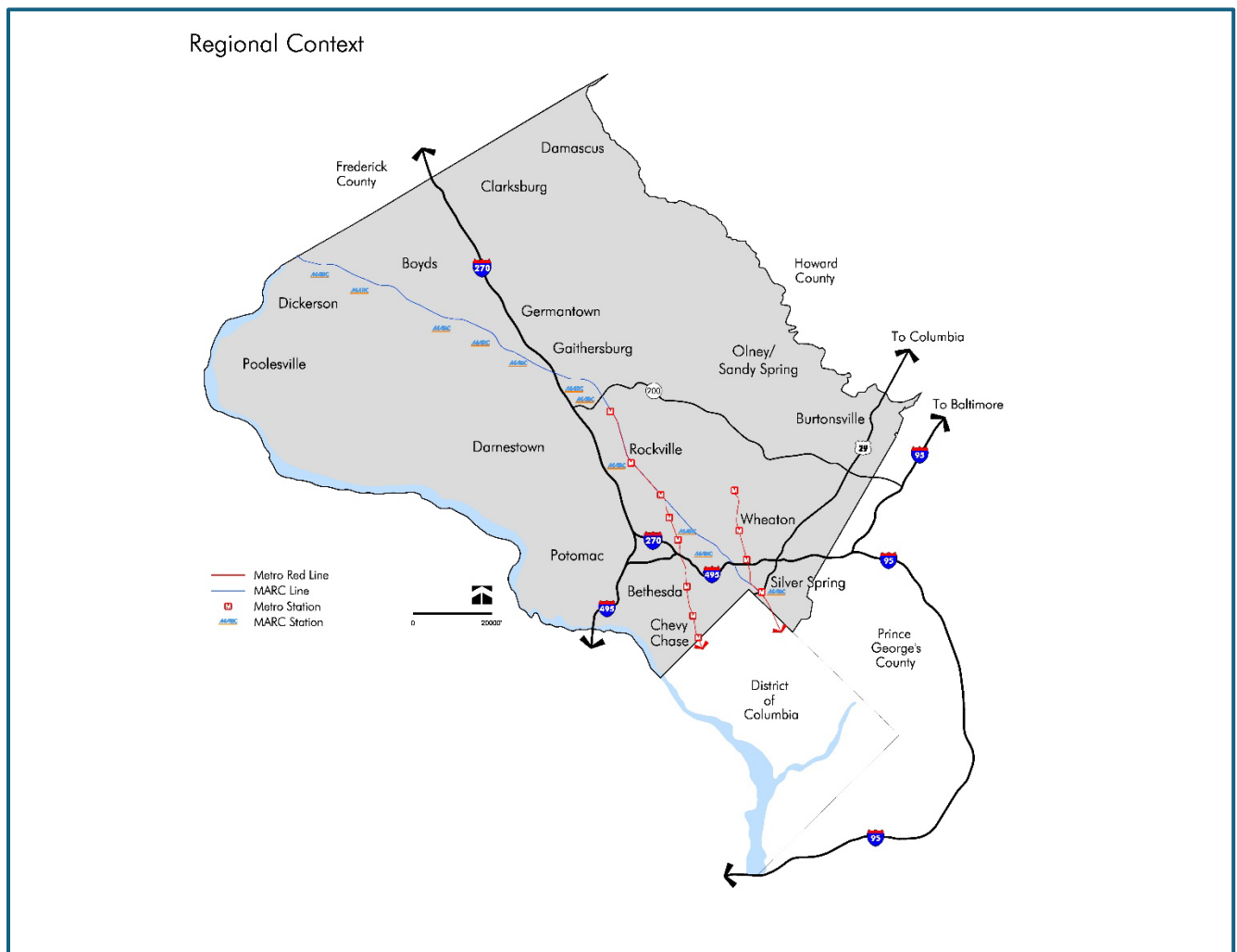
Community Profile

Demographic Overview

Montgomery County is the most populous county in Maryland and one of the most diverse in the mid-Atlantic region.

As of 2025, the county is home to approximately 1.08 million residents.⁵ Although this assessment evaluates Montgomery County as a whole, it is important to remember how diverse the county is - demographically, economically, and geographically. Even within the same county, distinct regions range from the dense urban and suburban communities near Washington, D.C., such as Bethesda, Chevy Chase, and Silver Spring, to the rural north and west, including Damascus and Poolesville, as shown in Figure 4 below.

Figure 4: Montgomery County, Maryland



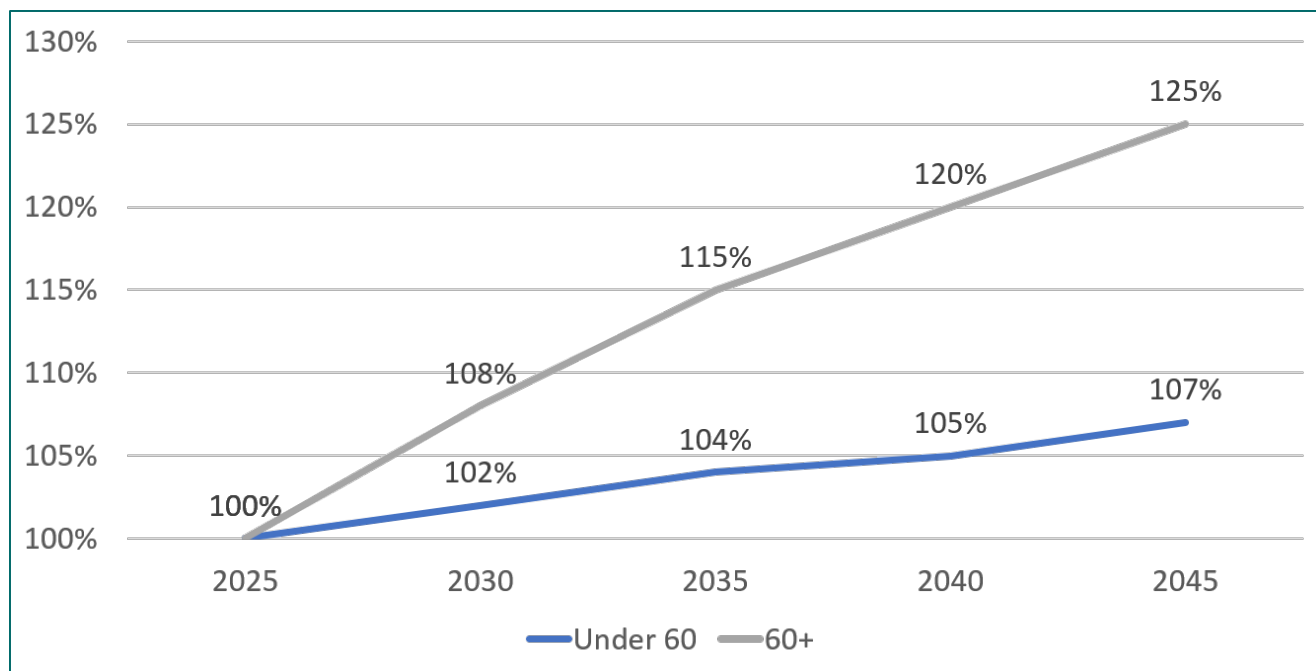
⁵ Esri, 2025

An Aging Population

Montgomery County is getting older, and it is doing so quickly. While the county's overall population is projected to grow modestly from about 1.09 million in 2025 to 1.12 million by 2030, that growth is not evenly distributed. As shown in the figure below, residents ages 60 and older are growing at more than twice the rate of the under-60 population. By 2045, the 60-and-older population will have grown 25% from its 2025 baseline, while the under-60 population will have grown just 7%. Residents ages 55 and older already represent about 327,000 people, roughly 30% of the county, and the oldest residents are the fastest-growing share of that group. Planning for an age-friendly community means planning now for the needs that growth will bring.⁶

1.09M Total county population (2025)	~195K Residents age 65+ (2025)	3.8% Projected annual growth, 75+ (2025- 2030)	~27% Projected share age 60+, by 2040
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Figure 5: Projected Population Growth, 2025-2045



Source: Maryland State Data Center, Maryland Department of Planning, 2025

⁶ [Maryland State Data Center](#), Maryland Department of Planning, 2025

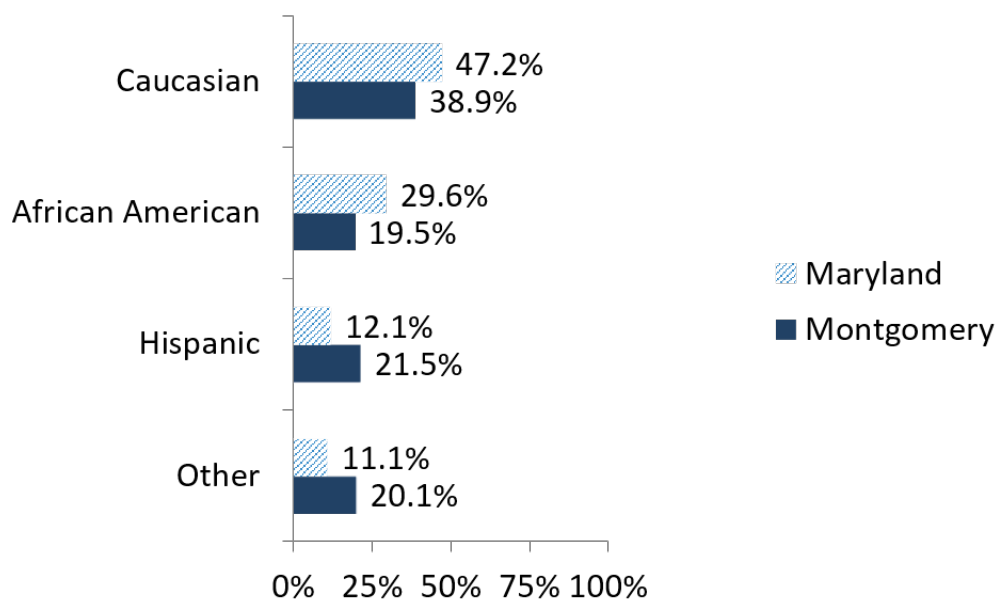
Diversity and Social Characteristics

Race and Ethnicity

Montgomery County is one of the most racially and ethnically diverse counties in Maryland.

Montgomery County is a richly diverse community, home to residents of many racial and ethnic backgrounds, as shown in Figure 6.⁷ The diversity of Montgomery County is also reflected in its aging population, making culturally responsive systems essential to serving older adults equitably.

Figure 6: Race & Ethnicity Profile, Montgomery County vs Maryland 2025



Source: Maryland State Data Center, Maryland Department of Planning, 2025

Language and Country of Origin

Montgomery County is home to residents from more than 100 countries. More than 35% of residents age 60 and older speak a language other than English at home, and nearly 19% speak English less than “very well”⁸. Ensuring that age-friendly services and information are genuinely accessible to non-English speakers is not optional in a county as linguistically diverse as Montgomery.

⁷ Maryland State Data Center, Maryland Department of Planning, 2025

⁸ ACS, 2024

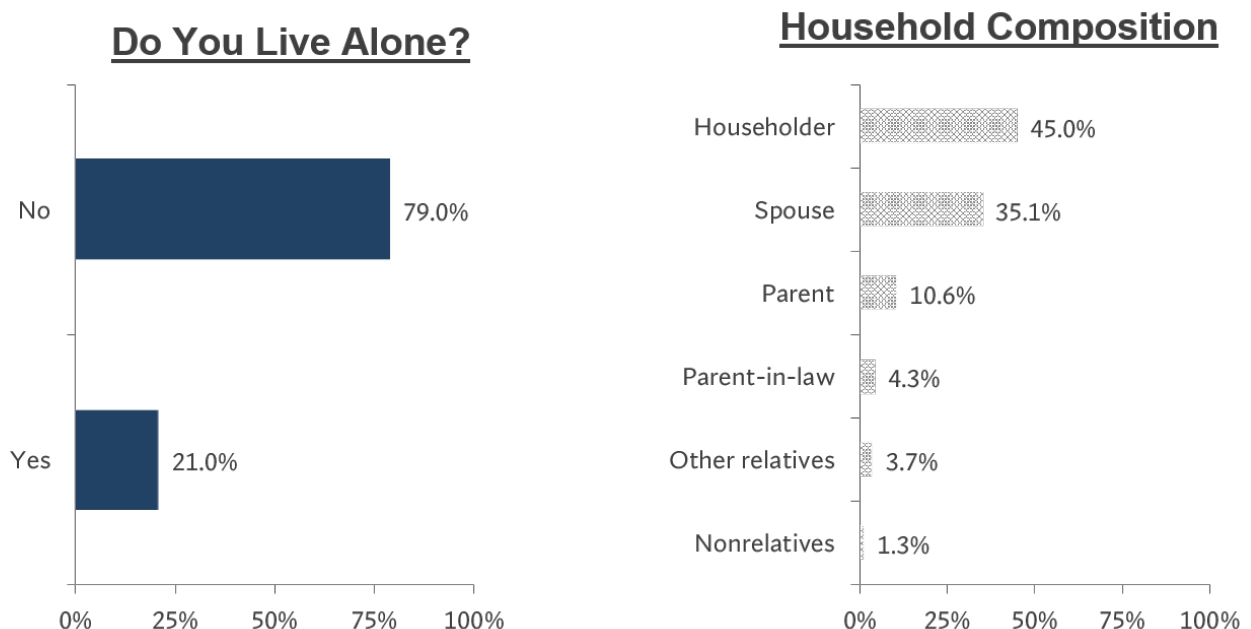
Educational Attainment

Among residents age 65 and older, 91.3% have a high school diploma or higher, and 59.8% hold a bachelor's degree or higher, compared to 39.4% of Maryland's 65-and-older population⁹. These county-wide averages mask significant variation across racial and ethnic groups and geographic areas.

Household Composition

A meaningful share of older adults live alone, a pattern that tends to increase with age and is more common among women. Some residents are themselves caregivers for a spouse, a parent, or grandchildren, adding complexity to their own needs.

Figure 7: Household Composition for the Population 65 Years and Over, Montgomery County Maryland



Source: American Community Survey (ACS), 2024. U.S. Census Bureau.

Economic and Health Profile

Income and Financial Security

Montgomery County is one of the wealthiest counties in the United States, but that prosperity is not evenly shared.

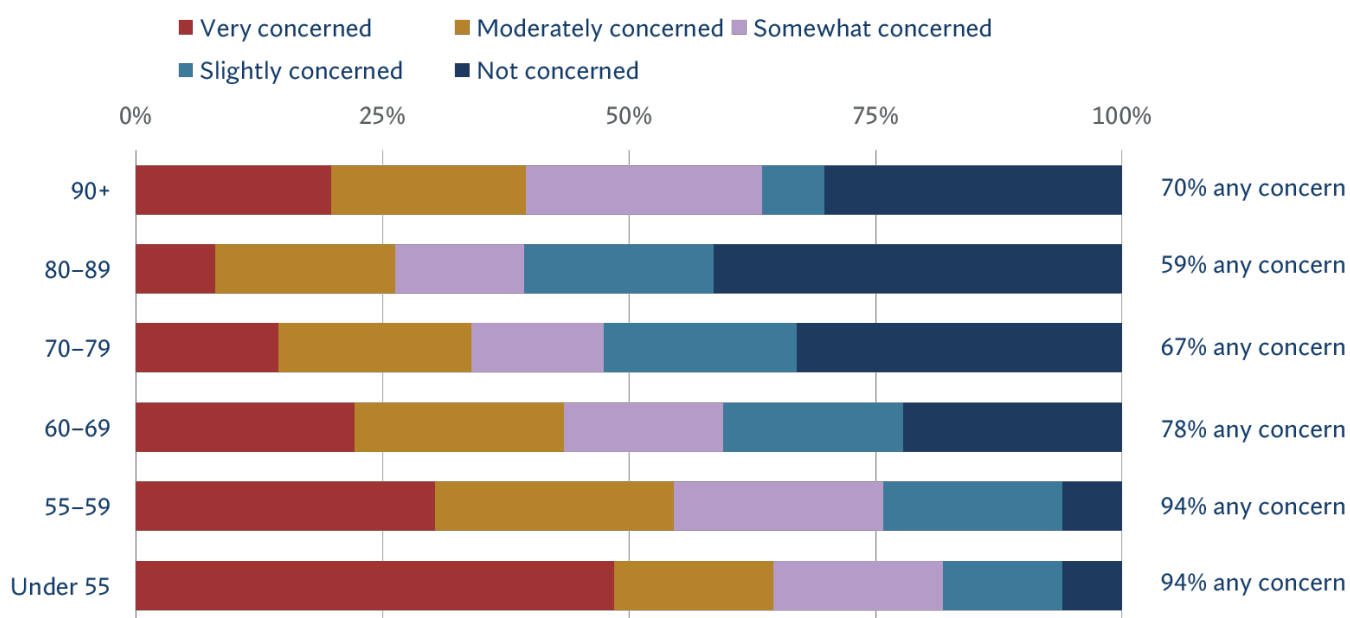
⁹ ACS, 2024

The countywide median household income is \$134,937, and the median household income for adults 65 and older is \$111,460, significantly above Maryland's older adult median of \$75,539¹⁰. Household income ranges from under \$68,000 in some ZIP codes to over \$200,000 in others¹¹. Cost of living in the county is high as well: by the Elder Index, a single older homeowner in Montgomery County needs roughly a third more income to meet basic needs than the national average for the same household.¹²

About 7.6% of county residents ages 65 and older live below the federal poverty line. In the 2025 community survey, 71% of respondents reported at least some concern about their ability to afford a good quality of life after age 65. Figure 8 below shows how survey respondents answered this question, with results stratified by age group along the left-hand axis. Each bar shows the full range of responses for that age group; the dark blue segment represents respondents who reported no concern, so any other color represents some level of concern. Reading the chart this way shows that concern was widespread across all ages: among respondents under 55, for example, 94% reported some level of concern about affording a good quality of life after 65.

Figure 8: Financial Concern Among Survey Respondents, By Age Group

How concerned are you about your ability to afford a good quality of life after age 65?



¹⁰ ACS, 2024

¹¹ Healthy Montgomery CHNA, 2023

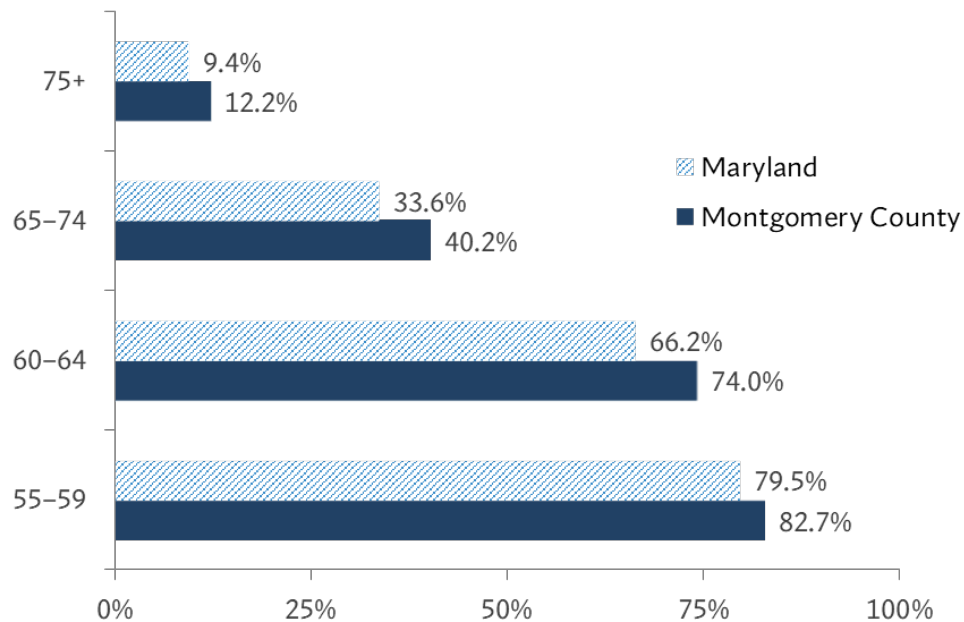
¹² Elder Index, Gerontology Institute at University of Massachusetts Boston, 2025

Source: 2025 Age Friendly Community Survey, stratified by age group

Employment

Many older adults in Montgomery County remain in the workforce by choice or necessity. As shown in the figure below, Montgomery County's older adult population is more likely to be employed than older adults in Maryland as a whole across every age group, with the widest gap among residents ages 60 to 64. Longevity Ready Maryland projects that workers age 50 and older will represent more than one third of the Maryland workforce by 2030, underscoring the growing importance of age-inclusive employment practices statewide¹³.

Figure 9: Population Employed, By Age Group



Source: American Community Survey (ACS), 2024. U.S. Census Bureau.

Housing Tenure

The majority of older adults in Montgomery County are homeowners. According to ACS 2020-2024 data, while the county's overall homeownership rate is 64%, households headed by adults age 65 and older have a significantly higher homeownership rate of 80%.¹⁴ Among community survey respondents, most reported that they lived in single-

¹³ Longevity Ready Maryland, 2025

¹⁴ American Community Survey (ACS), 2020–2024. U.S. Census Bureau.

family homes, with smaller shares in apartments, condominiums and townhouses, and independent living communities.

Health Status

Montgomery County consistently ranks among Maryland's healthiest jurisdictions on the RWJF County Health Rankings. These rankings reflect real strengths: access to quality health care, high rates of insurance coverage, and a well-educated population. About 23.8% of residents age 65 and older report a disability, a rate that rises to 37% among older adults living in poverty¹⁵. While most older adults in the county are insured, coverage is not universal or uniform. Secondary data show that in some census tracts, more than 3% of residents age 65 and older are uninsured entirely, a pattern that may reflect the county's significant immigrant population, some of whom have not accrued the work history required to qualify for Medicare.¹⁶

Medicaid enrollment among older adults also varies considerably across the county, with some areas exceeding 18% Medicaid coverage, pointing to pockets of lower-income older adults whose health access depends on the adequacy of that safety net. These coverage patterns, layered on top of geographic disparities in provider distribution discussed in the Health and Wellness domain, mean that the county's strong overall health profile does not reach all residents equally. The contrast is sharpest in the Upcounty, particularly in and around the Agricultural Reserve, where older adults often travel considerably farther to reach health services than residents in the more service-dense lower county

How Montgomery County Compares

By most standard measures, Montgomery County is among the strongest-performing jurisdictions in Maryland and the nation for older adult livability.

But countywide averages tell only part of the story. Beneath the strong overall numbers are meaningful disparities by geography, race and ethnicity, income, and language, and this assessment takes those disparities seriously.

AARP Livability Index

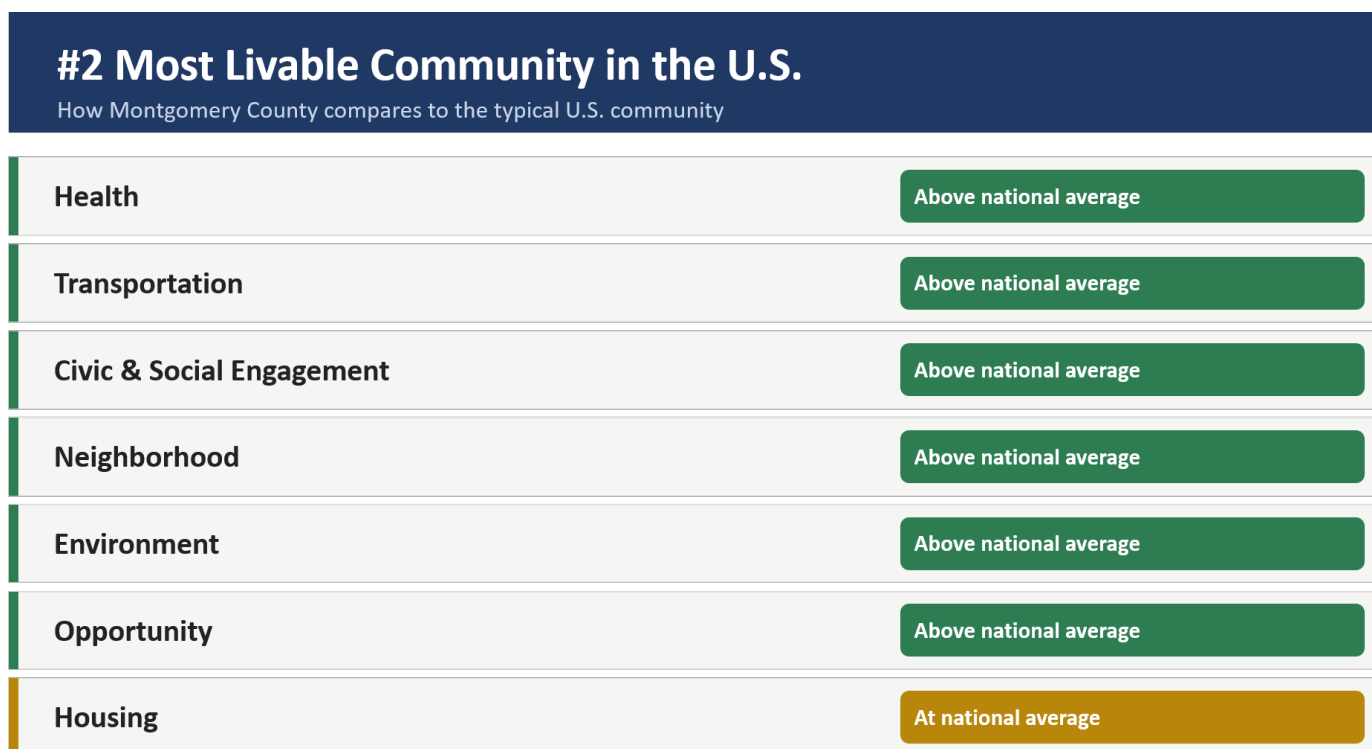
Montgomery County earned an overall AARP Livability Index score of 64 in 2025, up from 62 in 2024, ranking it the second most livable community in the nation for aging. The index sets the national average at 50, so a score of 64 places the county well above average; that margin is especially notable at the county level, where scores blend many neighborhoods and tend to cluster near the middle. The county scores above the national average in six of the index's seven categories. Health (78) measures access to quality medical care and support for healthy behaviors. Transportation (73) reflects safe, convenient, and affordable options for getting around. Engagement (67) captures civic participation, social connection, and internet access. Neighborhood (66) measures walkability and proximity to jobs, shops, parks, and gathering places. Environment (61)

¹⁵ Healthy Montgomery CHNA, 2023

¹⁶ American Community Survey (ACS), 2019–2023. U.S. Census Bureau.

reflects clean air and water and resilience to extreme weather. Opportunity (52) measures economic security, equity, and access to education. Housing (50), which measures the affordability, accessibility, and availability of homes for people of all ages and abilities, sits at the national average and is the county's clearest opportunity for continued progress¹⁷. Each category score is discussed in the relevant domain sections throughout this report.

Figure 10: AARP Livability Index – Montgomery County 2025



Source: AARP Livability Index, 2025

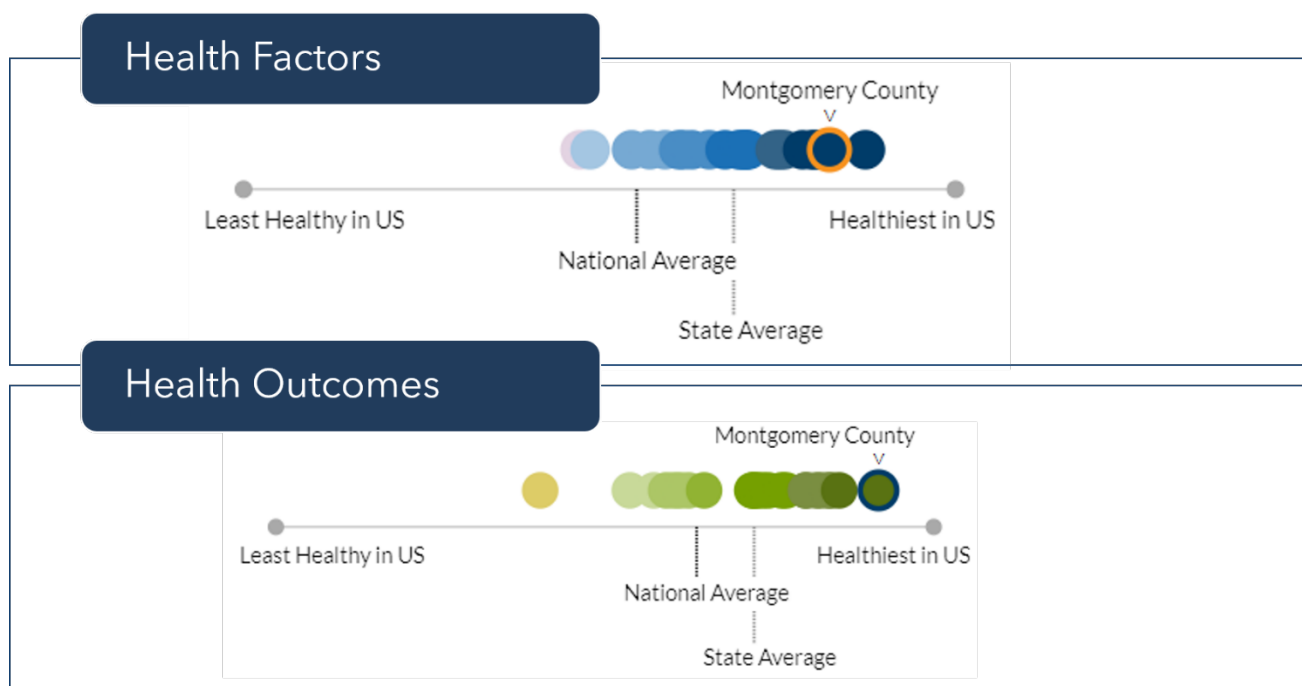
Robert Wood Johnson County Health Rankings

Montgomery County ranks well above both state and national averages on health factors and outcomes, reflecting genuine community strengths built over decades: a highly educated population, strong access to health care facilities, high rates of insurance coverage, and a robust network of community health resources. On the 2025 County Health Rankings, the county places among the top performers in Maryland across both health factors and health outcomes, a consistent pattern that speaks to real and durable assets in this community. At the same time, countywide rankings measure averages, and averages can obscure as much as they reveal. Within Montgomery County, meaningful health disparities persist across geographic areas, racial and ethnic groups, and income levels, and the findings in this assessment look closely at those

¹⁷ AARP Livability Index, 2025

differences alongside the county's broader strengths. The County Health Rankings measure two broad categories. Health factors include health behaviors (for example, diet, exercise, substance use, and sexual risk behaviors), clinical care (for example, insurance coverage, provider ratios, and vaccinations), social and economic factors (for example, education, poverty, and income), and the physical environment (for example, air, water, housing, and transportation). Health outcomes include length of life and quality of life (for example, mental and physical health and birthweight).¹⁸

Figure 11: County Health Rankings – Montgomery County 2025



Source: County Health Rankings & Roadmaps, RWJF, 2025

Montgomery County vs. Maryland: Older Adult Indicators

On key indicators specific to the 65-and-older population, Montgomery County consistently outperforms the Maryland state average. The comparison below reflects a community with higher educational attainment, stronger household incomes, and lower poverty rates among its older adult residents than the state as a whole. These are genuine and meaningful advantages. They reflect decades of investment in a county with a strong economic base, a highly educated workforce, and robust access to opportunity. They also set a high baseline expectation: a county with these resources has both the means and the responsibility to address the gaps and disparities that

¹⁸ County Health Rankings, 2025

persist within it. The data that follow describe where Montgomery County excels and where, despite its overall strength, older adults continue to face real challenges.

Indicator	Montgomery County	Maryland
High school diploma or higher (65+)	91.3%	90.3%
Bachelor's degree or higher (65+)	59.8%	39.4%
Median household income (65+)	\$111,460	\$75,539
Poverty rate (65+)	7.6%	10.0%
Overall household poverty rate	7.1%	9.6%
Median household income (all ages)	\$134,937	\$103,503

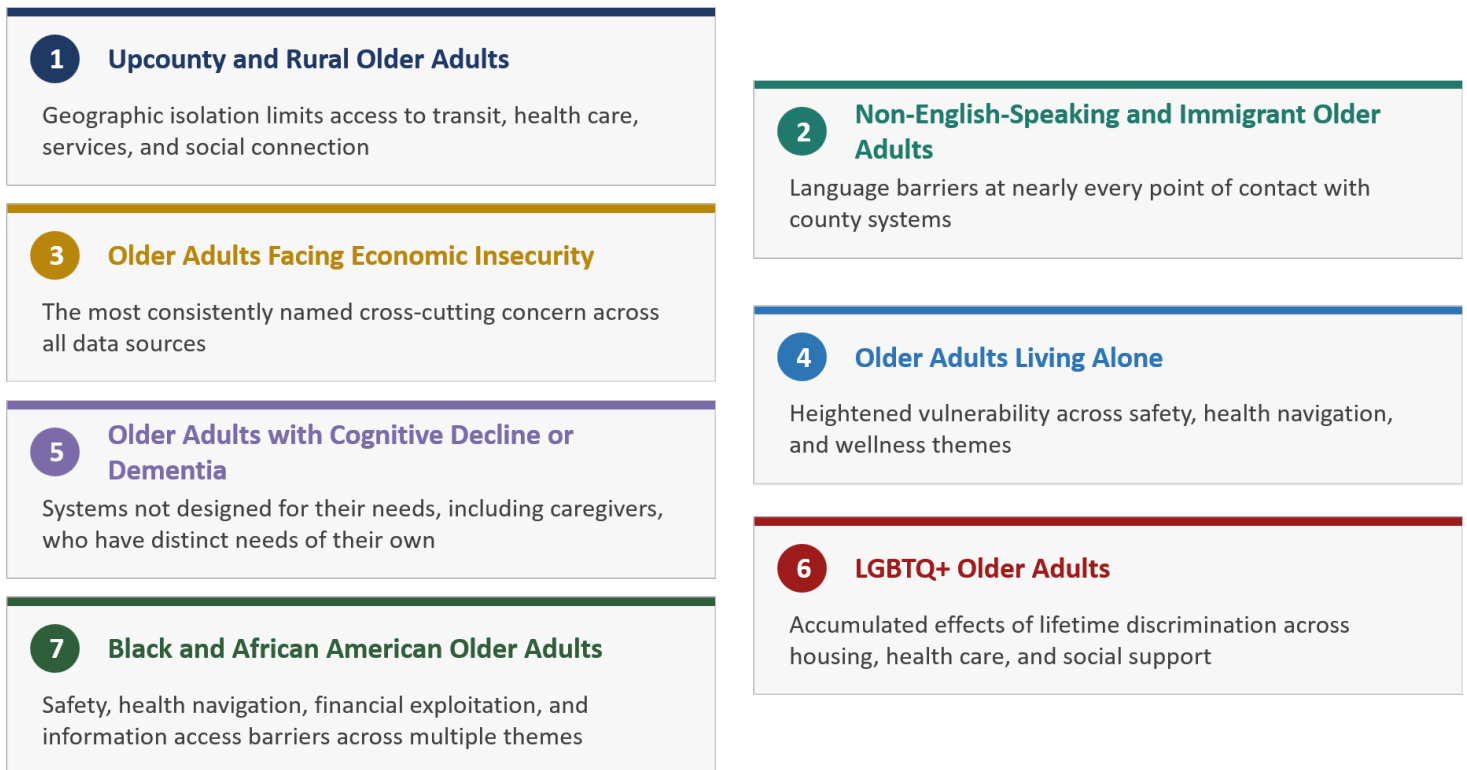
Montgomery County's strong performance on these measures is a genuine asset, and it should not obscure the real needs that exist within the county. Strong averages and persistent disparities can coexist. The goal of this assessment is to understand both.

Priority Populations

Aging is universal. The findings in this report speak to the experiences of all residents living and aging in Montgomery County, and the county's age-friendly work is oriented toward making the community work better for people of all ages and backgrounds. At the same time, this assessment consistently found that certain older adults face not one barrier but several at once. Geographic isolation compounds limited transportation access. Language barriers compound health navigation challenges. Economic insecurity compounds housing instability. For residents navigating multiple overlapping challenges, the gaps documented throughout this report carry greater weight.

The assessment process was designed to reach these residents directly. The focus group series was built specifically around populations less likely to be captured through a general community survey, and engagement was conducted in partnership with trusted community organizations working within specific communities. Seven populations emerged across the data as facing compounded need, meaning their experiences cut across multiple domains in this report rather than clustering within any single one. These are not peripheral populations. They include the county's most linguistically diverse residents, its most geographically isolated communities, and the older adults most likely to be missed by systems designed for those who are already connected. Readers will find their experiences woven throughout the domain findings that follow.

Figure 12: Priority Populations



Note: These populations are not mutually exclusive; many older adults face multiple overlapping challenges simultaneously.

- **Upcounty and rural older adults** face geographic isolation that limits access to transit, health care, services, and social connection. They pay full county taxes while receiving a fraction of county services, and their concerns surfaced across virtually every theme in the assessment. Two dedicated focus groups were conducted in Upcounty communities specifically to capture their experiences.
- **Non-English-speaking and immigrant older adults** encounter language barriers at nearly every point of contact with county systems, from transit and 311 to health navigation and scam prevention resources. Some have no retirement income and fall outside the reach of most county safety net programs. Dedicated sessions in Spanish, Korean, and Japanese generated strong and consistent signal about where these gaps are most acute.
- **Older adults facing economic insecurity** include both low-income residents and middle-income older adults who fall into the gap between qualifying for public programs and being able to afford private alternatives. Renters are particularly constrained, unable to modify their homes and more exposed to displacement risk. This was the most consistently named cross-cutting population concern across all data sources.
- **Older adults living alone** face falls risk without anyone nearby to help, social isolation, no emergency backup, and the prospect of driving cessation without a support network in place. This vulnerability runs through safety, health navigation, and wellness themes across the assessment.

- **Older adults with cognitive decline or dementia, and their caregivers** navigate systems that are not designed for their needs. Transportation programs, for example, are generally not structured for passengers who require supervision. A specific gap in dementia care for non-English-speaking older adults was documented in the Korean language focus group. Caregivers themselves face burnout, isolation, and limited dedicated support. They are a population with their own distinct needs, not simply a service delivery channel.
- **LGBTQ+ older adults** carry the accumulated effects of lifetime discrimination across housing, health care, and social support systems. The LGBTQ+ focus group documented a pattern of re-closeting, in which LGBTQ+ older adults suppress their identities when entering senior living environments, and noted that this population is twice as likely to live alone and four times less likely to have children as the general senior population, making formal community connection especially important.
- **Black and African American older adults** raised building security concerns, health care navigation challenges, financial exploitation vulnerability, and information access barriers across multiple themes. Their experiences are documented through data from both in-person and virtual dedicated sessions conducted in partnership with the African American Health Program (AAHP).

Findings by Domain

This section presents findings across each of Montgomery County’s ten Age-Friendly domains. Each domain section follows a consistent structure: a brief introduction framing the domain and its connections to broader planning efforts, a data signal summary table, integrated narrative findings covering both community strengths and gaps, and a final section documenting community-voiced considerations. These considerations are ideas and suggestions raised by community members during listening sessions and focus groups, and should be taken as qualitative data. They are documented as part of the full record of community input and are not recommendations or commitments. For a domain-by-domain crosswalk to the WHO/AARP Age-Friendly Communities framework and the related Longevity Ready Maryland priorities, see Appendix G.

A “data signal” is what each of four sources (secondary data, the community survey, listening sessions, and focus groups) revealed about a given theme. The assessment uses both objective and subjective sources by design: objective measures show the scale of a need and how the county compares to state and national benchmarks, while residents’ own input explains how those conditions are experienced and why they matter. Reading the four signals together gives a fuller, more reliable picture than any one source alone.

Each data signal summary table uses the following legend:

- Asset (predominantly positive signal);
- Mixed (both strengths and gaps present);
- Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and
- Limited (theme not prominent in that data source).

Planning, Outdoor Spaces, and Buildings

Parks, public spaces, and community buildings are where older adults stay active, connect with neighbors, and access services. This domain also covers the built environment more broadly: the walkability of neighborhoods, the safety of streets, and the physical infrastructure that determines how far older residents can travel independently. Both Longevity Ready Maryland and the Healthy Montgomery 2023 CHNA identify safe, accessible outdoor environments as a priority for healthy aging statewide.

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Parks, outdoor recreation, and community buildings	Asset	Asset	Mixed	Mixed
Walkability and pedestrian infrastructure	Gap	Gap	Strong gap	Moderate gap
Food access for older adults	Mixed	Limited	Limited	Limited
Environmental quality	Asset	Limited	Limited	Limited

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

Parks and Outdoor Recreation

Montgomery County's park system is one of its most valued community assets.

The Maryland-National Capital Park and Planning Commission (M-NCPPC) maintains an extensive network of parks, trails, and open spaces across the county, and residents name green space as one of the things they love most about living here. In the 2025 community survey, parks and outdoor recreation received some of the highest ratings of any community characteristic, with 88% to 92% of respondents across all age groups rating them “Good” or “Excellent.” Parks were also the second most used county resource: 89% of survey respondents visited a county park in the past year. The share of residents rating parks positively rose from 84% in 2015 to 91% in 2025, a 7-percentage-point gain.

“We have the BEST park system and I’m in the parks at least once per week. Access to nature is extremely convenient and so good for our well-being.”

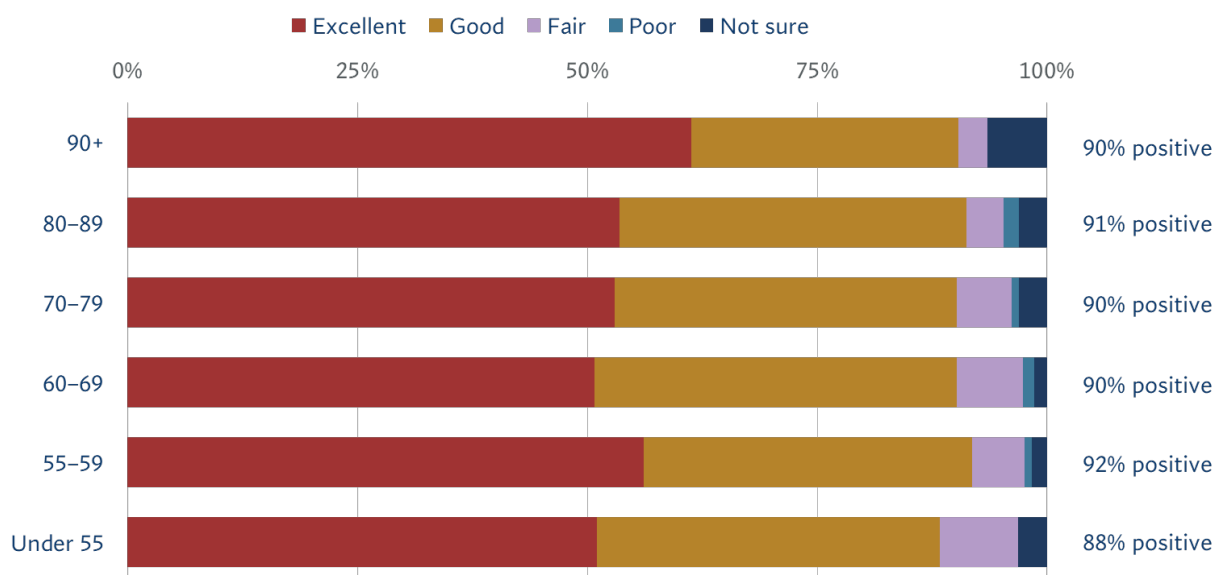
— Community survey respondent

Indoor recreation and fitness options rated positively as well, with 78% of respondents rating sports, fitness, and indoor wellness activities as “Good” or “Excellent.” Some focus group participants noted that programming does not always reflect the county’s cultural diversity and that language barriers can limit participation for non-English-

speaking older adults. Figure 13 shows how community survey participants scored the county's parks and outdoor recreation, with results stratified by age group along the left-hand axis. Reading across each age group's bar shows how positively that group viewed parks and recreation; among respondents age 90 and older, for example, 90% viewed the county's parks and recreation positively.

Figure 13: Survey Respondent's Perceptions of Parks & Outdoor Recreation

How Would You Rate Montgomery County's Parks and Outdoor Recreation



Source: 2025 Age Friendly Community Survey, All Responses

Walkability and Pedestrian Infrastructure

While parks earn strong marks, safely getting to them is a different story.

Walkability and pedestrian safety emerged as one of the most consistently and intensely raised concerns across the entire assessment, appearing in all five listening sessions and four of ten focus groups, making it one of only four cross-cutting themes with universal coverage in the qualitative data.

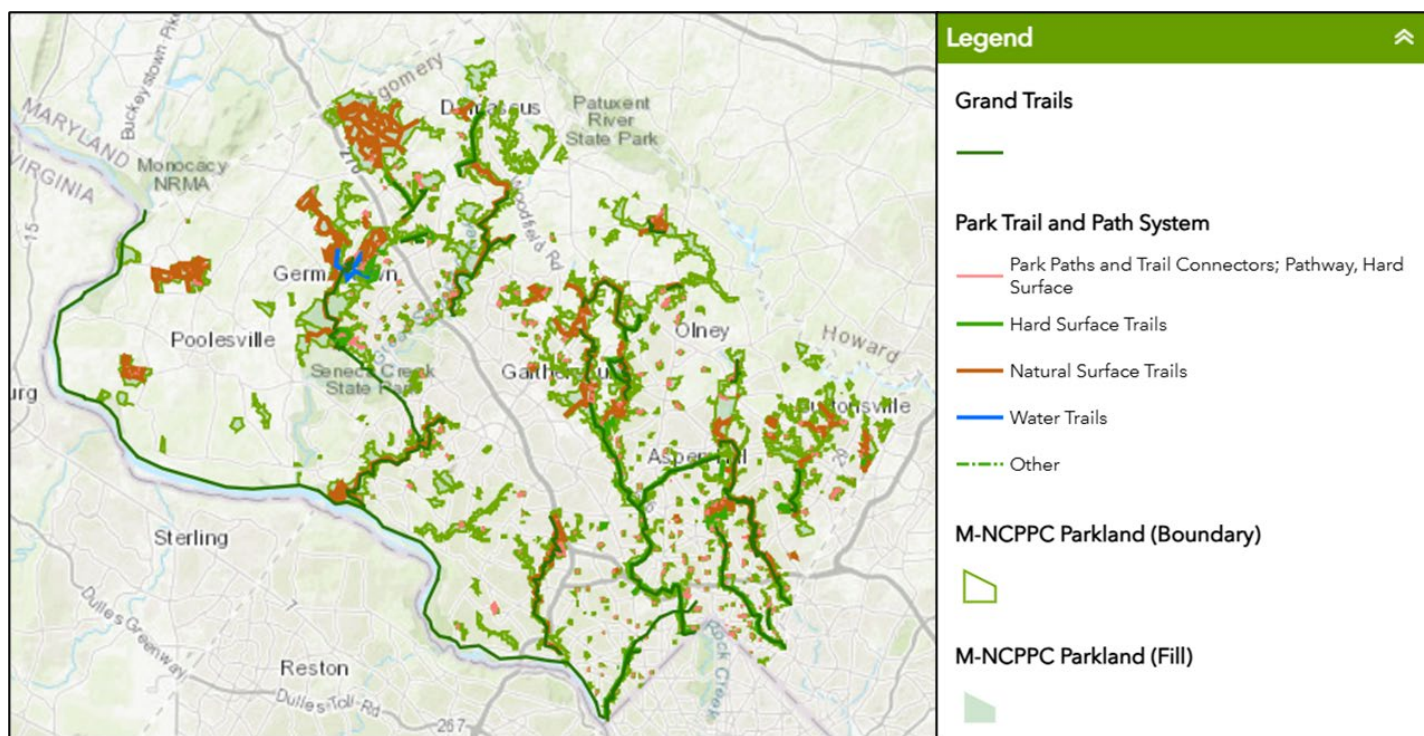
Community members described specific hazards: missing or broken sidewalks, crossing signals with insufficient time for slower walkers, vehicles failing to yield to pedestrians, and cyclists and e-scooters sharing paths unpredictably. Geographic inequity ran through these concerns, with Upcounty residents describing new housing developments with no sidewalk connections to libraries, grocery stores, or bus stops. The county's

petition-based process for requesting a new sidewalk was itself identified as a barrier, requiring residents to organize and wait years for results.

“The bicycles whiz past you. I feel like I’m gonna get hit. It’s treacherous around here.” — White Oak listening session participant

This theme also appeared in the Healthy Montgomery 2023 CHNA, which independently identified pedestrian safety as a significant community health need. Its presence across two separate county assessments suggests a gap that extends well beyond the aging population.

Figure 14: Montgomery County Parks and Trails Map



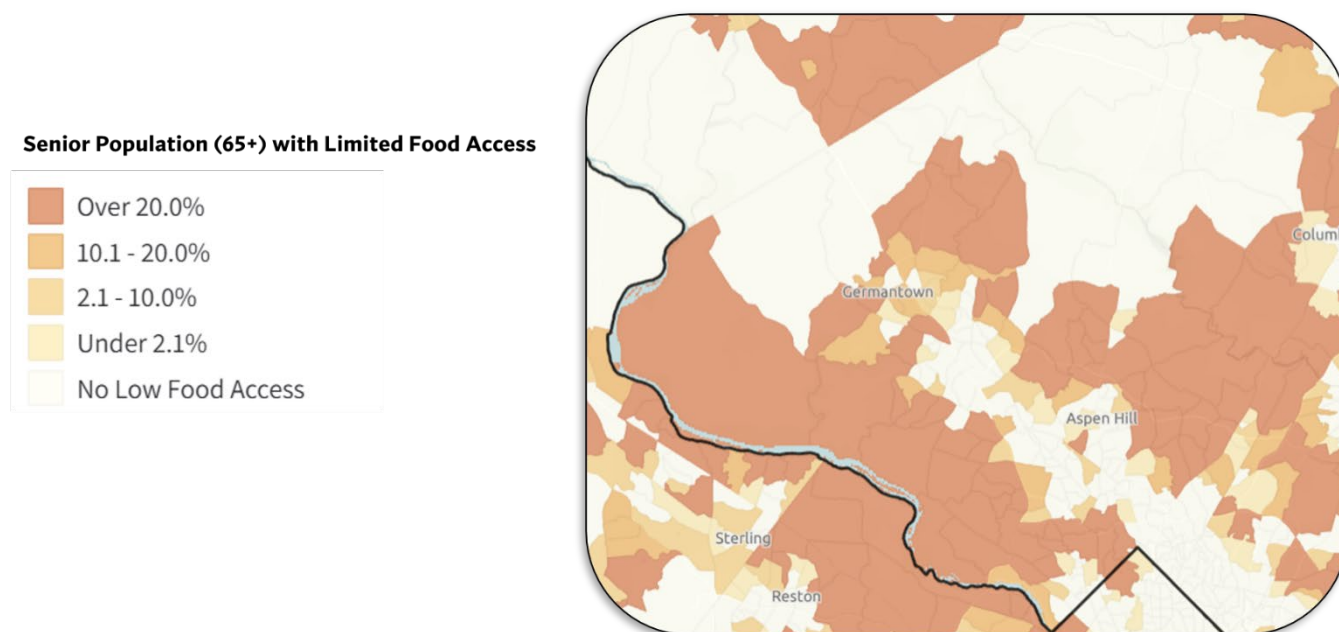
Source: Montgomery County Parks & Trails Atlas, Maryland-National Capital Park and Planning Commission (M-NCPPC). Available at mcatlas.org.

Food Access

Using the USDA Food Access Research Atlas measure of limited food access among residents age 65 and older, based on proximity to grocery stores regardless of income, over 20% of older adults in several areas of the county have limited access to food. Rural and Upcounty communities face the greatest barriers. This theme surfaced primarily in secondary data and did not emerge prominently in listening sessions or

focus groups, but warrants attention, particularly as it intersects with transportation gaps described in the Transportation and Mobility domain.¹⁹

Figure 15: Senior Population with Limited Food Access



Source: U.S. Department of Agriculture (USDA) Food Access Research Atlas (FARA), 2015–2019

Environmental Quality

Montgomery County's average score on the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Environmental Justice Index is 0.40, with only 1.3% of residents living in highly environmentally burdened census tracts, compared to 16.6% statewide and 22.9% nationally. Air and water quality are generally positive. This is an area of relative strength to maintain rather than an urgent gap to address.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

¹⁹ U.S. Department of Agriculture (USDA) Food Access Research Atlas (FARA), 2015–2019.

- **Pedestrian infrastructure safety:** Explore county-level efforts to evaluate and improve older adult safety in pedestrian infrastructure, such as sidewalk coverage in areas where older adults are at risk, length of crossing signals at key intersections, high-contrast markings at curbs and steps, and lighting in parks and along trails where older adults report feeling unsafe.
- **Shared-use path conflicts:** Consider approaches to reducing conflicts between pedestrians, cyclists, and e-scooters on shared paths, including lane separation, signage, and regulations governing speed and behavior.
- **Culturally responsive programming:** Explore opportunities to expand recreation and Senior Center programming that reflects the cultural backgrounds and languages of the county's diverse older adult populations.
- **Trail and recreation access in Upcounty:** Consider county-level efforts to address deterioration of trail systems and outdoor recreation access points in Upcounty communities.
- **Grocery and food access for geographically isolated older adults:** Explore solutions for older adults in areas with limited supermarket proximity, potentially through mobile markets, delivery support, or community transportation to grocery destinations.
- **Continued investment in Villages:** Support the growth of Villages, neighbor-to-neighbor networks that help older adults age in place, with attention to East County and Upcounty, where coverage is thinnest and geographic isolation compounds need.

Transportation and Mobility

Transportation is the connective tissue of an age-friendly community. Without reliable ways to get around, older adults cannot reach medical appointments, grocery stores, social activities, or the services they depend on. Longevity Ready Maryland identifies transportation as one of the most significant barriers to healthy aging across the state, noting that limited access to affordable and reliable options contributes directly to social isolation and restricted access to care. Montgomery County has meaningful transit options and strong infrastructure by national measures, and community members are clear that the system as currently experienced on the ground falls well short of what older adults need.

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Transit infrastructure and system-level access	Asset	Mixed	Gap	Gap
System complexity and navigation barriers	Limited	Gap	Strong gap	Strong gap
Reliability of specialized services (MetroAccess, Call-a-Ride)	Limited	Gap	Strong gap	Gap
Driving cessation and transition planning	Limited	Gap	Strong gap	Strong gap
Geographic equity — Upcounty access	Gap	Gap	Strong gap	Strong gap
Language access to transportation information	Limited	Limited	Limited	Strong gap

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

A Strong System with Gaps in Practice

By standard measures, Montgomery County’s transportation infrastructure is a genuine strength.

The county’s 2025 AARP Livability Transportation score is 73 out of 100, placing it in the top third of communities nationally. The county offers 29.3 buses and trains per hour, 88.5% of transit stations and vehicles are accessible under the Americans with Disabilities Act (ADA), the walkability index of 12.63 far exceeds the national median of 6.05, and household transportation costs of \$13,358 per year are below the national median of \$17,523. Montgomery County also has Complete Streets policies²⁰ at the county, regional, and state level²¹.

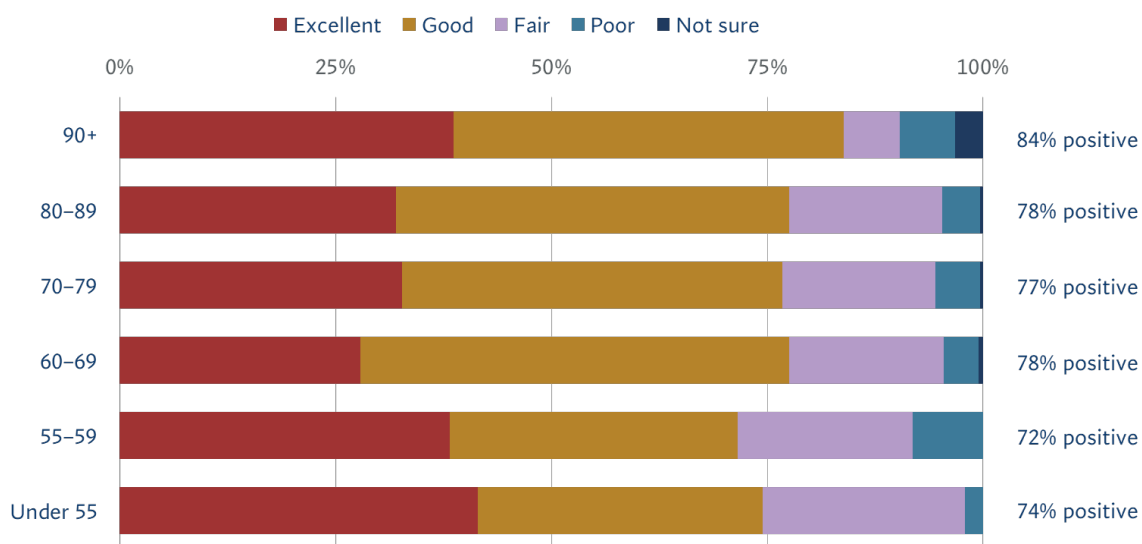
What Residents Experience

Transportation is the highest-signal theme in the entire assessment.

It was raised in all five listening sessions, named one of only four cross-cutting factors, rated lower than most other community characteristics in the survey, and surfaced prominently across most focus groups. In the community survey, “ability to get to where you would like to go within the county” received a positive rating of approximately 77%, a solid score in absolute terms, though one of the lower ratings among the general livability characteristics evaluated, suggesting room for continued improvement. Over 8% of county households have no vehicle at all, concentrated in more urban and DC-adjacent census tracts.²²

Figure 16: Community Survey Ratings – Ability to Get Around the County

How Would You Rate Your Ability to Get Where You Would Like To Go?



Source: 2025 Age Friendly Community Survey, All Responses

²⁰ Complete Streets are streets designed and operated to enable safe, convenient, and comfortable travel for all users — pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. Source: Smart Growth America, National Complete Streets Coalition.

²¹ AARP Livability Index, 2025

²² American Community Survey (ACS), 2019–2023. U.S. Census Bureau.

A Bifurcated Problem

Listening session and focus group data reveal that the transportation challenge in Montgomery County is not one problem but two. In urban and suburban areas, the problem is primarily complexity and reliability: programs exist but navigating them is itself a barrier, and MetroAccess no-shows, hour-plus waits, and inflexible scheduling erode trust. In Upcounty and rural areas, options simply do not exist.

“Transportation can be kind of complicated because there’s lots of different programs.” — Listening session participant

Driving Cessation: An Unplanned Transition

Montgomery County is not adequately prepared to support older adults through the transition away from driving. Participants described driving cessation as one of the most significant life events an older adult faces, yet there is no clear county-supported pathway to help residents plan for this transition. County staff who work directly with the community confirmed this gap directly.

“Nothing can truly replace driving, short of a personal chauffeur. People are inevitably disappointed.” — County staff, Frontline Staff focus group

Language as an Additional Barrier

For non-English-speaking older adults, the transportation gap has a compounding dimension. Korean focus group participants described older adults who rely entirely on church members for rides because county transportation programs and communications are not available in Korean. Spanish-speaking participants similarly described transportation as a domain where language exclusion is most consequential.

“Even though you do have existing services and programs, because of the language barrier they don’t understand. Language barrier is the biggest hurdle for seniors.” — Korean focus group participant

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Transit navigation and information:** Explore approaches to giving older adults a single, easy-to-use entry point for understanding which transportation services they qualify for and how to access them, with information available in the languages spoken by the county’s older adult population.

- **MetroAccess and Call-a-Ride reliability:** Consider efforts to address no-shows, excessive wait times, and unpredictable scheduling that have eroded trust in specialized transit services.
- **Volunteer drivers and community shuttles:** Explore opportunities to expand and sustain volunteer driver networks (including county-supported insurance and administrative backing) and to develop community-level shuttle options for areas underserved by regional transit, with attention to high-demand destinations such as Senior Centers, grocery stores, and medical offices.
- **Driving cessation planning:** Consider county-supported resources that help older adults plan for the transition away from driving before it becomes a crisis.
- **Language access in transit services:** Explore ways to ensure non-English speakers can access transportation help directly, including prompting for language preference earlier in the 311 call process.
- **Geographic equity in Upcounty and rural communities:** Consider prioritized investment in transportation options for Upcounty and rural communities, where the near-absence of transit creates a fundamental equity gap.

Housing

Housing is the foundation on which everything else rests. Where older adults live, and whether they can afford to stay there, shapes their access to services, their social connections, and their sense of security. In Montgomery County, the ideal of aging in place is under pressure from multiple directions at once: rising costs, housing stock that does not match aging bodies, modification programs that are difficult to navigate and underfunded, and waitlists stretching years for affordable alternatives.

Housing surfaced as a concern across nearly every group that contributed to this assessment, cutting across renters and homeowners, lifelong residents and recent immigrants, and older adults at almost every income level, and it connects directly to transportation, health, and financial security elsewhere in this report. The scale of these pressures has also drawn attention beyond this assessment: the Urban Institute is currently conducting a study evaluating housing in Montgomery County, work that complements these findings and can further inform the county's understanding of older adults' housing needs. Longevity Ready Maryland explicitly identifies housing affordability and accessibility as a core challenge for older Marylanders.²³

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Housing affordability and cost burden	Gap	Gap	Strong gap	Strong gap
Home accessibility and modification	Gap	Gap	Strong gap	Strong gap
Middle-income gap (too rich for help, too poor to pay)	Mixed	Gap	Strong gap	Strong gap
Affordable housing waitlists and availability	Gap	Gap	Strong gap	Strong gap
Housing stock compatibility with aging needs	Limited	Gap	Strong gap	Strong gap

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

²³ Longevity Ready Maryland, 2025

What We Found

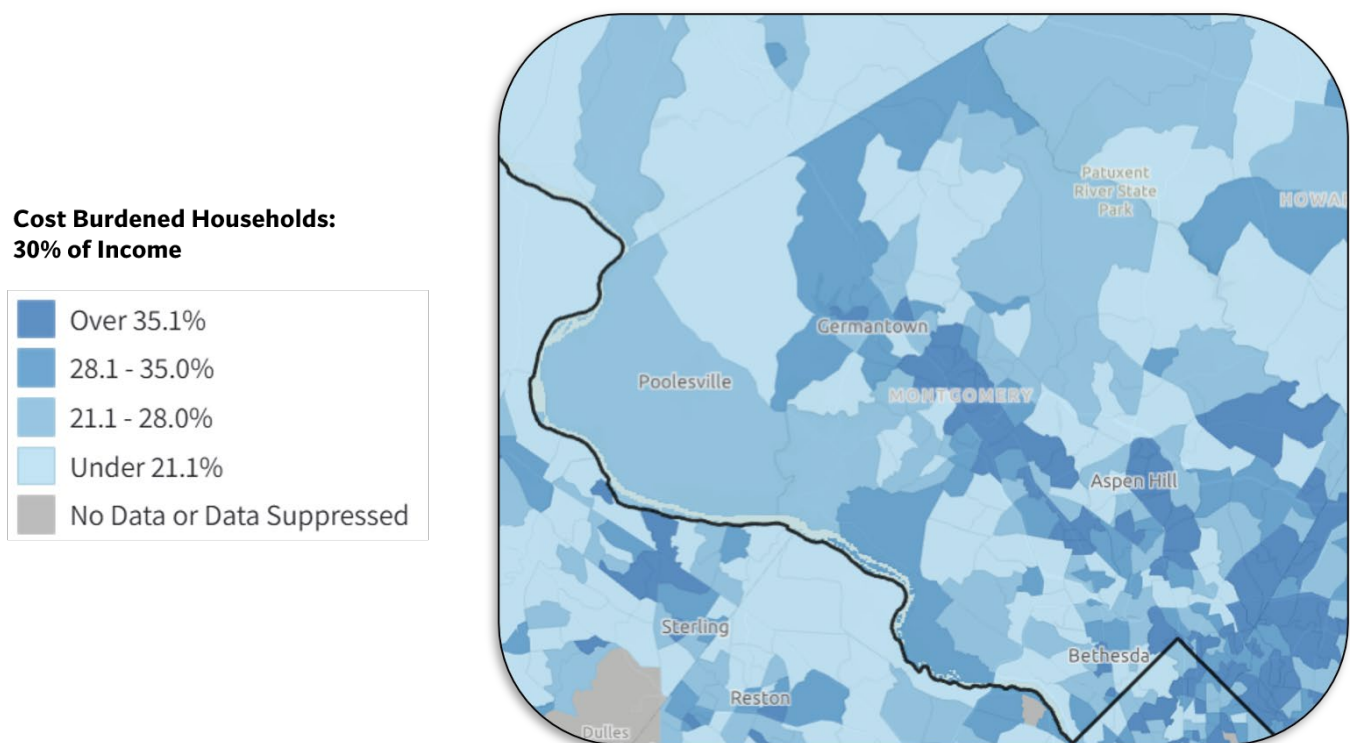
The Affordability Crisis

Housing received the lowest ratings of any community characteristic in the entire community survey.

Affordable housing received only 21% “Good” or “Excellent” ratings, a slight decline from 23% in 2015. The problem has not improved over a decade. Monthly housing costs average \$2,369 in the county, well above the national median of \$847, and the AARP Housing sub-score of 50 is the only AARP Livability category where the county falls at national average. An estimated 23.1% of the county’s older adults spend more than 35% of their income on housing²⁴.

The Elder Index estimates that a single renter in Montgomery County in poor health needs \$42,984 per year to cover basic living expenses, compared to a national average of \$33,348 for the same scenario. Even a single homeowner with no mortgage in excellent health needs \$31,452 per year, versus \$24,000 nationally.²⁵

Figure 17: Housing Cost Burdened Households



Source: American Community Survey (ACS), 2019–2023. U.S. Census Bureau.

²⁴ ACS, 2019-2023; AARP Livability Index, 2025

²⁵ Elder Index, Gerontology Institute, University of Massachusetts Boston.

The Middle-Income Gap

One of the most consistently named themes across all five listening sessions and more than six focus groups was being “too rich for help, too poor to pay.” County assistance programs are generally tied to income thresholds that exclude moderate-income older adults who do not qualify for assistance but also cannot comfortably afford private alternatives. County staff who work directly with the community validated this concern directly.

“My income is a little bit over the limit. They say you need to sell your house and pay for it. But we paid our taxes for 40 years.” — White Oak Listening Session Participant

Home Accessibility and Modification

The strong preference among Montgomery County’s older adults is to age in place. But 61% of community survey respondents reported that their home lacks basic accessibility features for wheelchair users or those with mobility challenges. County programs for home modification were described across multiple listening sessions as difficult to navigate, underfunded, and burdened with long waiting lists. Renters face a more acute problem: no program or legal mechanism can compel a landlord to make accessibility modifications.

Waitlists and the Agricultural Reserve Barrier

For older adults who need or want to move, waitlists of three to five years or more were commonly reported by participants seeking housing for older adults. Spanish-speaking and Korean-speaking focus group participants described U.S. Department of Housing and Urban Development (HUD)-subsidized housing waitlists of five to ten years. Upcounty focus groups raised a distinct barrier: Agricultural Reserve zoning prohibits assisted living facilities, group homes, and continuing care retirement communities in much of the county’s northern reaches, meaning older adults who need higher levels of care must leave their communities entirely.

“If you need long-term care of any kind - assisted living, nursing home, group or congregate living - you must leave the Ag Reserve.”— Focus Group Participant

Housing Instability and Homelessness

This assessment did not directly study homelessness among older adults, and unhoused and housing-insecure residents are underrepresented in its data. County point-in-time count data point to a growing need, however: although overall homelessness in Montgomery County declined in 2026, the number of older adults experiencing homelessness rose, including 184 people ages 55 to 64 (a 16% increase

from the prior year) and 109 people ages 65 and older (an 18% increase).²⁶ The cost-burden, waitlist, and middle-income pressures documented throughout this domain are among the forces that can push older adults toward housing loss. The absence of dedicated findings here reflects a gap in the data rather than an absence of need.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Affordability and financial assistance for middle-income older adults:** Explore approaches to expanding eligibility for housing-related financial assistance and strengthening property tax relief for older adults on fixed incomes, particularly those caught between qualifying for public programs and being able to afford private alternatives.
- **Bilingual financial navigation for immigrant older adults:** Consider targeted support that helps immigrant older adults connect to housing-related benefits they may qualify for but cannot access due to language and awareness barriers.
- **Home modification assistance and aging-in-place planning:** Explore opportunities to expand, simplify, and proactively promote the county's home modification assistance program, including county-supported assessments that evaluate whether a home can be adapted before a crisis forces a move.
- **Vetted contractor networks for home maintenance:** Consider developing a trusted directory of contractors for home repair and modification work, which would also address the contractor fraud concerns documented in the Elder Abuse Prevention domain.
- **Renter and rental unit accessibility:** Explore policy or program options that support accessibility modifications in rental units, where older renters often have limited ability to make their homes age-friendly.
- **Senior Housing supply and options:** Consider approaches to expanding the supply of housing suited to older adults, including conversion of underutilized office space to Senior Residential units, zoning or policy options for Senior Care facilities in or adjacent to Upcounty Agricultural Reserve communities, and design standards that include a meaningful share of accessible, single-floor units in new development.

²⁶ Metropolitan Washington Council of Governments (COG), 2026 Point-in-Time (PIT) Count of Persons Experiencing Homelessness; Montgomery County Continuum of Care.

Civic and Social Involvement

Civic and social involvement encompasses the full range of ways older adults connect with their communities: through volunteer work, social activities, civic engagement, and informal networks of mutual support. These connections are central to health and well-being. Research consistently links social isolation to serious health consequences, including increased mortality risk comparable to other major risk factors such as smoking. Montgomery County has genuine strengths here, and isolation remains the most consistently identified concern across the entire assessment.²⁷

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Social participation, Senior Centers, and programming	Asset	Asset	Mixed	Mixed
Social isolation and disconnection	Gap	Gap	Strong gap	Strong gap
Volunteering and civic engagement	Asset	Asset	Mixed	Mixed
Barriers to participation (transportation, cost, technology, hearing)	Limited	Gap	Strong gap	Strong gap
Age discrimination	Limited	Gap	Moderate	Moderate

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

A Rich Network of Community Assets

Montgomery County's civic and social infrastructure for older adults is a genuine strength.

²⁷ Longevity Ready Maryland, 2025

The county's 2025 AARP Livability Engagement score is 67 out of 100, above the national median, with 40.9 civic organizations per 10,000 people. Senior centers, Village organizations, faith communities, and volunteer networks were cited across all five listening sessions as vital hubs of social connection. Volunteer opportunities received 76% positive ratings in the community survey, with about 65% of respondents reporting volunteering at least occasionally (2025 community survey).

Isolation: The Shadow Side

Across all data sources and engagement methods, social isolation emerged as the most consistently raised concern in this assessment.

It surfaced across every data source and in virtually every engagement session, described by county staff who work directly with the community as the number one systemic risk, compounding every other gap. The older adults most at risk of isolation are precisely the ones least likely to be reached by existing systems: those who are homebound, those with cognitive decline, those who have lost spouses and longstanding friends, and those with limited English proficiency, who often depend on faith communities, cultural organizations, and intergenerational connections to stay socially engaged. Participants identified hearing loss as a major but frequently overlooked contributor. LGBTQ+ older adults face compounded isolation risk, with rates of living alone roughly twice the general older adult population. Building-level isolation was flagged in the AAHP focus group, with residents describing neighbors they had never met after 13 years in the same building.

"[For events like this focus group,] I think about the other 300 or so people who didn't hear about it that day or still don't know about it, and how do we keep everyone informed?" — Upcounty focus group participant

Volunteering: Strong Interest, Real Barriers

Interest in volunteering was present in every listening session, but so were barriers: physical limitations, transportation challenges, and lack of awareness about appropriate opportunities. Volunteer burnout was raised as a concern when organizations rely too heavily on a small group of reliable contributors. Participants expressed desire for more meaningful engagement that draws on their professional expertise and life experience, including intergenerational mentoring, design thinking sessions, and navigator roles.

Age Discrimination

Age discrimination surfaced consistently in the community survey, listening sessions, and focus groups, though it did not appear in secondary data. In healthcare settings, participants described physicians dismissing older patients' concerns. In employment contexts, participants described a perceived preference for younger, less expensive workers. More subtly, participants described a pattern of older adults withdrawing from self-advocacy over time, no longer asking questions, and assuming they have become a burden. Together, these experiences reflect ageism, the stereotyping of and discrimination against people based on age, which was described across healthcare,

employment, and everyday interactions. Its most internalized form, older adults coming to see themselves as less deserving of attention or care, is among the hardest to measure and the most corrosive to engagement over time.

“As a senior, doctors sort of just figure that we’re not really worth checking into.” — Listening session participant

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Proactive outreach to isolated older adults:** Explore approaches to identifying and reaching older adults who have become disconnected from county systems, including structured wellness-check protocols when Senior Center members stop appearing and peer-to-peer models such as buddy systems or block captains within buildings and neighborhoods.
- **Faith and community organization partnerships:** Consider deepening partnerships with faith communities and other trusted neighborhood anchors to reach older adults who are isolated from mainstream county systems.
- **Language access for older adults with limited English proficiency:** Consider approaches that reach older adults across languages, including bilingual programming, interpretation at social and civic activities, and outreach through the cultural and faith organizations that different language communities already trust.
- **Hearing loss as a social barrier:** Explore ways to address hearing loss as a driver of social withdrawal, including programming, resource navigation, and community awareness, given how consistently participants raised it as an underestimated contributor to isolation.
- **Skill-based volunteer matching and older adult advisory roles:** Consider efforts to match older adults’ professional skills and interests with meaningful volunteer opportunities, and to create formal advisory roles where older adults can evaluate facility accessibility and service quality.
- **Intergenerational programming:** Explore opportunities to expand intergenerational programming, mentoring, and skill-sharing that connect older adults with younger community members.
- **Building-level social infrastructure in Senior Housing:** Consider county-level approaches to strengthening social conditions inside Senior Apartment buildings, including interest-based programming informed by resident input and greater county awareness of building-level social dynamics.

Communication and Outreach

Effective communication is the bridge between the services a community offers and the people who need them. The communications challenge in Montgomery County is not a shortage of information. It is a distribution and design problem: the right information does not always reach the right people at the right time, through channels they can use. Longevity Ready Maryland identifies communication and access to information as a significant challenge for older Marylanders statewide.²⁸

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Internet and technology access	Asset	Mixed	Mixed	Mixed
County website usability	Limited	Gap	Strong gap	Strong gap
Print and multi-channel outreach	Limited	Mixed	Strong gap	Strong gap
Reaching isolated and disconnected seniors	Limited	Limited	Strong gap	Strong gap
Language access to information	Limited	Limited	Gap	Strong gap

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

Technology Infrastructure: A Relative Strength

Montgomery County's technology infrastructure is among the strongest in the country.

Secondary data show that 96.2% of county residents have access to high-speed, competitively priced broadband service, compared to a national median of 84.6%.

²⁸ Longevity Ready Maryland, 2025

Smartphone access among lower-income older adults exceeds 70% in areas near Washington, D.C.²⁹

Access Does Not Equal Usability

Having internet access does not mean older adults can navigate the systems designed to serve them. The county website was described in multiple listening sessions as “notoriously difficult” to use, even for participants who described themselves as above-average technology users. Registration systems for popular programs that fill within minutes online create additional exclusion for less tech-nimble residents. Participants expressed strong preference for printed materials across virtually every session.

“There’s a lot of levels to go through. I hate to say it, but I like the old school newsletter thing - when it’s hard copy, it’s much easier to see.” — Lawton listening session participant

Information Reaches the Connected, Not the Isolated

A theme emerging across six or more focus groups was the advocacy divide: seniors who have learned to navigate county systems get help; those who have not are effectively locked out. Word of mouth, trusted friends and community members sharing information directly, was described as the most reliable channel for learning about services. This works well for people with active social networks and leaves everyone else behind.

“As we age, we don’t feel like asking questions through the media or writing an email because we can’t articulate it.” — White Oak listening session participant

Language Access as an Information Equity Issue

For non-English-speaking older adults, the communications gap is even more severe. Community resources, programming announcements, and service information are predominantly available in English. The 311 system’s English-first structure, requiring callers to specifically request a language line, is itself a barrier.

“Montgomery County has need for resources - but in Spanish, very few exist.” — Spanish-language focus group participant

²⁹ NCOA/PUMA, 2021

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Multi-channel outreach as the standard:** Consider treating no single communication method as sufficient, with mail, phone, digital, and in-person channels combined and printed newsletters or resource guides distributed where older adults already go (grocery stores, libraries, community centers, and laundromats).
- **Centralized information hub:** Explore approaches to creating a single, consolidated resource for services for older adults in the county, available both digitally and in print, that older adults and the people who help them can rely on as a starting point.
- **County website usability for older adults:** Consider redesigning online resources so older adults can find center-specific programming and service directories without being redirected to county-wide results that obscure what they're looking for.
- **Proactive outreach through trusted messengers:** Explore approaches to going to older adults rather than waiting for them to come, including partnerships with faith community leaders, community health workers, and other trusted community connectors who can share information and link neighbors to services.
- **Human interaction alongside digital channels:** Consider ensuring older adults can reach real people when they need information, recognizing that phone trees and online forms alone leave many older adults without a workable path to help.
- **Language access in county communications and 311:** Explore approaches to translating key service information and program announcements into the languages most commonly spoken by older adults in the county, and to prompting 311 callers for language preference at the start of the call rather than requiring them to ask for a language line.

Employment

Employment among older adults reflects a mix of motivations: some continue working by choice, others out of financial necessity. Montgomery County has a strong regional job market and a highly educated older adult workforce. At the same time, age discrimination, financial pressure, and the high cost of living in the county create real barriers for older adults seeking or maintaining meaningful work. Longevity Ready Maryland identifies a multigenerational workforce as a priority for Maryland’s economic future, with explicit goals to improve employment outcomes for workers age 50 and older.³⁰

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Employment rates and workforce participation among older adults	Asset	Mixed	Mixed	Mixed
Age discrimination in employment	Limited	Gap	Moderate	Moderate
Financial pressure driving continued work	Mixed	Gap	Strong gap	Strong gap
Volunteer and meaningful contribution opportunities	Asset	Asset	Mixed	Mixed

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

A Strong Labor Market, but Not Always Accessible

Montgomery County’s older adult workforce participation exceeds Maryland state averages.

³⁰ Longevity Ready Maryland, 2025

Employment rates among older adults are higher in the county than in comparable jurisdictions, reflecting both the strength of the regional job market and the reality that many older adults continue working out of financial necessity. The 2025 AARP Livability Opportunity sub-score is 52 out of 100, placing the county around the national average. In the community survey, varied employment opportunities received a 44% positive rating, a decline from 56% in 2015.

The strength of this job market is also closely tied to the region's role as a center of federal employment and government contracting. That connection is a long-standing asset, but it can leave the local labor market more sensitive than most to changes in federal staffing and spending. Community members noted that recent shifts at the federal level have affected some older workers, who can find it harder to re-enter the workforce after a job loss. Because these effects are still unfolding and fall largely outside the assessment's data window, they are described here as emerging context rather than a measured finding.

Age Discrimination in Employment

Across three listening sessions and several focus groups, older adults described a clear perception that employers prefer younger, less expensive workers. Participants shared direct experiences of feeling overlooked in job searches and passed over for promotions. Age discrimination in healthcare, described in the Health and Wellness domain, also creates a barrier to employability when health concerns go unaddressed.

Financial Pressure and the Cost-of-Living Context

Many older adults are working not because they want to, but because Social Security income, pension, and savings have proven insufficient in a county where a single renter in good health needs an estimated \$40,572 per year to cover basic living expenses.³¹ Rising healthcare premiums, property taxes, and everyday costs have eroded retirement security for a meaningful share of the county's older adult population.

"Inflation has eaten into my retirement savings more than I expected. I'm not sure my fixed income is going to be enough." — Lawton Community Center listening session participant

Contribution Beyond Employment

Many older adults who are no longer in the paid workforce express a strong desire to continue contributing. Volunteerism, civic engagement, and skill-based mentoring were described as valued alternatives offering similar benefits: purpose, social connection, and the experience of making a difference. The barriers to volunteering described in the Civic and Social Involvement domain apply here as well.

³¹ Elder Index, Gerontology Institute, University of Massachusetts Boston.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Age-inclusive employer engagement:** Explore approaches to recognizing and engaging employers committed to age-inclusive hiring and workplace practices, whether through county-led programs or partnerships with regional efforts.
- **Skills training and technology support:** Consider approaches to training opportunities that help older workers maintain current skills, reducing the gap that makes some employers reluctant to hire older workers.
- **Flexible and part-time work options:** Explore opportunities to expand pathways to part-time, flexible, or phased retirement arrangements.
- **Intergenerational mentoring programs:** Consider approaches to creating formal structures through which older adults with significant professional expertise can share knowledge with younger workers.
- **Navigator roles for older community members:** Explore opportunities to develop trained navigator positions through which knowledgeable older adults help neighbors access county services.
- **Address the financial drivers of continued work:** See the Housing domain and the broader cost-of-living findings for related considerations on financial support systems that make retirement viable.

Health and Wellness

Health and wellness encompasses both the availability of health care services and the broader conditions that support older adults staying healthy, active, and independent. Montgomery County carries real strengths: the 2025 AARP Livability Health sub-score is 78 out of 100, the county's highest category score, and the RWJ County Health Rankings consistently place the county near the top of Maryland. Community voices across the assessment reveal a more complicated picture: services that exist but are difficult to navigate, geographic disparities in access, specific gaps in dental and mental health care, and a healthcare experience that does not always feel responsive or respectful³².

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Access to health services and physical wellness facilities	Asset	Asset	Mixed	Mixed
Dental and mental health access	Gap	Gap	Strong gap	Strong gap
Healthcare system navigation and fragmentation	Mixed	Gap	Strong gap	Strong gap
Geographic equity in provider access	Gap	Mixed	Moderate	Moderate
Medical ageism	Limited	Limited	Moderate	Moderate

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

Strong Overall Health Infrastructure

By standard measures, Montgomery County is among the healthiest jurisdictions in Maryland.

³² County Health Rankings, 2025; AARP Livability Index, 2025

The AARP Livability Health sub-score of 78 reflects strong performance on prevention, access, and quality of care. The County Health Rankings report 100% of county residents having adequate access to locations for physical activity, compared to 92% for Maryland and 84% for the U.S. as a whole. In the community survey, availability of health services received 89% positive ratings, one of the highest of any community characteristic.³³

Dental and Mental Health: Persistent Gaps

Dental and mental health care emerged as the most consistently cited access gaps across listening sessions and focus groups. Dental care costs remain prohibitive for many, with limited provider availability for those on Medicaid, and participants describing the need to travel long distances. Mental health services face both access barriers and cultural stigma. The Healthy Montgomery CHNA independently identified both as significant community health needs.³⁴

*“Healthcare is highly fragmented. I maintain spreadsheets and documentation for appointments because providers cannot easily coordinate care.” —
Listening session participant*

Insurance Coverage and Long-Term Care

In conversations with community members during the assessment, insurance coverage surfaced as a quieter but recurring concern. While nearly all older adults have Medicare, some described uncertainty about the cost of supplemental coverage and the out-of-pocket costs that remain for services Medicare does not fully cover. Few were familiar with how long-term care is paid for, and the limited coverage available for it was described as a factor shaping decisions about housing and future care. These themes came through conversation rather than systematic data, and are noted here as areas to understand better.

System Fragmentation and Navigation

Even when services exist, navigating them presents significant challenges. Participants described a healthcare landscape where providers cannot easily coordinate across systems and the burden of tracking care across multiple specialists falls entirely on the patient. The Healthy Montgomery CHNA identified health and human services system navigation as one of its top community health themes. Its presence as a shared finding across both assessments reinforces the signal.³⁵

³³ County Health Rankings, 2025; AARP Livability Index, 2025

³⁴ Healthy Montgomery CHNA, 2023

³⁵ Healthy Montgomery CHNA, 2023

Geographic Disparities in Provider Access

Geriatric medicine physicians are primarily located closer to the DC border, creating travel burdens for older adults in Upcounty and rural communities. The 229 registered assisted living facilities and 34 skilled nursing facilities in the county are also not evenly distributed geographically.³⁶

Medical Ageism

Participants described experiences of feeling dismissed in healthcare encounters, with physicians treating older patients' concerns as less worthy of thorough investigation. This experience contributes to a reluctance among some older adults to seek care, compounding access gaps.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Accessible dental care for older adults:** Explore approaches to expanding affordable dental services, including mobile dental clinics and broader Medicaid dental coverage options.
- **Mental health capacity and stigma reduction:** Consider approaches to expanding access to mental health services specifically designed for older adults, including the supply of providers who accept Medicare, alongside community education efforts that reduce stigma.
- **Care coordination across providers:** Explore opportunities to develop or expand programs that help older adults track and coordinate care across multiple providers and systems.
- **Single point of contact for health services navigation:** Consider a centralized entry point through which older adults can identify and access the right health services.
- **Telehealth access in underserved areas:** Explore opportunities to extend specialist access through telehealth for older adults in Upcounty and geographically underserved areas.
- **Fitness, wellness, and falls prevention programming:** Explore approaches to expanding affordable physical activity and falls prevention programming for older adults, including education on wearable emergency response technology.

³⁶ ACS, 2019-2023

Home and Community-Based Services

Home and community-based services (HCBS) are the supports that allow older adults to live in the community rather than institutional settings: home health aides, meal delivery, personal care, adult day programs, respite care, and the navigation systems that connect people to these resources. The challenge is not a lack of services, but a system that is difficult to navigate, misaligned in its eligibility criteria, and insufficient in its geographic and cultural reach. Longevity Ready Maryland explicitly targets improved coordination of aging network services with home and community-based services as a priority outcome.³⁷

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Awareness and access to HCBS programs	Mixed	Gap	Strong gap	Strong gap
Eligibility criteria and middle-income gap	Limited	Gap	Strong gap	Strong gap
Flexibility of service blocks and scheduling	Limited	Limited	Strong gap	Strong gap
Caregiver support and respite care	Limited	Limited	Moderate	Moderate
Access to home care ratings from survey (2015 vs. 2025)	Limited	Gap	Limited	Limited

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

A Significant Decline in Satisfaction Over Time

Access to home and community-based care received one of the sharpest declines of any characteristic in the 2015 to 2025 survey comparison.

³⁷ Longevity Ready Maryland, 2025

The share of respondents rating access to home-based care as “Good” or “Excellent” dropped from 67% in 2015 to 50% in 2025, a 17-point decline. Access to health services and home care also ranked among the top factors residents consider when choosing where to live, with 82% rating this as “Very Important”, the highest priority of any living consideration surveyed.

The Navigation Problem

Across listening sessions, participants described a consistent pattern: they know they need help, they have heard that programs exist, but they do not know how to find them or whether they qualify. The system is fragmented across county agencies, nonprofit providers, and Medicaid-funded programs, with different eligibility criteria, application processes, and service parameters.

“Maybe you need someone there a couple hours in the morning and a couple hours in the evening. And I don’t know how to begin... I don’t know where to begin to find that.” — Listening session participant

The Middle-Income Gap in Home Services

County home cleaning, personal care, and home modification programs are perceived and reported as available only to lower-income residents with documented disability status. Middle-income older adults who need some help but do not meet these criteria feel they are on their own, with private home care costs far beyond what many can afford on fixed incomes.

“You can get help for low income, and certainly if you’re high income you don’t need it. But when you’re just below that, it’s a little dicey.” — Listening session participant

Flexibility Mismatch

Even among older adults who qualify for HCBS programs, a recurring frustration is the inflexibility of service delivery. Most home care agencies require minimum service blocks of several hours, while many older adults need only brief assistance with specific tasks at specific times.

Caregiver Support

A meaningful share of the county’s older adult population is an active caregiver for a spouse, parent, or grandchildren. Family caregivers carry significant physical and emotional burdens, often without formal support or respite.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Single entry point for HCBS navigation:** Explore approaches to a clear, well-publicized pathway through which older adults and families can access guidance on available home and community-based services, eligibility, and enrollment.
- **Eligibility for non-medical home services:** Consider approaches to extending access to home cleaning, household help, and personal care to middle-income older adults who do not qualify for Medicaid programs.
- **Flexible, short-duration home service options:** Explore opportunities to develop or fund service models that allow older adults to access help for a few hours or on an as-needed basis.
- **Caregiver support and respite care:** Consider approaches to expanding awareness and availability of respite care, caregiver training, and support groups for family members providing care.
- **Village and mutual aid models: Explore opportunities to support** Village organizations and neighbor-to-neighbor models that provide informal but high-value assistance with transportation, home tasks, and social connection.
- **Multilingual HCBS outreach:** Explore approaches to making information about home and community-based services available in the languages spoken by older adults across Montgomery County.

Elder Abuse Prevention

Elder Abuse Prevention is a Montgomery County-specific domain added in recognition that safety from exploitation and harm is a core component of quality of life. Elder abuse spans physical, emotional, and financial dimensions, and is notoriously difficult to quantify because it is often hidden, underreported, or perpetrated by family members. Financial exploitation is the most commonly documented form, and the data show it is increasing. The fear of exploitation, even more than documented cases, is shaping older adults' behavior in ways that reduce quality of life and willingness to engage with legitimate services.

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Financial exploitation and scam prevalence	Gap	Mixed	Strong gap	Strong gap
Contractor fraud	Limited	Limited	Moderate	Strong gap
Consumer protection resources	Limited	Limited	Gap	Gap
Education and prevention programming	Asset	Asset	Asset	Mixed
Immigrant older adult vulnerability	Limited	Limited	Limited	Strong gap

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

A Growing Problem, Difficult to Fully Measure

Financial exploitation is the leading driver of Adult Protective Services involvement in Montgomery County, and it is increasing.

Since 2015, the county has seen 400 elder abuse cases charged, with 450 investigations conducted. In FY2025, 32% of all Adult Protective Services (APS)

investigations included financial exploitation, up from 22% in FY2015. In the community survey, 60% of respondents reported feeling confident in their ability to avoid exploitation, and 35% said they would like to learn more. Qualitative data suggest that confidence may be misplaced.

Scams: More Sophisticated, More Frightening

Financial exploitation through scams was raised in all five listening sessions and described with particular emotion. Phone, email, text, and AI-enabled fraud were all mentioned, with participants expressing a sense of being overwhelmed by the pace of change. Some older adults have responded by drastically reducing their engagement with all communications, creating withdrawal from outreach that is legitimate as well as fraudulent.

“The top reason for Adult Protective Services getting involved is financial exploitation. And it’s not always the scammers - sometimes it’s family and friends.”— County staff, White Oak PM listening session

“I was scammed before, at least three times. I think more information on that would be helpful.” — AAHP Virtual focus group participant

One focus group traced the founding of the East County Village Seniors directly to a contractor fraud incident, representing a community-driven response to a gap in resources and support. The loss of that organization during COVID was described as a significant setback.

Education as a Strength - and Its Limits

Participants consistently valued existing scam prevention education provided by the county and by AARP, expressing enthusiasm for more. At the same time, there is a concern that existing programming cannot keep pace with the rate at which scam technology is evolving. AI-enabled fraud was described as an emerging dimension that current education approaches are not yet addressing.

Consumer Protection Gaps

When older adults do experience exploitation, the pathway to help is unclear. One participant reported being told by the county’s consumer protection office that it does not handle scam cases, and they were unsure what to do next. This structural inadequacy in the county’s response infrastructure creates frustration and leaves victims without clear next steps.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **More frequent and updated scam prevention programming:** Explore approaches to expanding scam prevention education so it keeps pace with evolving fraud tactics, including AI-enabled fraud. Participants valued existing programming and want more.
- **Vetted contractor referral network:** Consider approaches to developing and maintaining a trusted county directory of contractors for home maintenance and repair.
- **Consumer protection response for scam victims: Explore approaches to addressing the gap in county consumer protection response, so** older adults have a clear pathway for reporting and receiving practical assistance.
- **Multilingual fraud prevention outreach:** Explore opportunities to translate scam prevention materials and distribute them through trusted channels in Korean, Spanish, Chinese, and other languages commonly spoken by older adults.
- **Rebuild trusted community networks:** Support or revitalize community-based vetted resource directories, like the East County Village Seniors' contractor directory.
- **Real-time verification support:** Explore tools or hotlines allowing older adults to quickly verify whether a communication or contractor is legitimate before acting.

Senior Public Safety

Senior Public Safety is the second of Montgomery County’s two locally added domains, reflecting the county’s commitment to treating safety as a core component of age-friendly community life. This domain covers personal safety in homes and neighborhoods, emergency preparedness, public space safety, and the intersection of neighborhood safety with housing affordability. Montgomery County scores reasonably well on safety metrics overall, with a 2025 AARP Neighborhood sub-score of 66 out of 100 and low environmental burden. Community data reveal meaningful gaps between those headline numbers and the daily experience of older adults navigating specific times, places, and situations where safety is not assured.³⁸

Data at a Glance

Theme	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Overall personal safety ratings	Asset	Asset	Mixed	Mixed
Safety after dark and in specific neighborhoods	Limited	Mixed	Gap	Gap
Streetlighting and public space safety infrastructure	Limited	Limited	Gap	Gap
Emergency preparedness	Limited	Gap	Moderate	Limited
Senior apartment building security	Limited	Limited	Limited	Gap
Affordability-safety tradeoff	Limited	Limited	Gap	Gap

Each theme is rated by the qualitative signal it showed across the four data sources: Asset (predominantly positive signal); Mixed (both strengths and gaps present); Gap (a need is evident in the source; qualified for depth as a Moderate gap or a Strong gap depending on how consistently and intensely the need appears); and Limited (theme not prominent in that data source).

What We Found

Safety as a Headline Strength with Important Nuances

³⁸ AARP Livability Index, 2025

By standard measures, Montgomery County is a safe community.

Safety in home and community received 90% positive ratings in the community survey, the second-highest of any community characteristic. The AARP Neighborhood sub-score of 66 reflects above-average performance. But community and qualitative data reveal that safety is experienced as highly conditional: it varies significantly by time of day, neighborhood income level, and living situation.

Situational Concerns

Across all five listening sessions, a consistent pattern emerged: participants felt generally safe in familiar neighborhoods during the day, but modified their behavior significantly after dark. Social events were scheduled only in the afternoon. Public transit was avoided in the evening. Several participants described actively choosing not to go out after dark due to perceived absence of police presence and limited visibility.

“At night I don’t feel safe at all - there’s no cab, my car isn’t there, and there’s no police around.” — Lawton listening session participant

Senior Apartment Building Security

Focus groups with AAHP participants surfaced an underappreciated safety dimension not captured in traditional safety metrics: security within Senior Apartment buildings. Participants described non-residents gaining access to buildings, sleeping in hallways, and creating fear in common areas such as laundry rooms. This disproportionately affects lower-income older adults who are most likely to live in large apartment buildings.

“When you live in a senior citizen building and there’s no security presence, it’s a little alarming - outside people pry the doors open, sometimes they sleep in the hallways. A lot of people don’t feel safe going down to the laundry room.”— AAHP Virtual focus group participant

The Affordability-Safety Tradeoff

Participants across listening sessions and focus groups described a consistent pattern: safer neighborhoods tend to be more expensive, while affordable housing options tend to be in neighborhoods where older adults feel less secure. This creates a structural tradeoff that connects directly to the housing affordability issues documented in the Housing domain.

“I found something affordable but I was scared to leave the house in that neighborhood.” — White Oak PM listening session participant

Emergency Preparedness

Community survey data reveal a preparedness gap: only 2% of respondents feel “Completely Prepared” for an emergency, and 38% feel only “Moderately Prepared.” Older adults who live alone expressed particular concern about falls and emergencies where no one would know to check on them. Interest in emergency registry programs was expressed in multiple sessions.

Immigration Enforcement as a Safety Dimension

Spanish-speaking focus group participants described anxiety about immigration enforcement activity in their neighborhoods, with direct consequences for willingness to leave their homes. This shapes daily life for a meaningful segment of the county’s older adult population, carrying consequences for health, social connection, and access to services.

What We Heard: Community-Voiced Considerations

The following community-voiced considerations are documented as described in the Findings by Domain introduction. They are not recommendations or commitments.

- **Streetlighting for pedestrian safety:** Explore approaches to modernizing aging streetlights so they illuminate sidewalks and pedestrian pathways, not just roadways.
- **Targeted police presence after dark:** Consider approaches to addressing the perception gap that drives older adults to modify behavior and avoid certain areas.
- **Lighting around Senior Housing: Explore opportunities to extend** streetlighting improvements to the immediate surroundings of Senior Apartment buildings.
- **Security protocols for Senior Apartment buildings:** Explore county-level attention to building security standards for Senior Residential buildings, addressing unauthorized entry into shared spaces.
- **Building management accountability:** Consider approaches to expanding County awareness of and engagement with management practices of Senior Apartment buildings.
- **Emergency preparedness registry:** Explore opportunities to create or expand a registry through which older adults living alone or with health limitations can pre-register with first responders.
- **Emergency preparedness education and outreach:** Explore approaches to making accessible, practical emergency preparedness information available across the county, including information about existing registry and assistance programs.

Priority Areas and Recommendations

The findings presented in Findings by Domain section document the full range of what older adults in Montgomery County experience across all ten domains. This section describes how those findings were translated into a focused set of priority areas to guide the county's next Age-Friendly Action Plan, and presents each priority area with its supporting rationale, the populations most affected, and high-level strategic directions for the planning work ahead.

How Priorities Were Identified

From Ten Domains to Cross-Cutting Themes

The assessment found that the most significant challenges facing older adults in Montgomery County are not confined to any single domain.

When findings were reviewed across all ten domains, 12 cross-cutting issues emerged that appeared consistently across data sources, geographic areas, and population groups. Each was identified as a gap or concern by at least three of the four data sources reviewed (secondary data, community survey, listening sessions, and focus groups). These 12 issues formed the candidate list for the prioritization process described below:

Social Vulnerability & Isolation • Disconnection from services and community • Building-level isolation in senior housing • Hearing loss as a hidden driver • LGBTQ+ compounded risk	Housing Access & Affordability • Housing costs and cost burden • Middle-income assistance gap • Home modification barriers • Waitlists and geographic exclusion
Elder Abuse & Financial Exploitation • Scam sophistication and frequency • Contractor fraud targeting • Consumer protection gaps • Family-perpetrated exploitation	Navigation of Health Services • Dental and mental health access gaps • System fragmentation and referral barriers • Geographic provider concentration • Medical ageism
Information Access & Engagement • County website usability barriers • Print and non-digital outreach gaps • Language exclusion from resources • Service navigation fragmentation	Cost of Living & Financial Wellbeing • Fixed-income vulnerability • Long-term care financial strain • Rising healthcare and property costs • Insufficient retirement security

These 12 issues are not simply the topics that received the most attention in community engagement. They are the patterns that emerged consistently when quantitative data, survey results, and qualitative findings were analyzed together. The Steering Committee then evaluated each through a structured prioritization process to determine which would become the focus of the county’s next action plan.

The Prioritization Process

Narrowing from 12 potential areas to five actionable priorities required a structured process that balanced community input, data strength, and practical feasibility.

The Steering Committee, which guided the assessment from its October 2025 kickoff through the final report, served as the primary decision-making body for prioritization. At the fourth Steering Committee meeting in April 2026, members reviewed the full set of findings across all 12 potential priority areas and completed a formal prioritization survey. The survey asked each member to rate every potential priority on three dimensions:

- **Importance:** How significant is this issue for older adults in Montgomery County?
- **Feasibility:** How realistic is it for the county to make meaningful progress on this area within the action plan period?
- **Criticality:** How critical is it that this issue be documented and addressed in the final report, regardless of whether it becomes a standalone action plan priority?

Potential priorities that scored high in all dimensions were the strongest candidates for the final action plan. Survey results were analyzed and reviewed with Age-Friendly leadership before the final priorities were confirmed. The Steering Committee reviewed and affirmed the final selection at its fifth meeting in June 2026.

The table below shows how all 12 potential priorities were rated across each dimension. Priorities that scored high on importance, feasibility, and criticality were the strongest candidates for the final plan. Scores reflect the combined share of respondents rating each area as “extremely” or “very” important, feasible, or critical.

Potential Priority Area	Importance	Feasibility	Criticality	Outcome
Social Vulnerability & Isolation	High	High	High	Selected priority
Elder Abuse & Financial Exploitation	High	High	High	Selected priority
Information Access & Engagement	Moderate	High	High	Selected priority
Navigation of Health Services	High	High	Moderate	Selected priority
Housing Access & Affordability	High	Low	High	Selected priority

Potential Priority Area	Importance	Feasibility	Criticality	Outcome
Cost of Living & Financial Wellbeing	Moderate	Low	High	Not selected
Community Livability & Safety	Moderate	Moderate	Moderate	Not selected
Transportation Access	Moderate	Low	Moderate	Not selected
Access to Wellness & Recreation	Low	Moderate	Moderate	Not selected
Language & Cultural Engagement	Low	Moderate	Low	Not selected
Mobility & Walkability Infrastructure	Low	Low	Moderate	Not selected
Age Discrimination & Inequities	Low	Low	Low	Not selected

Source: Prioritization Survey (2026). Importance scores reflect the combined share of respondents rating each area as "Extremely" or "Very" important. Feasibility scores reflect the combined share rating each area as "Extremely" or "Very" feasible. Criticality scores reflect the combined share rating each area as "Extremely Critical" or "Very Critical." High = 86–100%; Moderate = 57–71%; Low = 43% or below. n = 7 respondents.

Five priorities emerged from this process. Housing received the highest importance and criticality scores of any potential area and, while rated lower on feasibility than the other four, was selected as Priority 5 given the depth and consistency of community concern documented across every data source in this assessment.

Themes not selected as standalone priorities are not discarded. The community voices and data behind them are documented in the Findings by Domain section of this report, available to any county agency, nonprofit partner, or community organization seeking to understand and address them. Many of these themes will also be woven into strategies developed under the chosen priority areas, because the cross-cutting nature of these challenges means that addressing one area effectively often requires attending to others.

Priority Areas

The following five areas were selected as the priorities for Montgomery County's next Age-Friendly Action Plan. Housing received the highest importance and criticality scores of any potential priority and is included as Priority 5, with strategic directions focused on

advocacy, coordination with ongoing county housing work, and embedding housing considerations throughout the action planning process.

Priority 1: Social Vulnerability and Isolation

PRIORITY 1

Social Vulnerability and Isolation

Importance High Feasibility High Criticality High

Every data source in this assessment pointed to the same conclusion: the deepest vulnerability facing older adults in Montgomery County is not any single service gap, but disconnection from the people and systems around them.

Isolation surfaced in all five listening sessions, in virtually every focus group, in the community survey, and in the secondary data. County staff who work directly with the community named it the single most urgent concern for the older adults they serve: when an older adult is cut off from information, from relationships, and from the systems that might reach them, every other gap in this assessment becomes harder to close.

The difficulty is compounded by the nature of who is most isolated. Residents who are homebound, who are managing cognitive decline, who have outlived their closest relationships, or whose first language is not English are the hardest to reach, and the least likely to be counted in the data. Building-level isolation was mentioned, where participants described neighbors who had lived down the hall for over a decade and had never been introduced, residents who left their apartments only when a food delivery arrived, and almost no structured way to connect people within the same building. The Meals on Wheels program was described as one of the few county-connected services whose staff regularly encounter deeply isolated older adults, because their drivers are sometimes the only regular human contact a client receives, particularly for older adults in rural areas.

Several specific populations emerged as at increased risk for social isolation. Hearing loss was raised unprompted across multiple sessions as an underestimated barrier to social engagement. In addition, the LGBTQ+ focus group documented a pattern of re-closeting, with LGBTQ+ older adults suppressing their identities when entering senior living environments. The group also noted that LGBTQ+ older adults are twice as likely to live alone as the general senior population and four times less likely to have children, making formal community programming and peer connection especially important. For this population, isolation is a predictable result of systems that were not designed with them in mind.

“Isolation is the number one concern for various reasons, primary among them that it disconnects people from the very infrastructure put in

place to help them.” — Senior county staff member, Frontline Staff focus group

Isolation also deepens every other challenge documented in this assessment. An older adult who is cut off from information networks will not learn about available transportation options. One who has withdrawn from community will be less likely to navigate the health system or recognize the warning signs of financial exploitation. The county’s existing infrastructure (Senior Centers, Village organizations, faith communities, volunteer networks) is strong. What it has not yet solved is how to reach the residents it was built to serve but is not currently reaching.

Who Is Most Affected

Older adults living alone face the highest baseline risk, compounded when they have limited mobility, no nearby family, or health conditions that restrict independence. LGBTQ+ older adults face structural disadvantages in both formal and informal support systems that accumulate over a lifetime. Residents of large Senior Apartment buildings, particularly in Silver Spring and East County, face a specific and underappreciated form of isolation that is spatial rather than geographic, surrounded by neighbors they have never met. Older adults with hearing loss or early cognitive decline face barriers to participation that existing programming has not been designed to accommodate. Non-English-speaking older adults, for whom many of the county’s social connection opportunities are inaccessible by language, face compounded exclusion. The oldest residents, those 80 and above who represent the county’s fastest-growing demographic segment, are disproportionately represented in all of these categories at once.

Strategic Directions

Drawing on the community-voiced considerations, county staff input, and partner-organization suggestions documented across the [Civic and Social Involvement](#), [Communication and Outreach](#), and [Home and Community-Based Services](#) domains, several high-level directions emerge for action planning.

Proactive Outreach and Check-In Systems

The residents most at risk of isolation are not attending programs or completing surveys. Reaching them requires systems that go out instead of waiting for people to come in. Structured wellness check protocols for Senior Center members who stop appearing, a rapid-response "Fly Squad" model for emergency welfare checks, formalized buddy system and block captain models within buildings and neighborhoods, and investment in partnerships with faith communities and trusted organizations already embedded in harder-to-reach populations are all directions grounded directly in what community and partner participants asked for. The *promotora* model, described by Latino focus group participants as a trusted community member who serves as a health and information navigator, offers one approach to consider. Expanding Meals on

Wheels — already described in this assessment as one of the few county-connected services whose drivers regularly encounter deeply isolated older adults — was raised by program partners as another concrete lever for proactive contact.

Expanding the Village Model

The county's Village network already provides one of the strongest existing structures for combating isolation in place. Expanding Village coverage, particularly in East County and other underserved geographies, and deepening connections between Villages and county services were suggestions raised by program partners as a direct lever against social vulnerability.

Building-Level Social Infrastructure

Senior Apartment buildings represent a concentrated and underutilized point of intervention. Residents are already in one place; what is often absent is any structured mechanism for connection. AAHP focus group participants proposed the buddy system model (pairing residents to check on each other) as a low-cost, practical approach. Resident interest surveys to design programming that actually draws people out of their units, increased county engagement with building management on social conditions, and accountability for the quality of social infrastructure in Senior Residential buildings are directions that emerged directly from the data.

Hearing Loss as a Social Issue

Addressing hearing loss as a barrier to social participation, through programming, resource navigation, technology access, and community awareness efforts that reduce stigma, is a step that participants identified and the county has not yet taken. This is a social intervention, not a clinical one, and it belongs in the age-friendly action plan. Cost is part of the barrier: hearing aids are expensive and insurance coverage for hearing care is limited, which can keep help out of reach for lower-income older adults. Community-based models that put affordable or donated hearing aids in the hands of those residents point to one practical way to close that gap.

Meaningful Engagement That Draws on What Older Adults Offer

Interest in connection and contribution was present in every engagement session, and so was a desire for that engagement to be purposeful, not passive. Older adults across the assessment described wanting opportunities that draw on their professional expertise and life experience: skill-based volunteer matching, intergenerational mentoring, navigator roles within their own communities. The county's strong civic infrastructure is a foundation to build on.

Priority 2: Elder Abuse and Financial Exploitation

PRIORITY 2

Elder Abuse and Financial Exploitation

Importance High Feasibility High Criticality High

Financial exploitation is a documented, growing, and underreported crisis that is reshaping how older adults in Montgomery County engage with the world around them.

As documented in the [Elder Abuse Prevention](#) domain, the share of Adult Protective Services investigations involving financial exploitation has increased significantly over the past decade, and the county has invested substantially in enforcement and community education in response. Yet these figures represent only what reaches the reporting threshold; the actual prevalence is widely understood to be higher, particularly in cases involving family members or trusted individuals, which county staff confirmed are a significant share of exploitation incidents and among the least likely to be reported.

Scam tactics have grown dramatically more sophisticated, and participants across listening sessions and focus groups described feeling unable to keep pace. Phone, email, text, and AI-enabled fraud were all raised, with participants describing scam tactics that evolve faster than their ability to recognize them. Some older adults have responded by withdrawing from all unfamiliar communications, including legitimate county outreach, as a protective measure. The psychological weight of constant vigilance is itself a harm that the data documents but that is rarely quantified.

“They're getting so much more sophisticated with the technology. I received an email just last week from Social Security. It was not from Social Security.” — AAHP Virtual focus group participant

Contractor fraud was named as a specific and recurring concern, especially in the East County community. One AAHP focus group traced the founding of the East County Village Seniors organization directly to a contractor fraud incident seen on a local news broadcast. Participants created their own vetted contractor directory as a community-driven response to a gap the county had not filled. The dissolution of that organization during COVID was described as a real setback, and the appetite to rebuild something similar was evident.

When exploitation does occur, older adults described finding no clear pathway to help. This gap, where the most appropriate point of contact for victims actively redirects instead of assisting, compounds the harm and leaves older adults without practical recourse.

Who Is Most Affected

Older adults living alone face elevated risk, especially when they have limited social networks to consult before acting on a suspicious communication or contractor offer. Those with cognitive decline may not recognize exploitation when it is occurring, and their caregivers may not have visibility into financial decisions. Non-English-speaking and immigrant older adults face language barriers to both prevention education and consumer protection resources, as scam prevention materials and reporting pathways are predominantly available in English. Homeowners are disproportionately targeted by contractor fraud. And because family members and trusted individuals represent a significant share of exploitation perpetrators, elder abuse is not confined to any one demographic; every older adult is potentially at risk and should be equipped with the knowledge and resources to recognize and respond to exploitation.

Strategic Directions

Drawing on the community-voiced considerations, county staff input, and partner-organization suggestions documented across the [Elder Abuse Prevention](#) and [Communication and Outreach](#) domains, several high-level directions emerge for action planning.

Prevention Education That Keeps Pace

Existing scam prevention programming was valued consistently across sessions, and the request for more (more frequent, more current, more tailored to emerging tactics) was explicit. AI-enabled fraud in particular is a dimension that current education approaches have not yet addressed. Partnerships with AARP, law enforcement, and technology organizations offer pathways to more dynamic and current programming than county government can develop independently.

Multilingual and Community-Embedded Prevention

Prevention materials and programming must reach older adults in their primary languages and through channels they already trust. Distributing materials through faith communities, trusted cultural organizations, and the trusted messenger networks described in Priority 3 is the mechanism most likely to reach the residents at greatest risk.

Rebuilding Vetted Community Resource Networks

The East County Village Seniors' contractor directory model demonstrates that community-generated solutions can work well in this space. A county-supported, actively maintained directory of vetted contractors for home maintenance and repair, one that does not require individual residents to build and sustain it, addresses both the contractor fraud concern and the broader need for trusted information documented across the assessment.

Consumer Protection Response Infrastructure

Older adults who experience exploitation need a clear, accessible pathway to reporting and practical assistance. Addressing the gap identified in the assessment, where the most logical point of contact does not handle the most common type of case, is a necessary first step toward an effective response system. Strengthening the county's consumer protection capacity — with the authority, staffing, and visibility to serve as a practical resource for older adults navigating fraud and exploitation — was raised by program partners as a direct lever against the gaps documented here. Real-time verification tools or hotlines that allow older adults to confirm the legitimacy of a communication or contractor before acting could complement after-the-fact response.

Priority 3: Information Access and Engagement

PRIORITY 3

Information Access and Engagement

Importance Moderate Feasibility High Criticality High

Montgomery County has built a substantial infrastructure of services and programs for older adults. For many residents, that infrastructure may as well not exist.

Participants across the assessment described a clear and consistent divide: older adults who have spent years learning to navigate county systems get help; those who have not are largely on their own. The county website was described in multiple focus groups and listening sessions as difficult to use even for technologically literate residents, with one participant in the AAHP focus group describing the experience of being unable to find programming for their specific Senior Center without being redirected to countywide results. Registration systems for popular programs that fill within minutes online create an additional layer of exclusion for residents who are less nimble digitally. The preference for printed materials (newsletters, guides, mailed announcements) was expressed across virtually every session, not as a fallback for people who cannot use technology, but as a preferred channel in its own right.

For non-English-speaking older adults, the gap goes beyond channel preference. In many cases, the channel does not exist at all. Focus group data from Spanish-speaking, Korean-speaking, and Japanese-speaking sessions documented the same structural reality: county resources, programming announcements, and service information are overwhelmingly available in English, and the burden of bridging that gap falls on individuals, not on the system. Korean focus group participants described older adults who depend entirely on church networks for both transportation and information because county systems are not available in their language. The 311 system's English-first design, which requires callers to request a language line instead of being offered one at the outset, was identified as a barrier that a simple redesign could address.

"The county has a lot of information and many resources, but the Latino community cannot reach them because they have no idea what is available"
— Spanish Language focus group participant

The information gap is not separable from the isolation problem documented in Priority 1. Word of mouth and trusted personal relationships were described across sessions as the most reliable way for older adults to learn about services, meaning that residents with active social networks are far better served than those without them. Investing in information access is partly a communications strategy and partly a social equity

strategy: getting the right information to the right people is impossible without first addressing who is and is not connected.

Who Is Most Affected

Non-English-speaking and immigrant older adults face the steepest access barriers, with Korean, Spanish, Mandarin, and Japanese-speaking focus group data providing specific and consistent evidence. Isolated older adults without active social networks are least likely to receive information through word-of-mouth channels. Older adults with lower digital literacy, and those in Upcounty communities who are geographically removed from in-person outreach, face compounding disadvantages. The information gap is also a safety gap, a health gap, and a transportation gap: the ability to access every other service documented in this assessment depends on first being able to find it.

Strategic Directions

Drawing on the community-voiced considerations, county staff input, and partner-organization suggestions documented across the [Communication and Outreach](#) domain and reinforced throughout the assessment, several high-level directions emerge for action planning.

Multi-Channel Outreach as a Standard

No single communication channel reaches all older adults in Montgomery County, and treating any one channel as sufficient leaves a meaningful share of residents behind. Effective outreach requires print, phone, digital, and in-person channels deployed in combination, with each reaching a different population. Restoring printed newsletters and resource guides distributed through libraries, grocery stores, community centers, and laundromats addresses a gap raised directly and repeatedly across sessions. The goal is not redundancy; it is reach. Building on the older-adult information displays already created with the public library system, dedicated information kiosks in every library and in selected county buildings could give residents a consistent, clearly marked place to find current county resources.

Trusted Community Messengers

Trusted community messenger models were described across multiple focus groups as among the most effective approaches for reaching people who distrust or cannot access formal county systems. Latino focus group participants highlighted the *promotora* model, in which trusted community members serve as navigators and information bridges within their own neighborhoods. Culturally specific programs like AAHP and CASSA serve parallel roles for their communities, connecting older adults to resources through relationships and cultural familiarity that county systems alone cannot replicate. Building the capacity of people already trusted within specific communities, including faith leaders, Village coordinators, community health workers, and peer connectors, to share information and link neighbors to services is both less expensive and more trusted than expanding county-operated outreach alone. The Commission on Aging also serves as a trusted source of county information, presenting on county services to community groups, Villages, and older adult communities, and partnering with the public

library system to create dedicated older-adult information displays and topical fact sheets.

Proactive, In-Person Outreach

The most isolated older adults will not be reached by improving channels they are not already using. Partner organizations suggested that proactive, in-person outreach (meeting older adults where they already are, whether at Senior Centers, places of worship, grocery stores, or apartment buildings) remains the most reliable way to bridge the information gap for residents who do not engage with digital or print channels. Increasing the in-person human interaction component of county outreach complements the multi-channel and trusted-messenger directions above.

Language Access as Infrastructure

Translating key service information and programming announcements into the most commonly spoken languages among older adults in Montgomery County is a baseline for equitable service delivery, not an extra step. Redesigning 311 so callers are offered language options at the outset, instead of being required to request them, is a fix with immediate equity implications. These are baseline conditions for the county's non-English-speaking older adult population to benefit from what the county has already built.

Reviving Community Networks

Community networks that historically served as information conduits have eroded in parts of the county, weakening one of the most reliable ways residents have learned about services. Re-investing in neighborhood-level networks, whether through Village expansion, faith- and culture-based partnerships, or revived community organizations, addresses the information gap at its source by restoring the relationships through which residents most reliably learn about services. Partner organizations identified East County in particular as a geography where rebuilding local information infrastructure would have outsized impact.

County Website and Centralized Navigation

Redesigning online resources so older adults can find programming specific to their Senior Center or neighborhood without being redirected to countywide results was raised directly in the AAHP focus group and reinforced across other sessions. A consolidated, clearly organized resource for all services for older adults in the county, available both digitally and in print, addresses the fragmentation problem that participants described as a significant barrier to accessing help. The County is currently updating its website to improve compliance with the Americans with Disabilities Act (ADA), and that work is ongoing; accessibility and ease of use for older adults are considerations the County can continue to evaluate as these and other updates move forward.

Priority 4: Navigation of Health Services

PRIORITY 4

Navigation of Health Services

Importance High Feasibility High Criticality Moderate

By nearly every standard measure, Montgomery County is one of the healthiest jurisdictions in Maryland. The experience of navigating its health system is a different story.

The county's AARP Livability Health sub-score of 78 out of 100 is its strongest category, and the RWJF County Health Rankings place it consistently at or near the top of the state. In the community survey, availability of health services received 89% positive ratings, one of the highest of any characteristic evaluated. These are real strengths. What they measure is the presence of services, not the experience of using them.

What participants across listening sessions and focus groups described is a healthcare system where the burden of coordination falls entirely on the patient. Specialist care is fragmented across multiple systems that do not communicate with each other, and tracking appointments, referrals, medications, and care plans across those systems requires a level of organizational capacity that many older adults, especially those managing cognitive decline, language barriers, or limited support networks, simply do not have. The Healthy Montgomery 2023 CHNA independently identified health and human services system navigation as one of its top community health themes. Its presence as a shared finding across two separate county assessments, conducted at different times with different methodologies, substantially reinforces the signal.

"We are a services desert when it comes to health care and dental care. Just having a dentist in Poolesville, how is somebody in Barnesville supposed to get here?" — Upcounty in-person focus group participant

Home-based care presents its own navigation challenge. As documented in the [Home and Community-Based Services](#) domain, access to affordable or county-funded home health aide services, personal care, and home modification programs are perceived as available only to lower-income residents with documented disability status, leaving middle-income older adults without practical options as private home care costs exceed what most can afford on fixed incomes. Even among those who qualify, most home care agencies require minimum service blocks of several hours, while many older adults need only brief assistance with specific tasks at specific times. The result is a system that is simultaneously too narrow in eligibility and too rigid in delivery to match how older adults actually need help.

The gaps in older-adult-specific services emerged as among the most consistently cited access concerns. Dental costs remain prohibitive for many older adults on fixed incomes, especially those on Medicaid, and participants described traveling long distances for care that should be available locally. Mental health services face both access barriers and cultural stigma, a combination that is especially acute in communities where help-seeking is not culturally normalized. A shortage of mental health providers, particularly those who accept Medicare, further limits access for older adults seeking care. The Korean focus group documented a specific and acute need: dementia care in a Korean-language context was described as unavailable.

Geographic inequity in provider distribution adds to these gaps. Geriatric medicine physicians are concentrated near the DC border. Upcounty residents must travel substantial distances for routine medical care, and no county hospital system counts Poolesville or the surrounding Agricultural Reserve as within its service area, meaning those residents are often excluded from the community health needs assessment processes that shape where resources flow. Medical ageism, the experience of having health concerns dismissed or undertreated because of age, was described across multiple sessions as a pattern that erodes trust and reduces engagement with care over time.

Who Is Most Affected

Upcounty and rural older adults face geographic barriers to geriatric and specialty providers that represent a different order of challenge than what downcounty residents experience. Non-English-speaking older adults encounter language barriers at every stage of health navigation, from understanding a diagnosis to enrolling in a program to finding a provider who can communicate with them. The Korean focus group's documentation of dementia care as a specific and unmet linguistic need provides direct and particular evidence for this population. Older adults managing multiple chronic conditions bear the heaviest burden of a fragmented system, and caregivers navigating that system on behalf of someone else carry the same burden without any dedicated support. Middle-income older adults who described needing home-based support but reported being unable to access county programs face a gap that participants said neither public nor private systems currently fill. Those who have experienced medical ageism and withdrawn from proactive engagement with care represent a population whose health trajectory is being shaped by a system-level failure, not a personal choice.

Strategic Directions

The directions below draw on what residents described in listening sessions and focus groups, on cross-reference with the Healthy Montgomery 2023 CHNA where it independently identified the same themes, and on input from county staff and partner organizations whose practice experience extends beyond what this assessment alone could capture. They are intended to inform future planning and efforts, not to prescribe specific programs.

Navigation and Care Coordination Support

A single, clear entry point through which older adults and caregivers can identify the right services, understand eligibility, and get connected, whether through a navigator program, an ADS-supported coordination function, or another mechanism, is the response that the fragmentation problem requires. The Villages model was described by county staff as among the most promising existing frameworks for this kind of navigation support; future planning and efforts should examine how that model can be extended and sustained. County staff also raised the possibility of a Fly Squad style rapid-response capacity attached to health and safety navigation, able to engage quickly when an older adult experiences a fall, an acute episode of isolation, or a service gap that cannot wait for a routine intake. Future planning and efforts should also consider how this navigation infrastructure connects to other coordinated assessments of health and care, including the Healthy Montgomery CHNA and the forthcoming Nursing Home Resident Experience of Care Survey, so that findings about navigation gaps reinforce rather than duplicate one another.

Dental and Mental Health Access

Expanding affordable dental care options, including through mobile dental clinics and increased Medicaid dental coverage, addresses a gap well-documented across this assessment and the Healthy Montgomery CHNA. Expanding access to mental health services designed for older adults, with attention to cultural competency and linguistic accessibility, addresses a gap whose consequences extend into social isolation, caregiver burnout, and health outcomes more broadly.

Bilingual and Culturally-Specific Health Navigation

Non-English-speaking older adults encounter language barriers at every stage of health navigation, and the Korean focus group documented a specific, unmet need for dementia care in a Korean-language context. Bilingual navigators, culturally-specific health education, and partnerships with community organizations already trusted by these populations are pathways future planning and efforts should consider. This direction complements the dental and mental health access work above by ensuring that expanded services are accessible to the residents who currently face the steepest barriers to using them.

Telehealth as a Geographic Equity Tool

Telehealth offers a practical pathway to extending specialist access to older adults in Upcounty and other areas where geographic distance from providers limits access. The county's broadband infrastructure (96.2% of residents have access to high-speed service, compared to a national median of 84.6%) is a condition that many jurisdictions lack. Future planning and efforts should identify where telehealth expansion can reduce the geographic inequities in provider access that the assessment documents.

Home-Based Care Flexibility

The rigidity of home care agency minimum-hour requirements was raised across listening sessions as a structural barrier: many older adults need brief, task-specific assistance rather than multi-hour blocks. Reducing minimum hour requirements

emerged as a concrete lever, and future planning and efforts should examine how county contracts, partnerships, or alternative service models could create more flexible options that match the way older adults actually need help.

Addressing Medical Ageism

Medical ageism is a provider behavior pattern, which means it requires provider-facing interventions as well as patient-facing ones. County health department partnerships, hospital system engagement, and community advocacy are all levers that future planning and efforts might engage. The goal is not to assign blame but to address a pattern that the qualitative data document consistently, and that shapes whether older adults engage with preventive care or wait until a crisis requires it.

Priority 5: Housing Access & Affordability

PRIORITY 5

Housing Access & Affordability

Importance High Feasibility Low Criticality High

Housing is the foundation on which nearly everything else in this assessment rests.

Where an older adult lives, whether they can afford to stay there, whether their home can adapt as their needs change, and whether their community offers options when it cannot, shapes their access to services, their social connections, and their basic sense of security. In Montgomery County, that foundation is under pressure from multiple directions at once.

Housing affordability received the lowest ratings of any community characteristic in the 2025 community survey, essentially unchanged from 2015. The county's AARP Livability Housing sub-score is the only category where Montgomery County falls at or below the national average. Nearly a quarter of the county's older adult residents spend more than 35% of their household income on housing. The Elder Index estimates that a single renter in the county in poor health needs roughly \$43,000 per year to cover basic living expenses, compared to a national average around \$33,000. Even a mortgage-free homeowner in good health needs around \$31,000 per year here, versus \$24,000 nationally. For older adults on fixed incomes, these figures reflect a real and ongoing concern.

The cost pressure participants described is rarely just one expense. Property taxes, homeowners association (HOA) fees, stormwater fees, utilities, and insurance do not adjust to a fixed retirement income. They stack, year after year, on the same amount. One Damascus listening session participant calculated that housing/neighborhood fees alone totaled roughly \$700 a year. Participants described the concern less as whether they can afford housing today, and more as whether they will be able to stay in five or ten years. One county staff participant noted that property tax relief proposals exist but suggested that current thresholds and relief amounts may not go far enough for long-term homeowners on fixed incomes.

"We continue to raise taxes, and for seniors on fixed incomes that can be very problematic. Tax relief thresholds are often too high and the relief not high enough." — Staff focus group participant

A theme that ran through all five listening sessions and more than six focus groups was what participants described as a middle-income gap: the experience of earning too much to qualify for assistance programs but not enough to comfortably afford private alternatives. Participants expressed concern that county assistance programs are tied

to income thresholds that they perceived as leaving out moderate-income older adults who are still struggling with costs. Some participants reported being told they would need to draw down assets, including their homes, to pay for care, and described this as a source of significant frustration after decades of contributing to the community. Spanish-speaking and Korean-speaking focus group participants, some of whom reported having no retirement income, described facing additional barriers related to language and awareness that made it harder to understand what assistance might be available to them.

The strong and consistent preference among community survey respondents is to age in place. At the same time, 61% reported that their home currently lacks basic accessibility features for people with mobility challenges. Participants across multiple listening sessions and focus groups described county home modification programs as difficult to navigate and burdened with long waiting lists, and some characterized them as underfunded relative to the level of need. Community organizations including Habitat for Humanity and Rebuilding Together have seen the older adult share of their clients grow substantially in recent years, with staff noting that demand has outpaced their capacity. Renters described a more constrained situation: unlike homeowners, they have limited ability to modify their units, and some reported difficulty getting landlords to make accessibility changes even when requested.

Finding trustworthy contractors to do modification work was raised as its own barrier across listening sessions and focus groups. Participants described a real hesitation about inviting service providers into their homes, connected to broader concerns about contractor fraud documented in the Elder Abuse and Financial Exploitation domain. One focus group traced the founding of the East County Village Seniors organization directly to a community response to contractor fraud, and the loss of that group during COVID was described as a setback that left a gap in local support. Some participants said the difficulty of identifying reliable contractors had caused them to delay or forgo modifications they felt they needed. County staff also noted a broader shortage of accessible, single-floor housing in new construction, suggesting that the design of new housing stock is not keeping pace with the needs of an aging population.

For older adults whose needs exceed what home modifications can address, participants described limited options and long waits. Community survey respondents and focus group participants reported waitlists of three to five years for affordable Senior Housing, with some Spanish-speaking and Korean-speaking participants describing HUD-subsidized waitlists of five to ten years. Some participants expressed a desire for housing that offered cultural and linguistic familiarity alongside affordability. In Upcounty communities, Agricultural Reserve zoning was identified as a distinct barrier: participants and staff noted that assisted living facilities, group homes, and continuing care retirement communities are prohibited across much of the county's northern reaches, meaning older adults in those communities who need higher levels of care may need to relocate. Participants and staff also identified a perceived gap in housing options for those who can still live independently but would benefit from accessibility features, as well as for those who need some support but do not qualify for higher-level care programs.

Who Is Most Affected

Older adults facing economic insecurity are most directly affected, including both lower-income residents and the middle-income group that participants described as falling between public program eligibility and private affordability. Renters face particular constraints around home modification and may be more exposed to displacement as housing costs rise. Upcounty and rural older adults face the added challenge of Agricultural Reserve zoning that limits care facility options within their own communities. Non-English-speaking and immigrant older adults, including some who reported having no retirement income, described facing language and awareness barriers that made it harder to access even the assistance that may be available to them. Older adults who need home modifications to age in place safely but have difficulty navigating available programs or identifying contractors they trust described a consistent gap between what exists and what feels accessible. At the most acute end of this spectrum are older adults experiencing or at risk of homelessness, a group the assessment was not designed to reach directly but whose numbers, as the [Housing](#) domain notes, have been rising in county point-in-time counts even as overall homelessness has declined.

Strategic Directions

Housing presents a different kind of challenge than the other four priorities in this plan. The forces shaping housing affordability and accessibility are regional in scale: real estate markets, zoning policy, and state and federal funding mechanisms require coordinated action that extends well beyond what any single county initiative can deliver on its own. Age-Friendly Montgomery recognizes that and does not claim otherwise. What it can do is remain an active and consistent voice for older adults in the housing conversations already underway across county agencies, state partners, and community organizations, and ensure that housing considerations are embedded throughout the action planning work ahead.

Staying Connected to Ongoing Housing Work

The Urban Institute is preparing a report on senior housing as part of its funded research project, Housing Solutions for Aging Adults in Montgomery County, bringing together evidence-based insights, community-informed perspectives, and policy recommendations. That work is expected to engage the Department of Housing and Community Affairs, the Planning Department, the Office of Legislative Oversight, and the Commission on Aging. Age-Friendly Montgomery will maintain an active connection to those efforts and look for opportunities to ensure the experiences documented in this assessment are part of that conversation. Questions such as how older homeowners might responsibly use home equity to help meet long-term care costs are among the issues this kind of research is well positioned to examine.

Advocacy and Awareness

Age-Friendly Montgomery is positioned to serve as a consistent advocate for older adults across county and state planning processes. Elevating the data from this assessment, lifting up community voices, and keeping housing visible throughout the action planning period are all roles the initiative can play without requiring authority over systems that operate at a different scale.

Embedding Housing in Action Planning

The findings documented in the [Housing](#) domain are available to any county agency, nonprofit partner, or community organization working on these issues. Within the action planning process, housing considerations will be woven throughout. More broadly, an age-friendly approach means embedding aging considerations across all aspects of county planning, permitting, and zoning, so the needs of older residents are accounted for wherever decisions about the built environment are made. The connections between housing insecurity and social isolation, between home modification access and aging in place, and between displacement risk and the other priorities identified in this plan are too significant to address as separate tracks.

Considerations for Action Planning

This assessment is the foundation for a new Age-Friendly Action Plan, not the plan itself.

The priority areas identified here are intended to inform future planning and efforts involving the county, community partners, and others working on aging issues. The following considerations may help guide that work.

Populations Facing Compounded Need

The seven priority populations identified and described in the Priority Populations section of this report should be explicitly considered in the design and targeting of any strategies that emerge from this plan. These groups are not peripheral to the county's age-friendly work. They are the residents for whom the gaps documented in this assessment are most acute, and they are the least likely to be reached by strategies that do not account for them from the start.

Equity as a Design Principle

Any strategy that does not explicitly account for how it will reach the populations described above risks deepening the disparities this assessment documents. Equity is most effective not as a separate workstream in the action planning process, but as a design principle applied to every strategy from the start, asking at each step: will this reach the people who need it most, or only those who are already connected?

Cross-Domain Integration

The cross-cutting nature of the themes identified in this assessment means that narrowly domain-specific solutions will often be insufficient. Transportation gaps limit health care access. Communication failures deepen isolation. Housing insecurity touches everything. The action plan should identify where cross-domain coordination can create greater impact than single-domain strategies, and should build in mechanisms for the domain workgroups to collaborate across their boundaries.

Building on What Works

The assessment documents meaningful community strengths: a highly rated park system, strong volunteer networks, Village organizations, faith community infrastructure, robust digital connectivity, and a county health profile that leads the state. The action plan should build on these assets as a foundation, instead of treating the county's challenges in isolation from its strengths.

Equity pertaining to geography matters too. Age Friendly planners should consider analyzing and comparing each of the thirty-seven distinct **Community Trend Areas (CTAs)** defined by the [Montgomery County Planning Department](#).

This Report as a Shared Resource

The data gathered in this assessment extends well beyond the priorities selected for the action plan. The Findings by Domain section documents findings across all ten domains, with community-voiced considerations for each. Any county agency, nonprofit organization, elected official, community advocate, or resident with a stake in older adult well-being in Montgomery County can draw on this material to inform their own planning, grant applications, program development, or advocacy. The value of this assessment does not end when the action plan is written.

Conclusion

What This Assessment Found

Montgomery County enters its second decade as an Age-Friendly community with genuine strengths and clear work ahead.

The picture that emerges from this assessment is not a story of decline or failure. It is a story of a prosperous, well-resourced community that has made real progress over ten years, and that is also home to meaningful, persistent gaps that require sustained attention.

On the positive side, the data are clear. Parks and outdoor spaces are among the most valued features of community life, and satisfaction with them has risen substantially over the decade. Overall quality of life ratings are high and improving. Residents feel a growing sense of belonging: the share who plan to stay in Montgomery County long-term has risen from 66% to 75% since 2015. Volunteering, civic engagement, and social participation remain strong. The county's health infrastructure, broadband access, and economic base are genuine assets.

At the same time, the data are equally clear about what has not improved, and in some cases worsened. Affordable housing received the lowest ratings of any community characteristic in both the 2015 and 2025 surveys, and the gap has not closed. Community satisfaction with access to home-based care declined sharply over the decade. Financial anxiety about retirement has held steady for ten years at about 70% of survey respondents. Getting around the county, while still rated positively by most residents, remains one of the lower-rated dimensions of community life relative to other characteristics. And for residents whose access is filtered through a language other than English, or who live in Upcounty communities far from concentrated services, the gap between what the county offers and what they can access is wide.

What Residents Told Us

The numbers tell one version of this story. The residents who participated in this assessment tell another, and the two are complementary. Older adults in Montgomery County are not a passive population waiting for services. They are engaged, resourceful, and clear about what they need. They founded organizations in response to contractor fraud. They check on absent neighbors. They share information with each other in ways that outperform any county communication system. They show up to listening sessions and focus groups and tell the truth about what works and what does not, including the truth that the people who most need help are often the ones who are not in the room.

The Decade Ahead

The work of an Age-Friendly community is never finished.

The AARP Network of Age-Friendly States and Communities is built on a cycle of continuous improvement: assess, plan, act, and reassess. Montgomery County has completed a rigorous, community-grounded assessment. This report is intended to inform future planning and efforts that translate what the data show into meaningful progress for older adults.

That planning work will be guided by the priority areas identified in Priority Areas and Recommendations, developed through the Age-Friendly Advisory Group and its domain workgroups, and aligned with the broader commitments of Montgomery County government, Longevity Ready Maryland, and the county's regional partners. It will be shaped by ongoing community input, because the residents who participated in this process are not a data source to be consulted and set aside, they are partners in the work itself.

Several steps will carry this work forward. Age-Friendly Montgomery will continue to collect data and stay in conversation with residents, deepening its understanding of what matters most to specific communities rather than treating older adults as a single group. It will work to map the concerns and needs residents have expressed against the county programs and resources that already exist, making both gaps and points of connection easier to see. And it will keep refining priorities as conditions change, so that planning stays grounded in current evidence and lived experience.

By 2030, more than 25% of Montgomery County's population will be age 60 or older. The 75-and-older population will grow by more than 20,000 people from where it stands today. The decisions the county makes now, in housing, transportation, services, and public space design, will determine whether that demographic reality becomes a crisis or a success story. The data gathered in this assessment, and the voices of the thousands of residents who contributed to it, are the foundation on which that future will be built.

The 2025-2026 Age-Friendly Montgomery County Community Needs Assessment represents a comprehensive community engagement effort the county has undertaken on behalf of its older adult population, including more than 2,000 survey responses, listening sessions in every region of the county, focus groups in four languages, and partnership with the organizations and communities closest to the people this work is designed to serve. The findings are offered in that spirit: not as the final word on what older adults in Montgomery County need, but as the clearest and most honest account we can give of what we heard.

A Note on Using This Report

This report is written to serve multiple audiences. For county agencies and the Age-Friendly Advisory Group, it is the evidence base for the next action plan. For community organizations and nonprofit partners, it is a resource for understanding where their work fits within a larger picture and where gaps exist that they may be positioned to fill. For elected officials and policymakers, it is a documented account of what older adults in their constituency experience and need. For residents, it is a record that their voices were heard.

The full data underlying this report, including complete survey findings, listening session summaries, and focus group summaries, are available in the appendices. These are intended for those who need greater depth: for grant applications, program planning, policy development, or further research. Anyone who wants to go deeper into any finding in this report is encouraged to do so.

For questions about this report or the Age-Friendly Montgomery County initiative, contact through our website: <https://www.montgomerycountymd.gov/seniors/age-friendly-montgomery>



Aging Well Together

Serving All Ages and Stages,
Respecting Every Ability.

Appendices

This report includes the following appendices:

- [Appendix A: Age Friendly Montgomery Partnerships](#)
- [Appendix B: Secondary Data Sources](#)
- [Appendix C: Survey Methodology and Tool](#)
- [Appendix D: Survey Results](#)
- [Appendix E: Listening Session Summary](#)
- [Appendix F: Focus Group Summary](#)
- [Appendix G: Domain Framework Alignment Crosswalk](#)

Appendix A: Age Friendly Montgomery Partnerships

Age-Friendly Montgomery's work depends on collaboration across government, non-profit organizations, health systems, higher education, volunteer networks, and community organizations. The table below describes current partnerships and the contributions each makes to the county's age-friendly goals. It is by no means comprehensive and leaves out countless activities of our non-profit and business communities.

Category	Entity	Activities
Advocacy	Commission on Aging (COA)	The COA works closely with Aging and Disability Services staff, staff from other departments, nonprofit leaders, and elected officials. The COA promotes programs and services offered by partner organizations and provides its own, including the Ambassadors outreach program, the Annual Forum, and 50+ in Montgomery County.
Legislative Branch	County Council	Council members meet with staff and advocates to address pressing needs. In FY26, the Council added mid-year funds to fill gaps in respite care and the Senior Nutrition Program.
County Government	Multiple Departments	Representatives from many county departments participate in Age-Friendly Network meetings. Members of the Police Department, State's Attorney's Office, Adult Protective Services, Long-Term Care Ombudsman Program, Emergency Medical Services, and the Office of the County Attorney form the Elder and Vulnerable Adult Abuse Task Force and participate in World Elder Abuse Awareness Day (WEAAD) planning.
Health Systems	Holy Cross Hospital	Holy Cross partners with the Area Agency on Aging and the Department of Recreation to provide evidence-based health promotion programs.
Health Systems	Suburban Hospital	Suburban offers Matter of Balance, a fall prevention program, and provides a newsletter to Villages members and other stakeholders. Suburban co-sponsors OASIS, which provides lifelong learning and volunteer opportunities.

Category	Entity	Activities
Volunteers	Multiple Organizations	Volunteers provide essential leadership and support across a wide range of programs, including the Villages, senior centers, the State Health Insurance Assistance Program (SHIP), the Long-Term Care Ombudsman Program, Meals on Wheels, Bone Builders, hospice programs, volunteer driver programs, and Dementia Friendly.
Higher Education	University of Maryland	The University of Maryland works with Age-Friendly Montgomery on plain-language communication and has collaborated with the COA on technology issues.
Higher Education	Johns Hopkins University	Johns Hopkins is supporting the COA's 2026 Annual Forum.
Higher Education	Montgomery College	Montgomery College worked with the Area Agency on Aging and WorkSource Montgomery on a Direct Care Workforce initiative, culminating in a report in 2023.
Higher Education	Marymount University	Marymount University offers the Stay Active and Independent for Life (SAIL) program to residents in Housing Opportunities Commission buildings.
Professional Organizations	Grassroots Organization for the Wellbeing of Seniors (GROWS)	Although GROWS is a nonprofit, many of its members come from the business community. Some COA members are active in GROWS.
Faith Community	Faith Organizations	Faith communities support their older members by helping with transportation, social activities, and much more. The American Muslim Senior Society is an example of an organization going beyond traditional supports offered.

Appendix B: Secondary Data Sources

Source	Organization	Years Used	Domain(s)
American Community Survey (ACS)	U.S. Census Bureau	2019–2023, 2024	Demographics, income, language, housing, disability
Vintage 2024 Population Estimates	U.S. Census Bureau	2024	Demographics
Esri Business Analyst (Esri)	Esri	2025, 2030 projections	Population, demographics, geography
AARP Livability Index	AARP	2024, 2025	All domains
CDC/ATSDR Social Vulnerability Index (SVI)	CDC / ATSDR	Most recent available	Social vulnerability, equity
CDC PLACES	Centers for Disease Control and Prevention	Most recent available	Social isolation prevalence
CDC/ATSDR Environmental Justice Index	CDC / ATSDR	Most recent available	Environmental quality
County Health Rankings	Robert Wood Johnson Foundation / University of Wisconsin	2024	Health outcomes and factors
USDA Food Access Research Atlas (FARA)	U.S. Department of Agriculture	2015–2019	Food access
Elder Index	Gerontology Institute, UMass Boston	Most recent available	Cost of living, financial security
Longevity Ready Maryland	Maryland Department of Aging	2025	State aging policy context

Source	Organization	Years Used	Domain(s)
Healthy Montgomery Community Health Needs Assessment (Healthy Montgomery CHNA)	Montgomery County / Healthy Montgomery	2023	Health, community profile
Population Reference Bureau	Population Reference Bureau	2026	National aging demographics
NCOA / PUMA	National Council on Aging	Most recent available	Technology access, broadband
Agency for Healthcare Research and Quality (AHRQ)	U.S. Department of Health and Human Services	Most recent available	Health care quality and access
Substance Abuse and Mental Health Services Administration (SAMHSA)	U.S. Department of Health and Human Services	Most recent available	Behavioral health
Feeding America	Feeding America	Most recent available	Food access
The Opportunity Atlas	Harvard / U.S. Census Bureau	Most recent available	Economic opportunity, equity
Centers for Medicare and Medicaid Services (CMS)	U.S. Department of Health and Human Services	Most recent available	Health coverage, Medicare/Medicaid
Age-Friendly Montgomery County Community Survey (Community Survey)	Montgomery County	2025	All domains
Prioritization Survey	Montgomery County Steering Committee	2026	Priority selection

Appendix C: Survey Methodology and Tool

January 2026

Introduction

Between October 31, 2025 and January 12, 2026, Age-Friendly Montgomery administered a county-wide community survey as part of the Age-Friendly Montgomery County Community Needs Assessment. The survey was open to all Montgomery County residents age 55 and older and collected 2,023 complete responses spanning virtually all ZIP codes in the county. The survey was designed to build on the county's original 2015 Age-Friendly survey, allowing for decade-over-decade comparison on key indicators while also introducing new topic areas identified as priorities for this assessment cycle.

Methodology

The survey was administered online through a web-based platform and made available in paper form for residents who preferred not to complete it digitally. To reach the county's linguistically diverse older adult population, the survey was translated and offered in eight languages: English, Spanish, Chinese, Korean, French, Vietnamese, Farsi, and Amharic. Distribution was supported by the Steering Committee and community partner organizations, which shared the survey link and QR codes through their networks. Paper surveys were entered into the web-based system by Steering Committee members.

Survey questions were organized around Montgomery County's ten Age-Friendly domains and covered residents' demographics and tenure in the county, perceived quality of life and the factors that shape it, awareness of and access to resources and services, transportation and infrastructure, housing, and individual needs and concerns.

Of the 2,023 respondents, 97% reported living in Montgomery County year-round and 95% were ages 55 or older. Because the survey sample overrepresented White and female respondents relative to the county's older adult population, a stratified analysis approach was selected for all reporting. Stratified analysis examines results separately by demographic characteristics such as age and race which allows findings to reveal disparities between groups and identify the populations with the greatest needs. Full stratified analysis is available in Appendix D, as well as full findings like what can be found throughout the domain findings in this report. This approach includes all survey responses without exclusion and is the standard method for community needs assessments where equity is a central concern. Results reflect the experiences of survey participants and are not adjusted to represent the broader county population as a whole.

The number of responses is a strength of this survey. With approximately 327,000 residents age 55 and older in the county, 2,023 responses is a large sample for a community survey of this kind. If the survey had been a random sample, that many responses would give results accurate to within about 2 percentage points. Participation was open to everyone rather than randomly drawn, so that figure is a rough guide rather

than an exact measure; the bigger limitations are the self-selection and demographic skew noted above. Still, a sample of this size is well within the norms for community needs assessments of comparable populations.

All survey responses were analyzed by the assessment team. Complete findings across all survey questions are presented in [Appendix D](#). The survey instrument follows below.



* Required Information

Montgomery County Age-Friendly Community Needs Assessment - Community Survey

Introduction

We'd like to hear from you about aging in Montgomery County. While this survey is primarily designed for adults over the age of 55, we welcome feedback from all county residents over the age of 18 who would like to share their perspectives on aging in Montgomery County.

In 2015, we collected information from hundreds of County residents regarding services for older adults. Based on that feedback, the County government and its partners created or modified programs and services, including new transportation options, neighborhood villages, housing options, educational and recreational programs, nutrition services, caregiver support, and much more. (You can learn about these services at: <http://www.montgomerycountymd.gov/senior/>). Your responses to the 2025 survey will help us continue to make Montgomery County a "community for a lifetime."

This 43-question survey is anonymous and will take approximately 15-20 minutes to complete. The first two questions are required to determine your eligibility to participate. All remaining questions are optional and you may skip any you prefer not to answer.

Your responses are valuable to us even if you don't answer every question - just please be sure to click through to the end of the survey and press "Submit" so we can receive your input. If you need to make the text larger, you can hold down the "Ctrl" key and press the "+" key (or use "Cmd" and "+" on Mac), or look for font size options in your browser's settings.

Need help completing this survey? Call 240-777-1350 or email Shawn.Brennan@montgomerycountymd.gov

Section 1 of 7: Age & Eligibility

* 1. What is your current age? (Select one option)

- ☐ Under 55
- ☐ 55-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90+

* 2. Are you a resident of Montgomery County, Maryland? (Select one option)

- ☐ Yes, full-time resident
- ☐ Yes, resident for part of the year
- ☐ No

NOTE : IF ANSWER TO Q2 is
Yes, full-time resident Go to Page No. 3
Yes, resident for part of the year Go to Page No. 3
No Stop, you have finished the survey

Section 2 of 7: Your Community

3. What is your 5-digit zip code?

(a) ZIP : _____

4. How long have you lived in Montgomery County? (Select one option)

- ☐ Less than 2 years
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-30 years
- ☐ More than 30 years
- ☐ Don't know/prefer not to answer

5. How would you rate the overall quality of life in Montgomery County? (Select one option)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/prefer not to answer

6. Would you recommend Montgomery County to a family member or friend as a good place to retire? (Select one option)

- ☐ Definitely: the County is an excellent place to retire
- ☐ Probably: the County is a good place to retire
- ☐ Maybe: the County is neither a good nor bad place to retire
- ☐ Probably not: The county is not a good place to retire
- ☐ Definitely not: the County is a bad place to retire
- ☐ Don't know/prefer not to answer

7. Please explain your answer to the previous question (please limit your response to 100 words or less).

8. Do you plan to continue to reside in Montgomery County for the long-term? (Select one option)

- ☐ Definitely
- ☐ Probably
- ☐ Maybe
- ☐ Probably not
- ☐ Definitely not
- ☐ Don't know/prefer not to answer

Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County)

9. Please rate each factor from "Very Important" to "Not Important"

	Very Important	Somewhat Important	Not Important	Not Applicable/Unsure
(a) Being close to friends and family, including burial places	☐	☐	☐	☐
(b) Home well suited to aging in place	☐	☐	☐	☐
(c) Cost of living	☐	☐	☐	☐
(d) Varied employment opportunities	☐	☐	☐	☐
(e) Personal safety and security	☐	☐	☐	☐
(f) Cultural, arts, and educational opportunities	☐	☐	☐	☐
(g) Proximity to preferred place of worship	☐	☐	☐	☐
(h) Proximity to preferred religious, social, and recreational communities	☐	☐	☐	☐
(i) Access to public transportation	☐	☐	☐	☐
(j) Access to shopping, restaurants and other businesses	☐	☐	☐	☐
(k) Access health services and home care	☐	☐	☐	☐
(l) Climate/weather	☐	☐	☐	☐

Please rate each of the following characteristics as they relate to Montgomery County as a community.

10. Please rate from Excellent to Poor, or select Not Sure if you don't have enough information

	Excellent	Good	Fair	Poor	Not sure
(a) Feeling of respect and inclusion in your community	☐	☐	☐	☐	☐
(b) Safety in your home and community (i.e. police, fire, emergency preparedness)	☐	☐	☐	☐	☐
(c) Ability to get to where you would like to go within the County	☐	☐	☐	☐	☐
(d) Availability and variety of activities that you enjoy	☐	☐	☐	☐	☐
(e) Well-maintained parks and other outdoor recreation activities	☐	☐	☐	☐	☐
(f) Sports, fitness, dance, and other indoor health and wellness activities	☐	☐	☐	☐	☐
(g) Varied employment opportunities	☐	☐	☐	☐	☐
(h) Varied volunteer opportunities	☐	☐	☐	☐	☐
(i) Availability of affordable housing	☐	☐	☐	☐	☐
(j) Availability of health services, i.e., hospitals, doctors, etc.	☐	☐	☐	☐	☐
(k) Access to home and community-based services (ex: home care, adult day care, respite)	☐	☐	☐	☐	☐
(l) Accessibility of the community for persons with disabilities	☐	☐	☐	☐	☐
(m) Overall quality of the services provided to seniors (i.e. from government and community organizations)	☐	☐	☐	☐	☐
(n) Quality of nursing homes and assisted living facilities	☐	☐	☐	☐	☐

In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?

11. Please rate from Never to Often, with "Not Applicable/Unsure" available if you do not have enough information

	Never	Occasionally	Often	Not sure
(a) Healthcare settings (doctor's office, hospital, pharmacy)	☐	☐	☐	☐
(b) Retail/shopping (stores, restaurants, banks)	☐	☐	☐	☐
(c) Public transportation	☐	☐	☐	☐
(d) Community services (government offices, social services)	☐	☐	☐	☐
(e) Workplace or volunteer agency	☐	☐	☐	☐
(f) Housing/neighborhood	☐	☐	☐	☐
(g) Employment opportunities	☐	☐	☐	☐

(h) Volunteer opportunities	☐	☐	☐	☐
(i) Online/digital services	☐	☐	☐	☐

Section 3 of 7: Your Home and Getting Around

12. What type of residence do you currently live in? (Select one option)

- ☐ Single-family home (house)
- ☐ Apartment
- ☐ Condominium/Townhouse
- ☐ Mobile home/Manufactured home
- ☐ Assisted living facility
- ☐ Nursing home/Skilled nursing facility
- ☐ Independent living community (senior housing)
- ☐ Group home
- ☐ Don't know/prefer not to answer
- ☐ Other (Please specify) _____

13. Are you a member of a Village (a local volunteer organization that helps neighbors age in place through social connections and support services)? (Select one option)

- ☐ Yes, I am a member
- ☐ No, but I'm familiar with Villages
- ☐ No, and I don't know what a Village is
- ☐ Don't know/prefer not to answer

14. Do you live alone? (Select one option)

- ☐ Yes
- ☐ No
- ☐ Don't know/prefer not to answer

NOTE : Answer the below question only if answer to (Q#14 is **No**)

15. Who lives with you?

- ☐ Spouse
- ☐ Parent
- ☐ Adult child
- ☐ Minor child
- ☐ Adult grandchild
- ☐ Minor grandchild
- ☐ Roommate/other
- ☐ Don't know/prefer not to answer

NOTE : Answer the below question only if answer to (Q#14 is **No**)

16. Are you the primary caregiver for any of the following members of your household?

- ☐ Spouse
- ☐ Parent
- ☐ Adult child
- ☐ Minor child
- ☐ Adult grandchild
- ☐ Minor grandchild
- ☐ Roommate/other
- ☐ Don't know/prefer not to answer

17. How accessible is your home for someone who uses a wheelchair or has difficulty getting around?

- ☐ Can enter the home without assistance
- ☐ Can use the restroom without assistance
- ☐ Can access all parts of the home without assistance
- ☐ Don't know/prefer not to answer
- ☐ Home is not accessible for someone who uses a wheelchair or has difficulty getting around

How do you typically get around?

18. Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week)

	Often	Sometimes	Rarely	Never	N/A
(a) Car, drive myself	☐	☐	☐	☐	☐
(b) Car, others drive	☐	☐	☐	☐	☐
(c) Walk	☐	☐	☐	☐	☐
(d) Bike	☐	☐	☐	☐	☐
(e) Metro	☐	☐	☐	☐	☐
(f) Public bus (example: Metrobus, RideOn)	☐	☐	☐	☐	☐
(g) Paratransit service for older adults and people with disabilities (example: MetroAccess)	☐	☐	☐	☐	☐
(h) Other transportation program (example: Call-n-Ride, Medicaid Transport)	☐	☐	☐	☐	☐
(i) Private bus or shuttle	☐	☐	☐	☐	☐
(j) Taxi or Uber/Lyft	☐	☐	☐	☐	☐

How would you rate the following transport features in Montgomery County?

19. Please rate from Excellent to Poor

	Excellent	Good	Fair	Poor	Don't Know
(a) Roads that are easy to drive on	☐	☐	☐	☐	☐
(b) Community suitable for walking	☐	☐	☐	☐	☐
(c) Community suitable for biking	☐	☐	☐	☐	☐
(d) Stop lights that provide enough time to cross road, as a pedestrian	☐	☐	☐	☐	☐
(e) Easy, convenient public transportation	☐	☐	☐	☐	☐
(f) Affordable public transportation	☐	☐	☐	☐	☐
(g) Safe public transportation	☐	☐	☐	☐	☐
(h) Special transportation services for older adults and people with disabilities	☐	☐	☐	☐	☐
(i) Availability of designated priority parking spaces (i.e. for those with a disability tag)	☐	☐	☐	☐	☐

Which of the following are convenient or easy for you to get to?

20. Please select if the neighborhood feature is conveniently located or not.

	Yes	Somewhat	No	Don't Know
(a) Parks	☐	☐	☐	☐
(b) Bus stop or metro station	☐	☐	☐	☐
(c) Senior, recreation, or community center	☐	☐	☐	☐
(d) Fitness, health, and wellness activities	☐	☐	☐	☐
(e) Public library	☐	☐	☐	☐
(f) Entertainment venues	☐	☐	☐	☐
(g) Place of worship / religious services	☐	☐	☐	☐
(h) Shopping and grocery stores	☐	☐	☐	☐
(i) Outpatient health facilities (i.e. Doctors offices or urgent care)	☐	☐	☐	☐
(j) Inpatient health facilities (i.e. Hospitals)	☐	☐	☐	☐
(k) Dental Offices	☐	☐	☐	☐

Section 4 of 7: Your Social Circle and Activities

Social isolation is a national concern, particularly among older adults. Please answer the following three questions evaluating loneliness in our community.

21. Please select how often each statement applies to you.

	Hardly ever	Some of the time	Often	Unsure
(a) How often do you feel you lack companionship?	☐	☐	☐	☐
(b) How often do you feel left out?	☐	☐	☐	☐
(c) How often do you feel isolated from others?	☐	☐	☐	☐

22. Is there anything that gets in the way, or makes it difficult for you to interact with friends, family, and neighbors? If so, please describe.

Whom might you call upon if you need assistance?

23. For each support network, please select how often you might use this resource.

	Always	Sometimes	Rarely	Never/Does not apply
(a) Family	☐	☐	☐	☐
(b) Friends	☐	☐	☐	☐
(c) Neighbor(s)	☐	☐	☐	☐
(d) Your religious community	☐	☐	☐	☐
(e) Social club (book, hobbies, golf, etc.)	☐	☐	☐	☐
(f) Civic or fraternal association	☐	☐	☐	☐
(g) Private services (example: home care aides, retirement community staff, etc.)	☐	☐	☐	☐

24. How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)? (Select one option)

- ☐ Daily
- ☐ Couple of times per week
- ☐ Weekly
- ☐ Couple times per month
- ☐ Once a month or less
- ☐ Don't know/prefer not to answer

25. How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.? (Select one option)

- ☐ Daily
- ☐ Couple of times per week
- ☐ Weekly
- ☐ Couple times per month
- ☐ Once a month or less
- ☐ Don't know/prefer not to answer

Section 5 of 7: Access to Information

Where do you find local information about community activities, health and wellness options, County services, etc.?

26. Please select how often you use each source.

	Often	Sometimes	Never	Unsure
(a) Newspapers	☐	☐	☐	☐
(b) Radio	☐	☐	☐	☐
(c) Local television stations	☐	☐	☐	☐
(d) County website (www.montgomerycountymd.gov)	☐	☐	☐	☐
(e) The Internet and online news sources	☐	☐	☐	☐
(f) County Cable TV (Comcast Ch. 6, Verizon Ch. 30)	☐	☐	☐	☐
(g) Community newsletters and list serves	☐	☐	☐	☐
(h) Social networking (i.e. Facebook, Twitter) and blogs	☐	☐	☐	☐
(i) Mailings, publications, and online newsletters from County Government or elected officials	☐	☐	☐	☐
(j) Word of mouth (i.e. talking with family and friends)	☐	☐	☐	☐
(k) Non-English language information sources	☐	☐	☐	☐

27. Do you have access to the internet? (Check all that apply)

- ☐ On home computer
- ☐ On smart phone or tablet
- ☐ At local library, in community space, or other common area
- ☐ I do NOT have access to the Internet, but would like to have access
- ☐ I do NOT have access to the Internet and am not interested
- ☐ Don't know/prefer not to answer

28. How often do you use the internet? (PC / Tablet / Smart phone)? (Select one option)

- ☐ Daily

- ☐ Couple times per week
- ☐ Weekly
- ☐ Rarely
- ☐ Never
- ☐ Don't know/prefer not to answer

29. If you were to take a class to use technology or the internet, which of these topics would interest you?

- ☐ How to keep my information safe and secure
- ☐ Learn more about Artificial Intelligence (AI)
- ☐ How to use my mobile phone (Apple, Android, or something else)
- ☐ How to use a specific app (such as Google Maps, Instagram, Venmo, etc.)
- ☐ How to detect scams and register on the National Do Not Call Registry
- ☐ Cloud storage for email or photos
- ☐ Basic skills for using a computer, the internet, and/or email.
- ☐ Not interested in taking a class on technology
- ☐ Something else (please specify) _____

30. Do you feel comfortable with your knowledge of financial scams and your ability to avoid them? (Select one option)

- ☐ Yes, I feel that I can avoid these problems
- ☐ Somewhat, but I would like to learn more about how I can better protect myself
- ☐ Maybe not, and I need more information to help avoid these problems
- ☐ Don't know/prefer not to answer

31. Have you attended an emergency preparedness presentation or public safety event in the past 2 years? (Select one option)

- ☐ Yes

- ☐ No, but I would be interested in attending one in the future
- ☐ No, and I'm not interested
- ☐ Don't know/prefer not to answer

32. How prepared do you feel to respond to an emergency or disaster in Montgomery County? (Select one option)

- ☐ Not Prepared
- ☐ Slightly Prepared
- ☐ Moderately Prepared
- ☐ Very Prepared
- ☐ Completely Prepared
- ☐ Don't Know/Prefer Not to Answer

Section 6 of 7: About Yourself

33. What is your gender? (Select one option)

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to answer

34. What is your race/ethnicity? (Check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

- ☐ Prefer not to answer
- ☐ Some other race or ethnicity (please specify): _____

35. In what country were you born? (Select one option)

- ☐ United States
- ☐ Unsure/prefer not to answer
- ☐ Other (Please specify) _____

36. How long have you lived in the United States? (Select one option)

- ☐ 0-4 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15+ years
- ☐ Unsure/prefer not to answer

37. What language do you primarily speak at home? (Select one option)

- ☐ English
- ☐ Unsure/prefer not to answer
- ☐ Other (Please specify) _____

38. Over the past year, have you felt like you had enough income to meet your basic needs (food, housing, etc.)? (Select one option)

- ☐ Yes
- ☐ For the most part
- ☐ No
- ☐ Unsure/prefer not to answer

39. How concerned are you about your ability to afford a good quality of life after age 65? (Select one option)

- ☐ Very concerned
- ☐ Moderately concerned
- ☐ Somewhat concerned
- ☐ Slightly concerned
- ☐ Not concerned
- ☐ Unsure/prefer not to answer

40. Are you currently employed? (Select one option)

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ Semi-retired (working occasionally or seasonally)
- ☐ Retired
- ☐ Not currently employed, but looking for work
- ☐ Not currently employed, not looking for work
- ☐ Unsure/prefer not to answer

41. Do you think you will work for pay after age 65? (Select one option)

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ Not sure
- ☐ No
- ☐ Unsure/prefer not to answer

42. What, roughly, is your annual household income? (Select one option)

- ☐ \$150,001 or above
- ☐ \$75,001 - \$150,000
- ☐ \$50,001 - \$75,000
- ☐ \$20,001 - \$50,000
- ☐ \$20,000 or less
- ☐ Unsure/prefer not to answer

Section 7 of 7: County Resources and Services

In the past year, how often have you or other household members age 55+ done the following in Montgomery County:

43. Please select how often each activity has been engaged in.

	Frequently	Occasionally	Never	Don't Know/Not Sure
(a) Visited Montgomery County public libraries or used their services	☐	☐	☐	☐
(b) Visited Montgomery County recreation centers or senior centers	☐	☐	☐	☐
(c) Visited a park in the County	☐	☐	☐	☐
(d) Attended a meeting organized by local government or an elected official	☐	☐	☐	☐
(e) Made use of services provided by a community organization or Senior Village	☐	☐	☐	☐
(f) Volunteered your time in the community	☐	☐	☐	☐

44. If you called 311 or 240-777-3000 (Aging and Disability Services) in the past year, were you connected to a resource or program that you used? (Select one option)

- ☐ Never called 311 or 240-777-3000
- ☐ No, I called but was not connected to a resource or program
- ☐ Don't know/prefer not to answer
- ☐ Yes (please write in resource/program used): _____

45. If you visited the Montgomery County website (www.montgomerycountymd.gov) in the past year, could you find information on a resource or program you used? (Select one option)

- ☐ Yes
- ☐ No, did not find a resource or program that I used
- ☐ Never visited the County website
- ☐ Unsure/prefer not to answer

46. What do you like best about living in Montgomery County?

47. In what area(s) can Montgomery County improve the most?

Appendix D: Survey Results



ascendient.com

Age-Friendly Montgomery: Age Friendly Community Needs Assessment

Full Survey Analysis
January 2026



AGE-FRIENDLY COMMUNITY NEEDS ASSESSMENT: 2026 SURVEY ANALYSIS

- 1 All Responses**
Begins on slide 3
- 2 Stratified by Age**
Begins on slide 57
- 3 Stratified by Race/Ethnicity**
Begins on slide 213



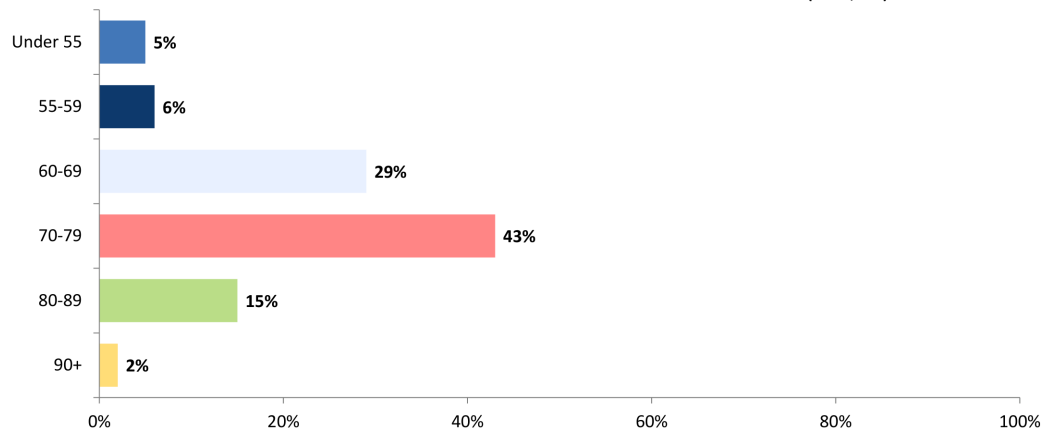
Survey Analysis

All Responses

3

What is your current age?

(N = 2,023)

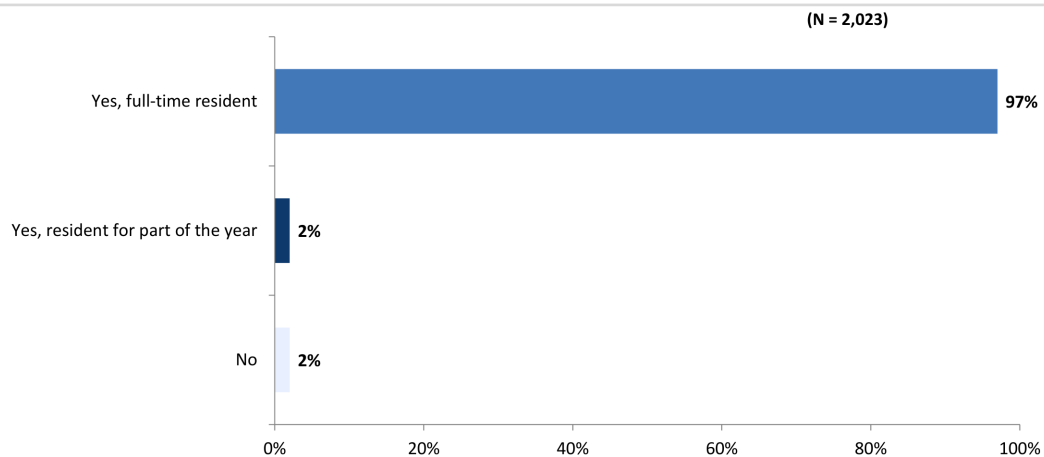


4



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Are you a resident of Montgomery County, Maryland?



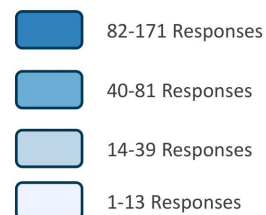
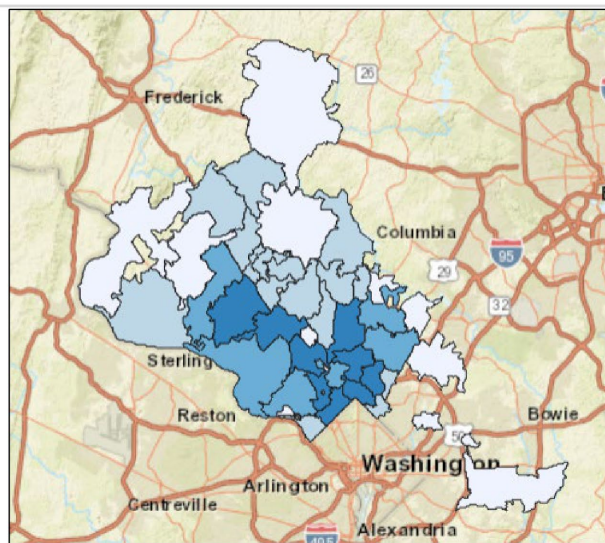
5

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What is your zip-code?

Thanks to the outreach efforts by the Steering Committee, survey responses spanned the geography of Montgomery County. The 20906 zip code yielded the most responses (171, 8%), along with surrounding areas, with zip codes 20838 (Barnesville) and 20839 (Beallsville) the only missing areas.

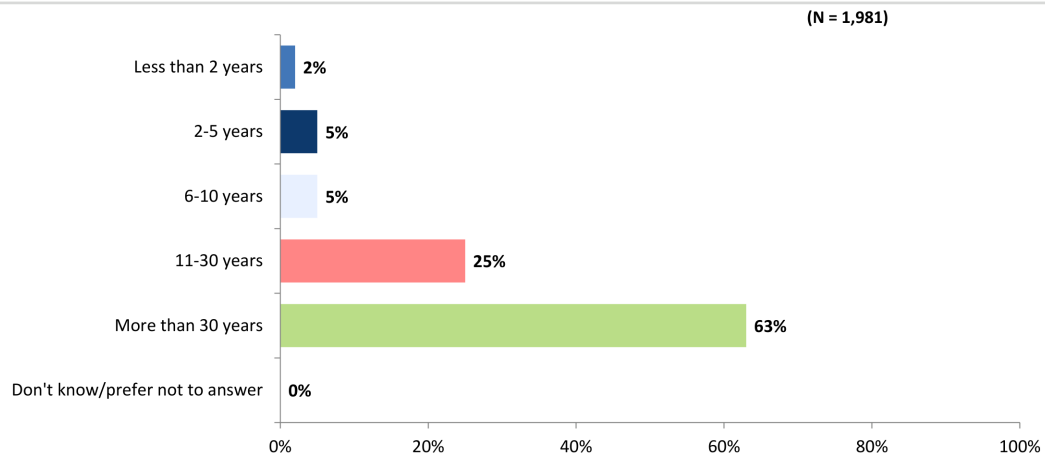


6

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How long have you lived in Montgomery County?

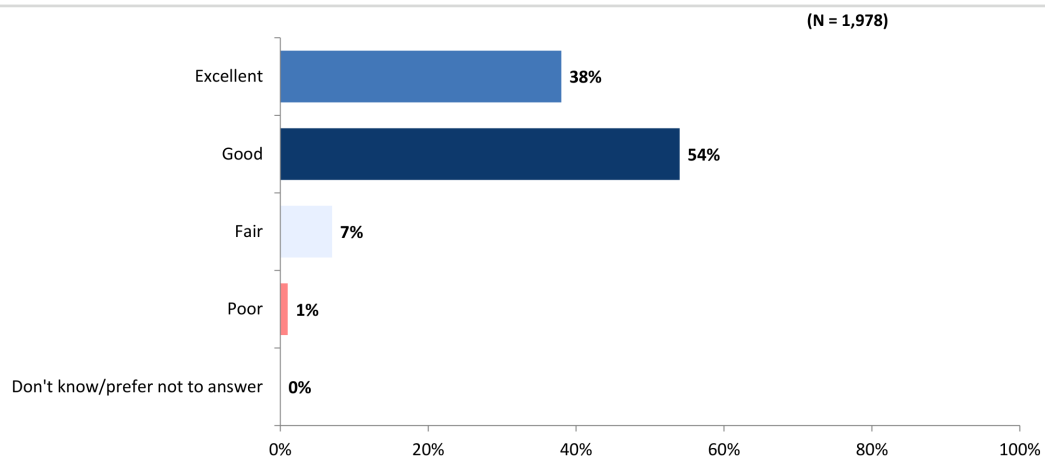


7

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How would you rate the overall quality of life in Montgomery County?

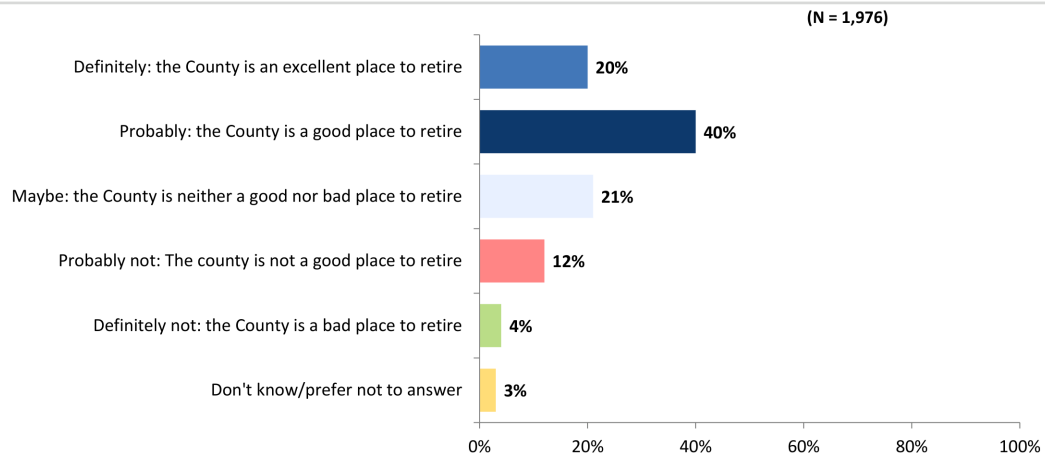


8

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Would you recommend Montgomery County to a family member or friend as a good place to retire?



9

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Please explain your answer to the previous question (please limit your response to 100 words or less).



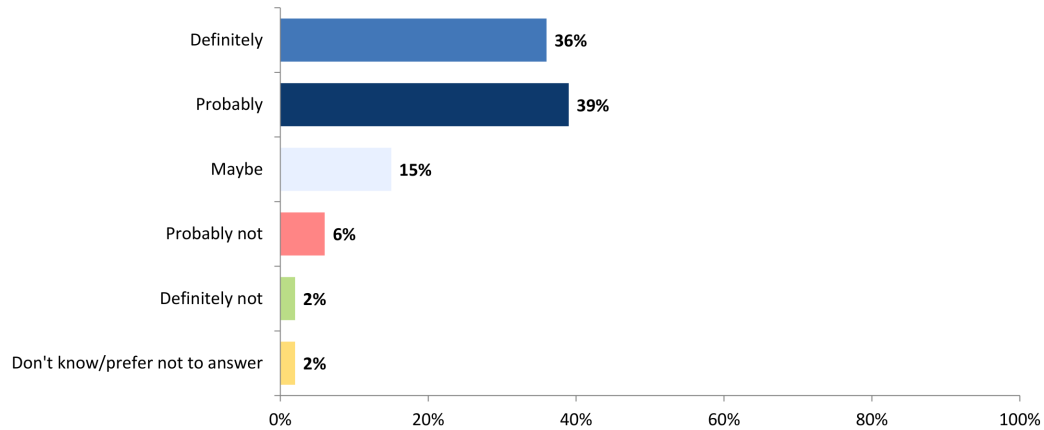
10

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Do you plan to continue to reside in Montgomery County for the long-term?

(N = 1,978)

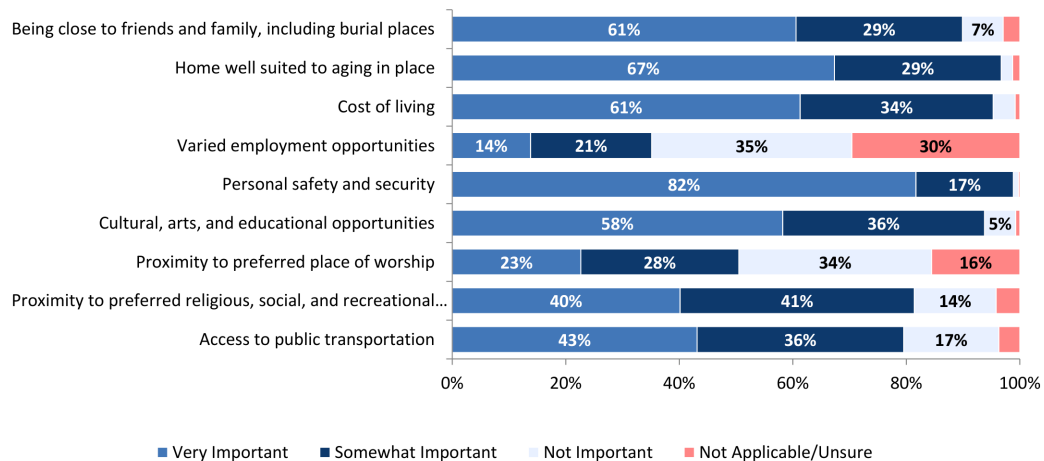


11



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important"

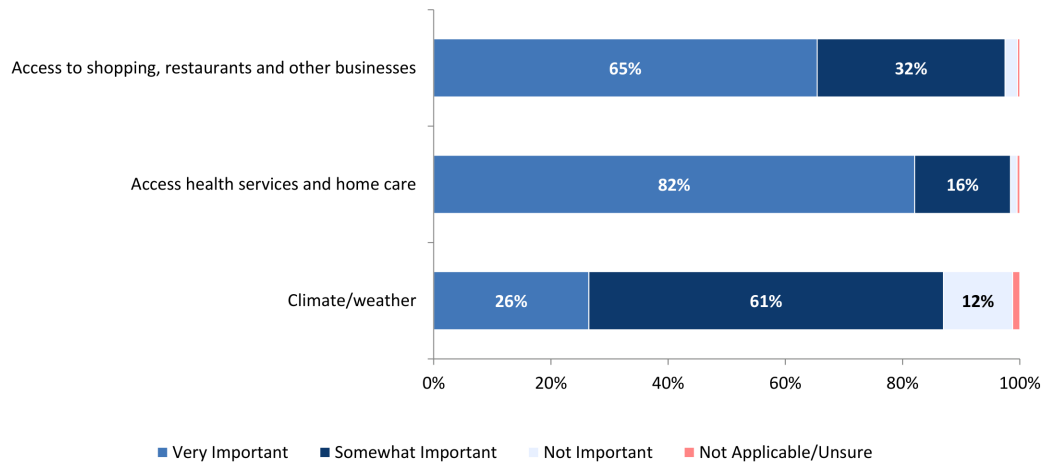


12



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

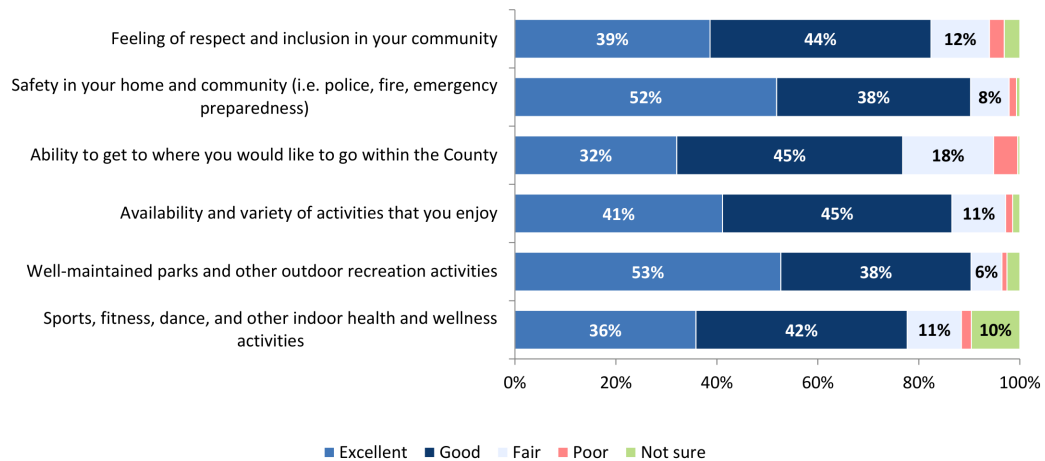


13



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information

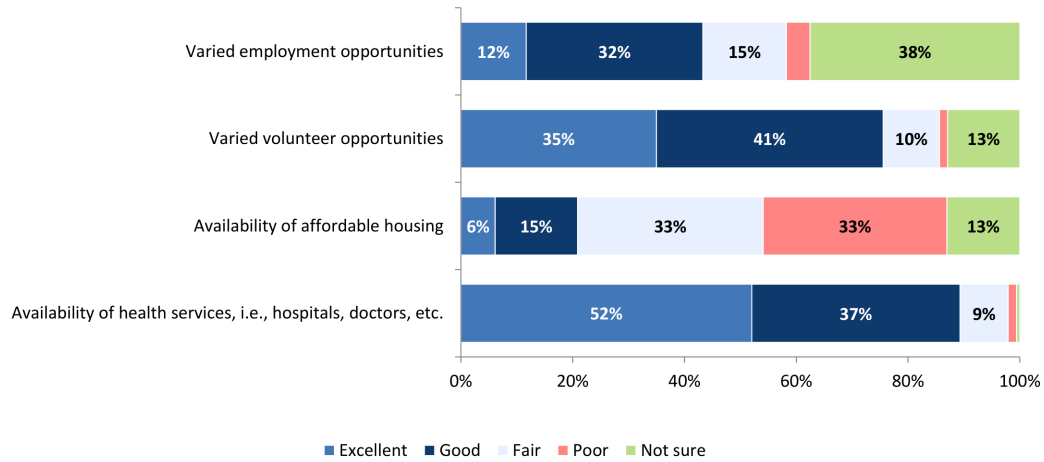


14



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

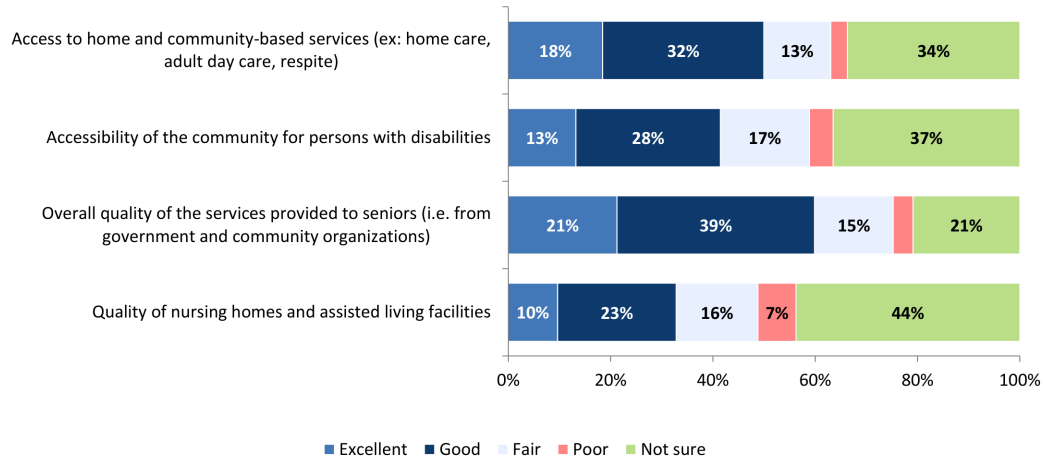


15



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

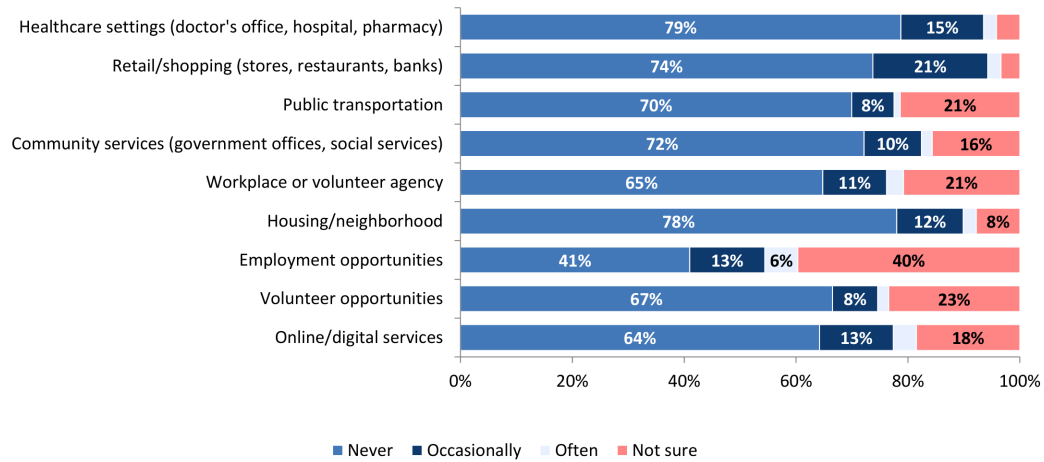


16



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information

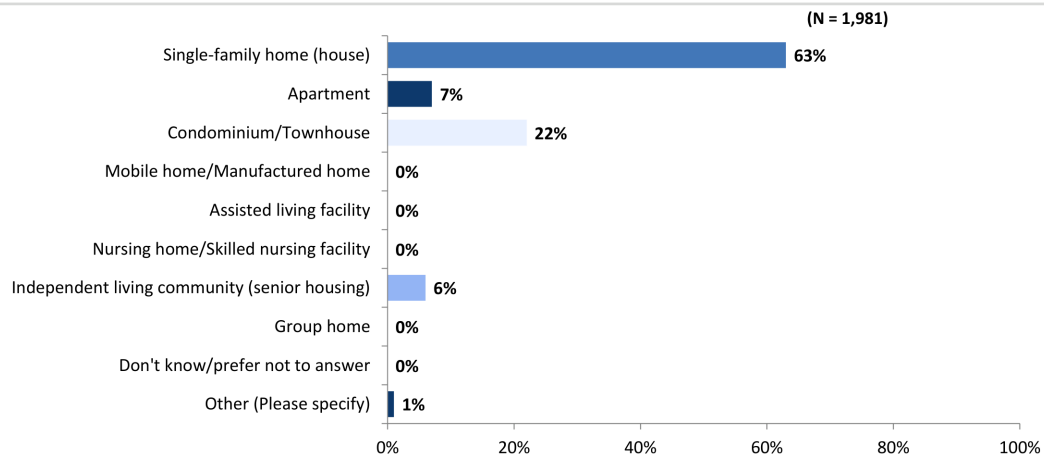


17



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What type of residence do you currently live in?

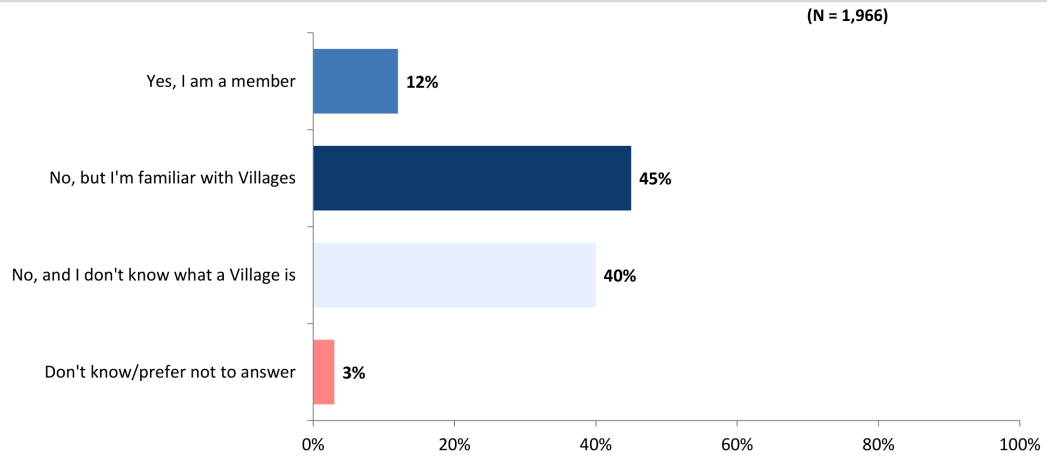


18



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Are you a member of a Village (a local volunteer organization that helps neighbors age in place through social connections and support services)?

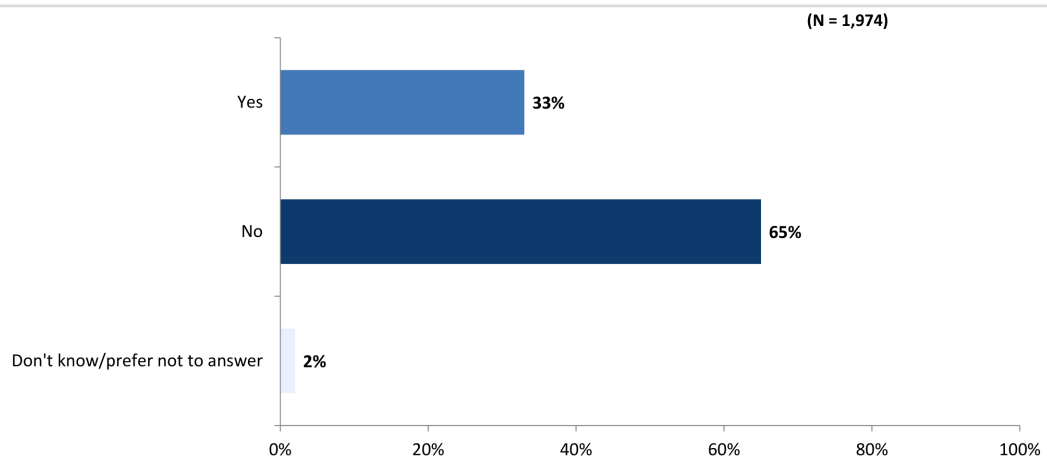


19



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Do you live alone?

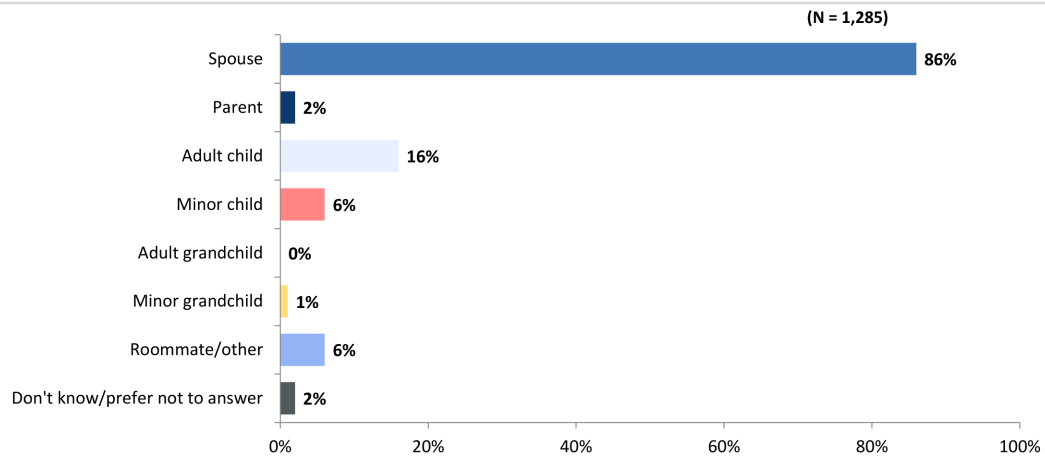


20



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Who lives with you?

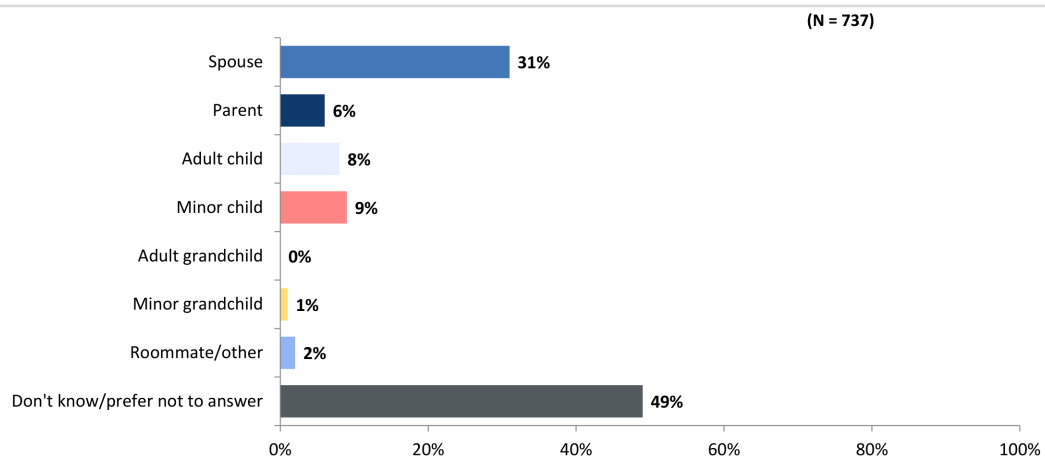


21



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Are you the primary caregiver for any of the following members of your household?

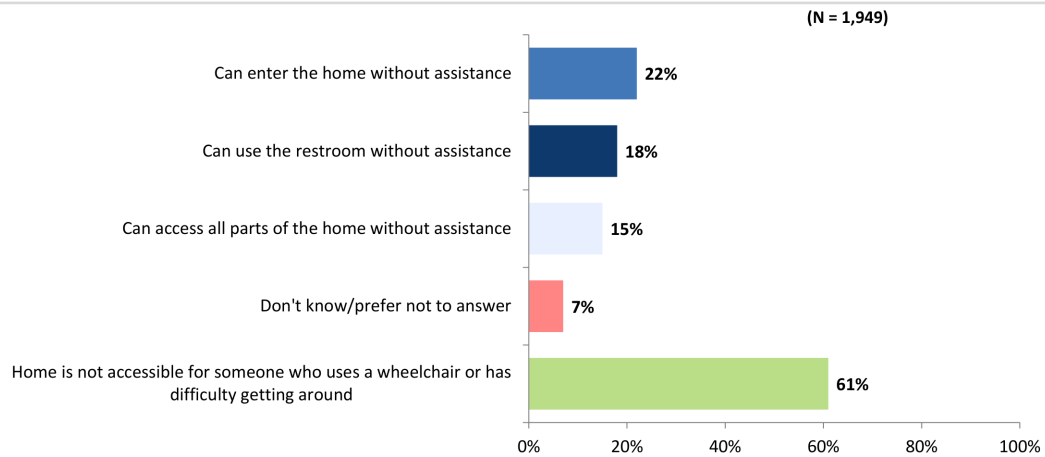


22



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How accessible is your home for someone who uses a wheelchair or has difficulty getting around?

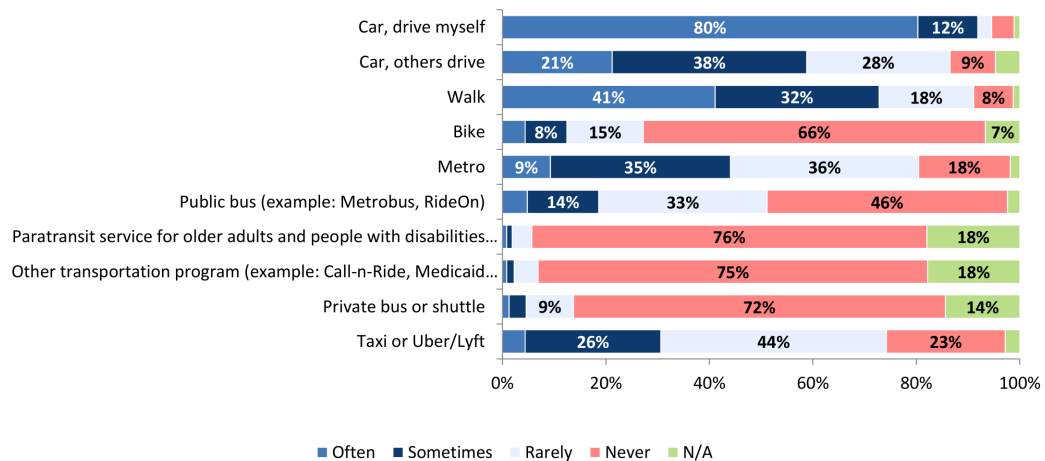


23



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week)



24



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor

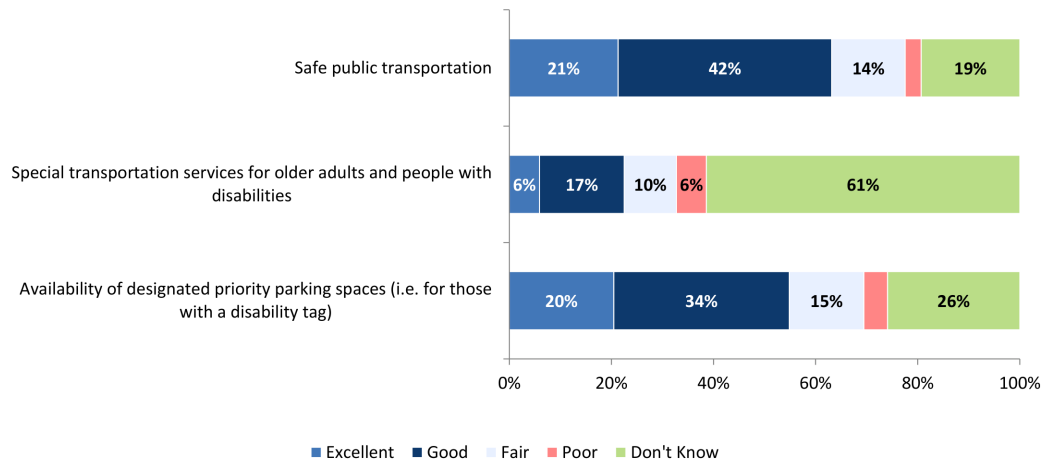


25



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

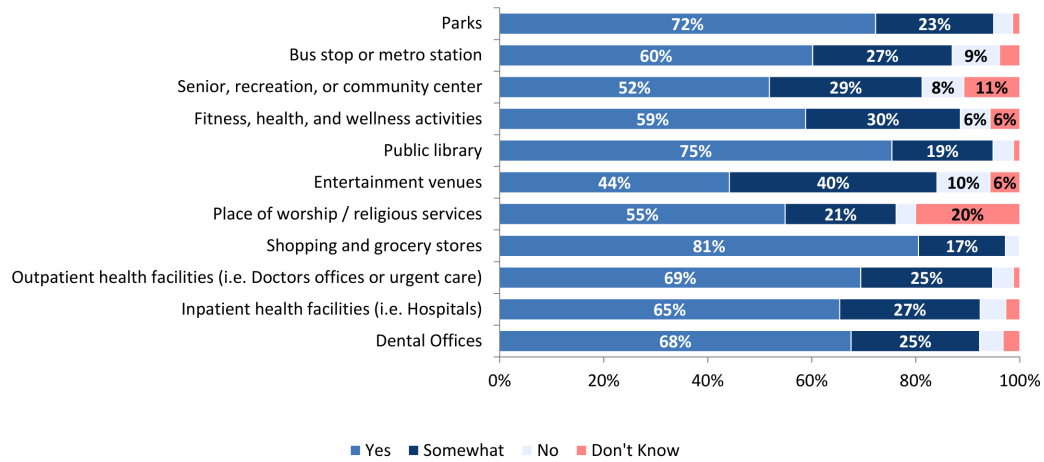


26



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not.

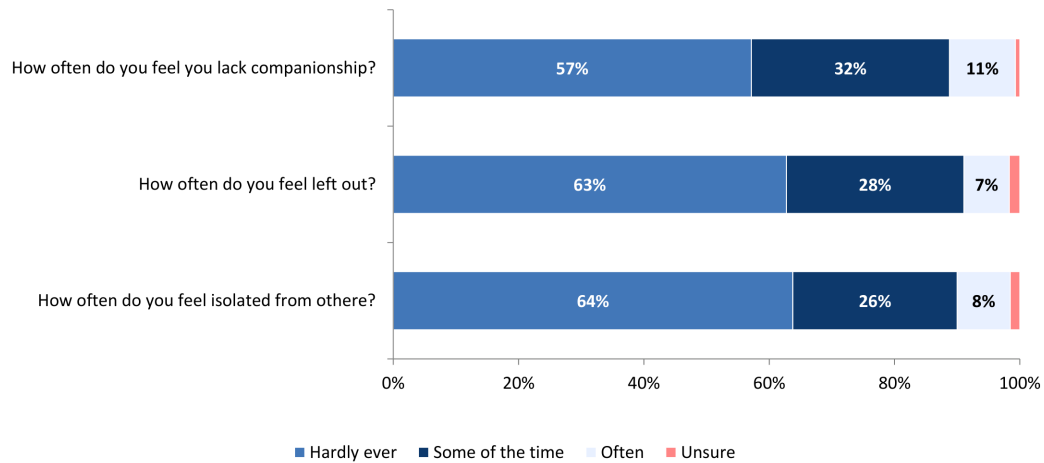


27



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Social isolation is a national concern, particularly among older adults. Please answer the following three questions evaluating loneliness in our community.: Please select how often each statement applies to you.



28



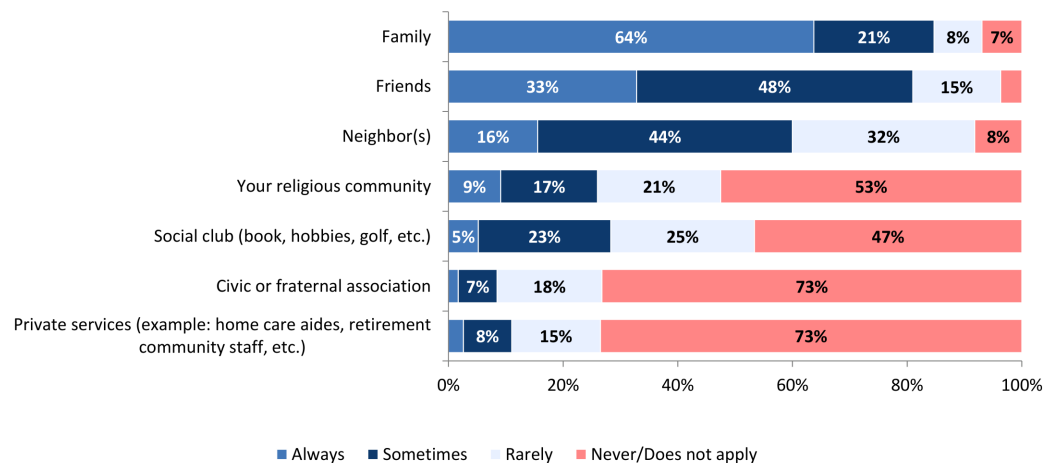
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Is there anything that gets in the way, or makes it difficult for you to interact with friends, family, and neighbors? If so, please describe.



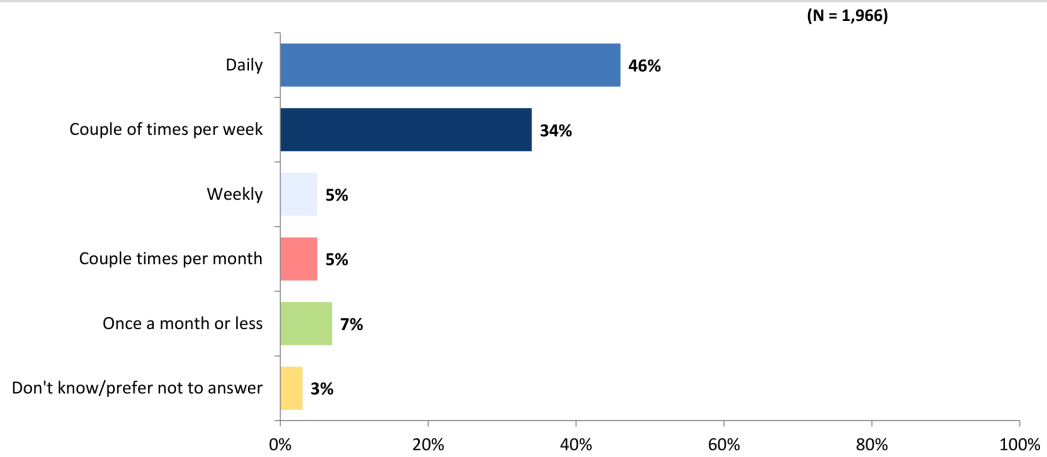
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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource.



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?

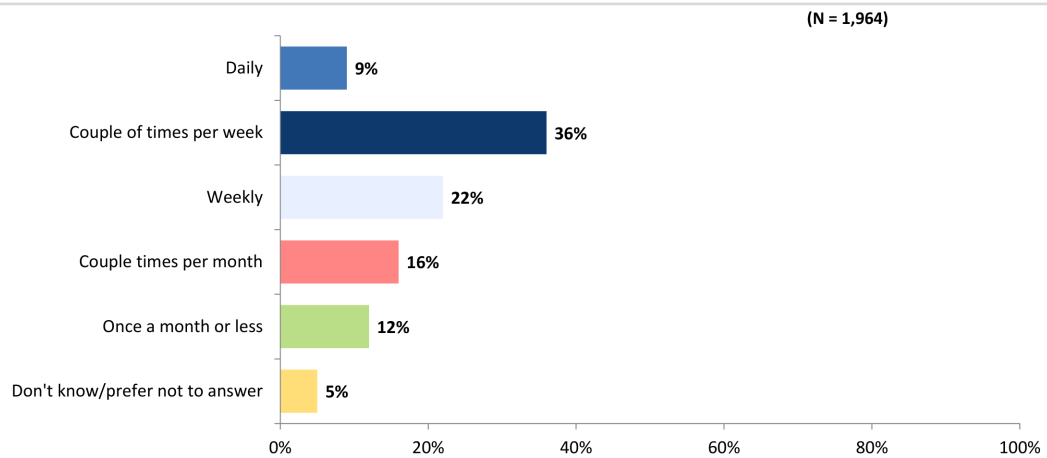


31



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How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.?

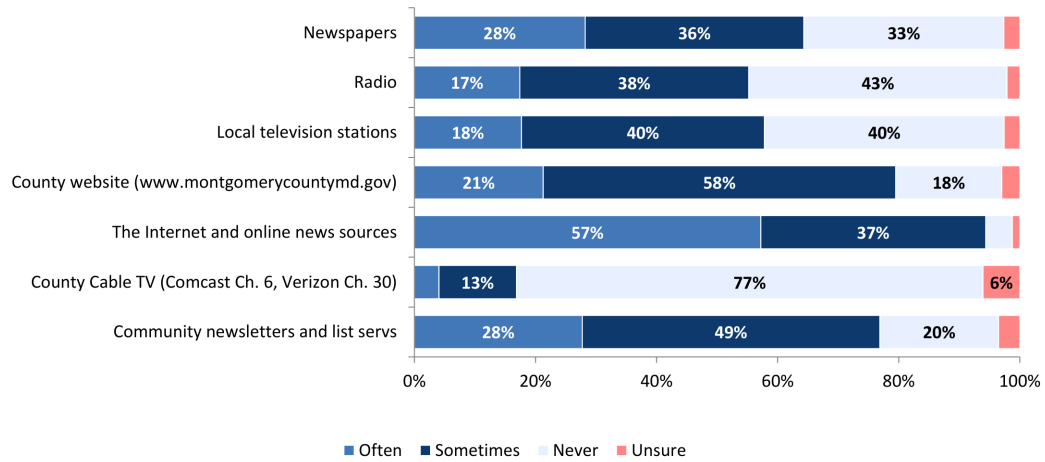


32



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source.

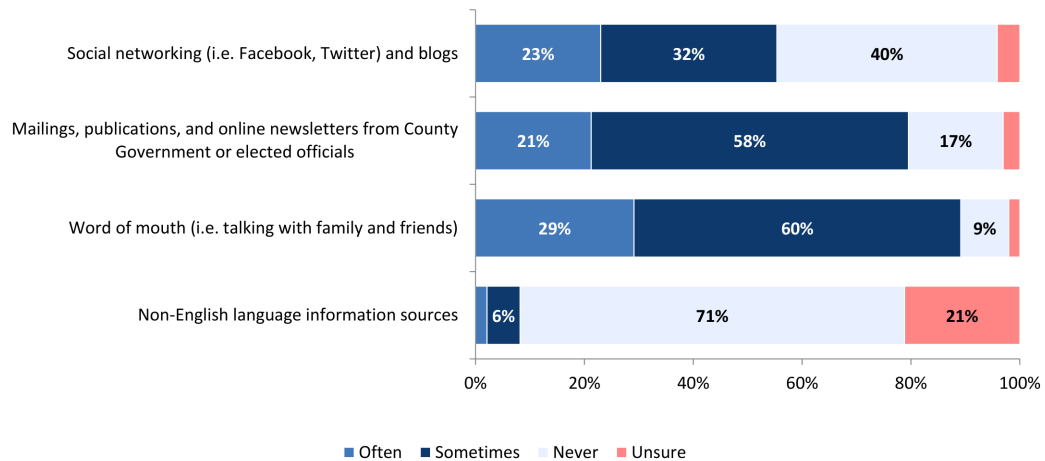


33



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

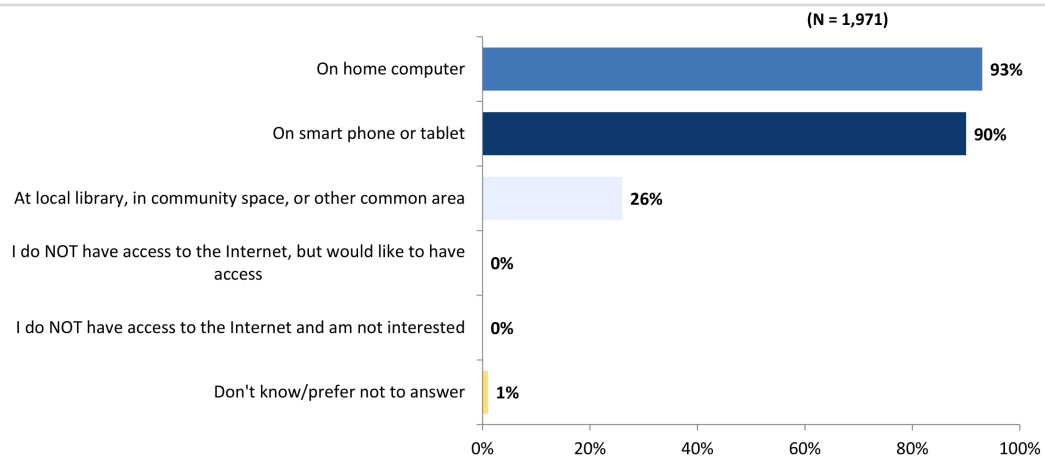


34



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Do you have access to the internet? (Check all that apply)

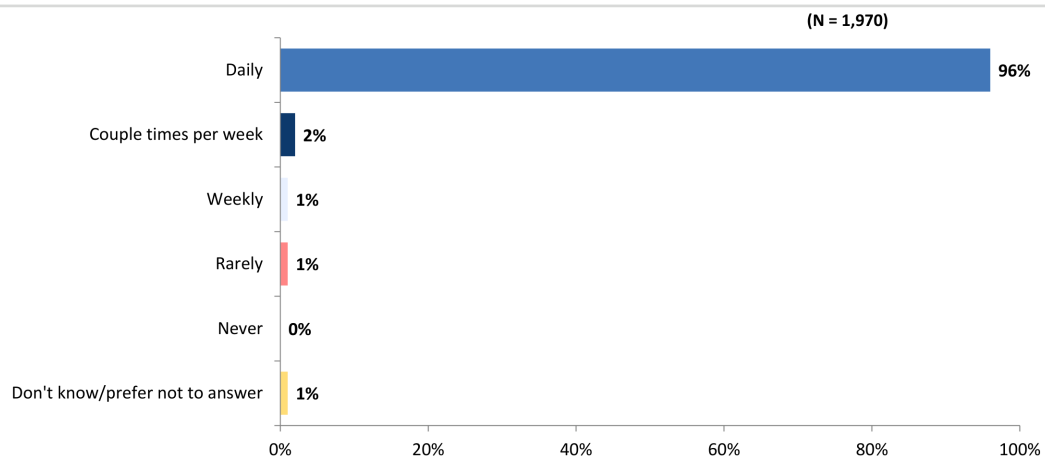


35



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How often do you use the internet? (PC / Tablet / Smart phone) ?

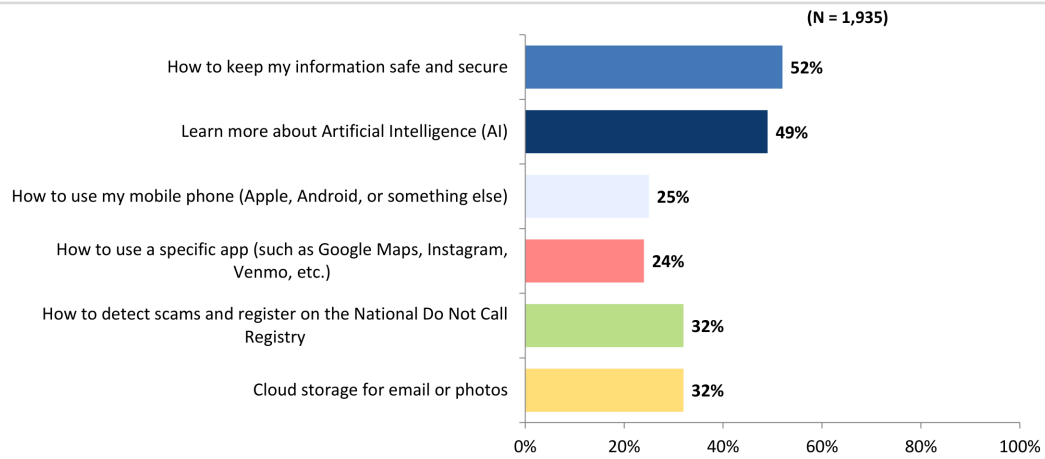


36



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If you were to take a class to use technology or the internet, which of these topics would interest you?

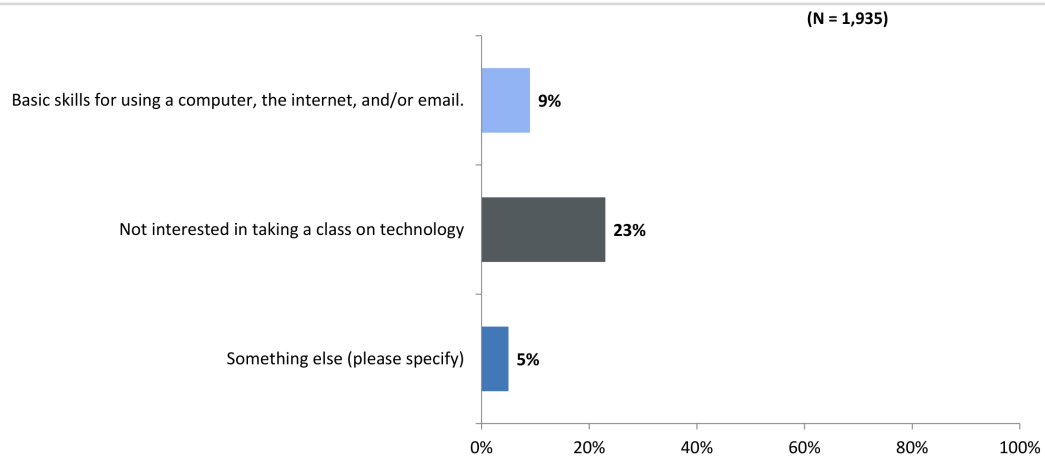


37



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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

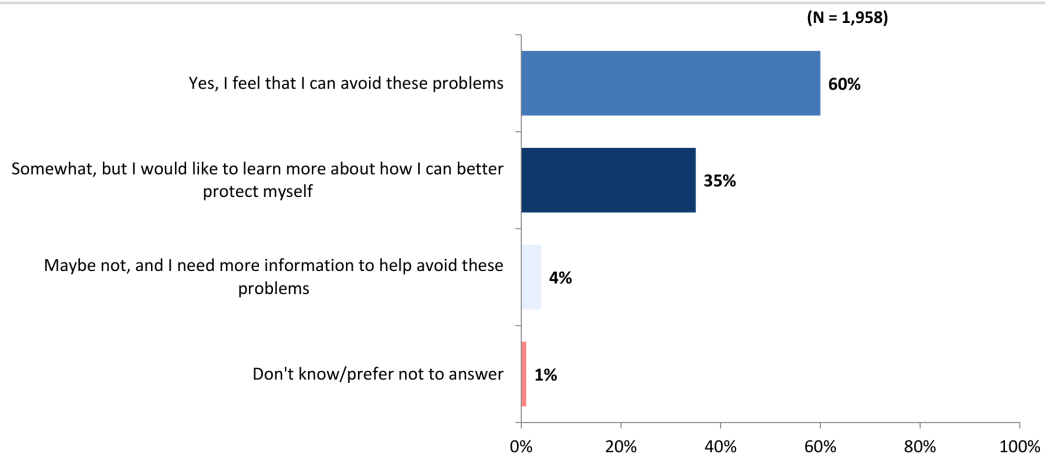


38



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Do you feel comfortable with your knowledge of financial scams and your ability to avoid them?

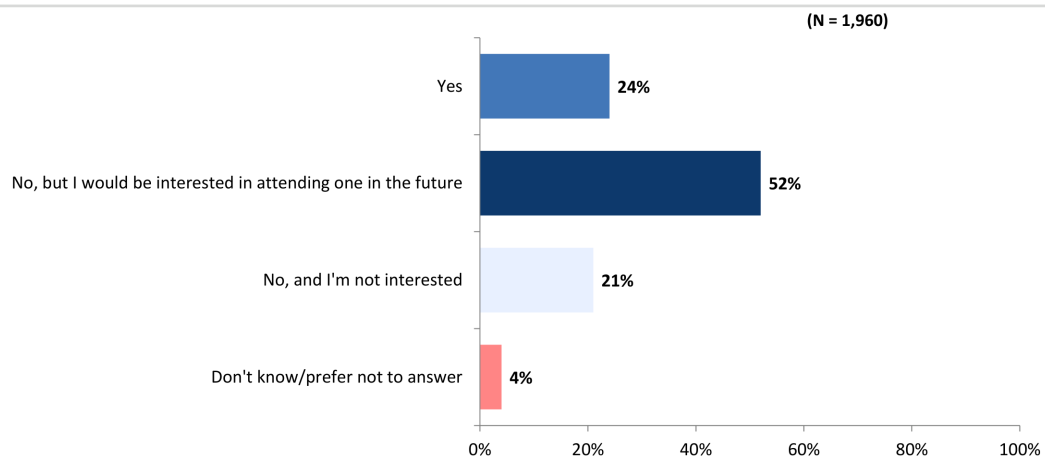


39



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Have you attended an emergency preparedness presentation or public safety event in the past 2 years?

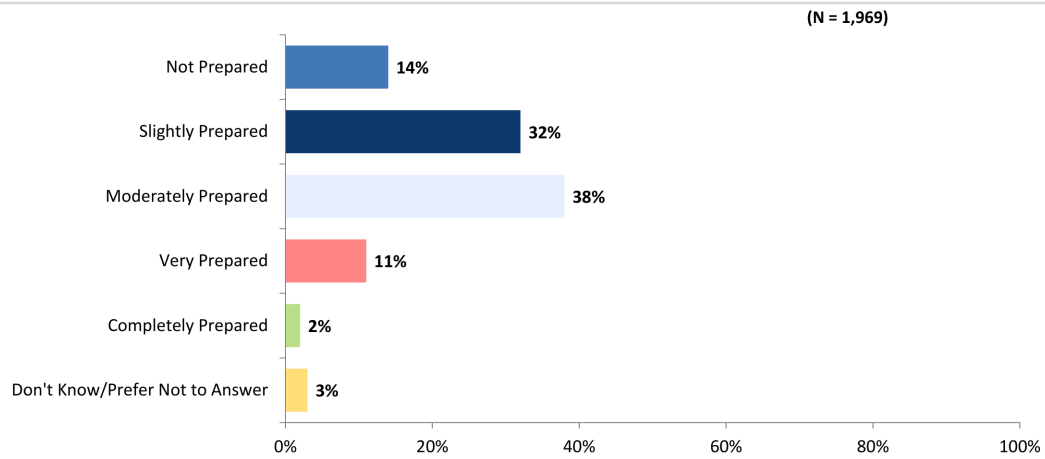


40



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How prepared do you feel to respond to an emergency or disaster in Montgomery County?

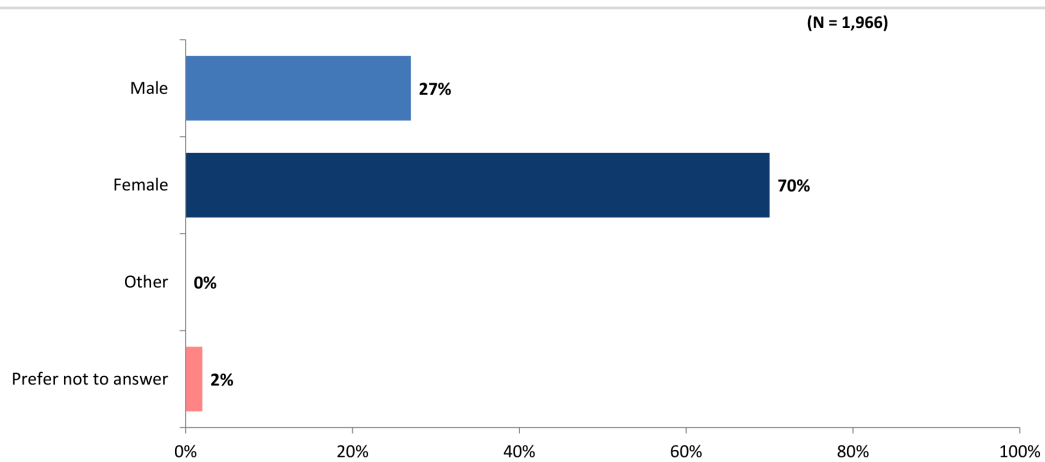


41



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What is your gender?

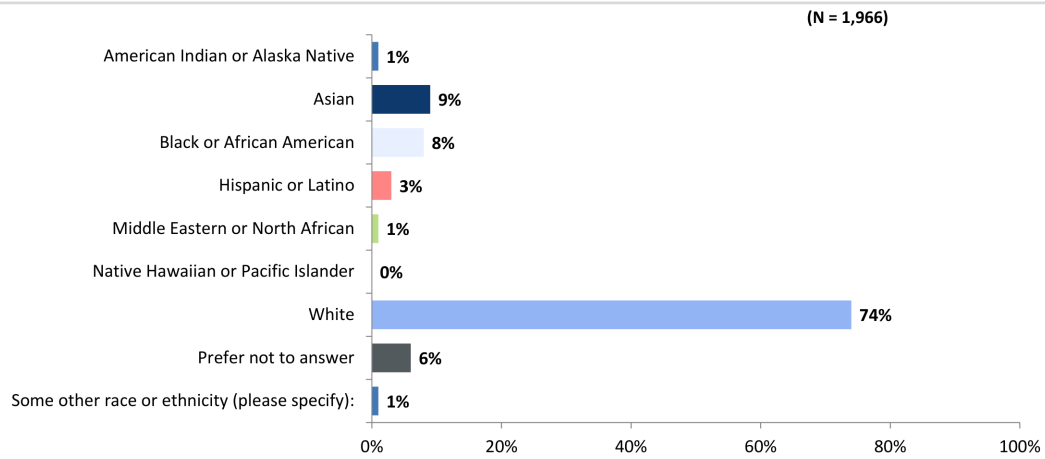


42



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What is your race/ethnicity? (Check all that apply)

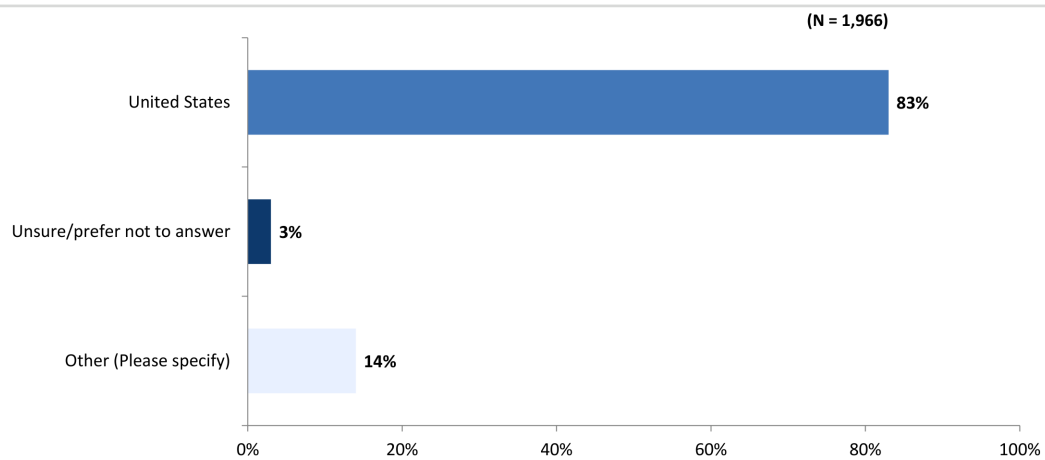


43



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In what country were you born?

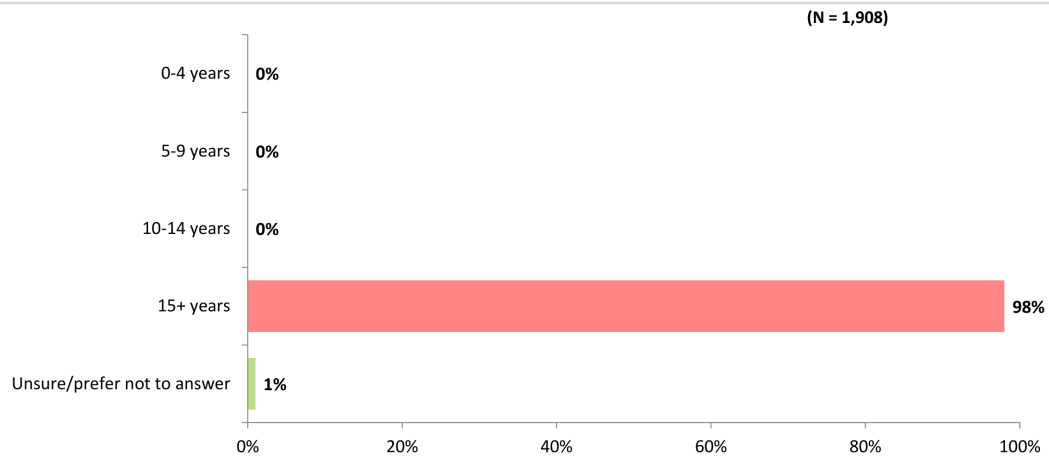


44



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How long have you lived in the United States?

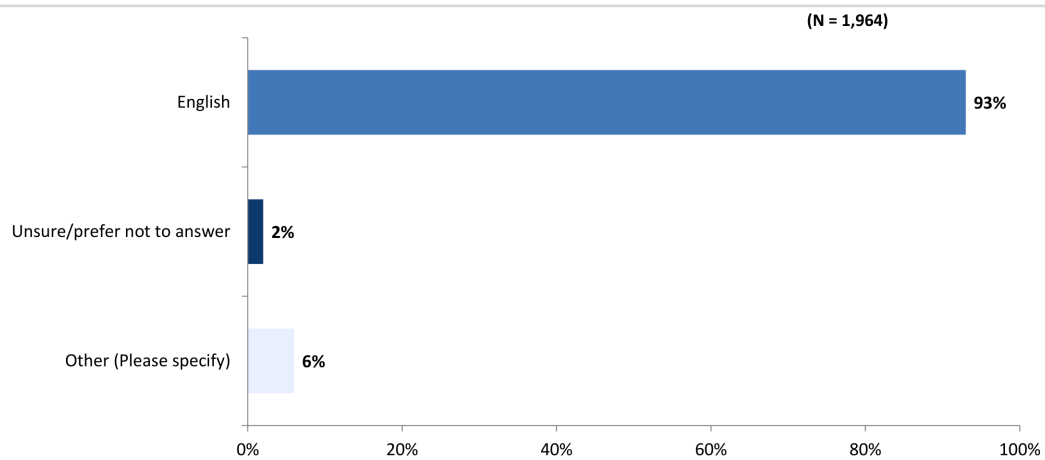


45

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What language do you primarily speak at home?

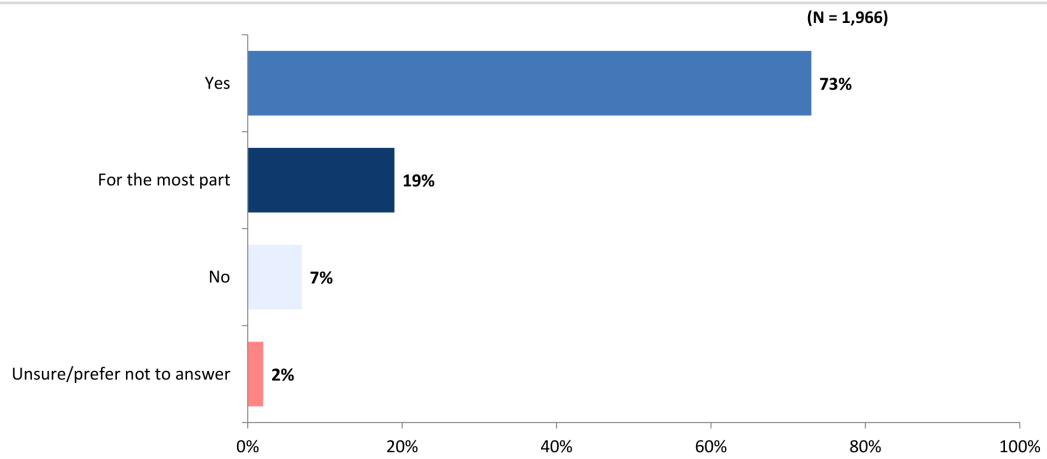


46

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Over the past year, have you felt like you had enough income to meet your basic needs (food, housing, etc.)?

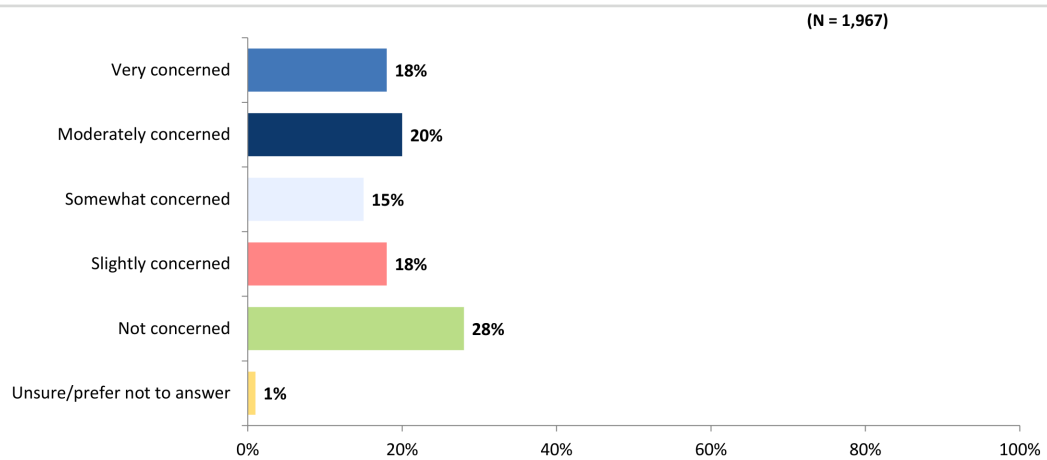


47



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How concerned are you about your ability to afford a good quality of life after age 65?

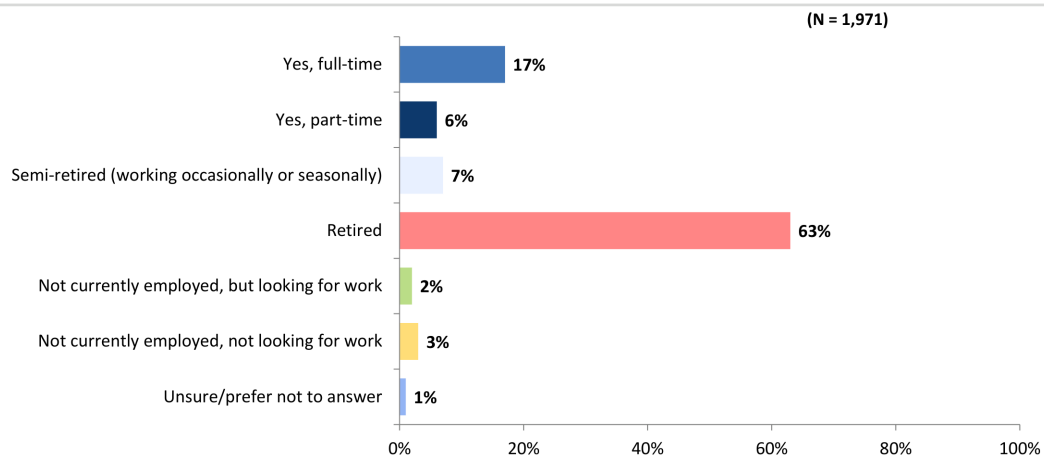


48



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Are you currently employed?

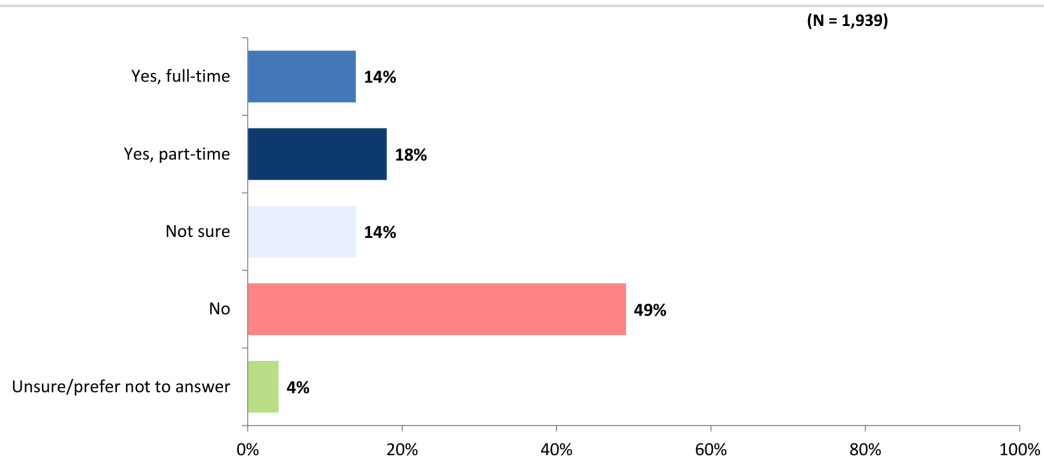


49

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Do you think you will work for pay after age 65?

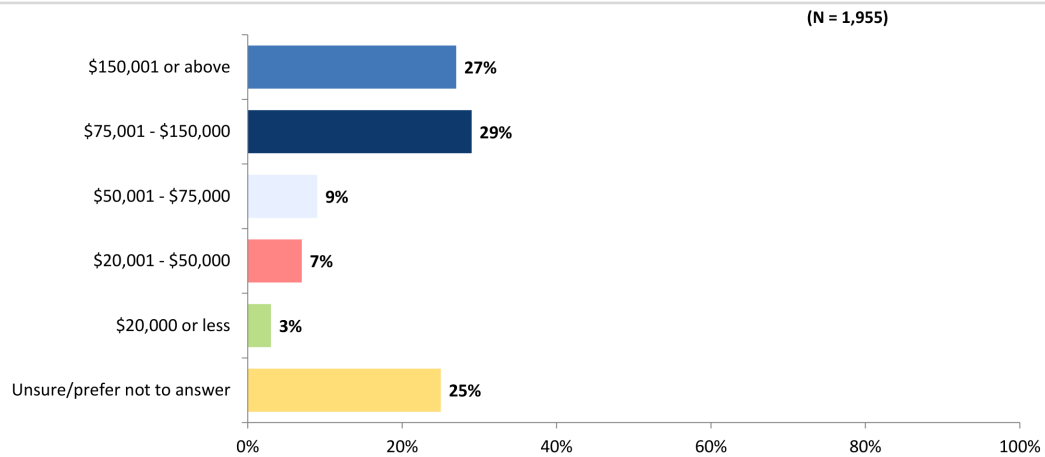


50

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What, roughly, is your annual household income?

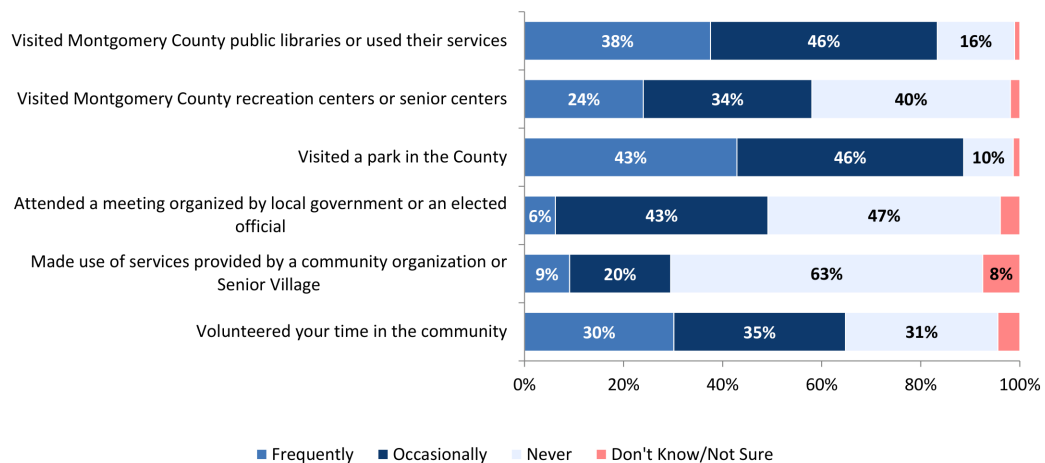


51



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in.

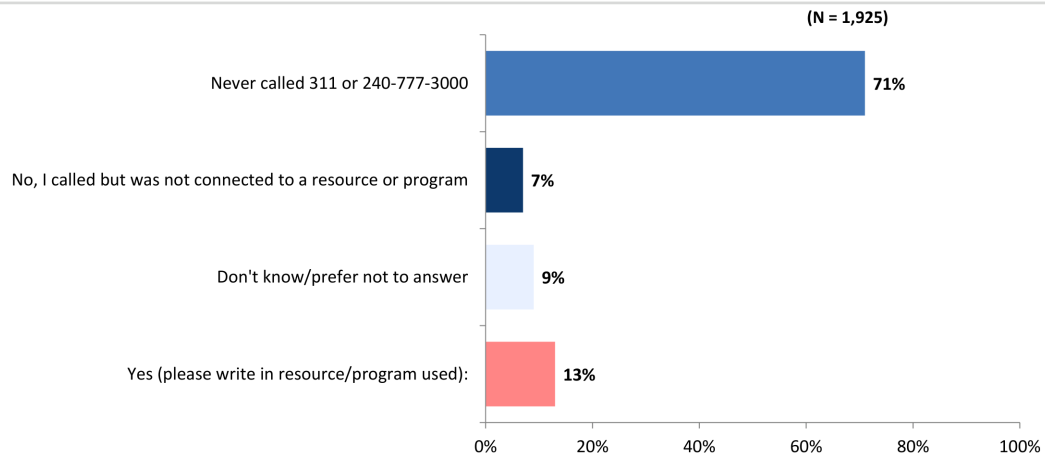


52



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If you called 311 or 240-777-3000 (Aging and Disability Services) in the past year, were you connected to a resource or program that you used?

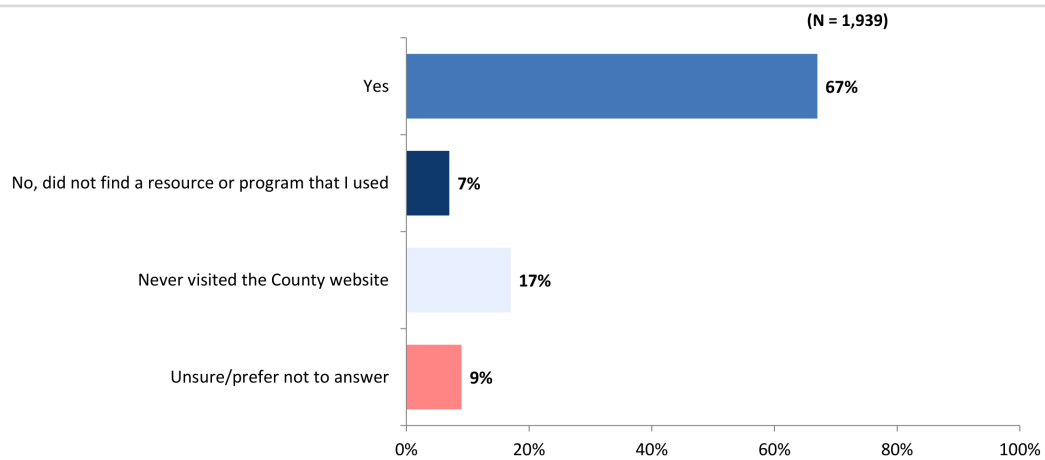


53



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If you visited the Montgomery County website (www.montgomerycountymd.gov) in the past year, could you find information on a resource or program you used?



54



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What do you like best about living in Montgomery County?



55

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In what area(s) can Montgomery County improve the most?



56

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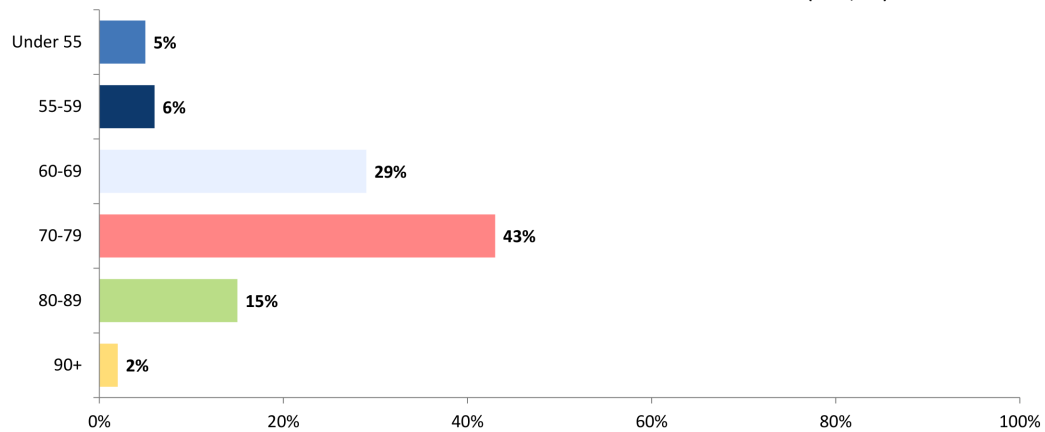
Survey Analysis

Stratified By Age

57

What is your current age?

(N = 2,023)

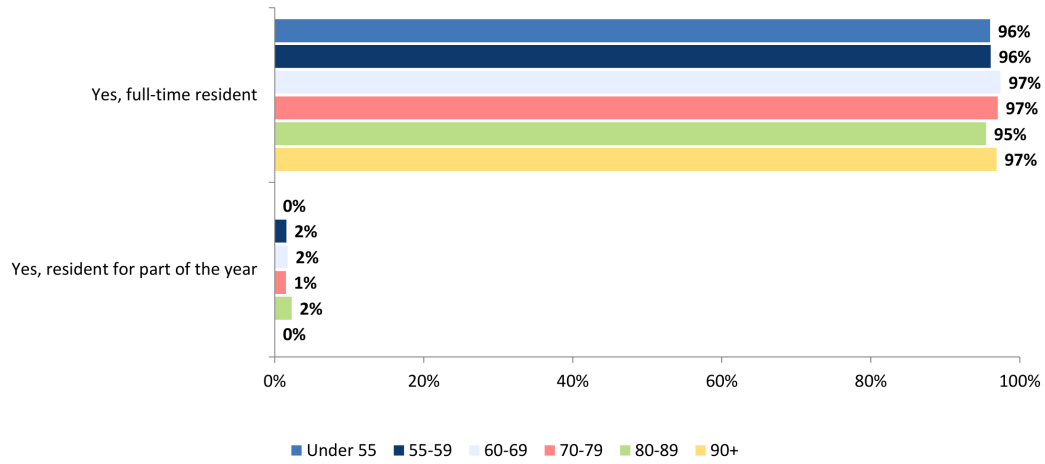


58



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Are you a resident of Montgomery County, Maryland?

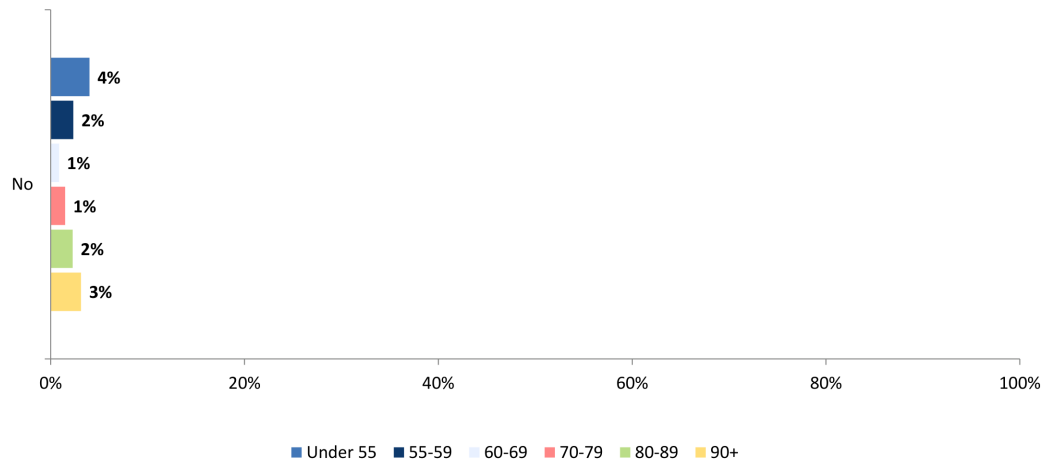


59



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Are you a resident of Montgomery County, Maryland? (Continued)

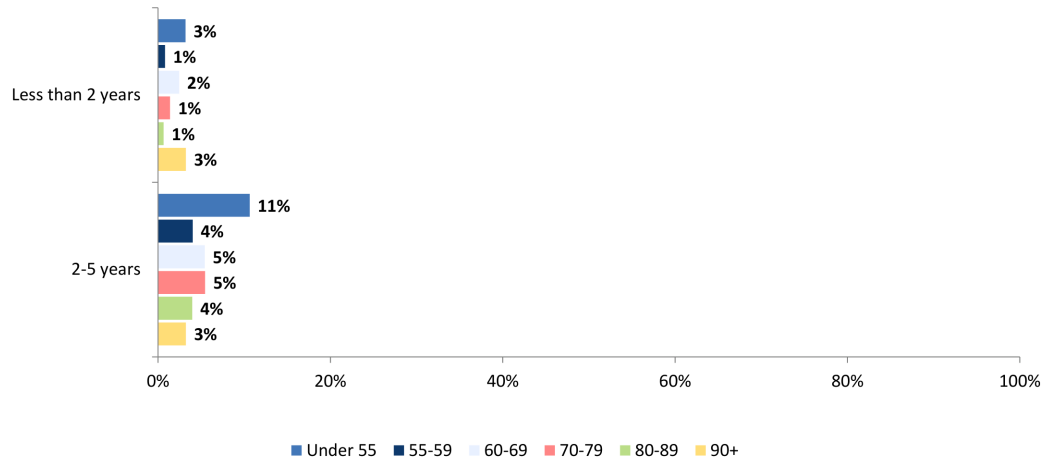


60



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How long have you lived in Montgomery County?

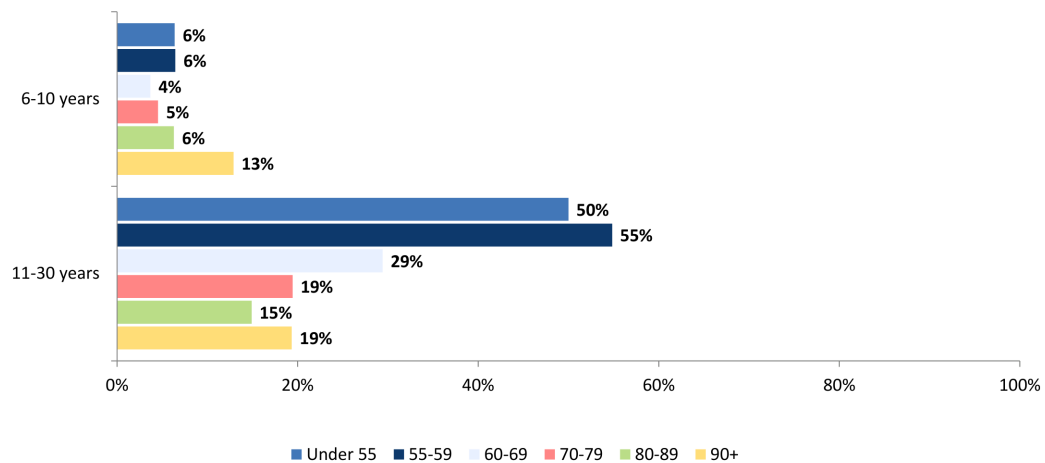


61



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How long have you lived in Montgomery County? (Continued)

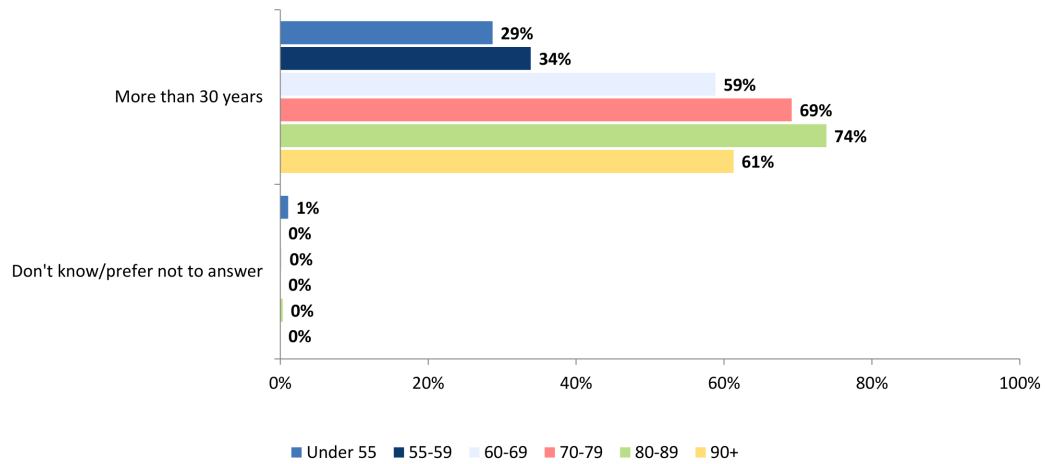


62



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How long have you lived in Montgomery County? (Continued)

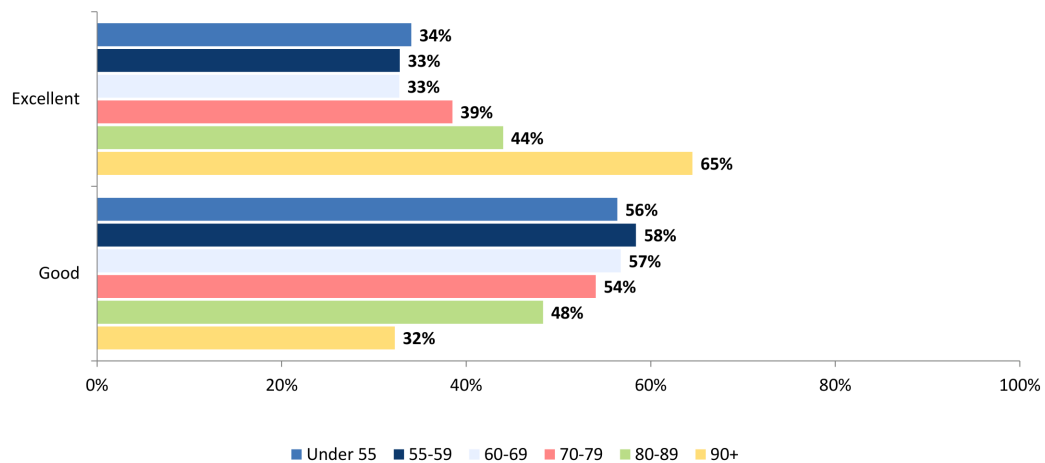


63



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How would you rate the overall quality of life in Montgomery County?

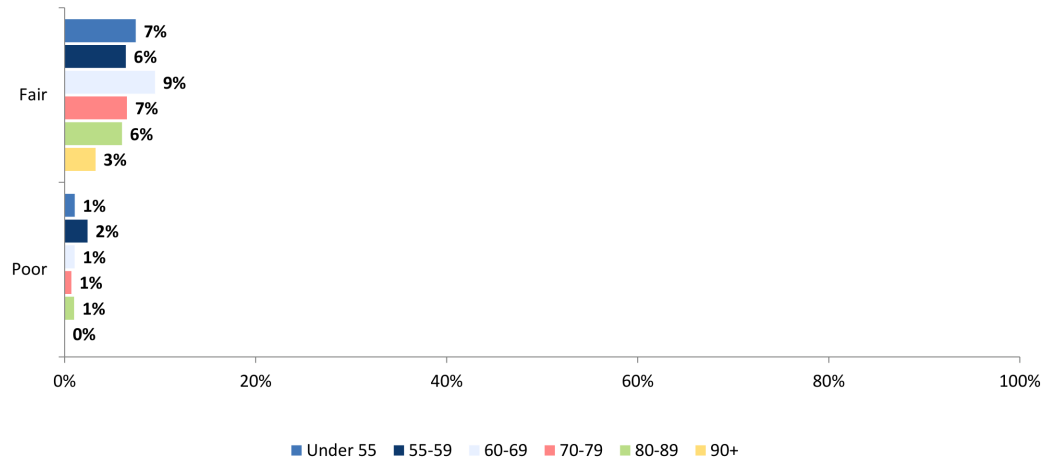


64



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How would you rate the overall quality of life in Montgomery County? (Continued)

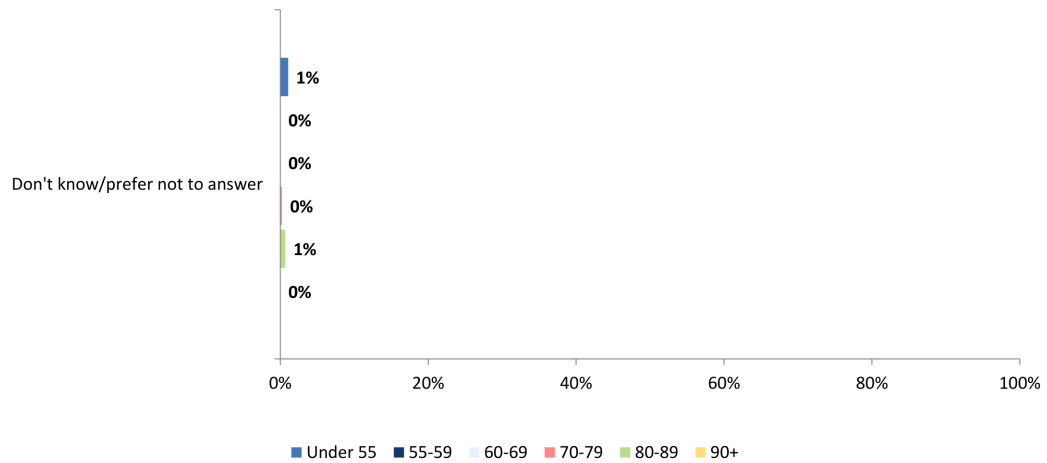


65



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How would you rate the overall quality of life in Montgomery County? (Continued)

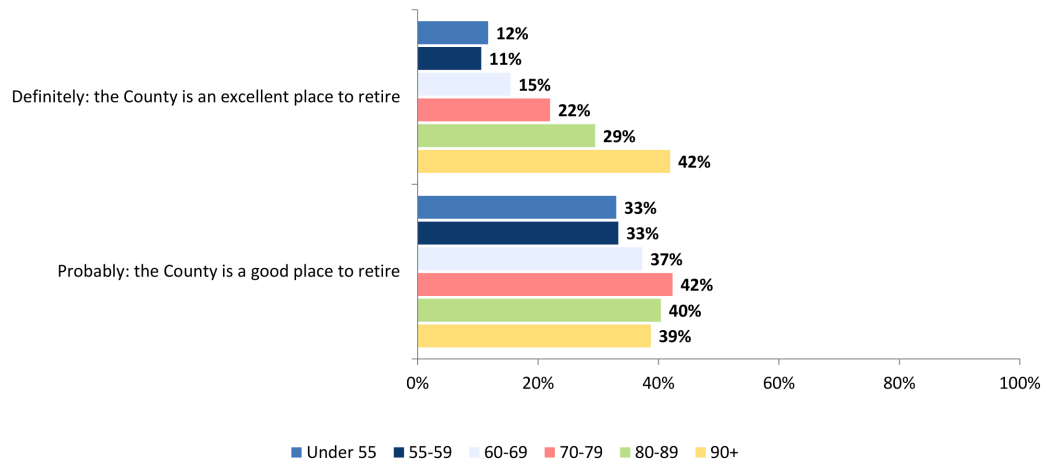


66



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Would you recommend Montgomery County to a family member or friend as a good place to retire?

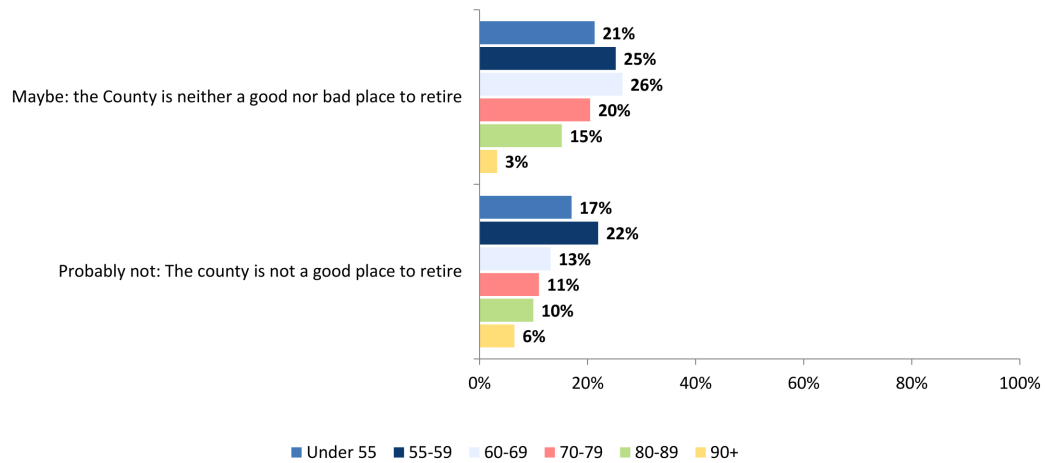


67



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Would you recommend Montgomery County to a family member or friend as a good place to retire? (Continued)



68



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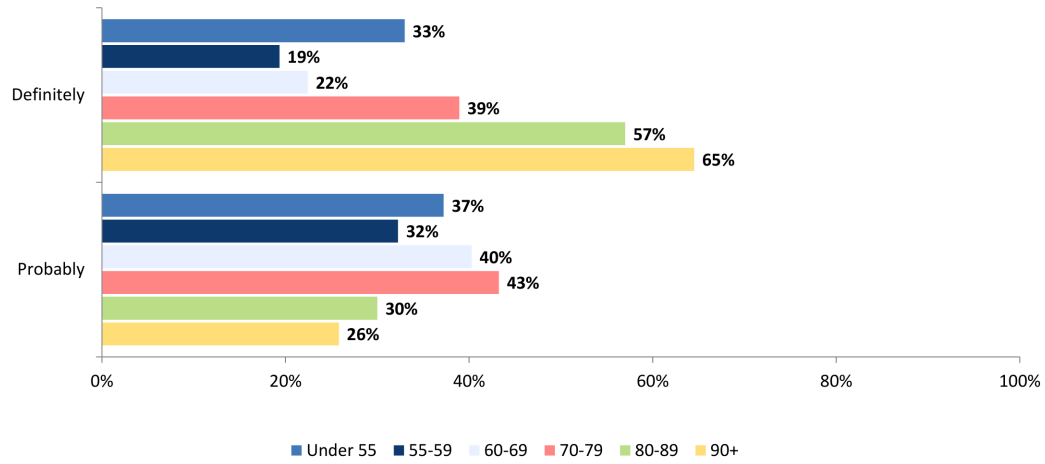


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Do you plan to continue to reside in Montgomery County for the long-term?

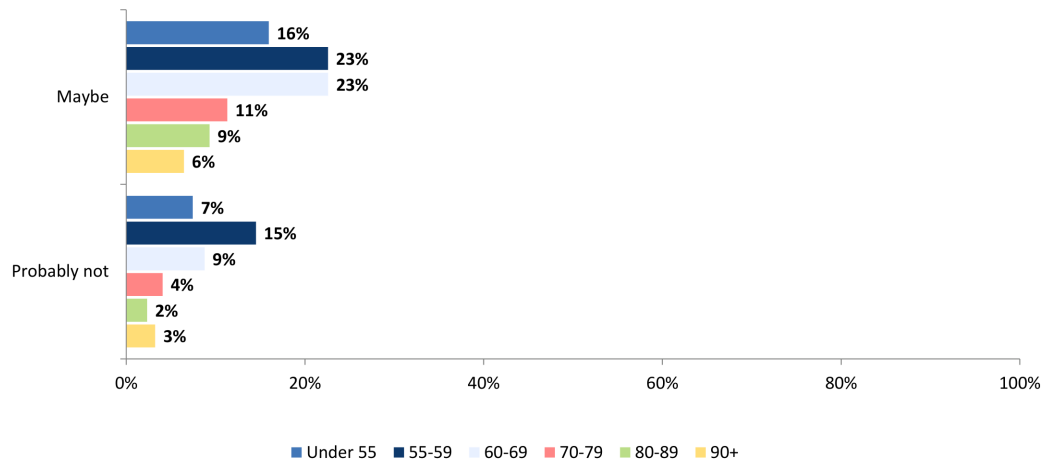


71



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Do you plan to continue to reside in Montgomery County for the long-term? (Continued)

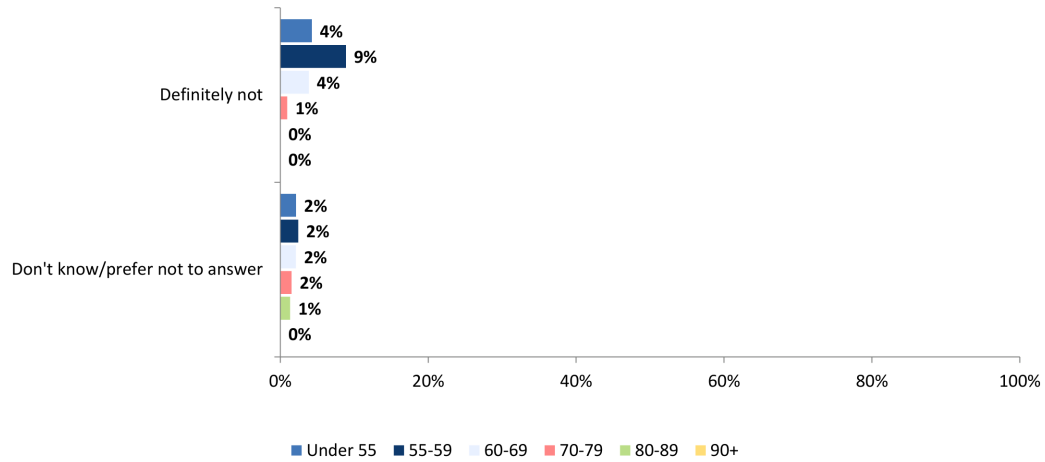


72



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Do you plan to continue to reside in Montgomery County for the long-term? (Continued)

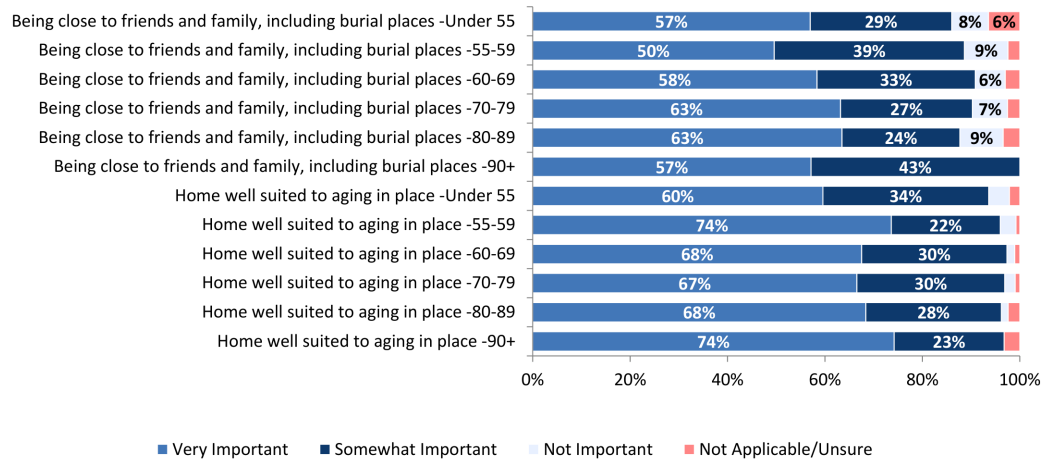


73



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important"

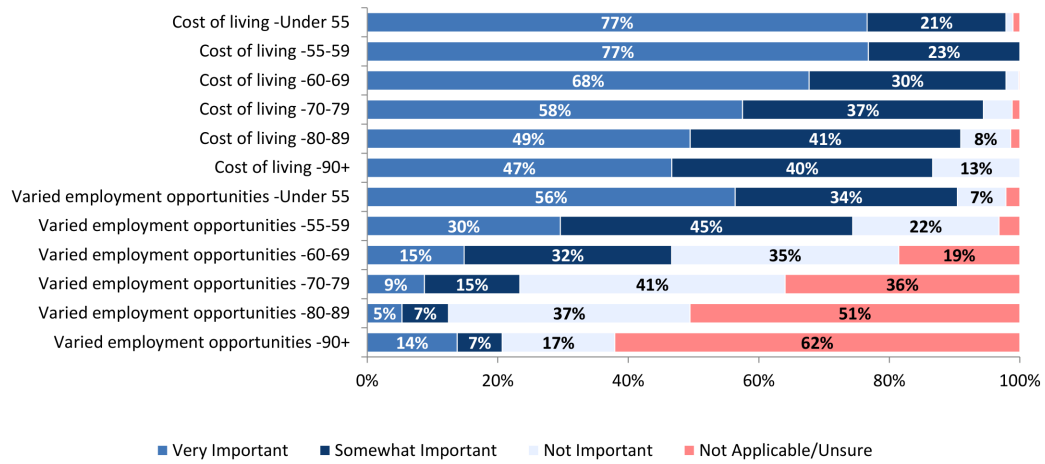


74



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

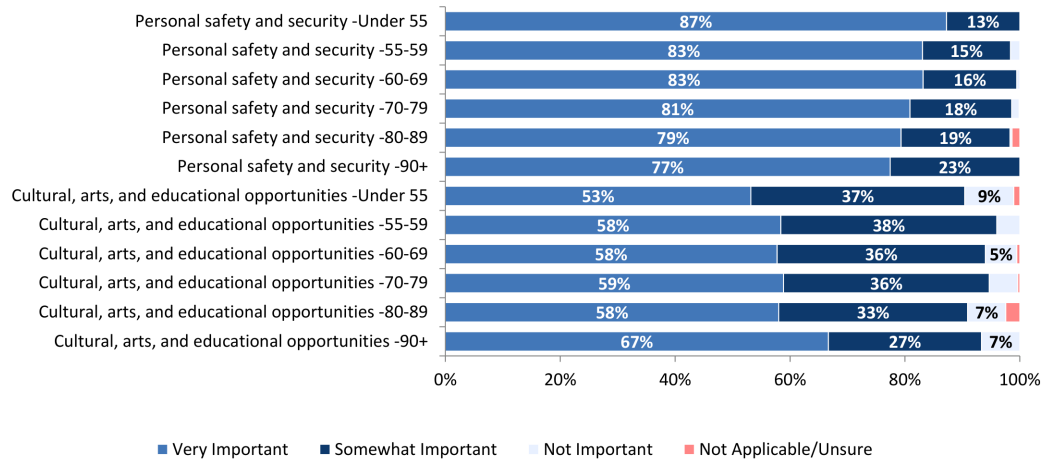


75



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

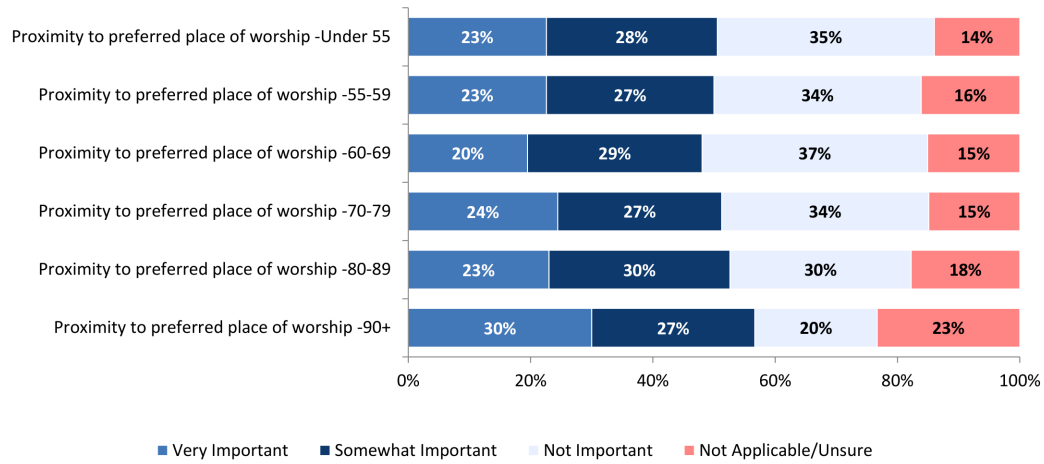


76



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

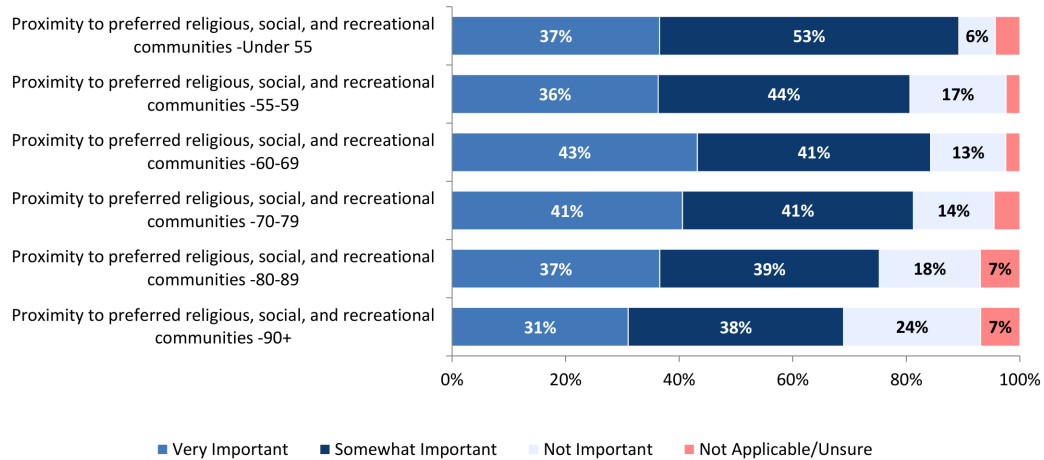


77



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

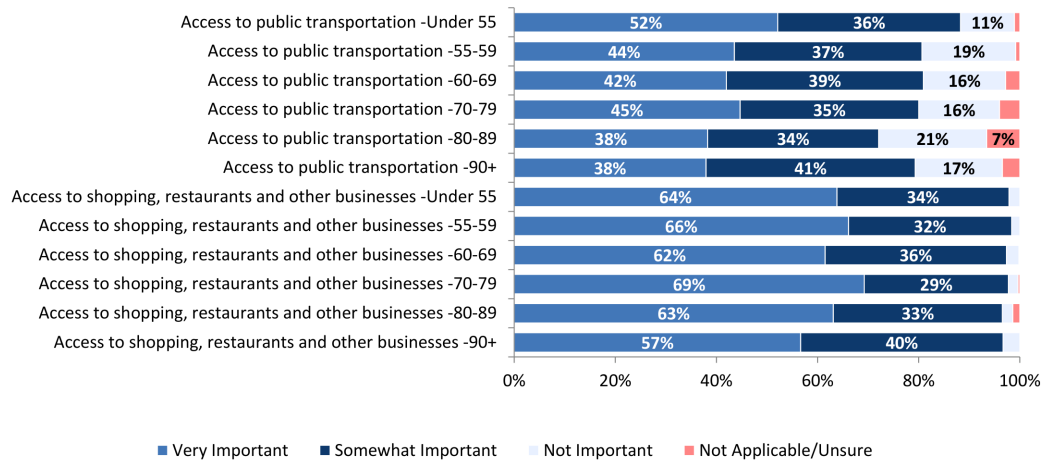


78



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

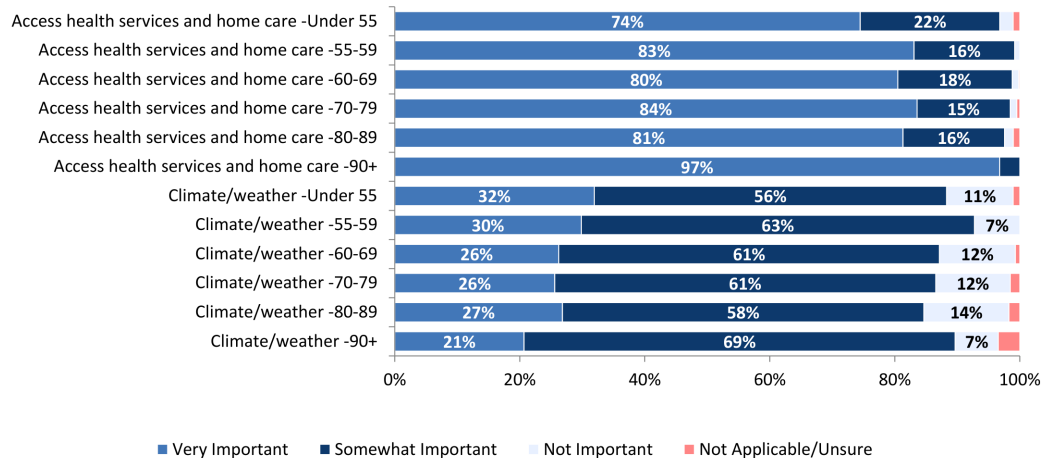


79



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

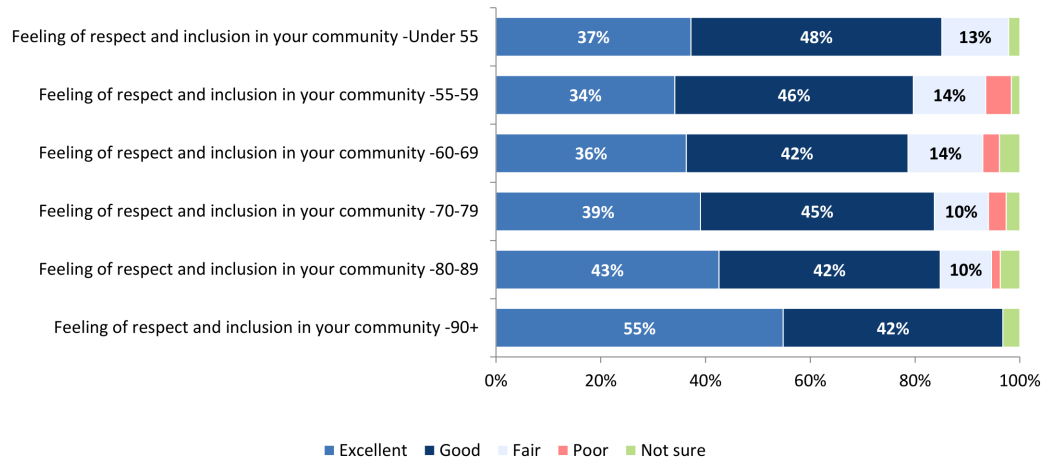


80



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information

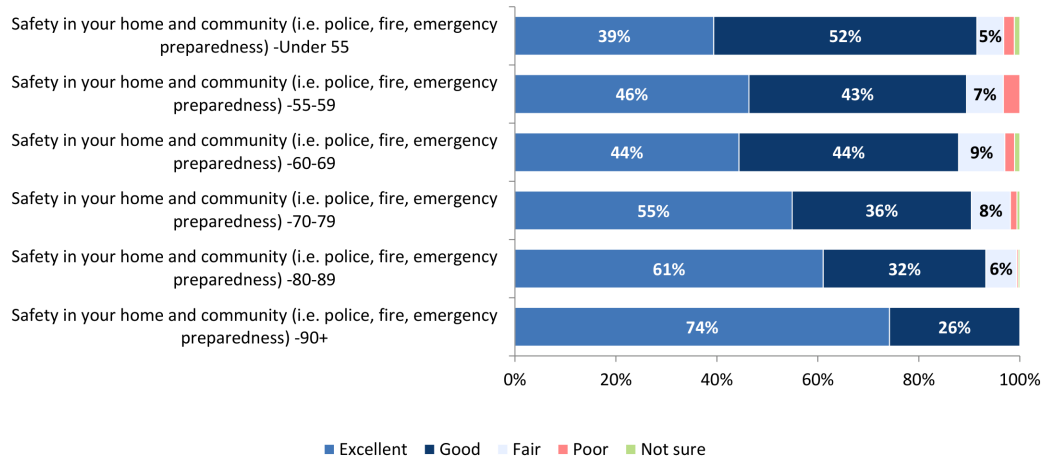


81



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

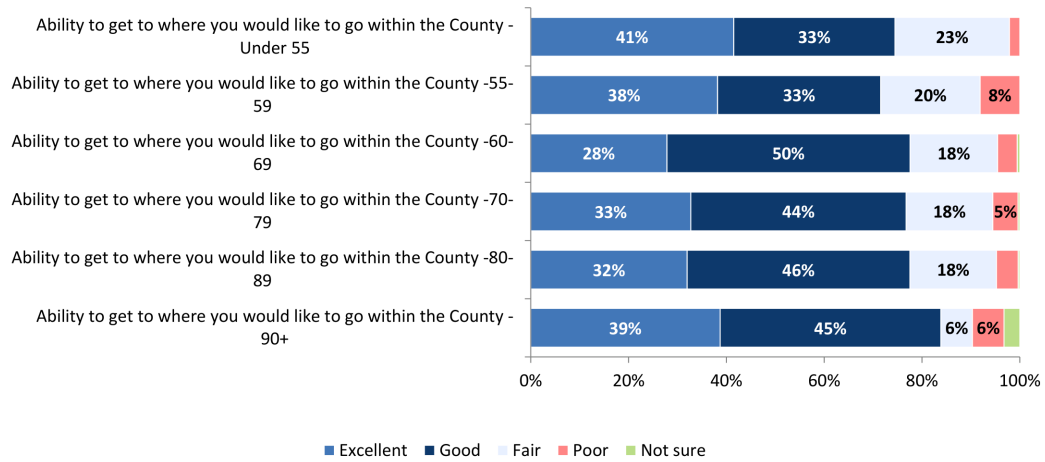


82



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

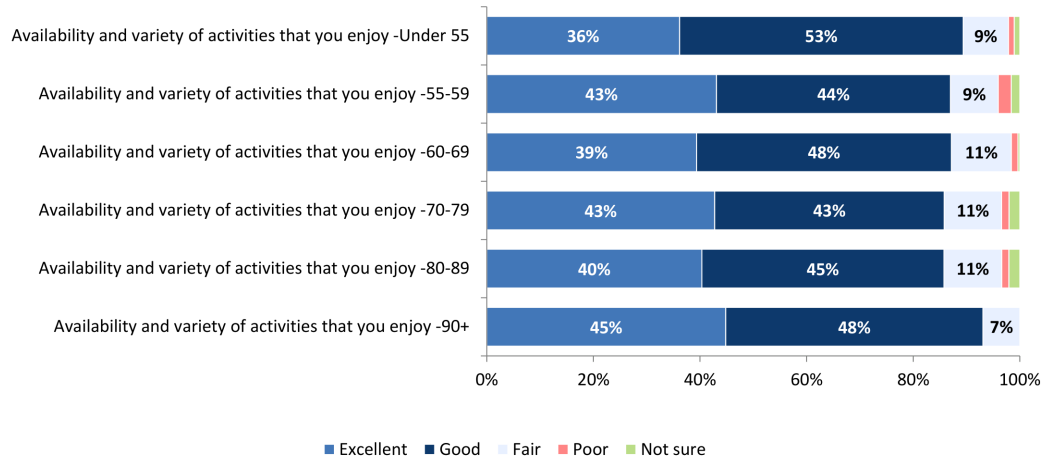


83



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

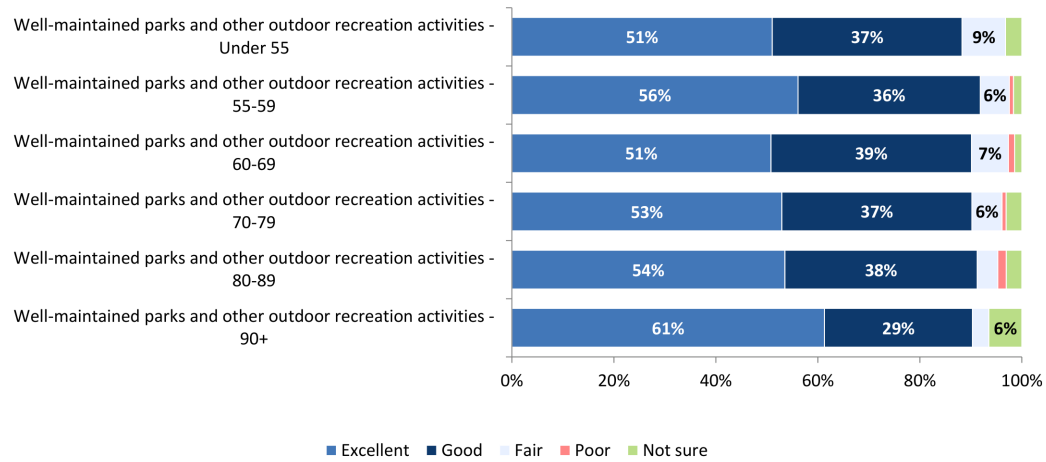


84



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

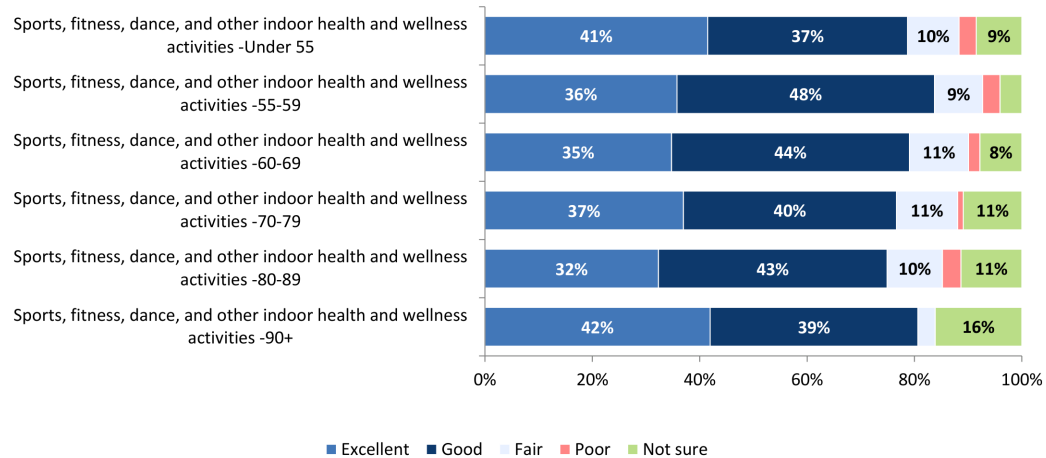


85



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

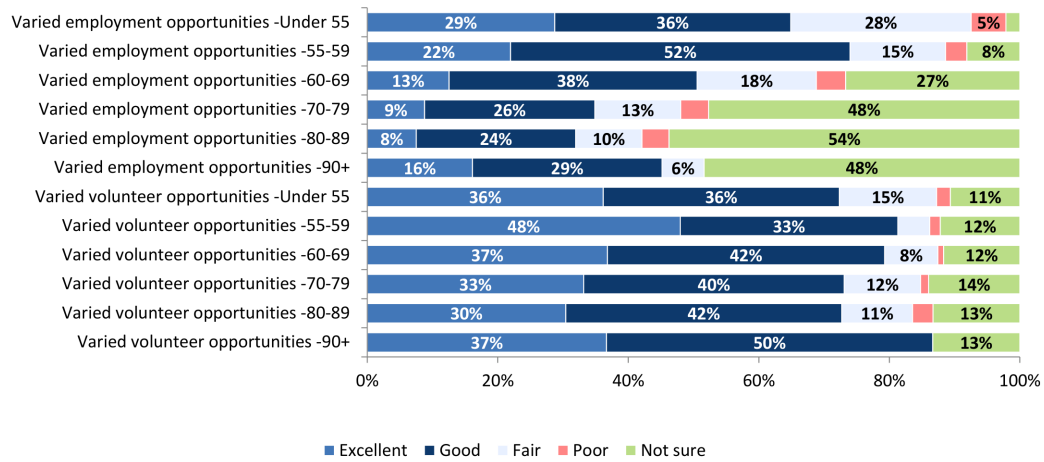


86



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

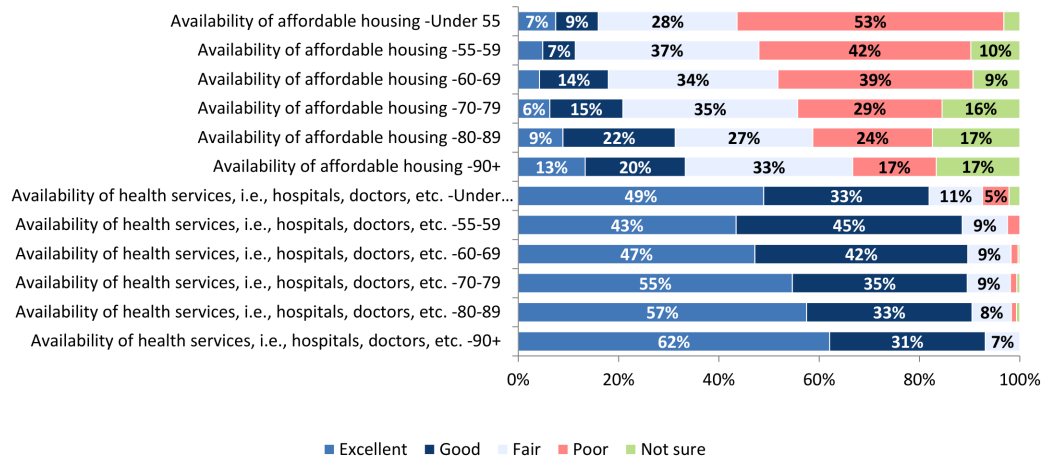


87



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

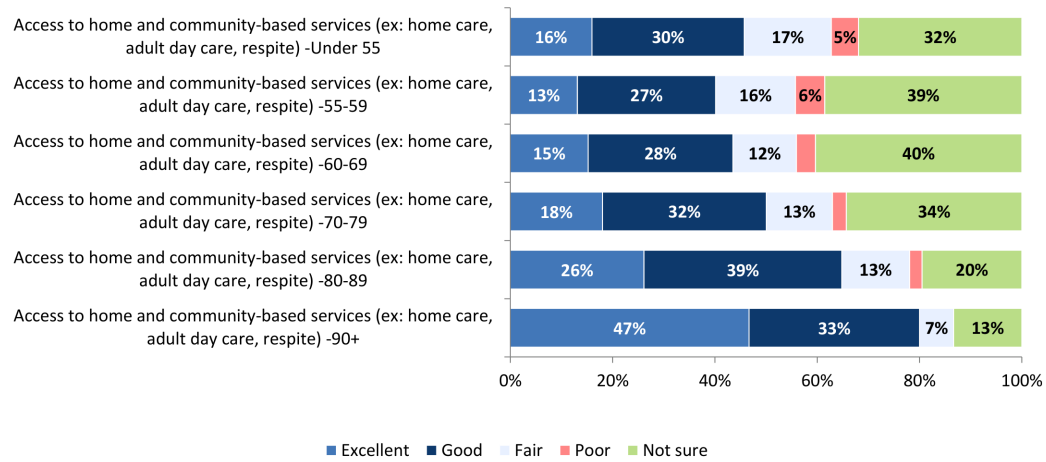


88



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

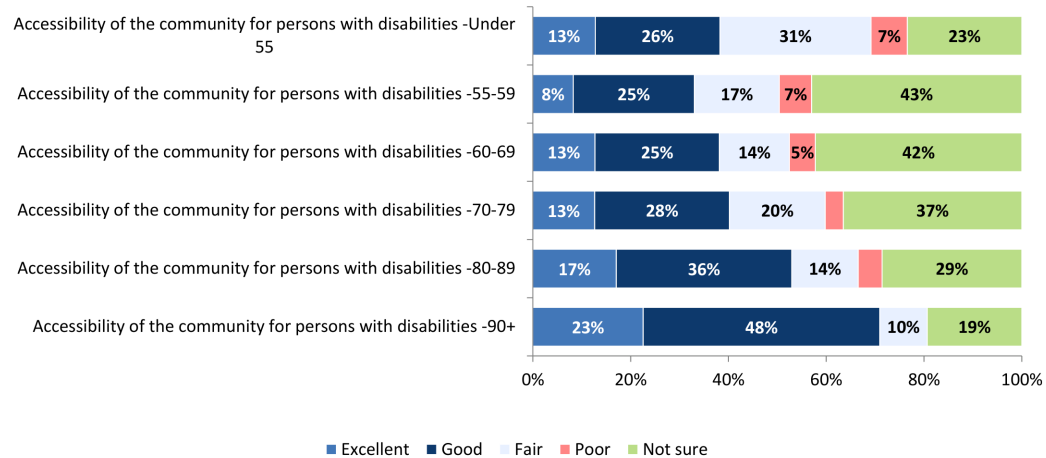


89



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

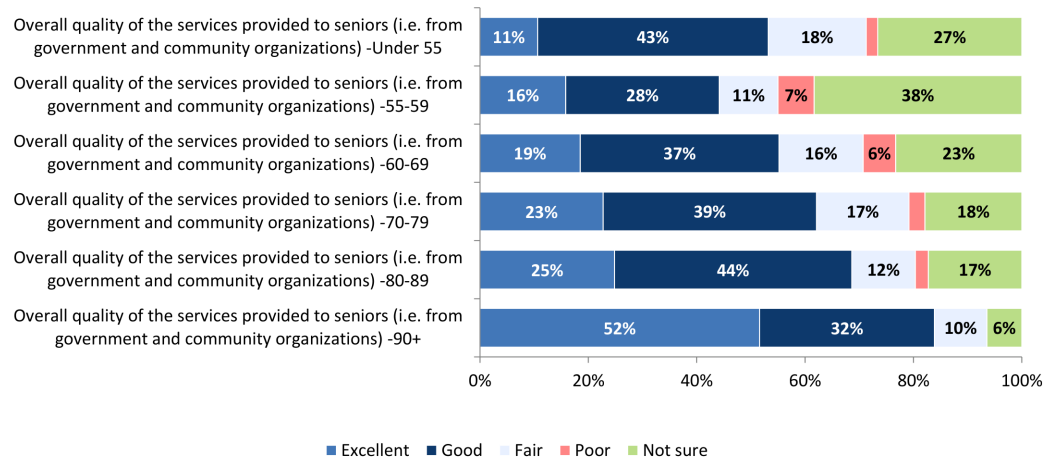


90



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

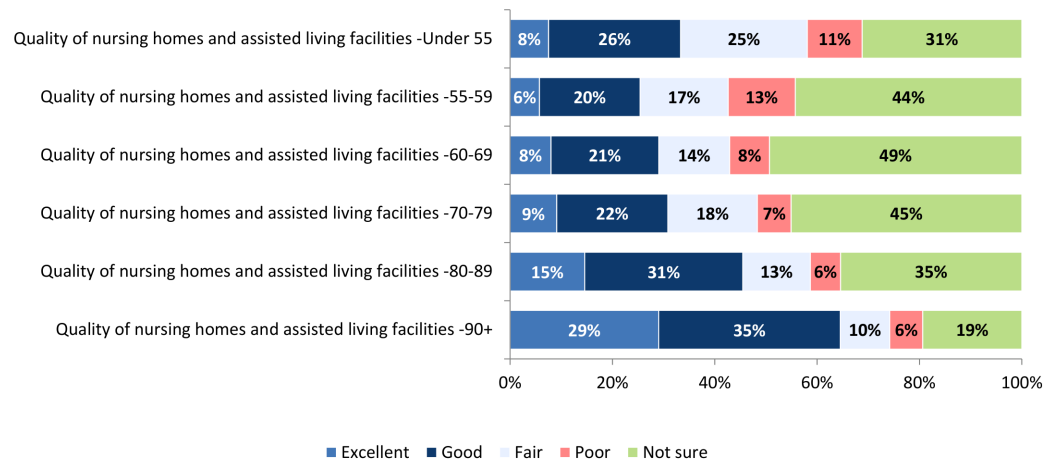


91



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

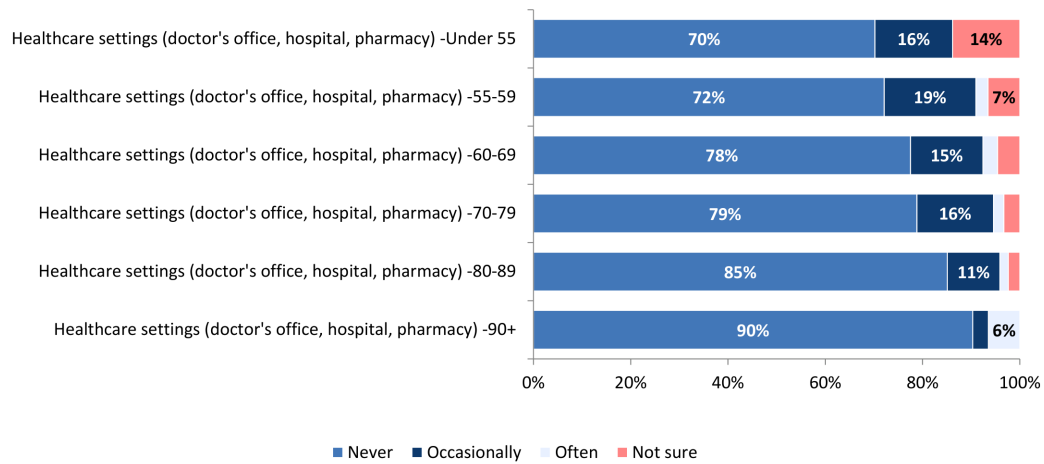


92



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information

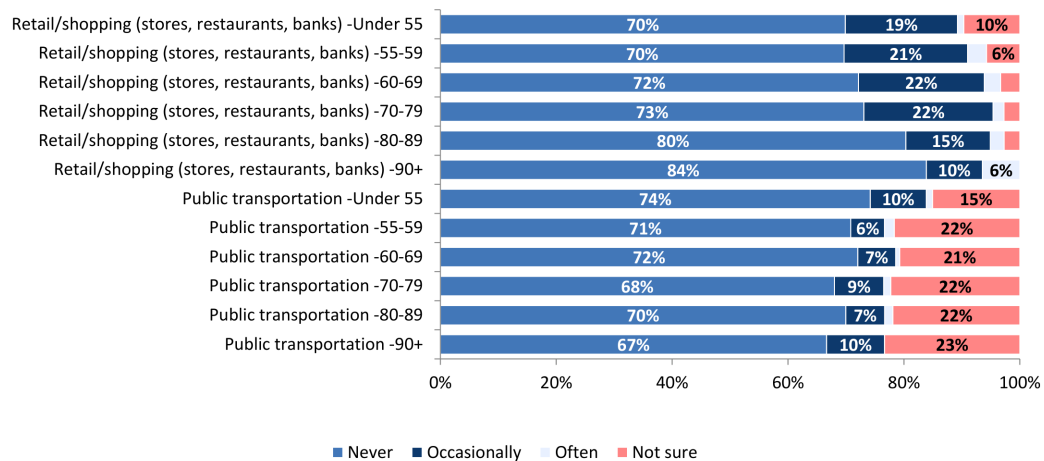


93



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

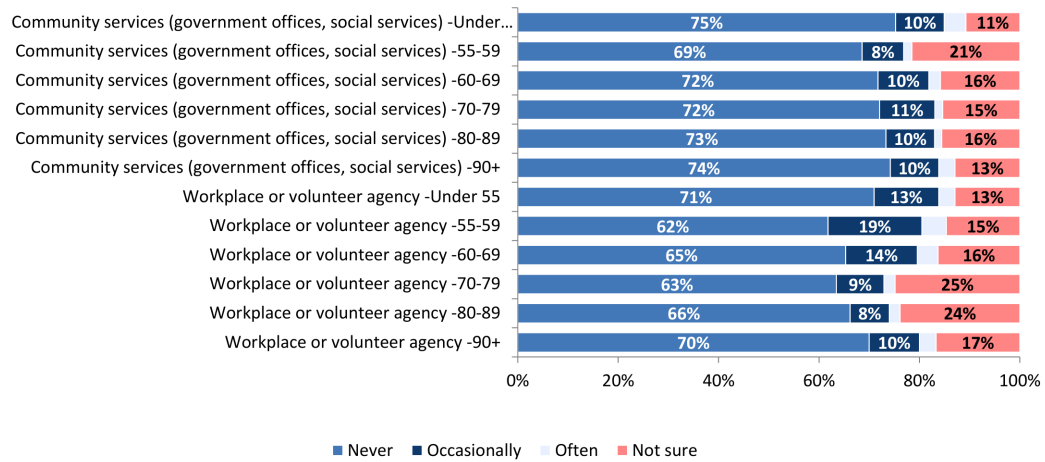


94



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

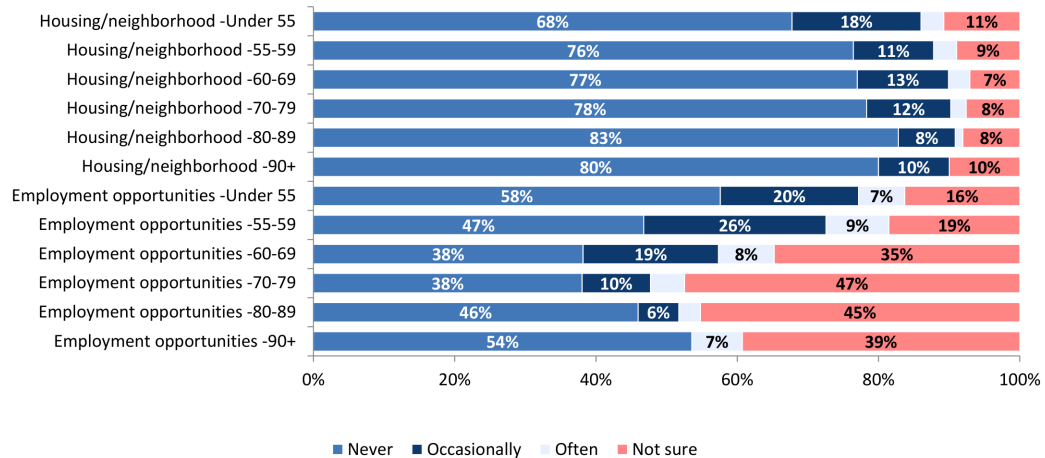


95



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

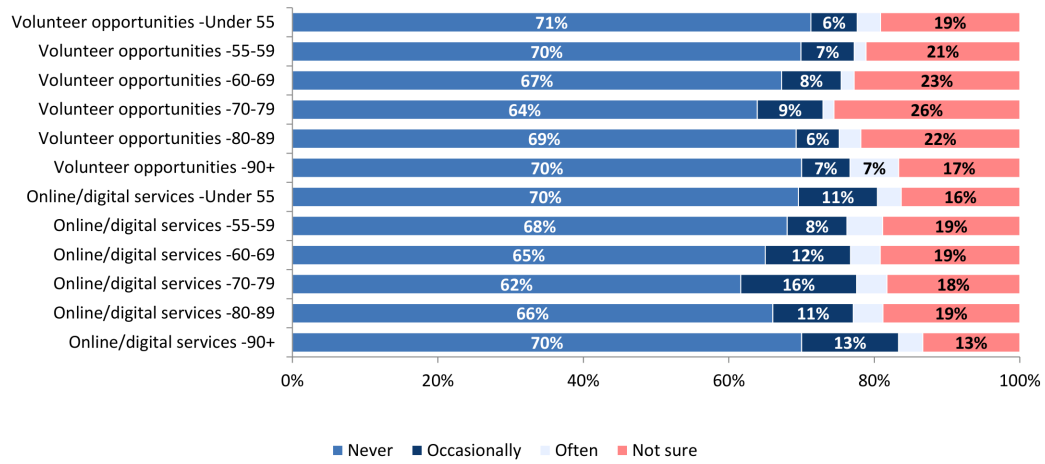


96



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

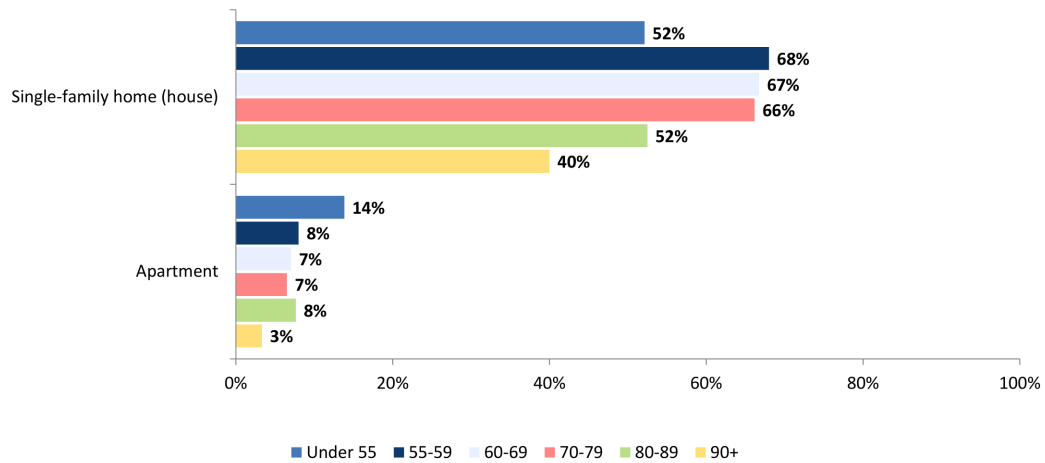


97



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What type of residence do you currently live in?

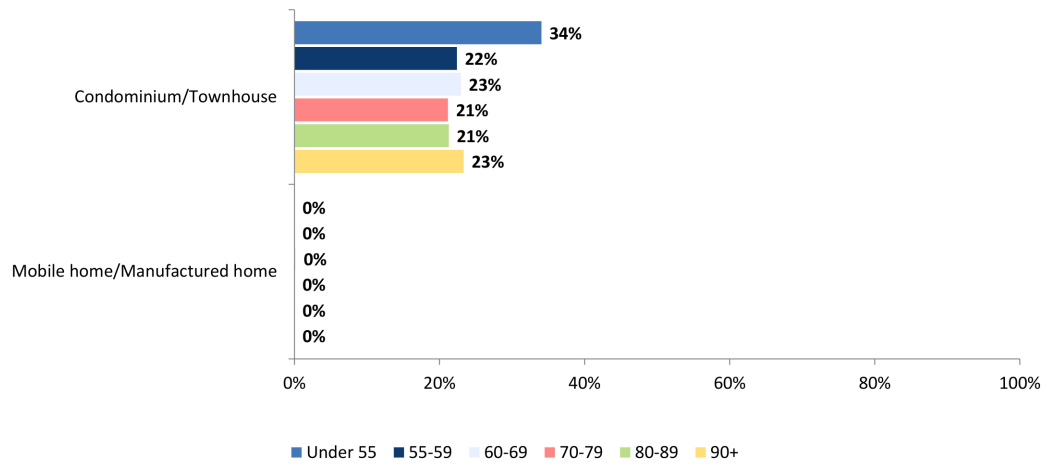


98



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What type of residence do you currently live in? (Continued)

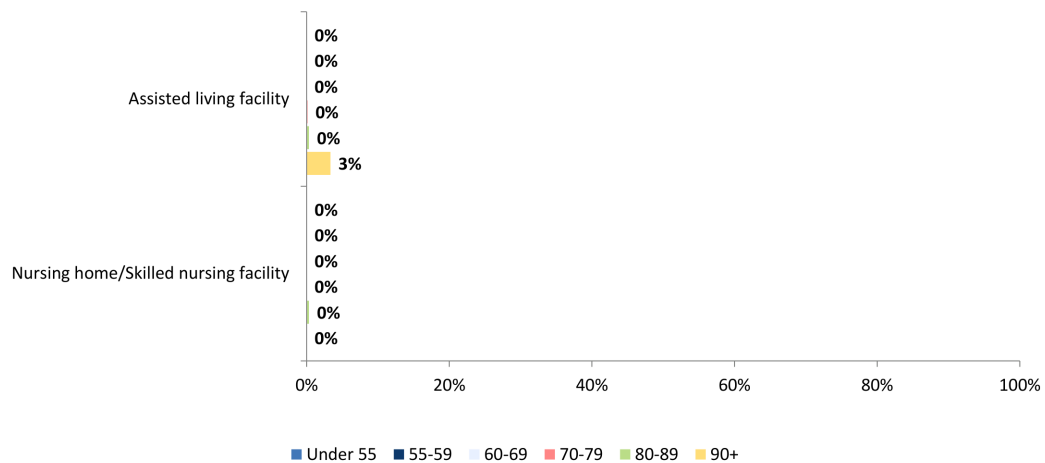


99



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What type of residence do you currently live in? (Continued)

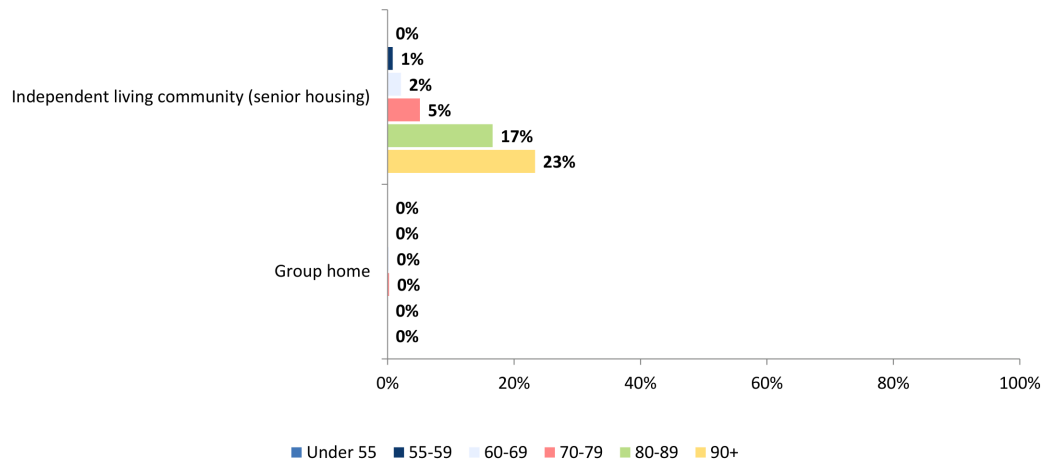


100



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What type of residence do you currently live in? (Continued)

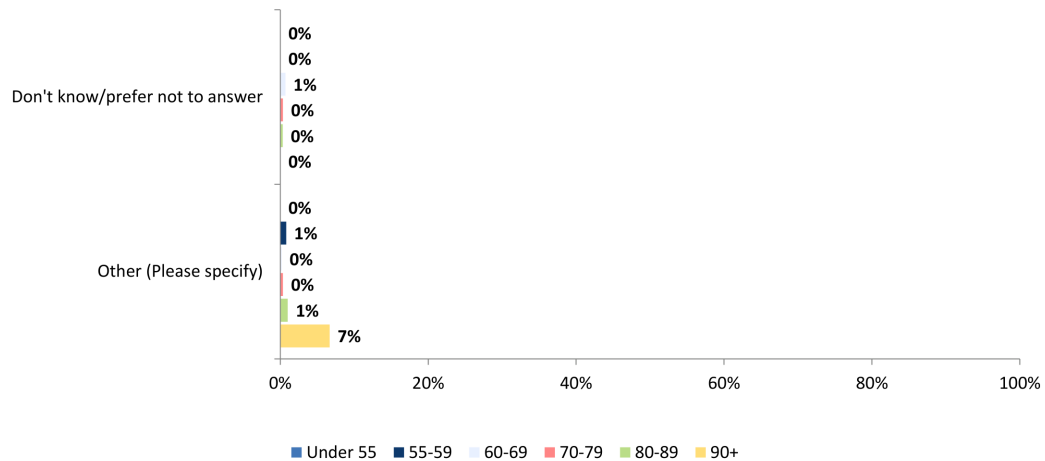


101



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What type of residence do you currently live in? (Continued)

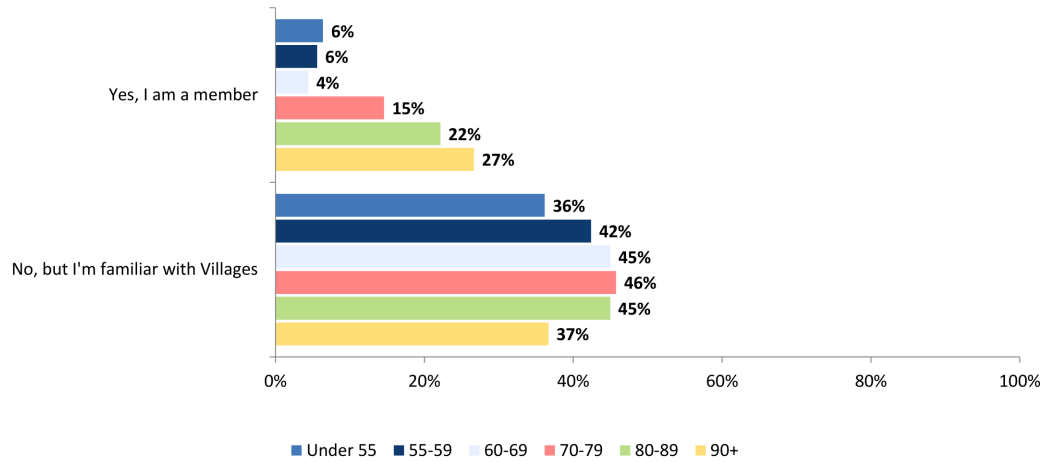


102



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Are you a member of a Village (a local volunteer organization that helps neighbors age in place through social connections and support services)?

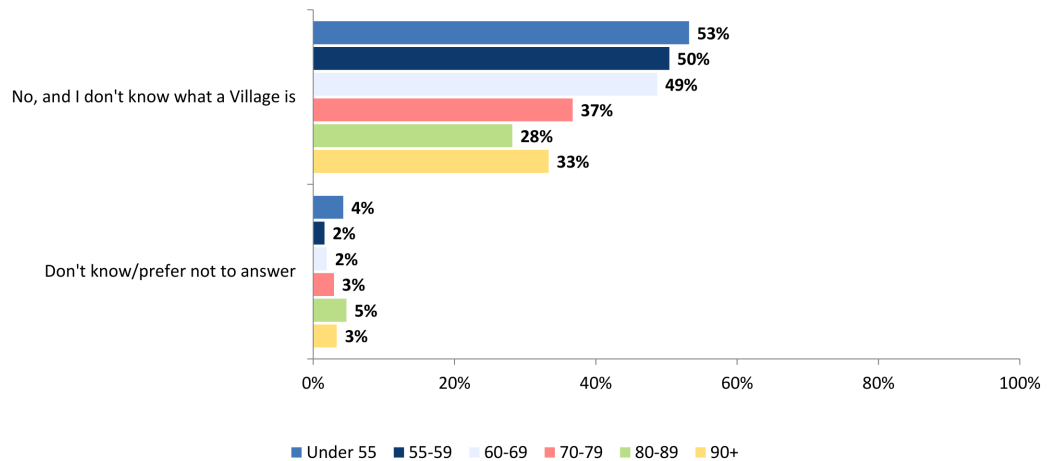


103



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Are you a member of a Village (a local volunteer organization that helps neighbors age in place through social connections and support services)? (Continued)

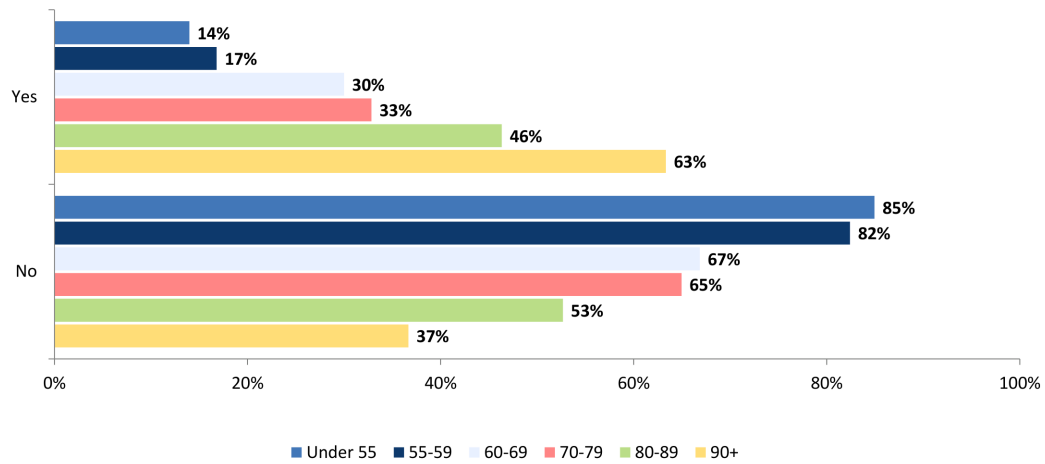


104



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Do you live alone?

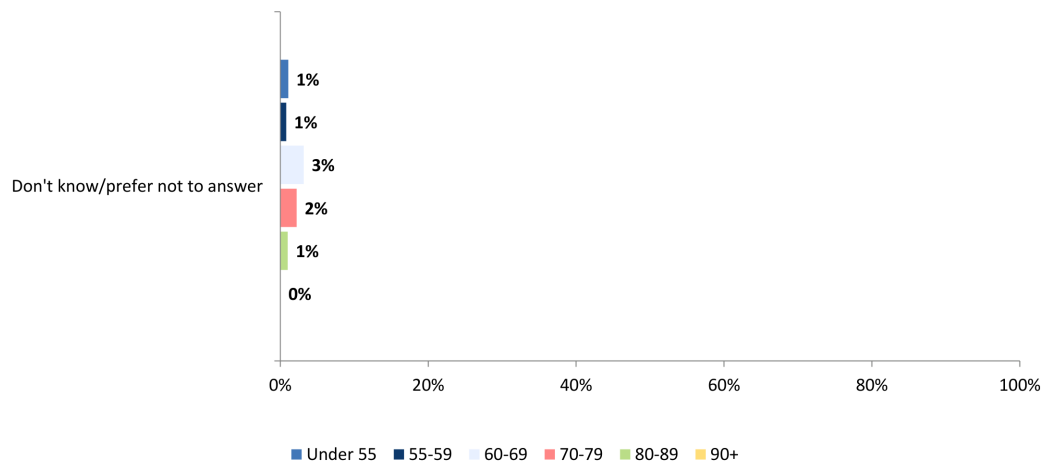


105



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Do you live alone? (Continued)

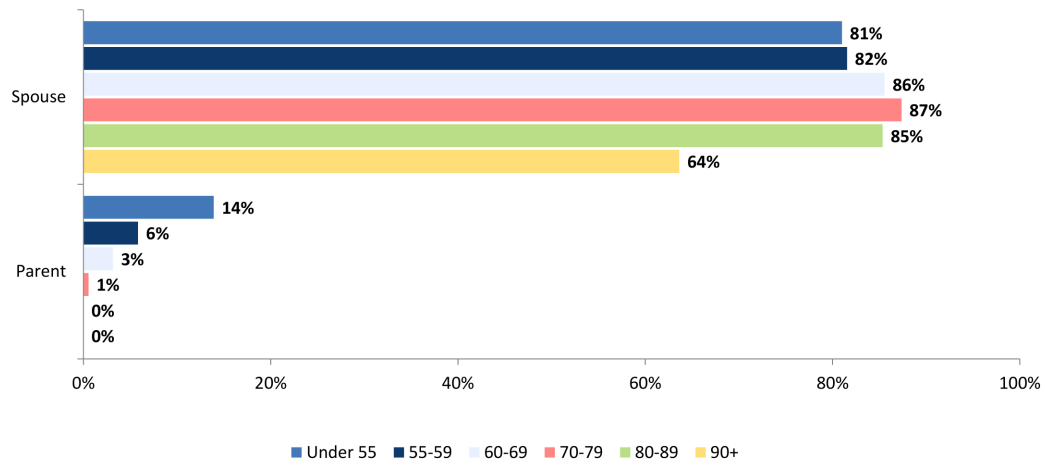


106



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Who lives with you?

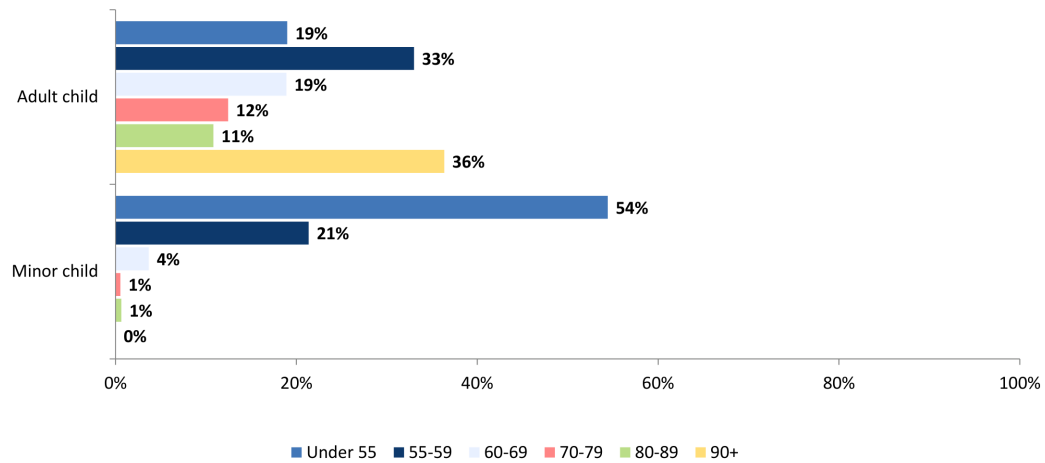


107



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Who lives with you? (Continued)

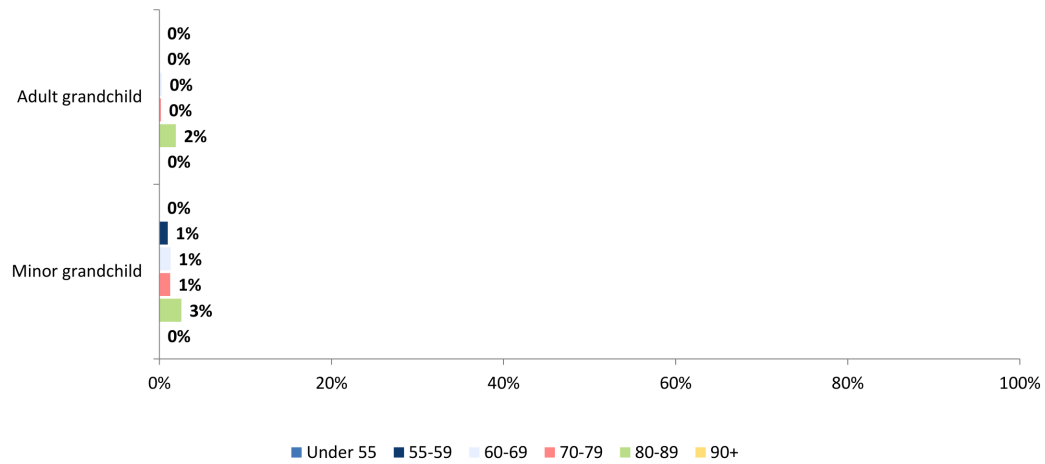


108



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Who lives with you? (Continued)

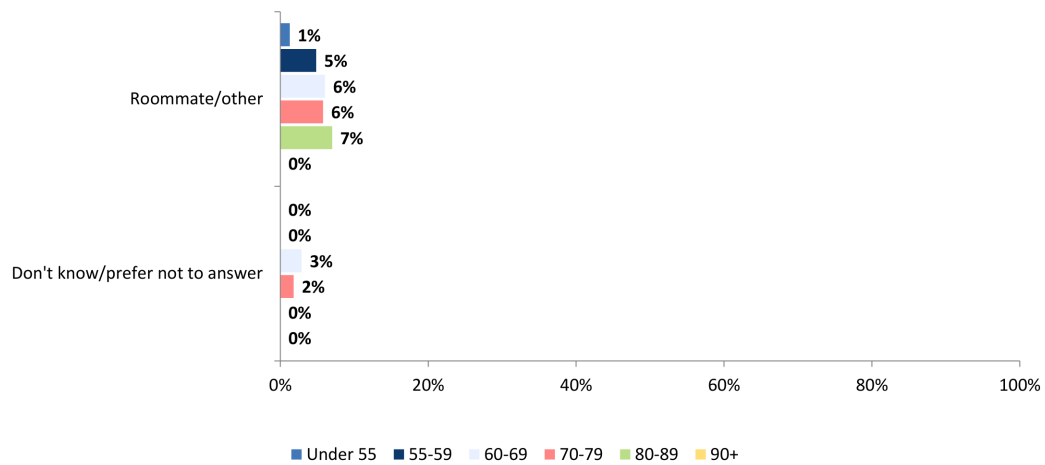


109



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Who lives with you? (Continued)

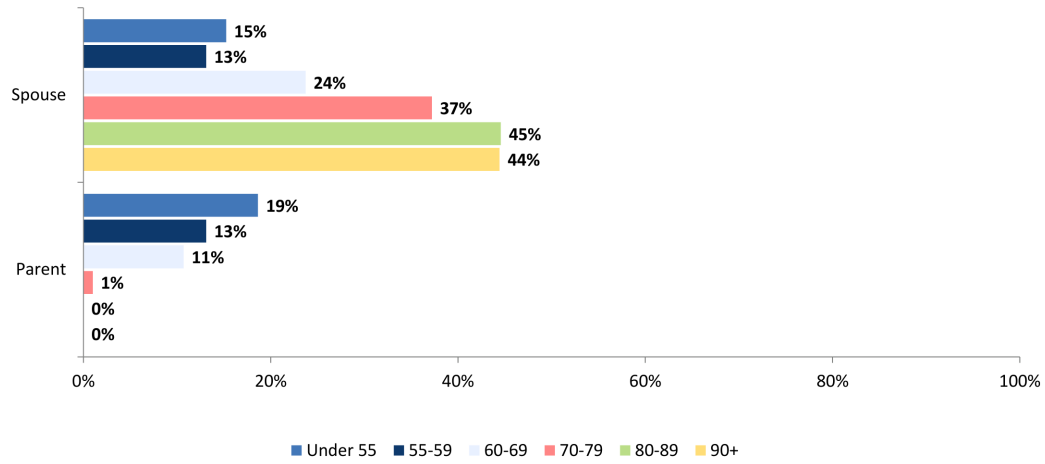


110



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Are you the primary caregiver for any of the following members of your household?

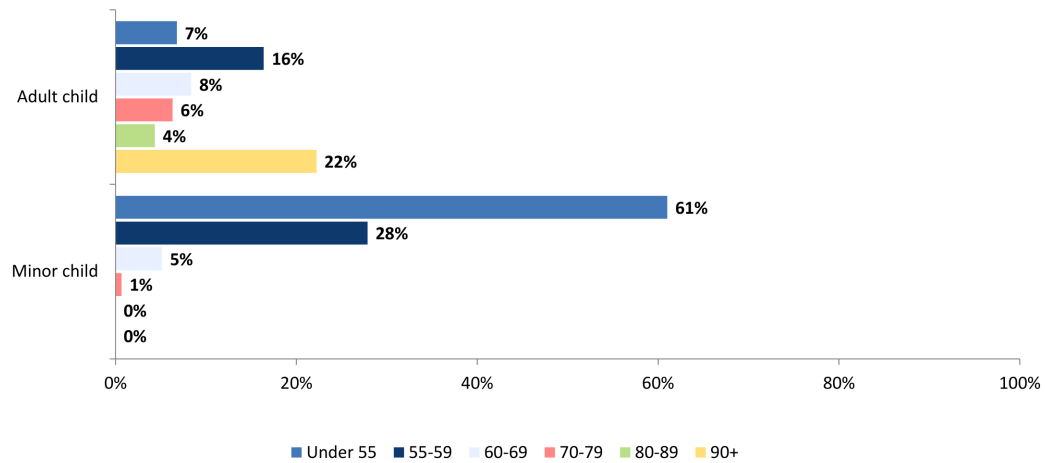


111



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Are you the primary caregiver for any of the following members of your household? (Continued)

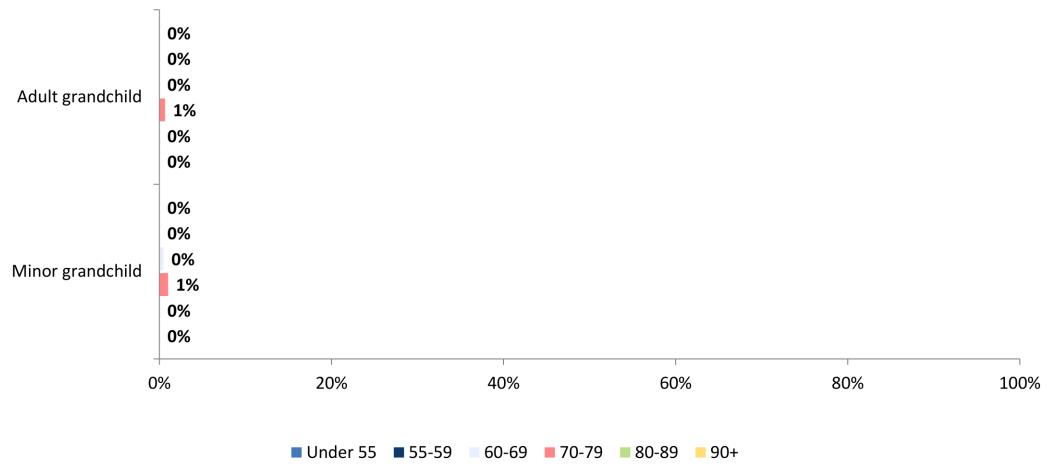


112



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Are you the primary caregiver for any of the following members of your household? (Continued)

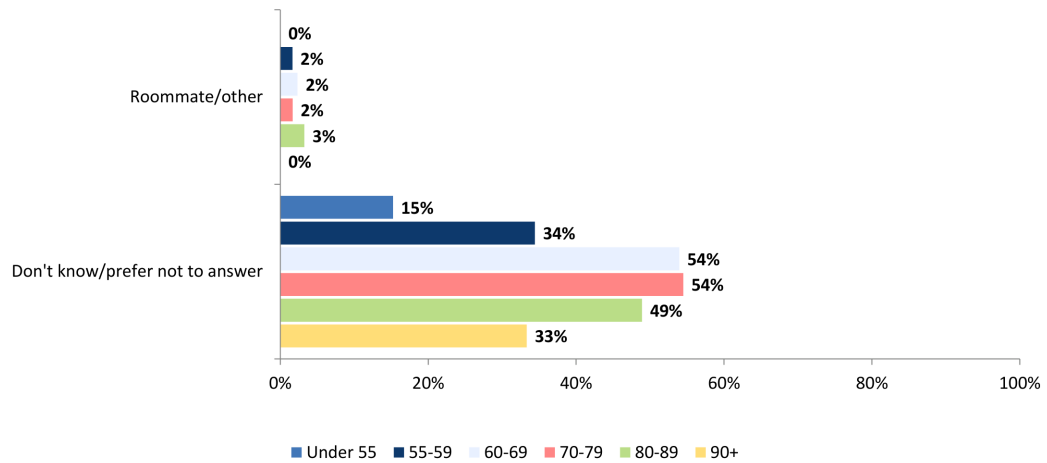


113



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Are you the primary caregiver for any of the following members of your household? (Continued)

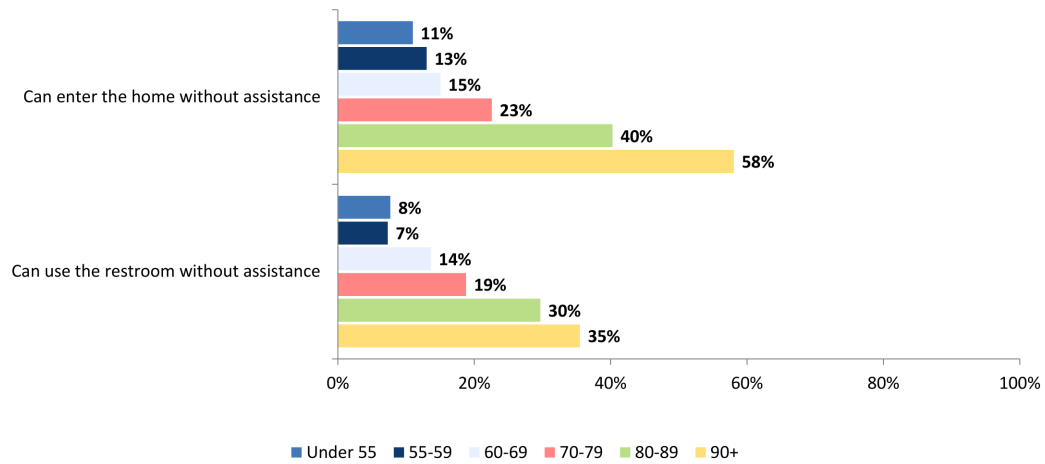


114



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How accessible is your home for someone who uses a wheelchair or has difficulty getting around?

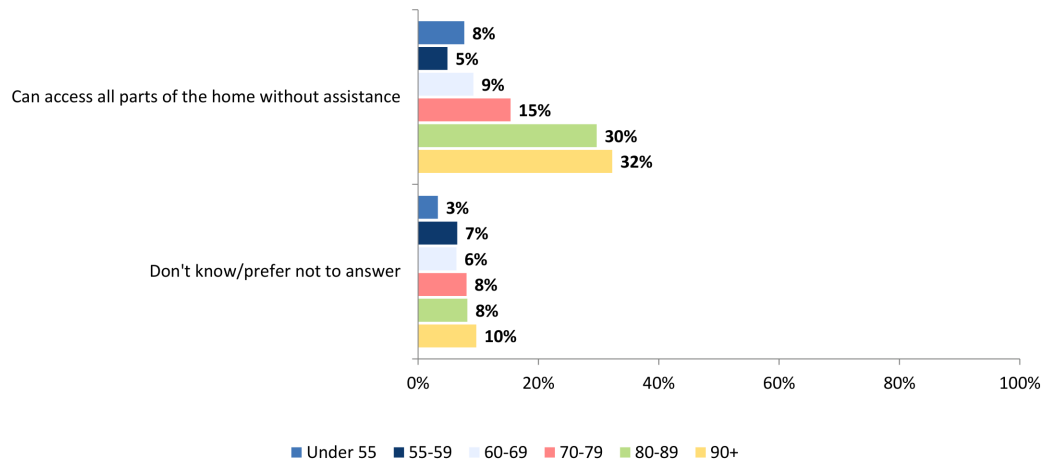


115



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How accessible is your home for someone who uses a wheelchair or has difficulty getting around? (Continued)

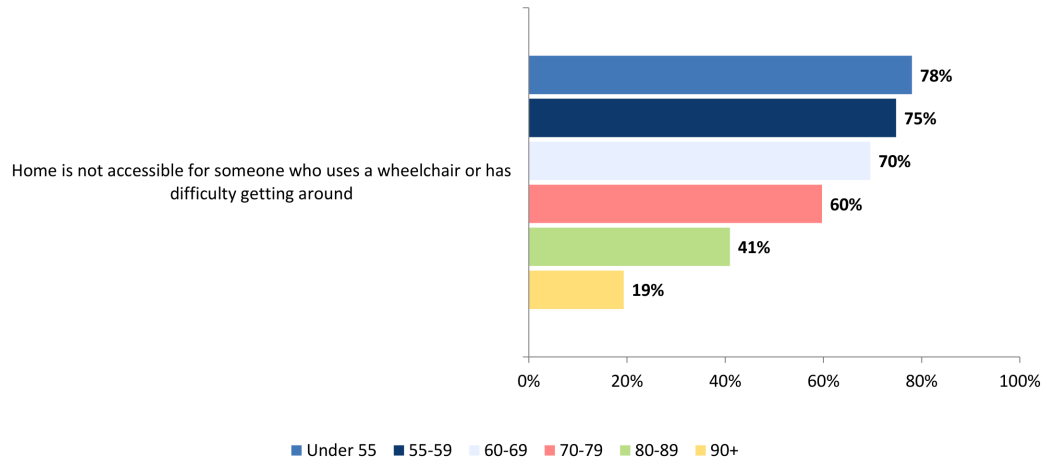


116



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How accessible is your home for someone who uses a wheelchair or has difficulty getting around? (Continued)

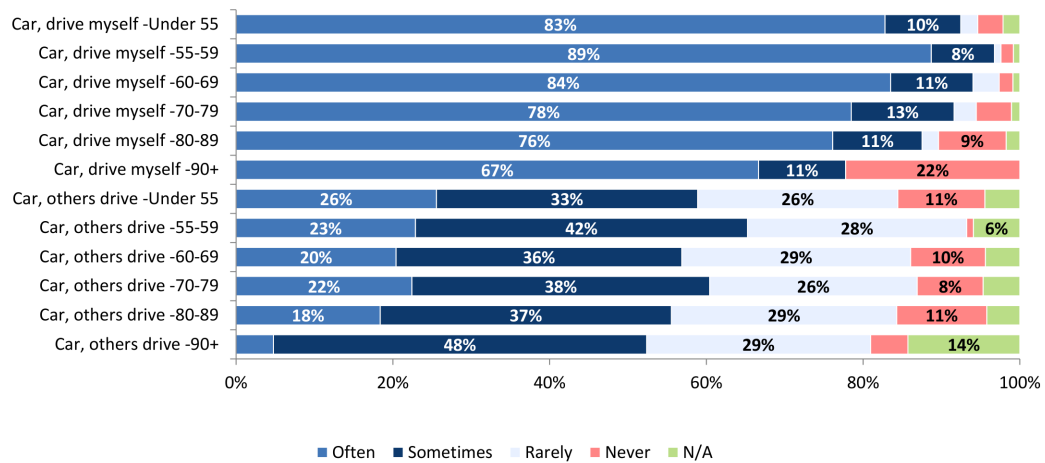


117



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week)

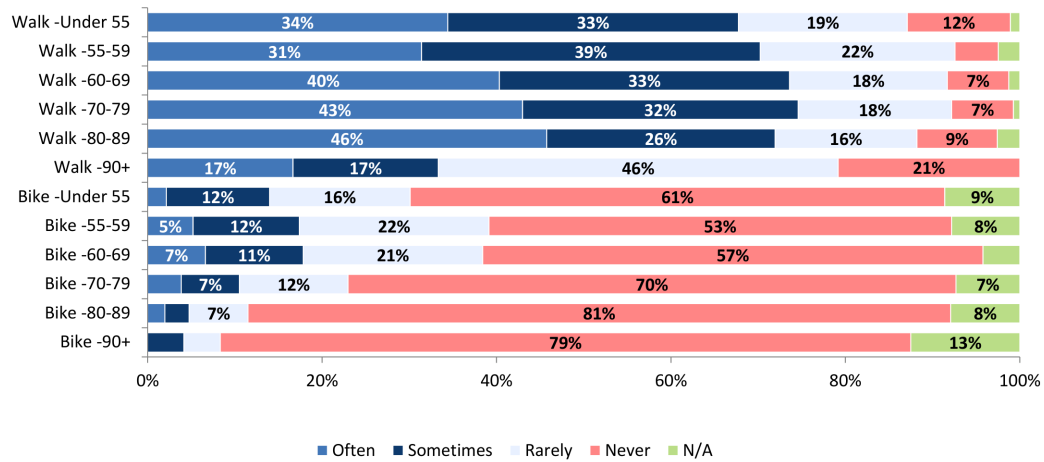


118



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

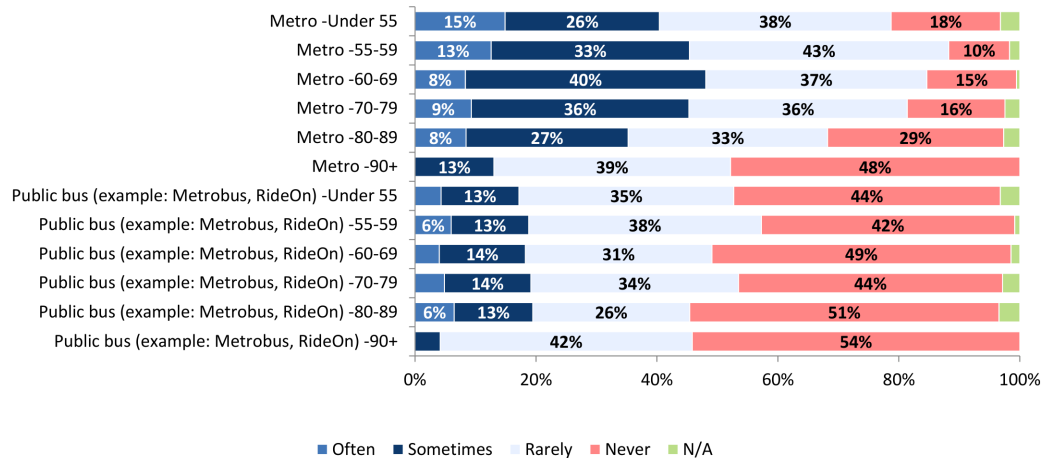


119



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

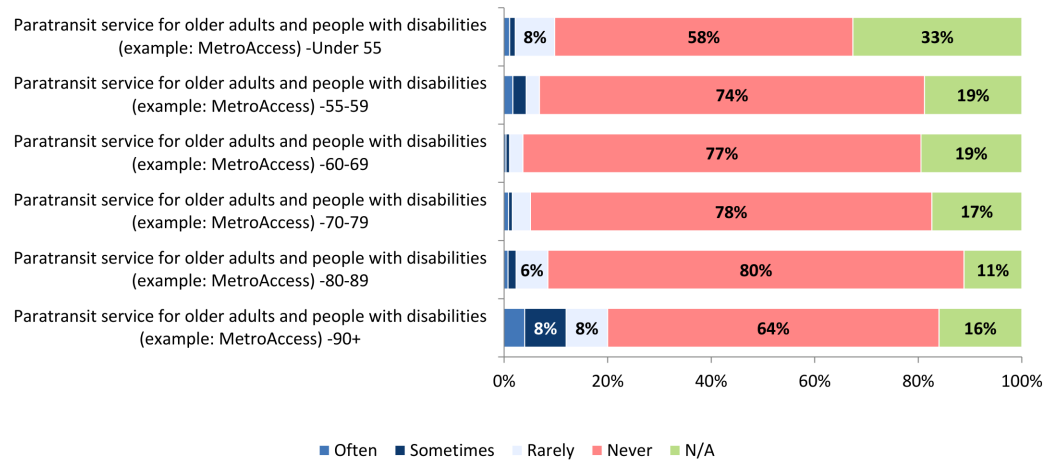


120



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

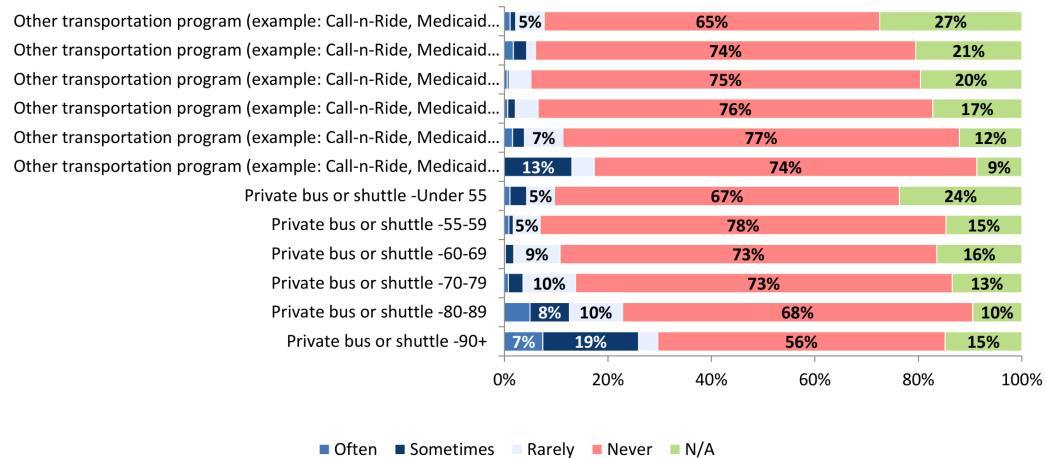


121



© 2026

How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

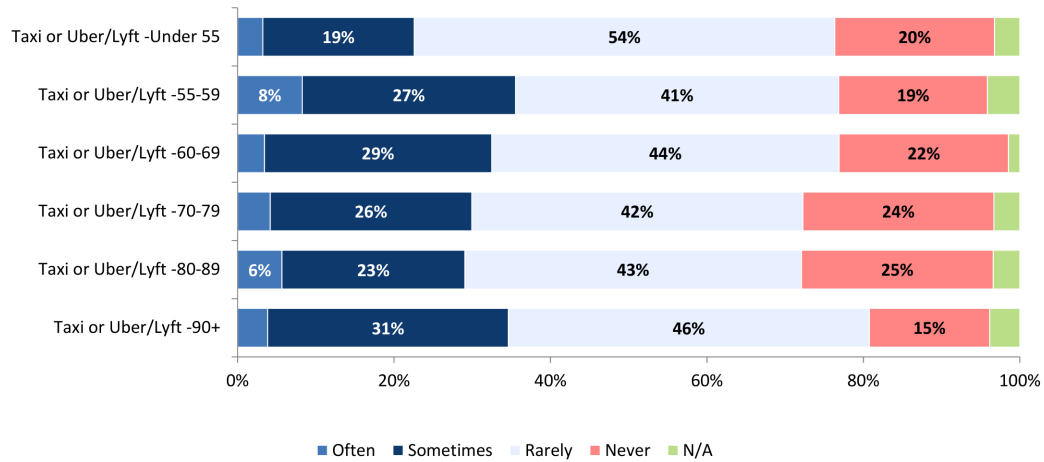


122



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

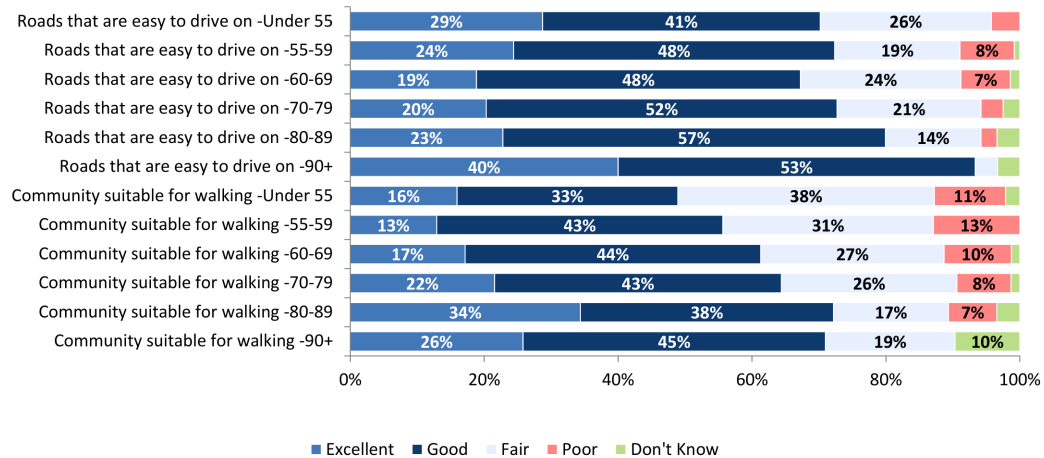


123



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor

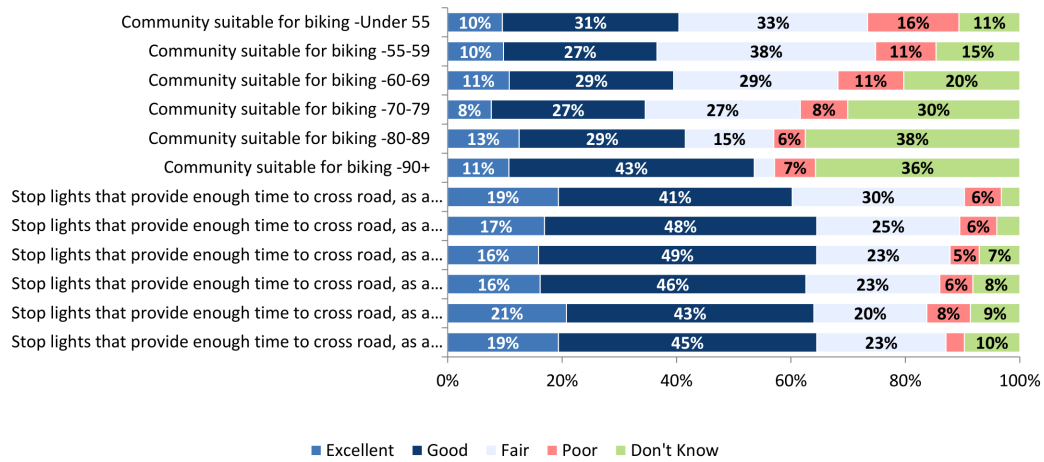


124



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

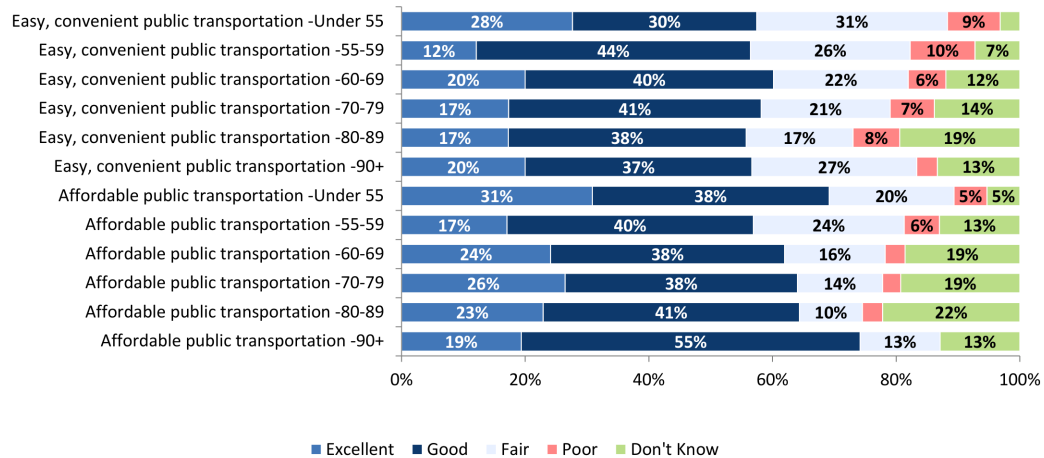


125



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

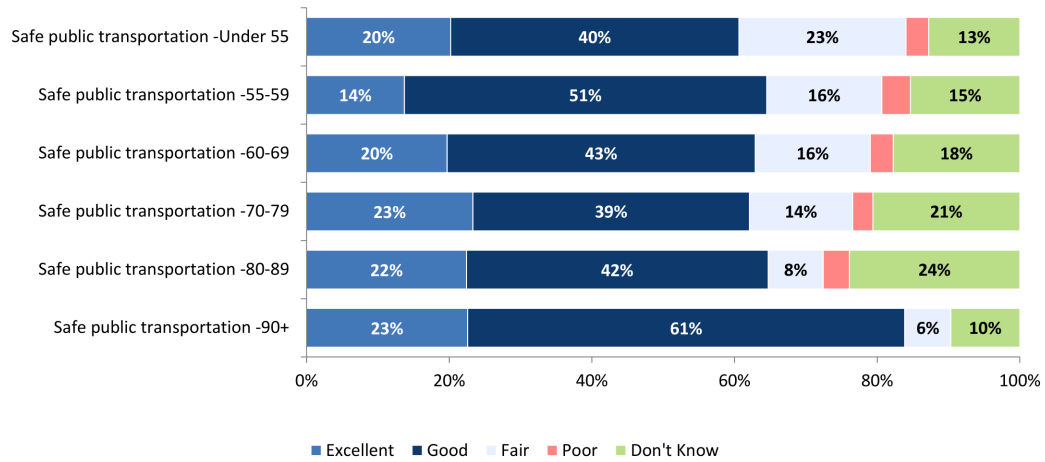


126



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

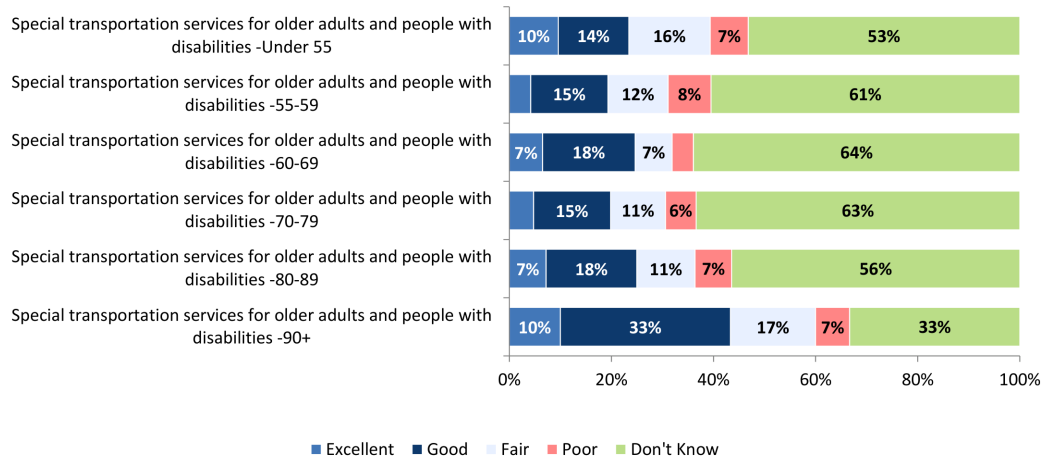


127



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

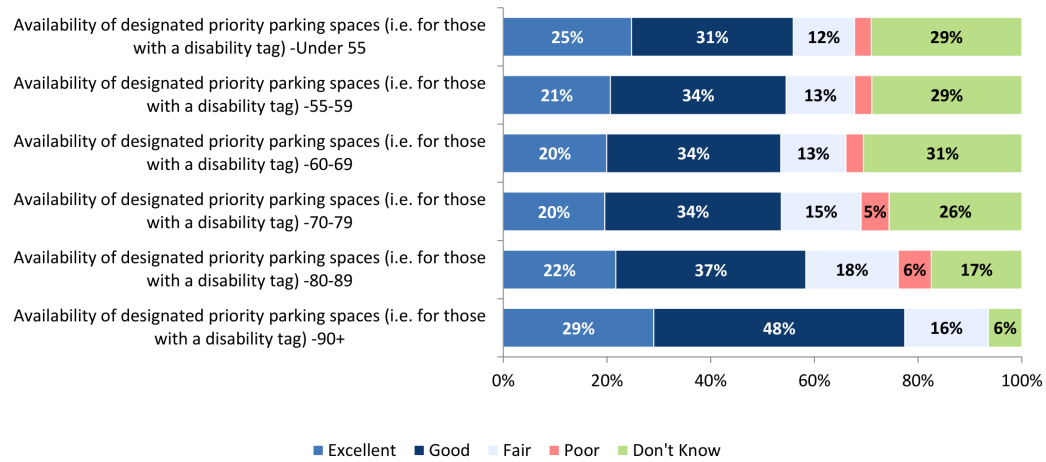


128



© 2026

**How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)**

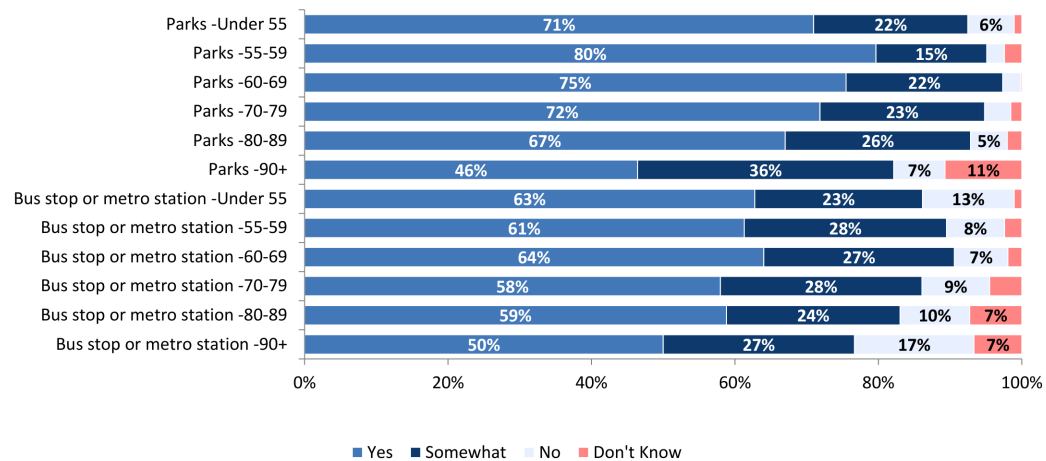


129



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not.

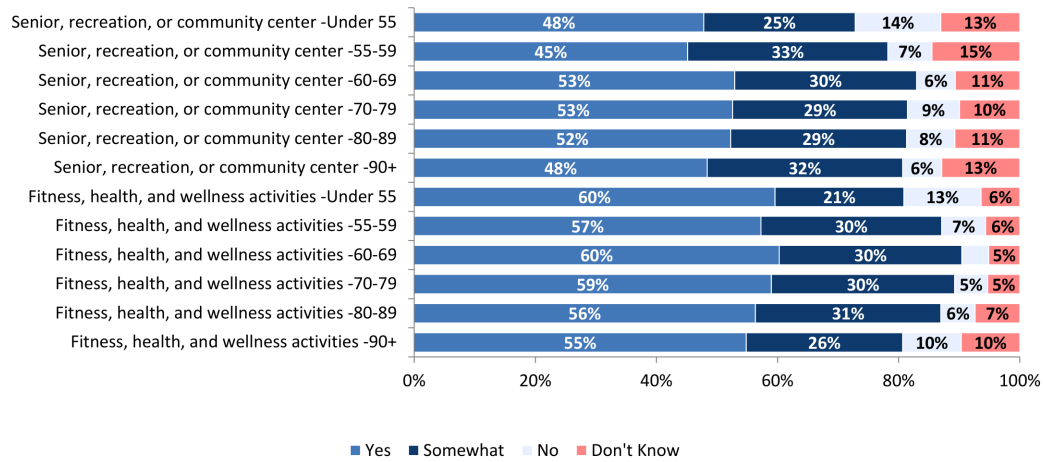


130



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

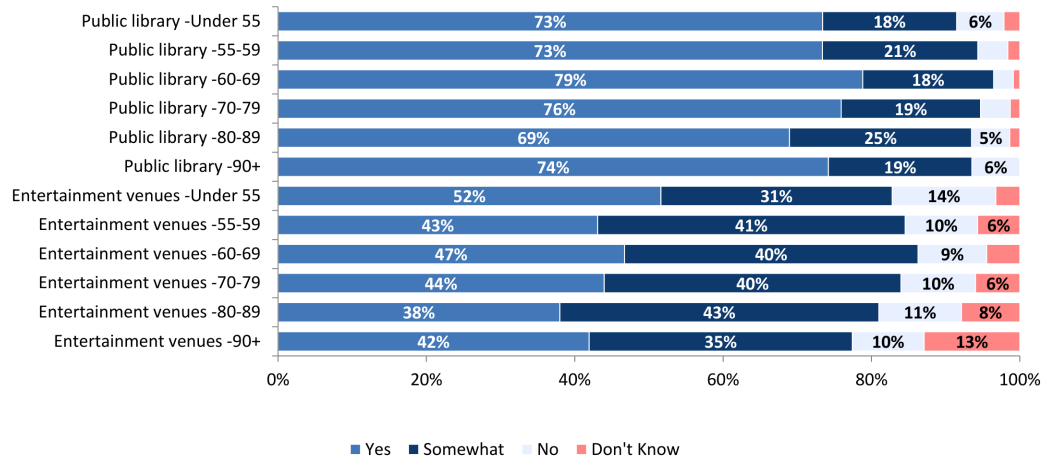


131



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

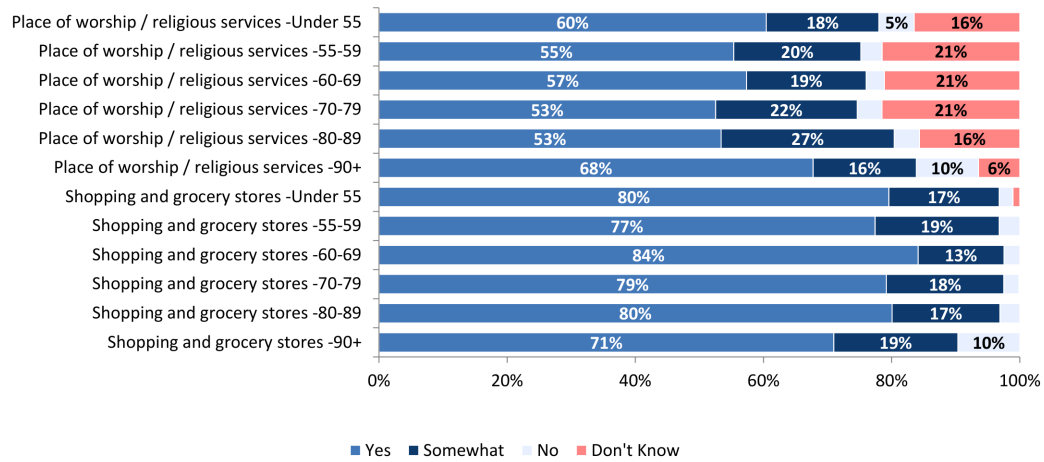


132



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

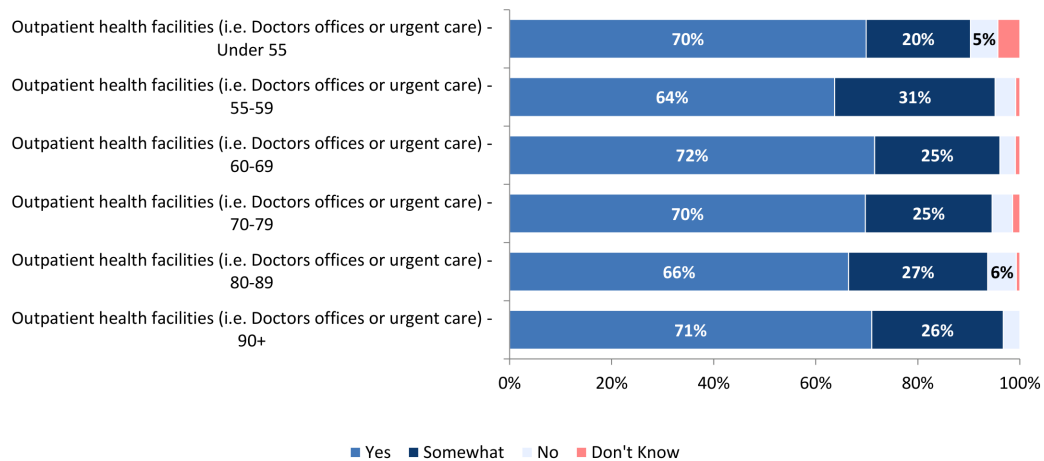


133



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

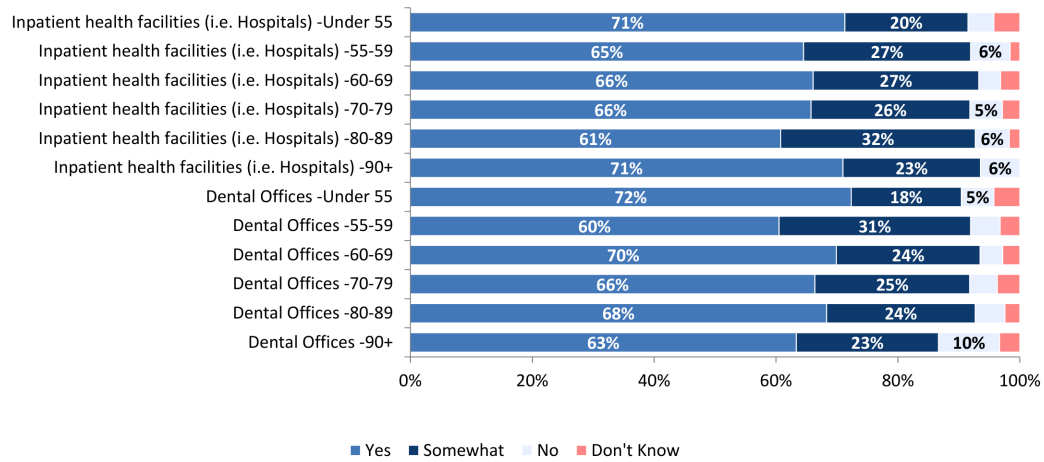


134



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

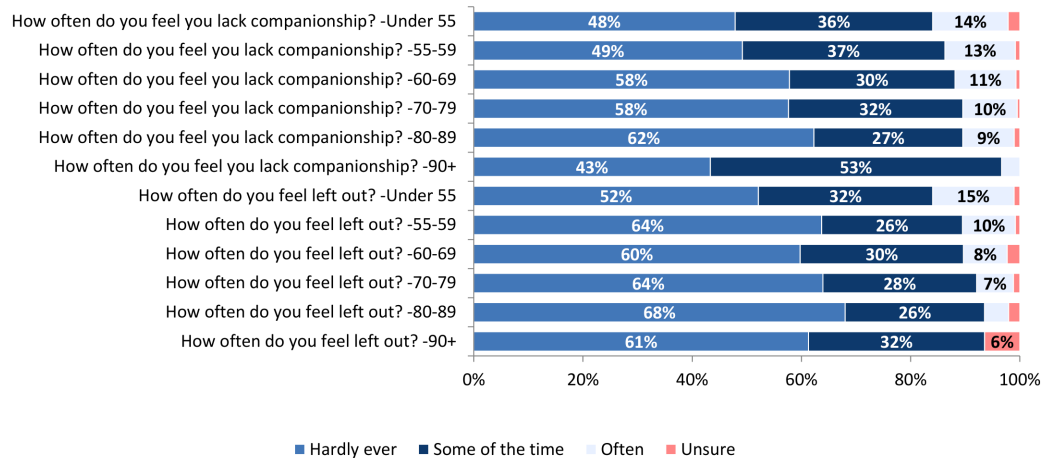


135



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Social isolation is a national concern, particularly among older adults. Please answer the following three questions evaluating loneliness in our community.: Please select how often each statement applies to you.

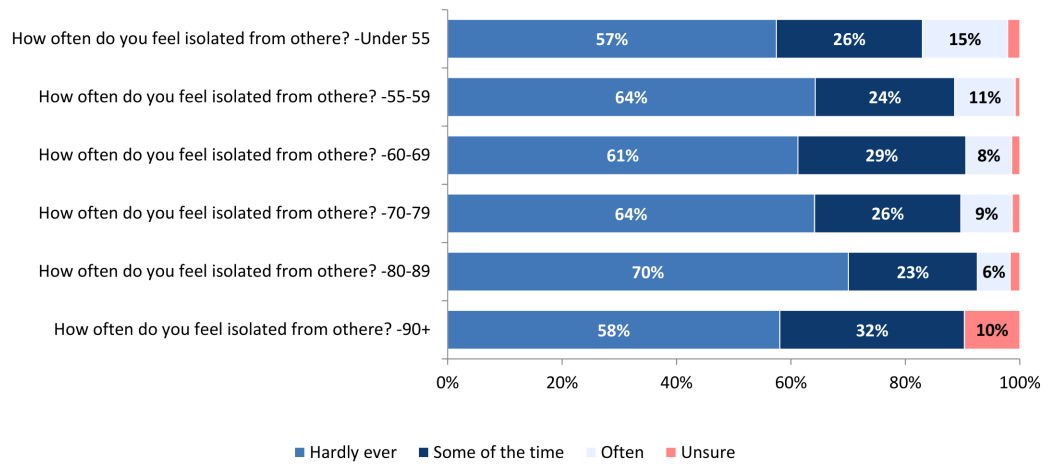


136



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Social isolation is a national concern, particularly among older adults. Please answer the following three questions evaluating loneliness in our community.: Please select how often each statement applies to you. (Continued)



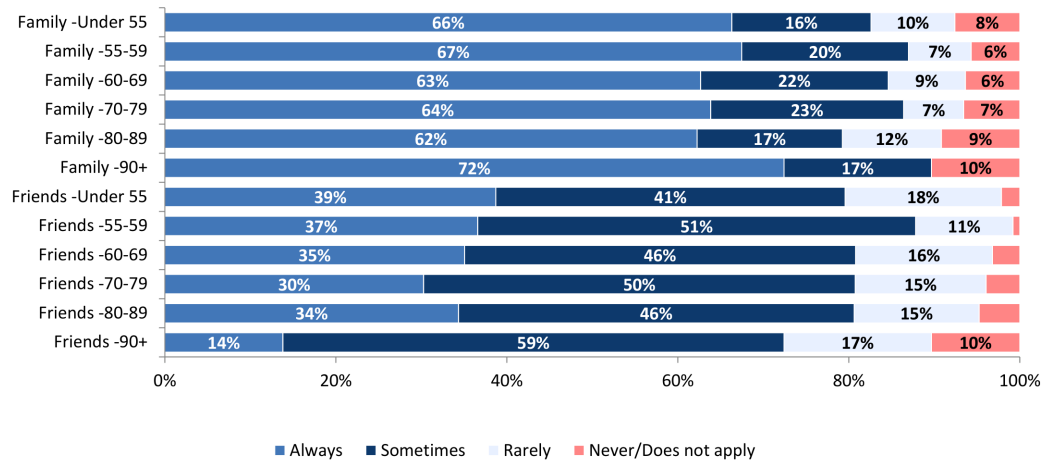
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Is there anything that gets in the way, or makes it difficult for you to interact with friends, family, and neighbors? If so, please describe.



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource.

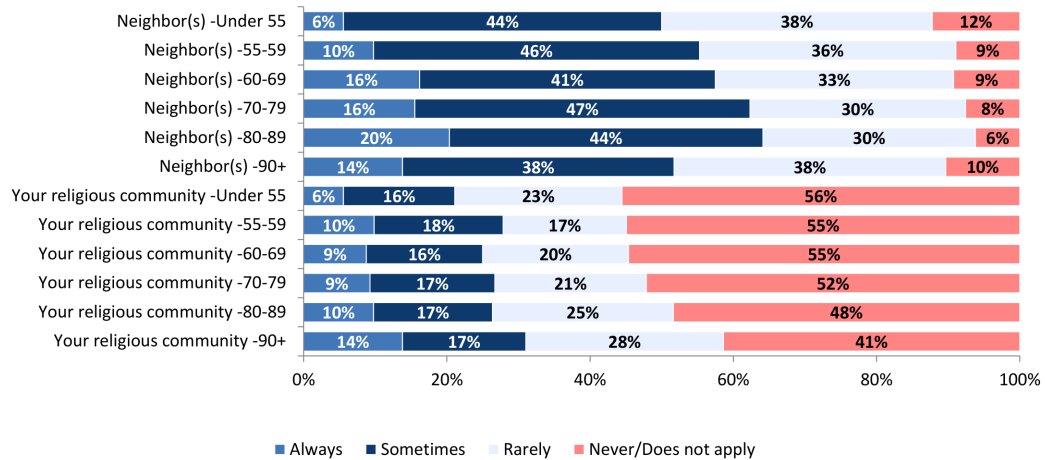


139



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource. (Continued)

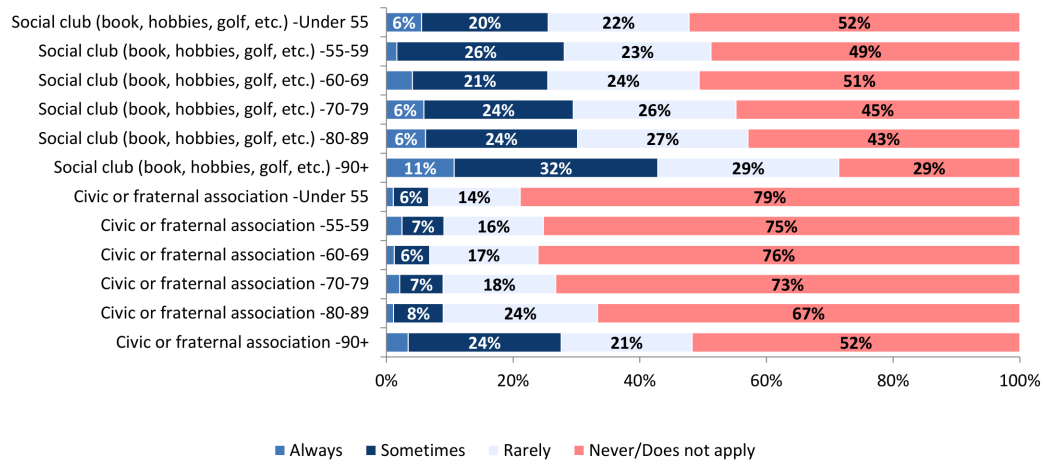


140



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource. (Continued)

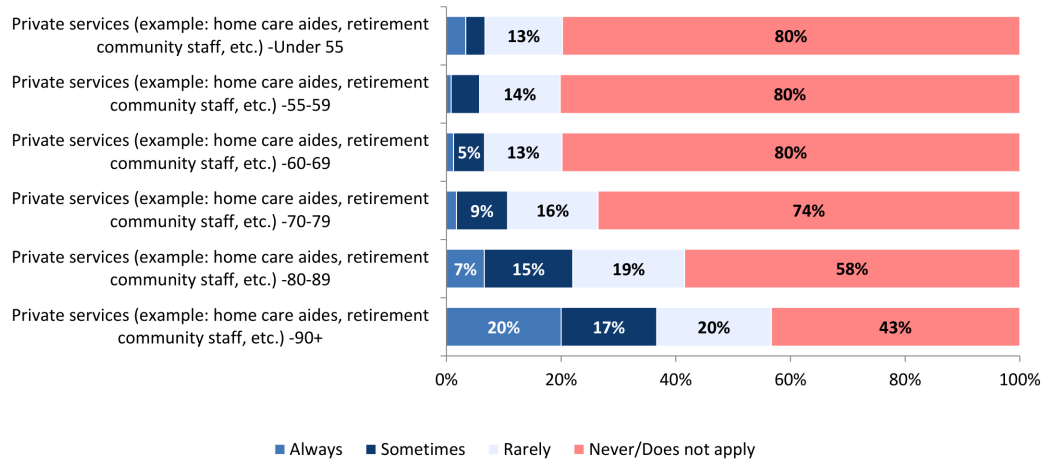


141



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource. (Continued)

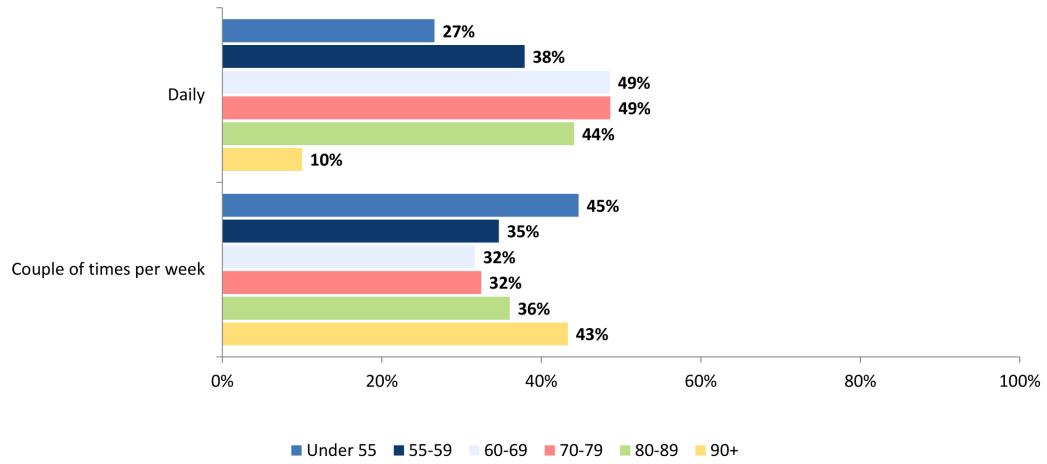


142



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?

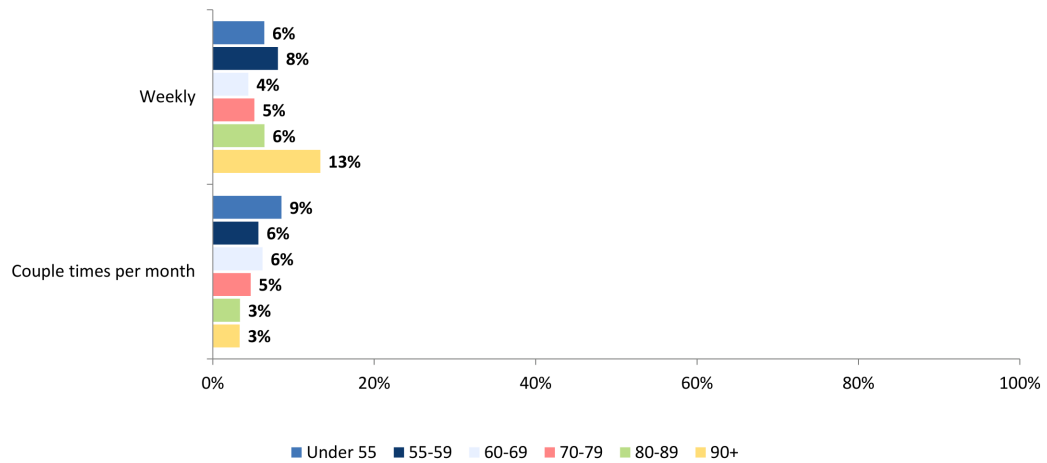


143



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?
(Continued)

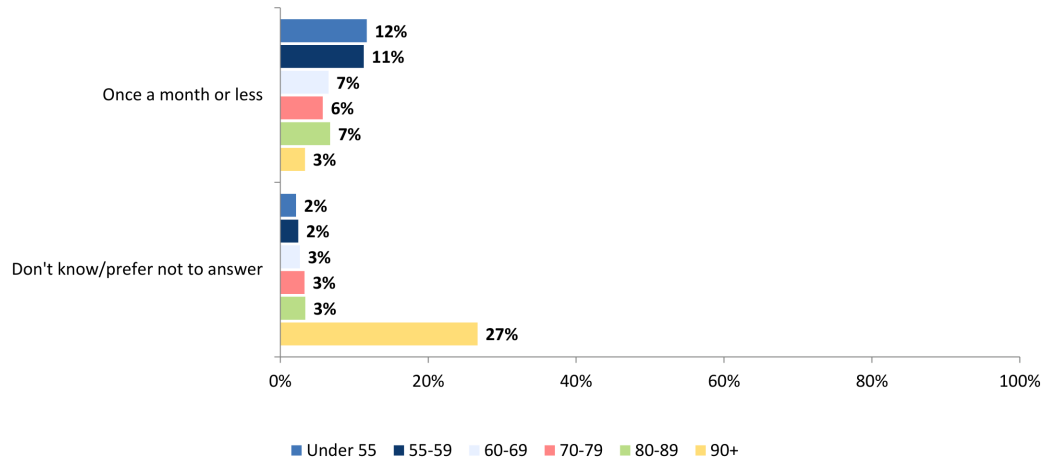


144



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?
(Continued)

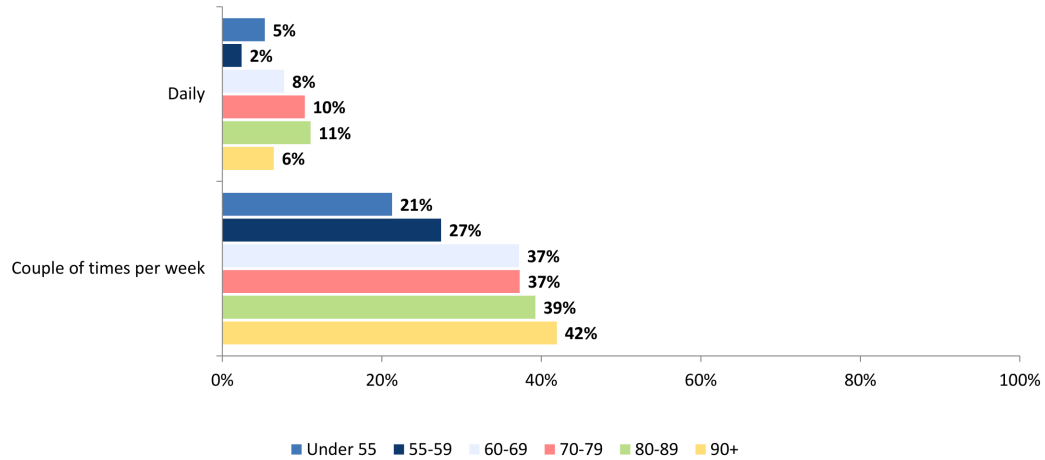


145



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How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.?

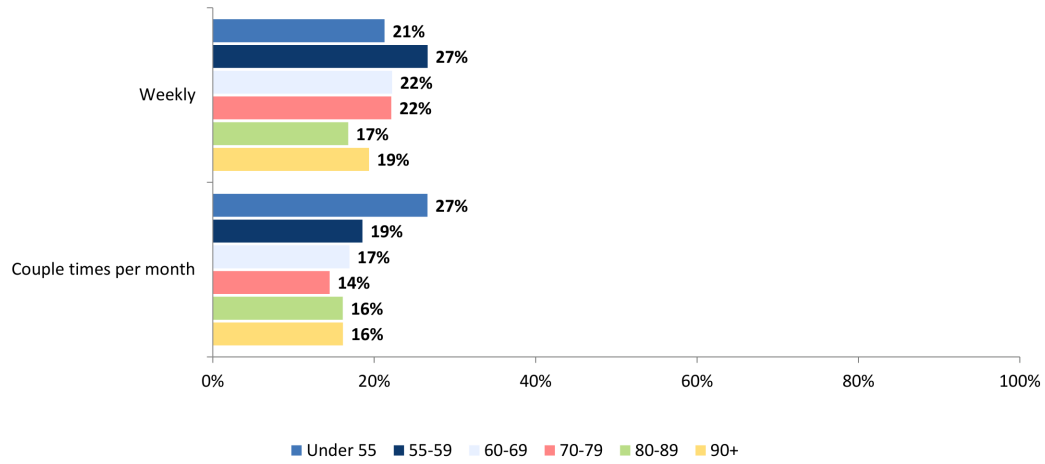


146



© 2026

How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.? (Continued)

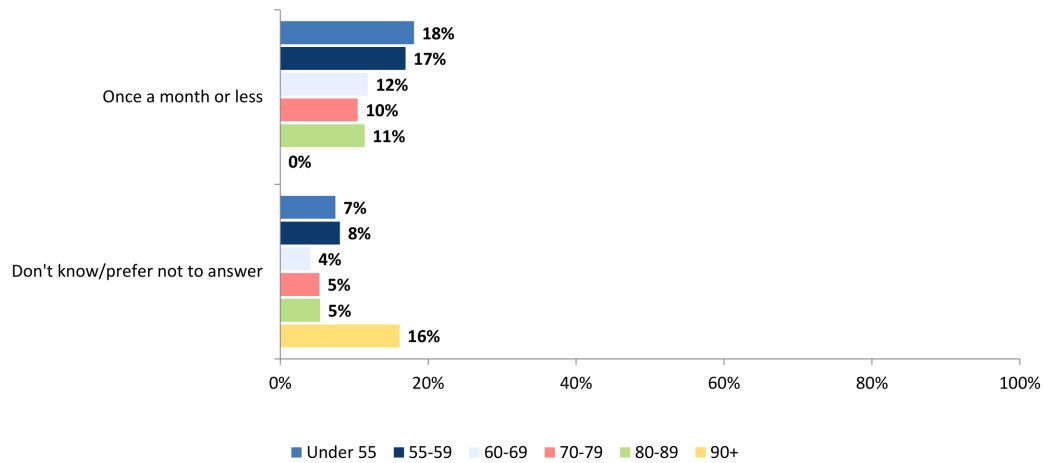


147



© 2026

How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.? (Continued)

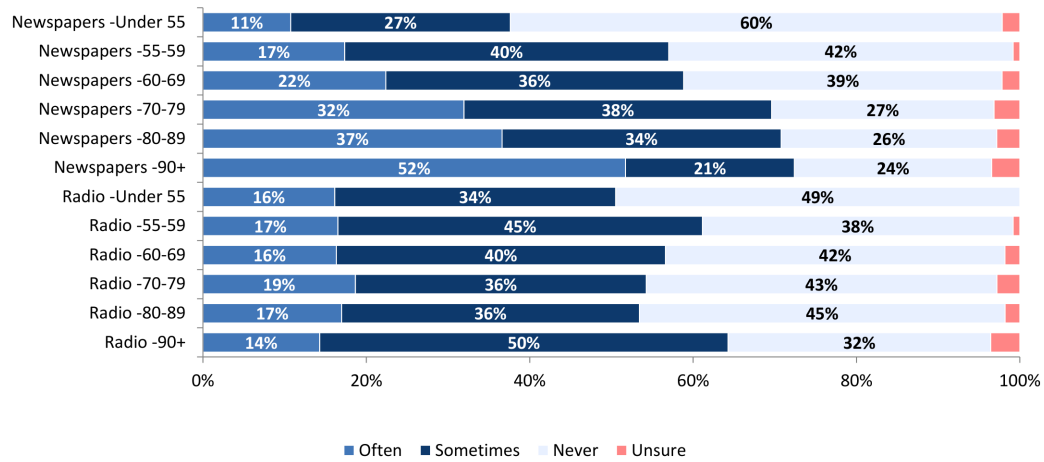


148



© 2026

Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source.

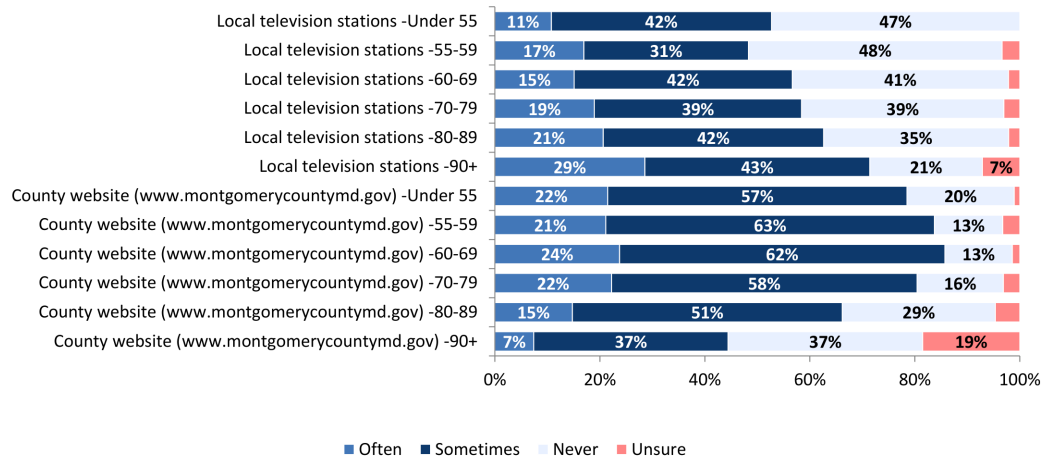


149



© 2026

Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

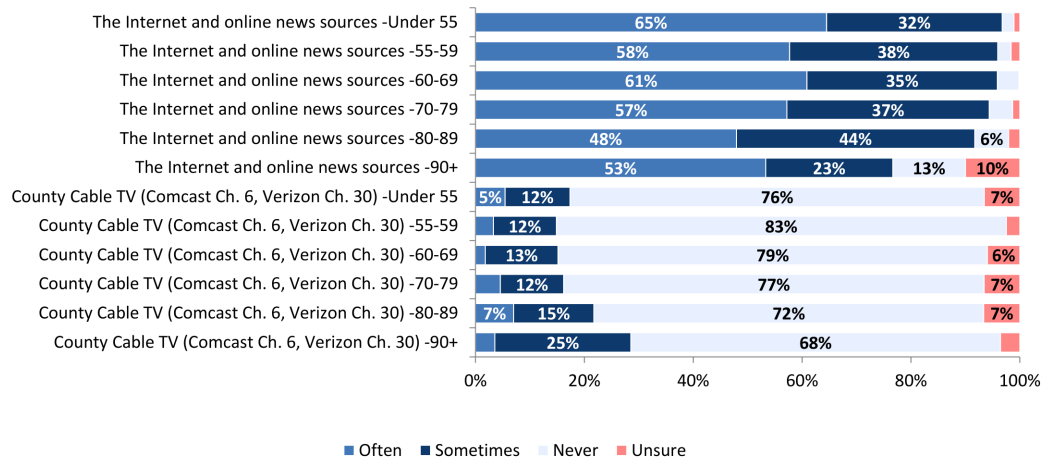


150



© 2026

Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

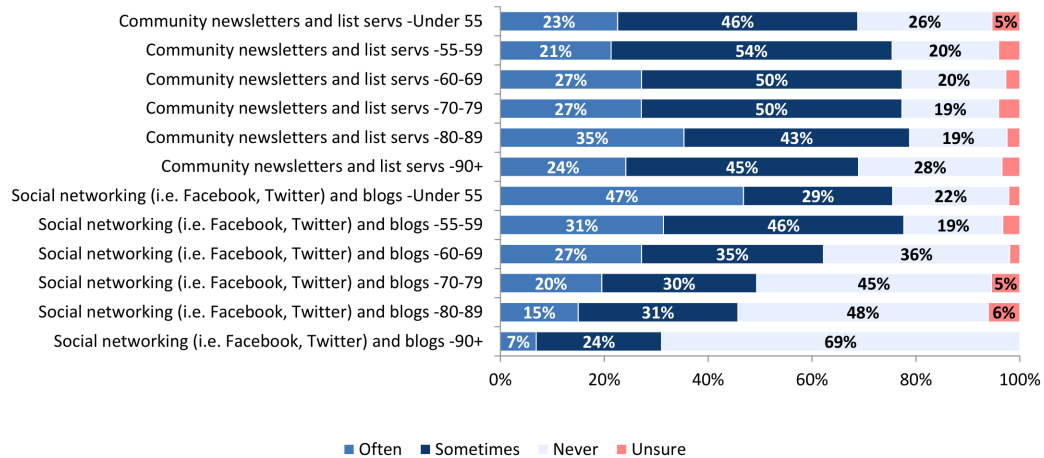


151



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

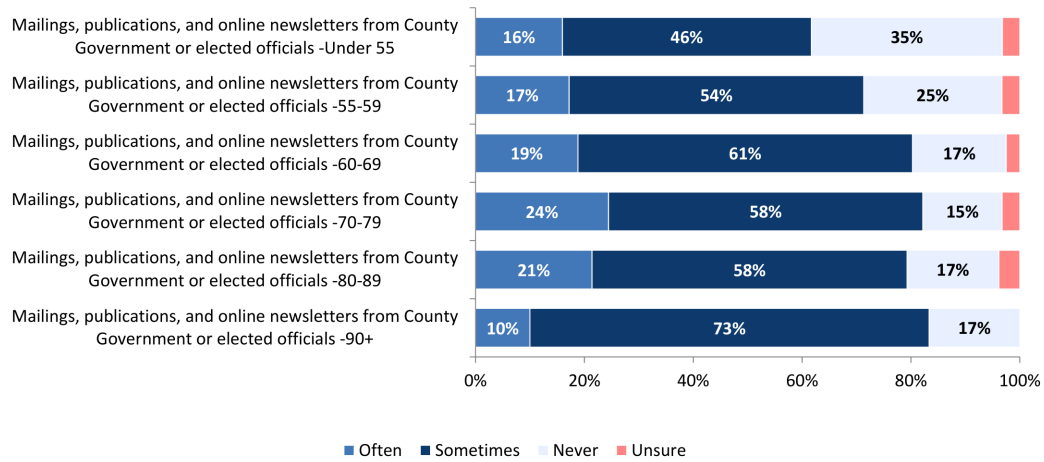


152



© 2026

Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

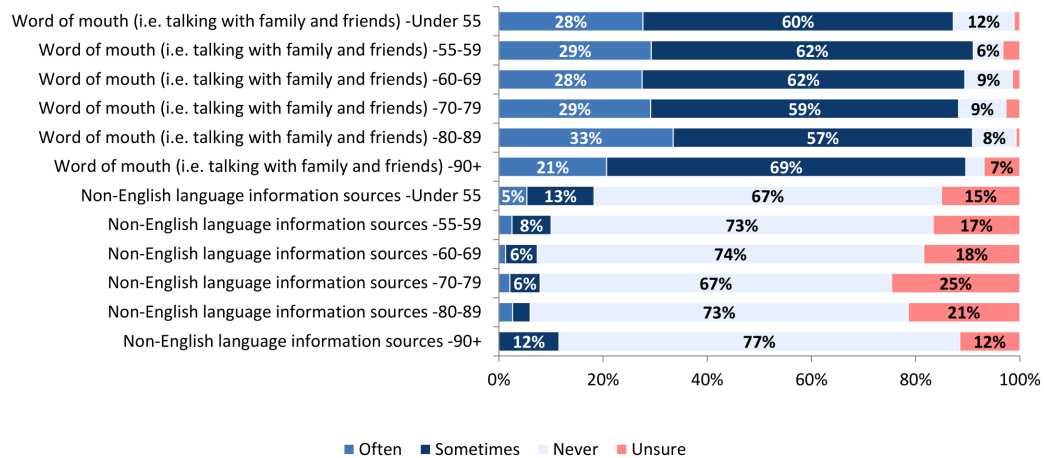


153



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

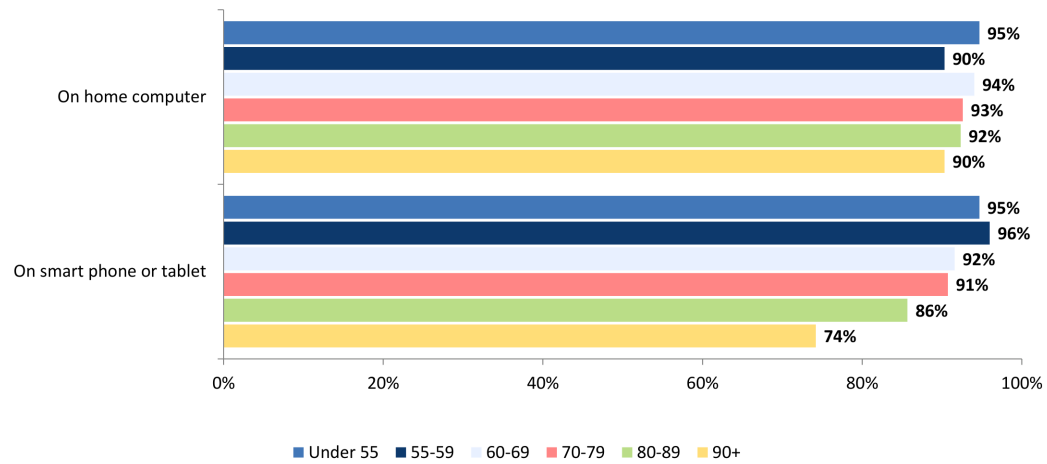


154



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Do you have access to the internet? (Check all that apply)

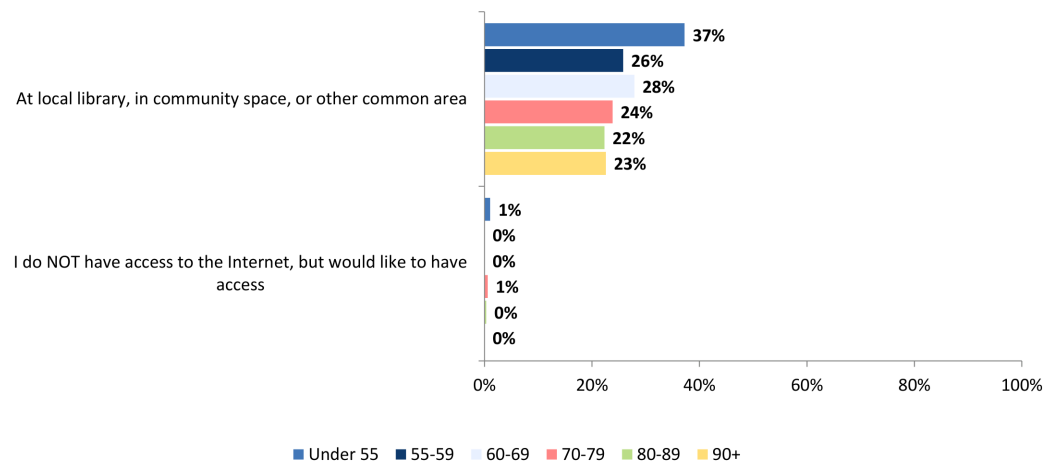


155



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Do you have access to the internet? (Check all that apply) (Continued)

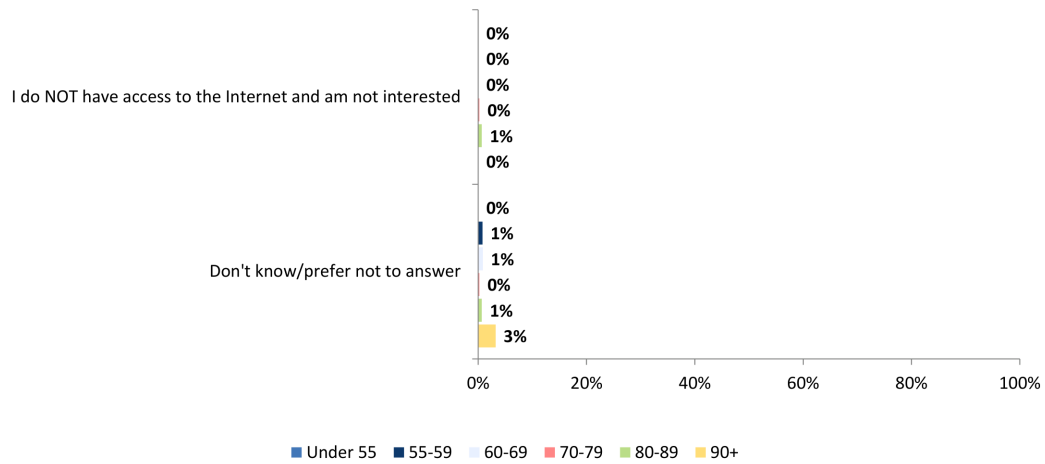


156



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Do you have access to the internet? (Check all that apply) (Continued)

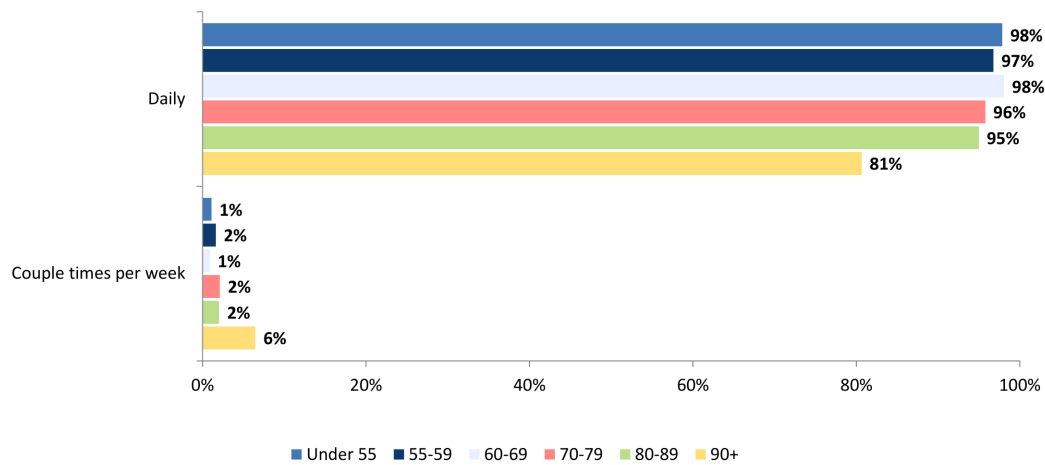


157



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How often do you use the internet? (PC / Tablet / Smart phone) ?

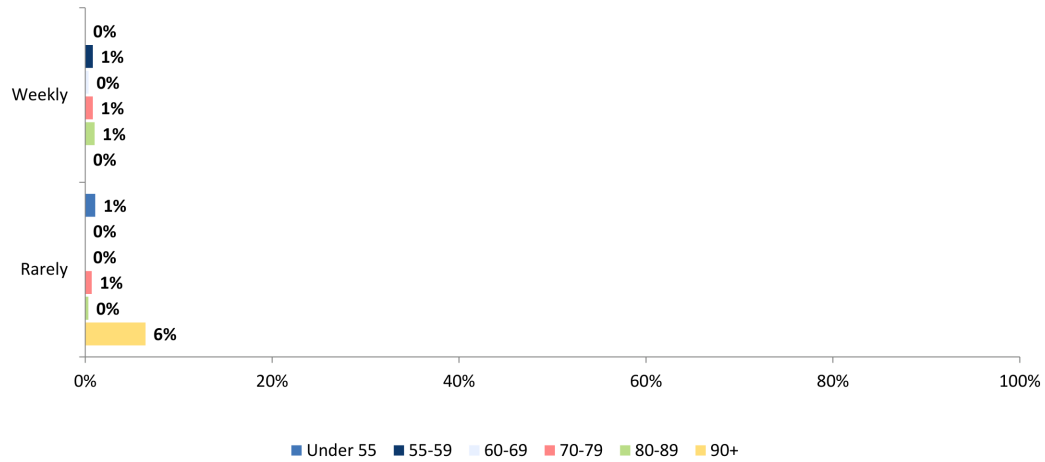


158



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How often do you use the internet? (PC / Tablet / Smart phone) ? (Continued)

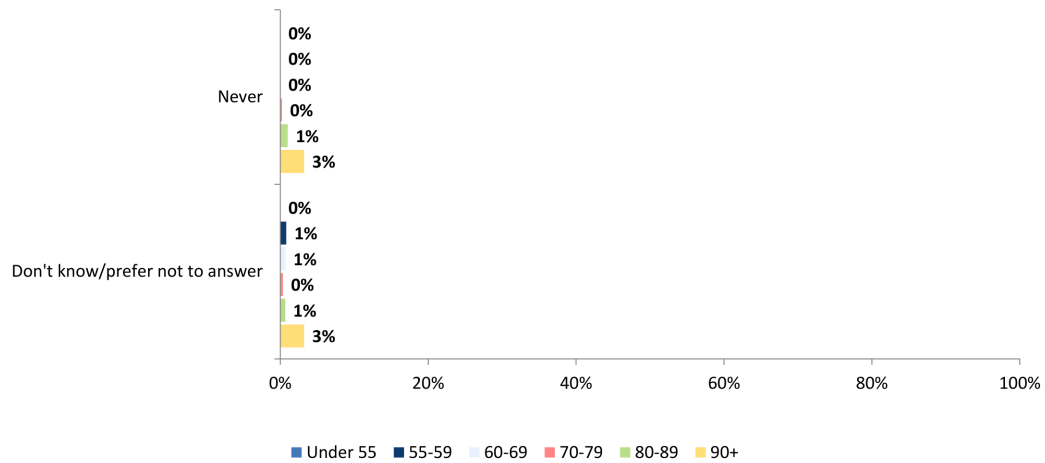


159



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How often do you use the internet? (PC / Tablet / Smart phone) ? (Continued)

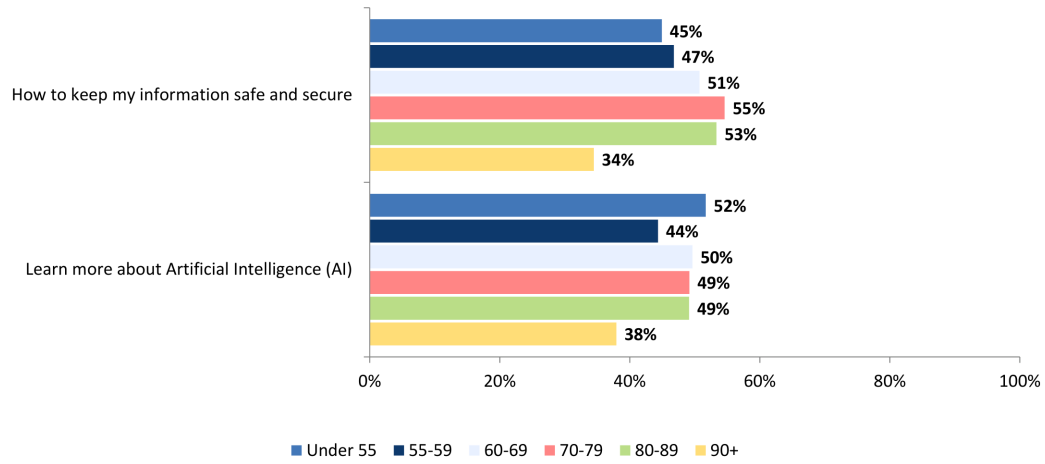


160



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If you were to take a class to use technology or the internet, which of these topics would interest you?

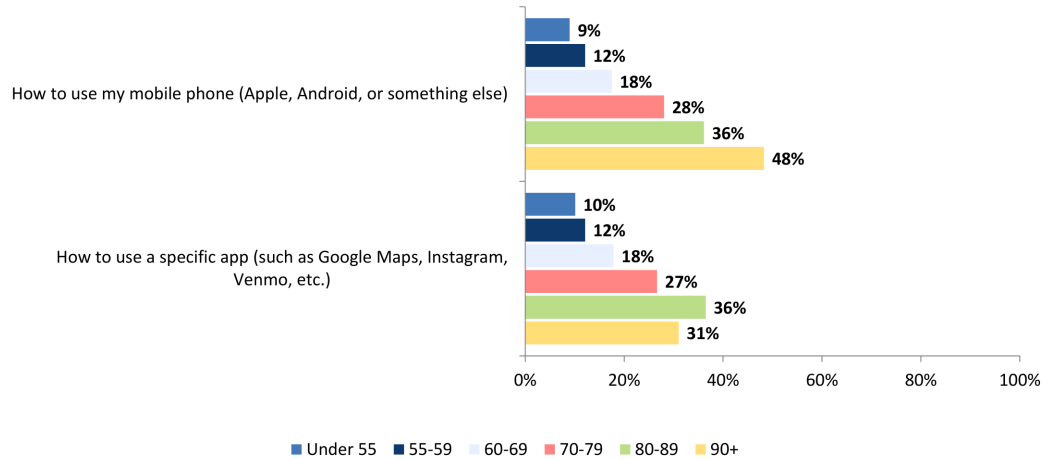


161



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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

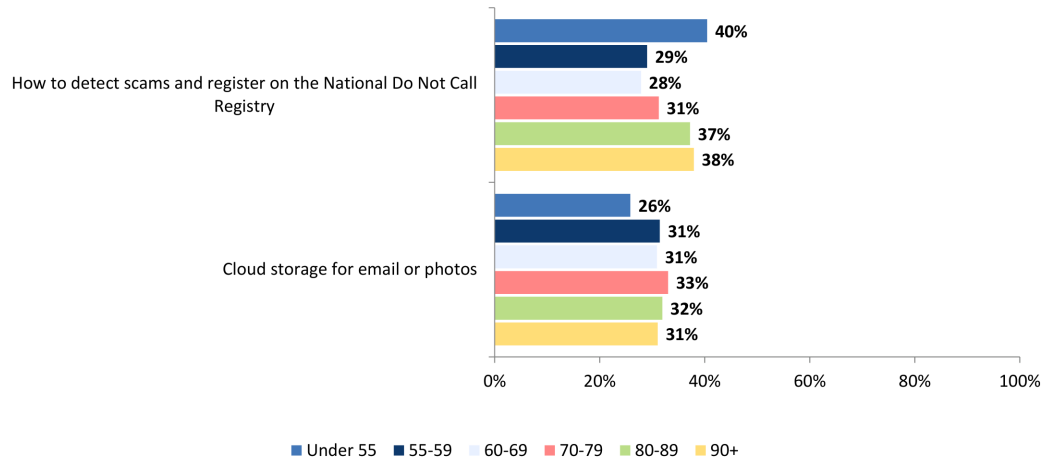


162



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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

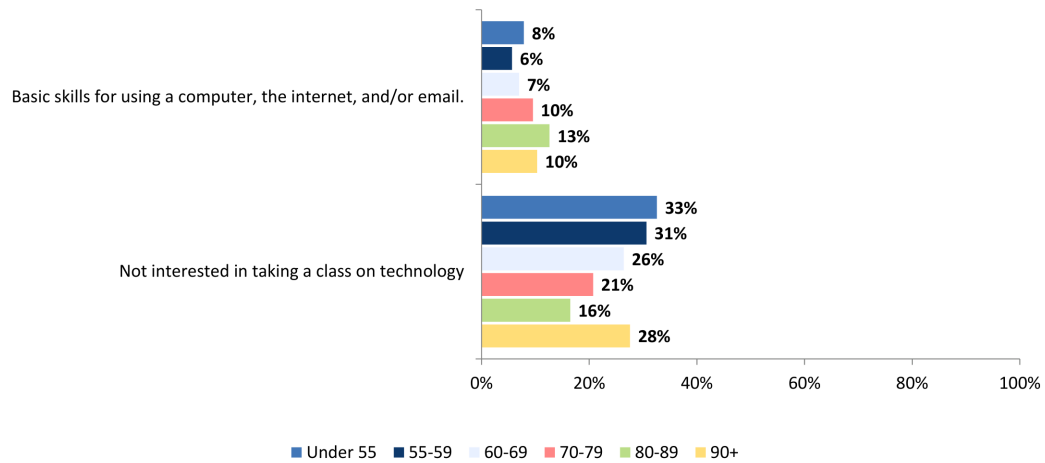


163



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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

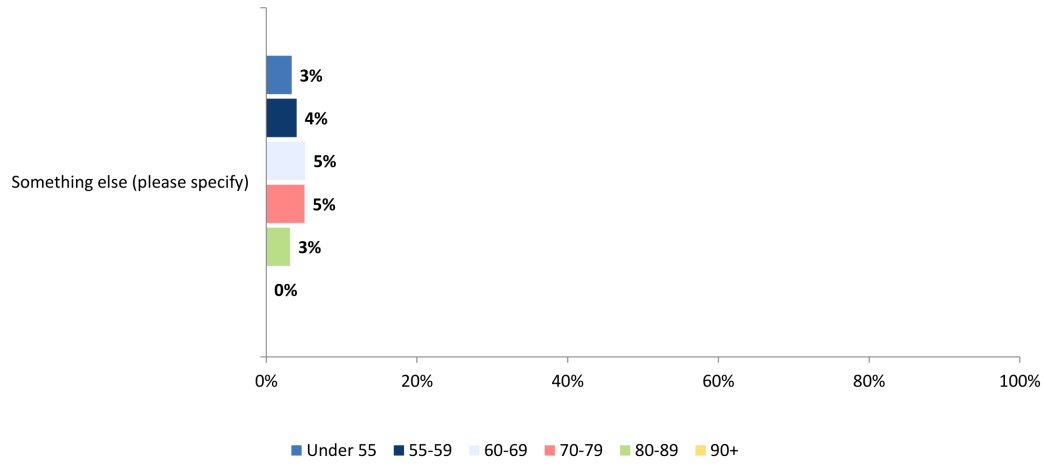


164



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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

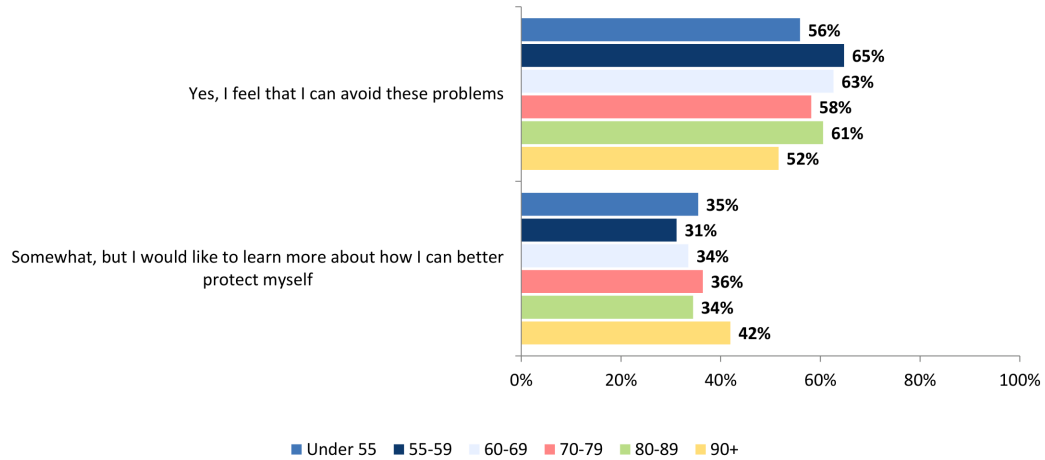


165



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Do you feel comfortable with your knowledge of financial scams and your ability to avoid them?

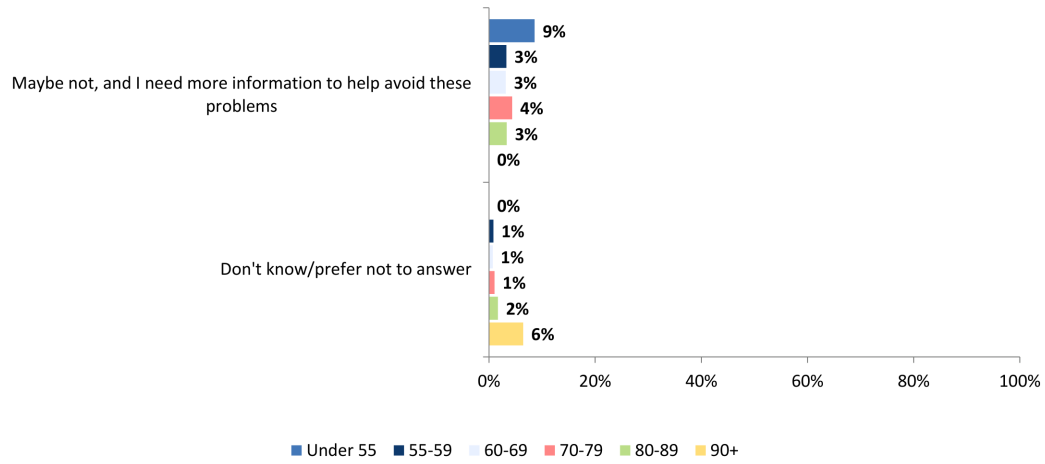


166



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Do you feel comfortable with your knowledge of financial scams and your ability to avoid them? (Continued)

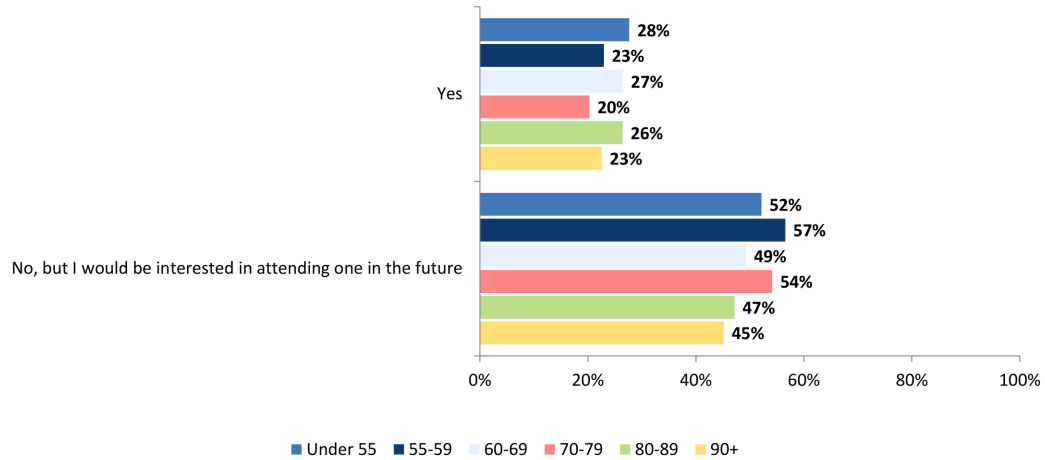


167



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Have you attended an emergency preparedness presentation or public safety event in the past 2 years?

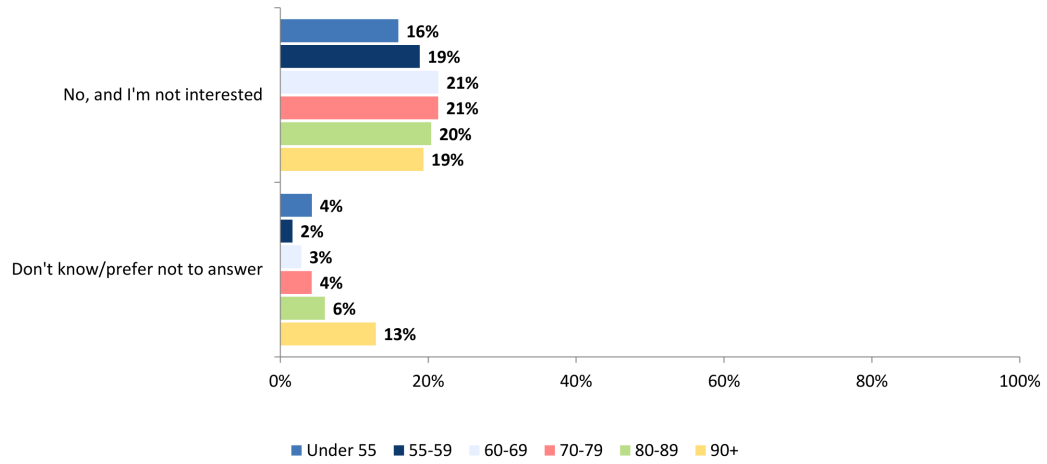


168



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Have you attended an emergency preparedness presentation or public safety event in the past 2 years? (Continued)

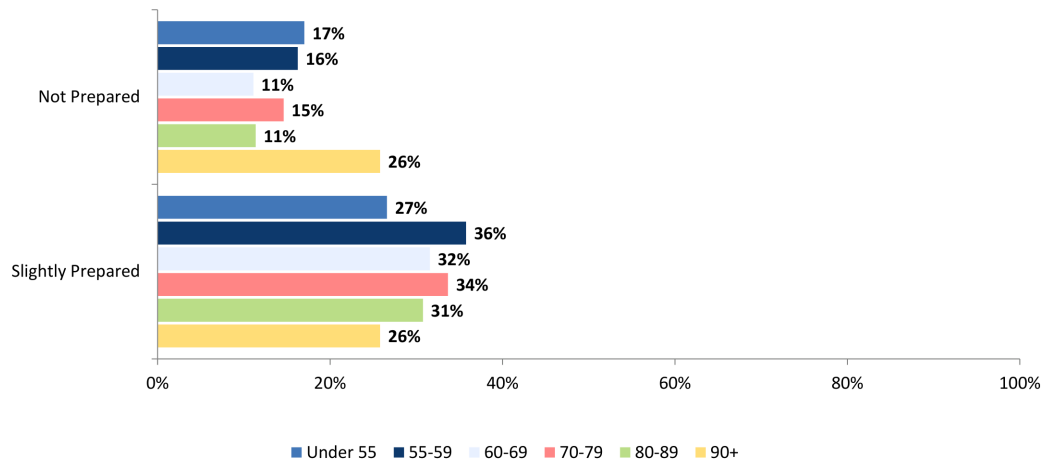


169



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How prepared do you feel to respond to an emergency or disaster in Montgomery County?

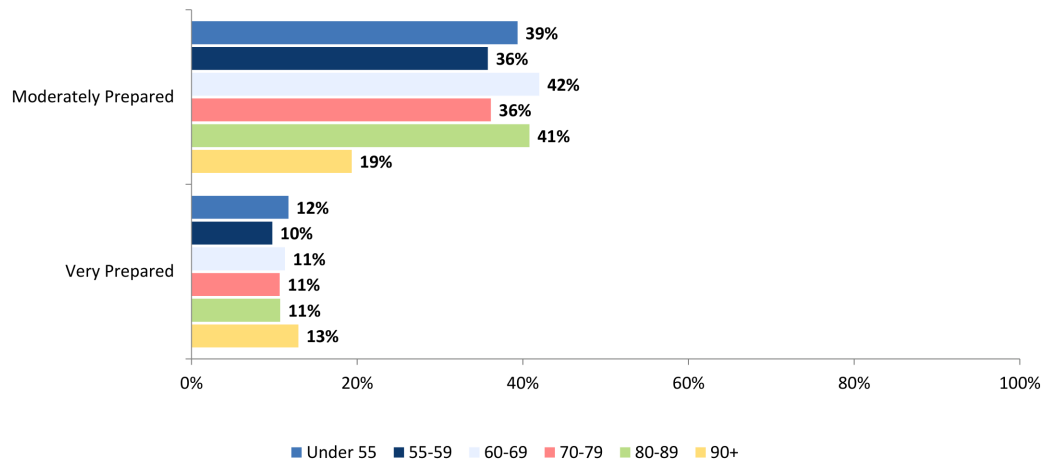


170



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How prepared do you feel to respond to an emergency or disaster in Montgomery County? (Continued)

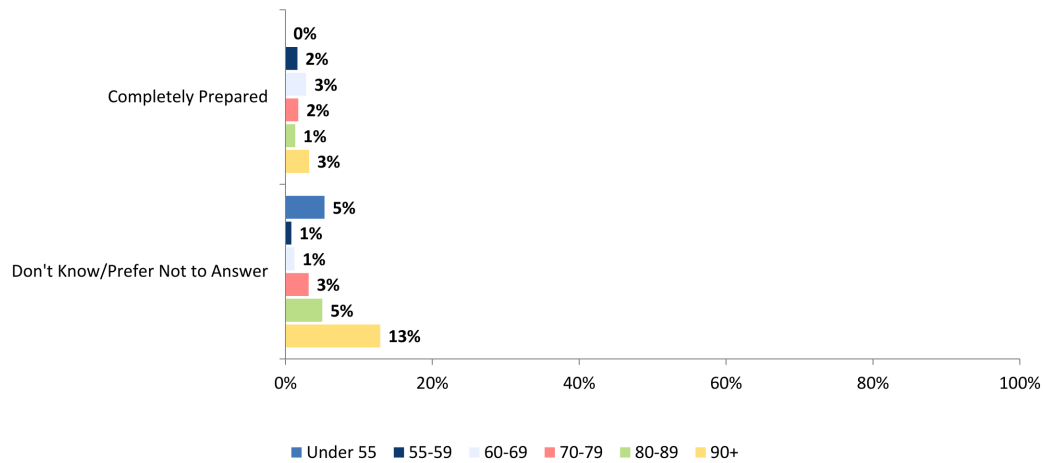


171



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How prepared do you feel to respond to an emergency or disaster in Montgomery County? (Continued)

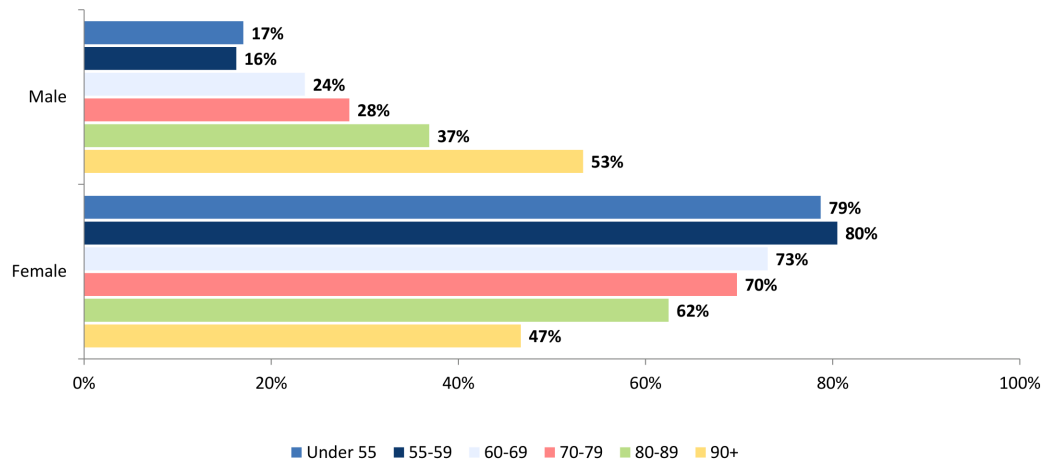


172



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What is your gender?

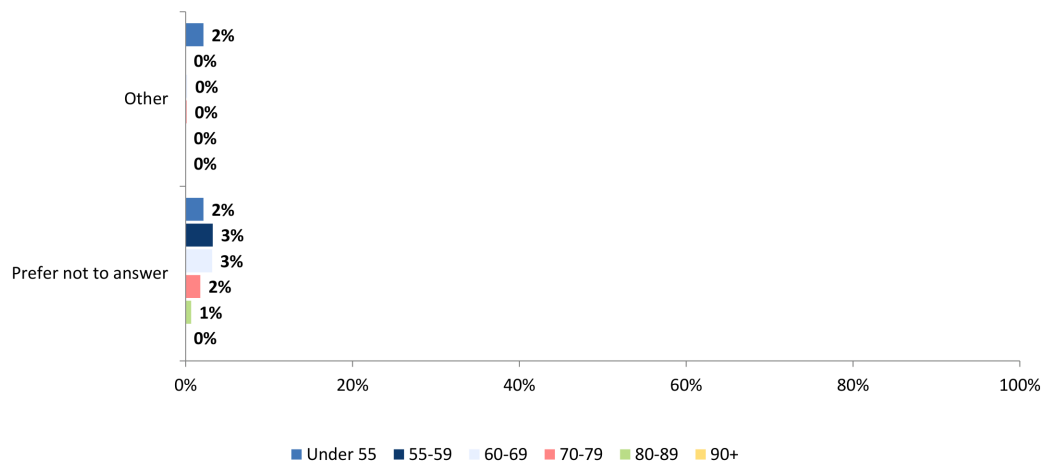


173



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What is your gender? (Continued)

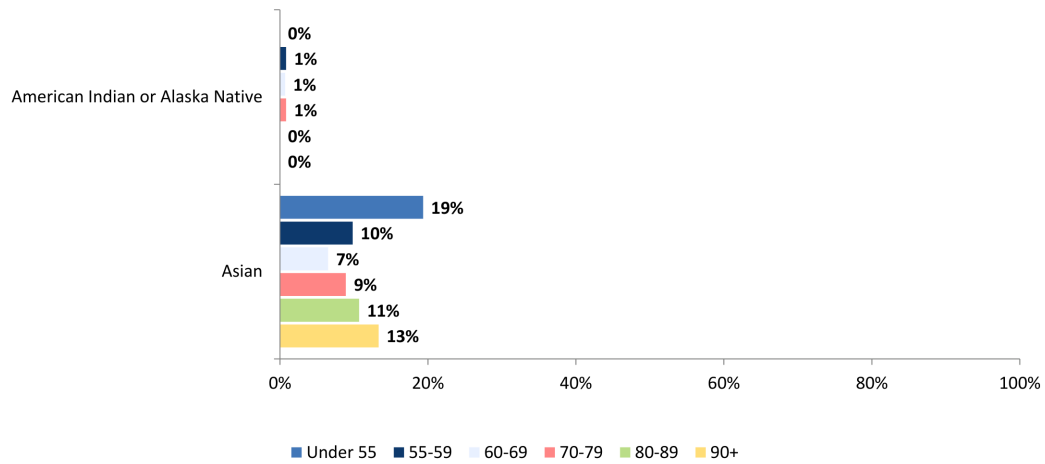


174



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What is your race/ethnicity? (Check all that apply)

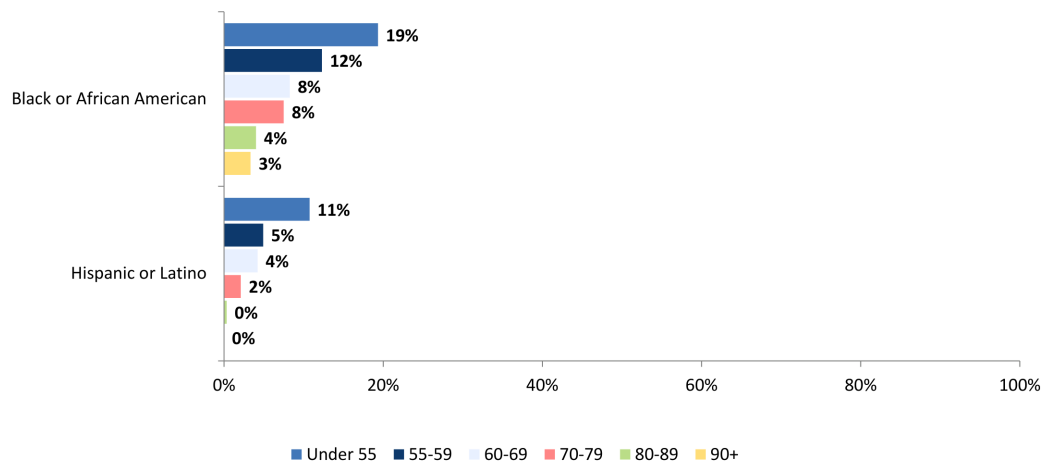


175



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What is your race/ethnicity? (Check all that apply) (Continued)

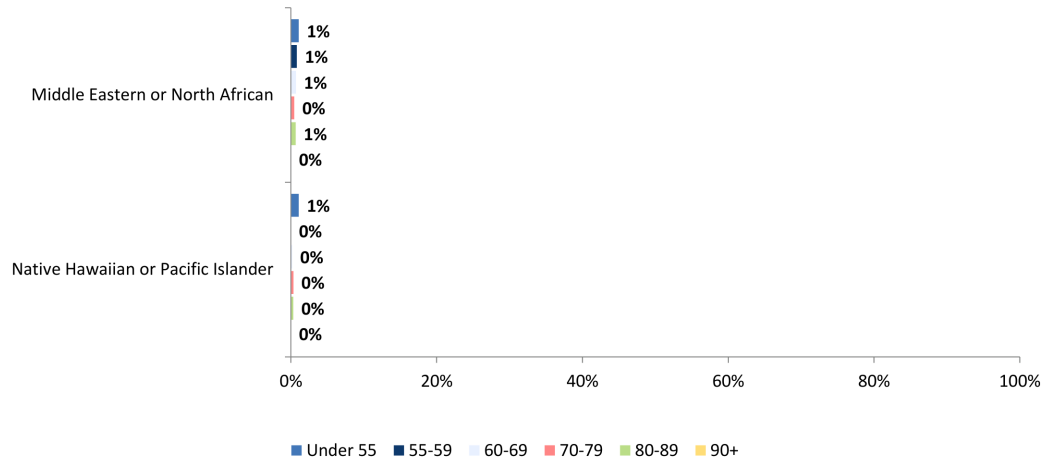


176



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What is your race/ethnicity? (Check all that apply) (Continued)

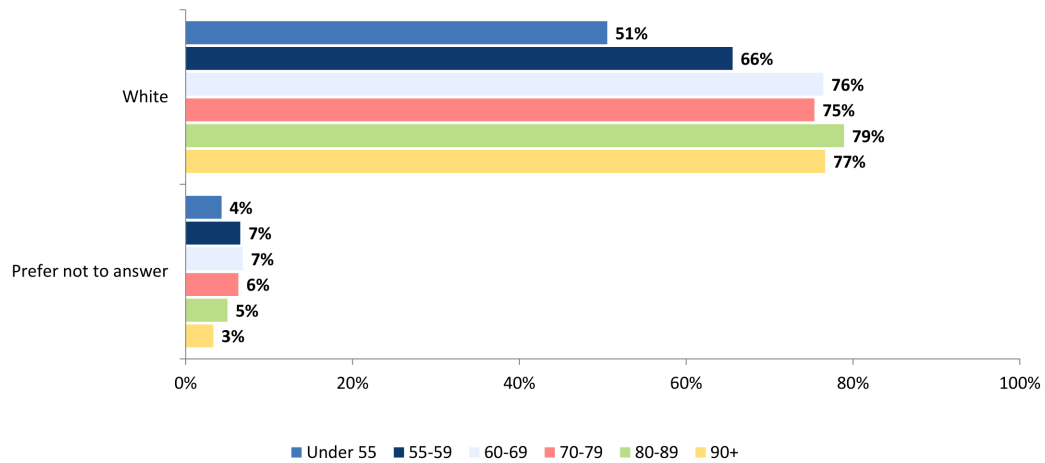


177



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What is your race/ethnicity? (Check all that apply) (Continued)

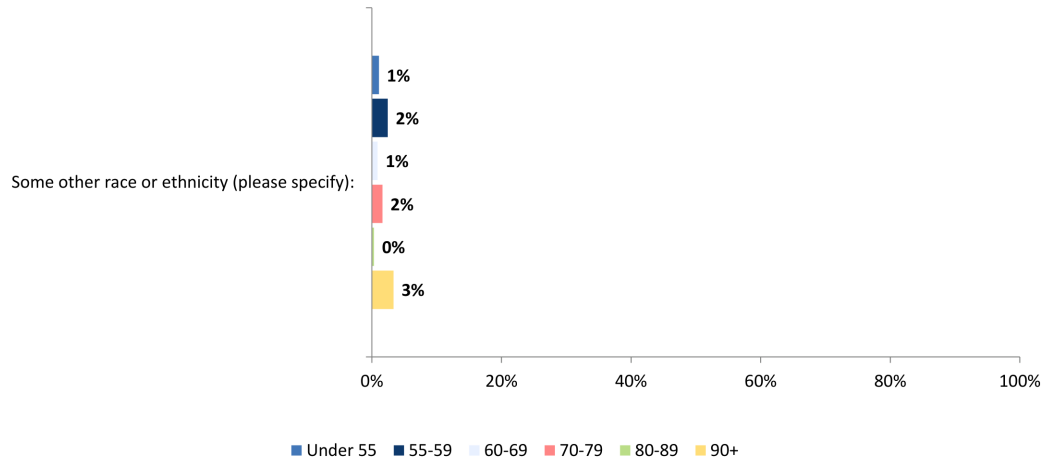


178



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What is your race/ethnicity? (Check all that apply) (Continued)

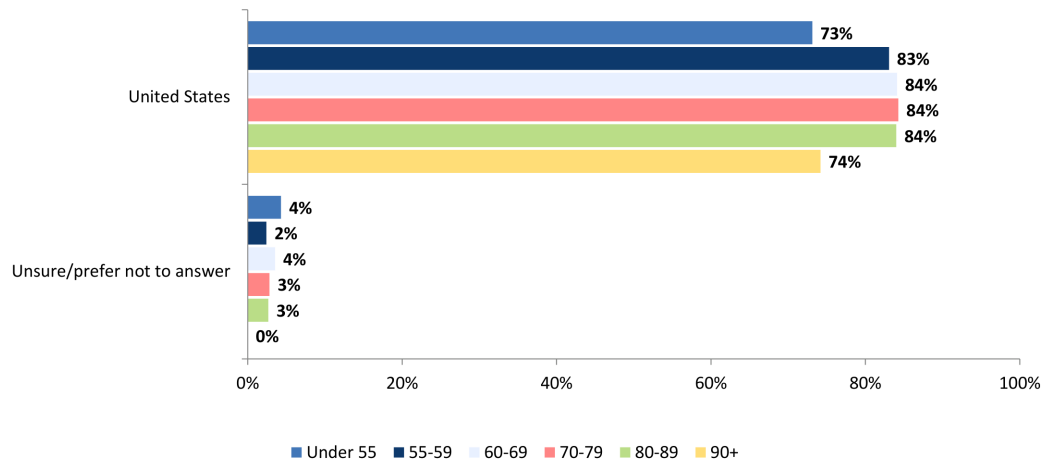


179



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In what country were you born?

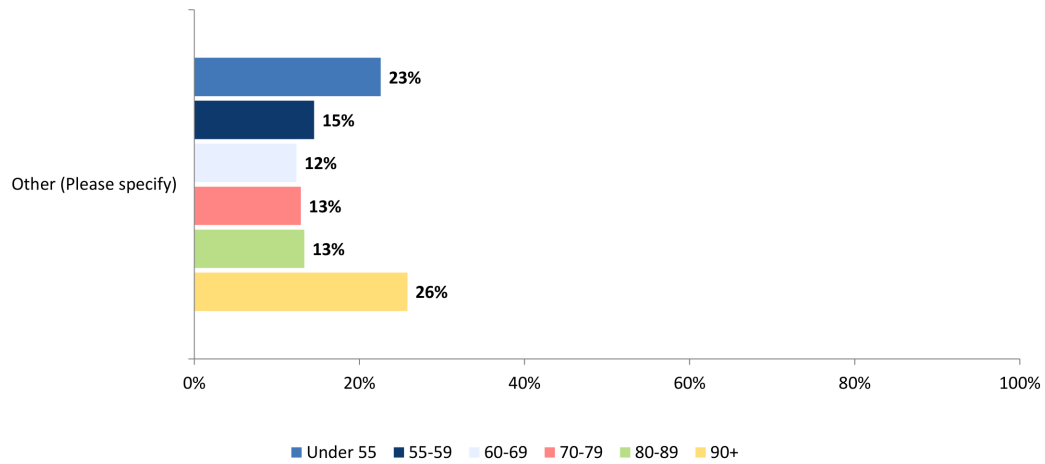


180



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In what country were you born? (Continued)

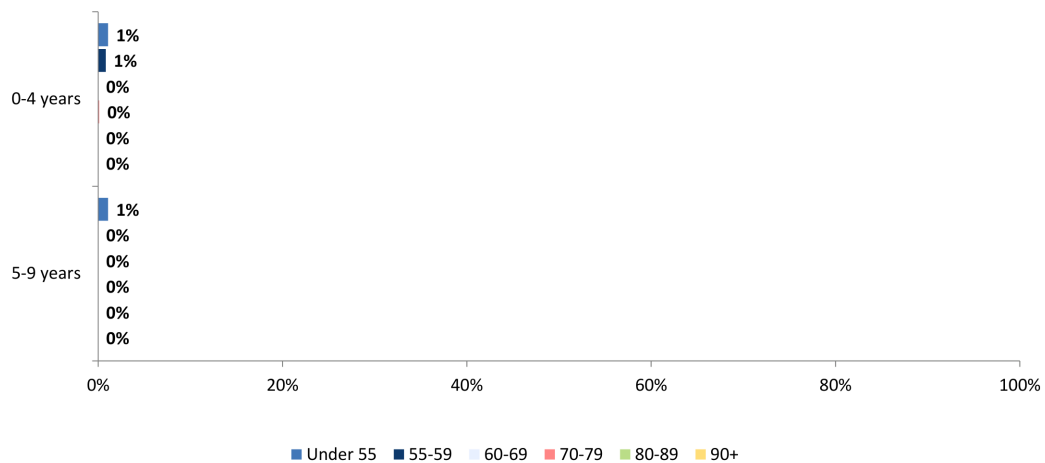


181



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How long have you lived in the United States?

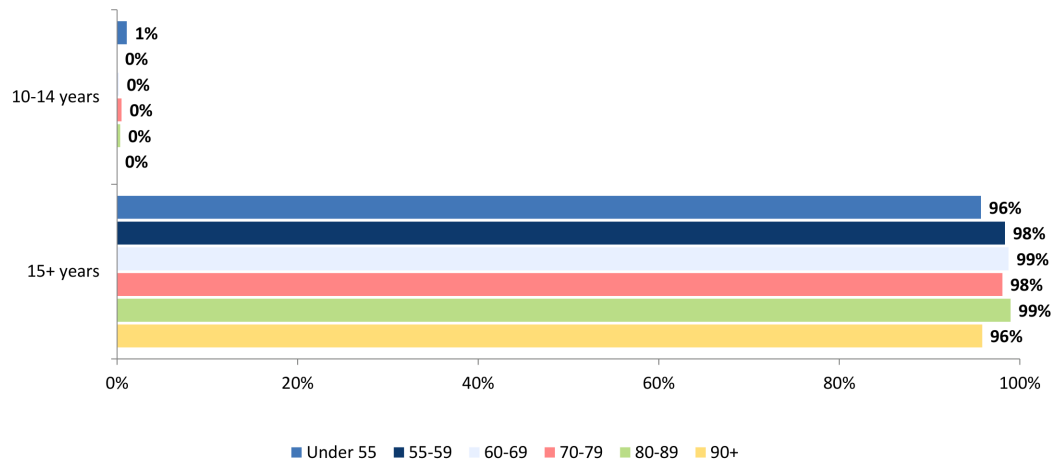


182



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How long have you lived in the United States? (Continued)

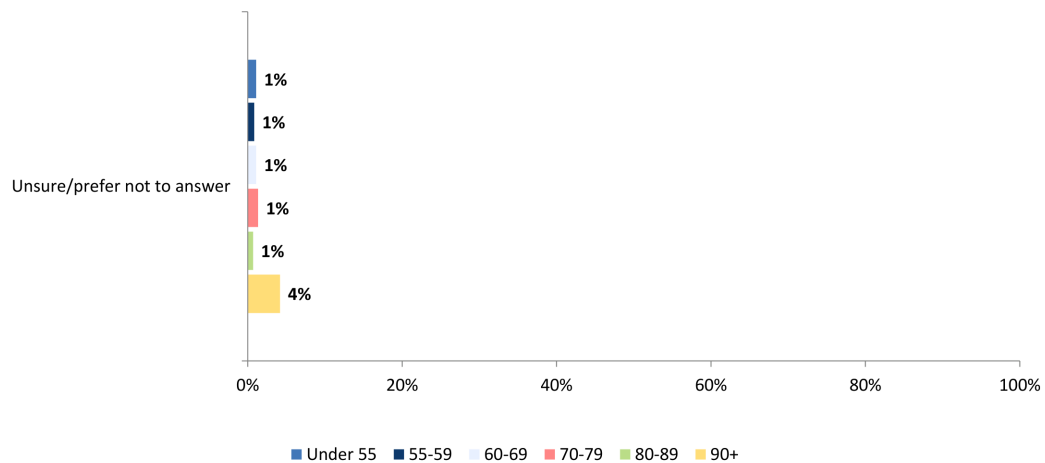


183

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How long have you lived in the United States? (Continued)

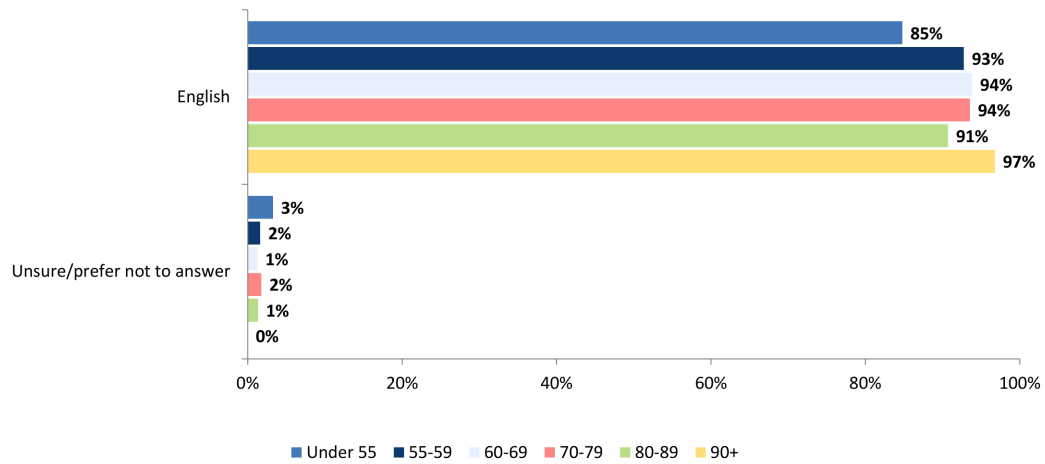


184

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What language do you primarily speak at home?

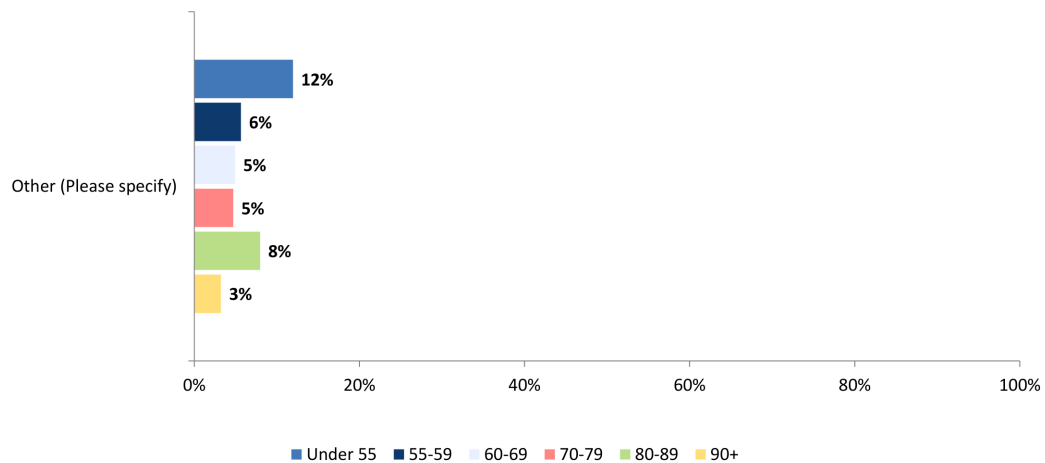


185



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What language do you primarily speak at home? (Continued)

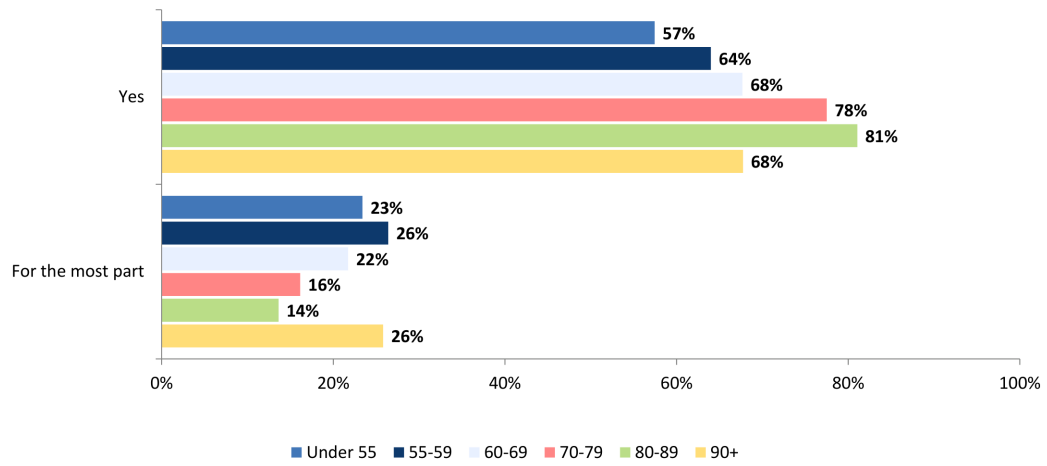


186



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Over the past year, have you felt like you had enough income to meet your basic needs (food, housing, etc.)?

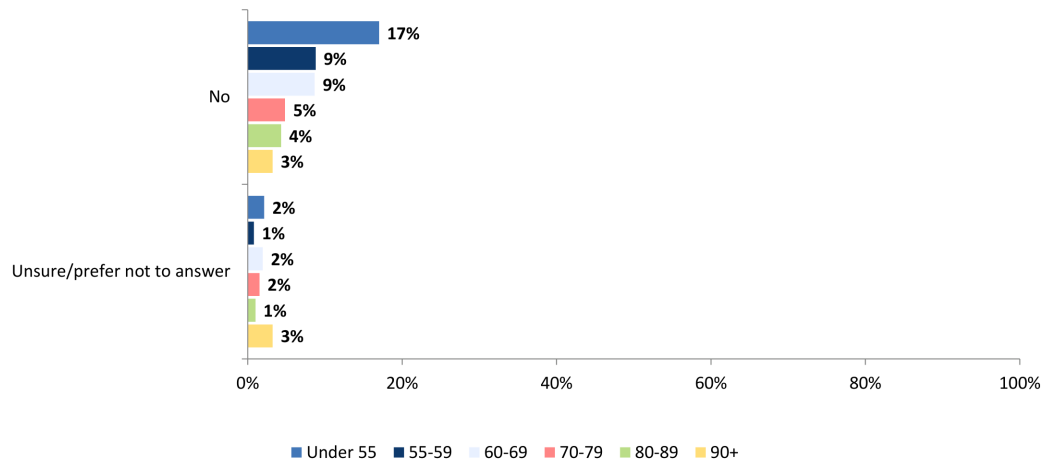


187



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Over the past year, have you felt like you had enough income to meet your basic needs (food, housing, etc.)? (Continued)

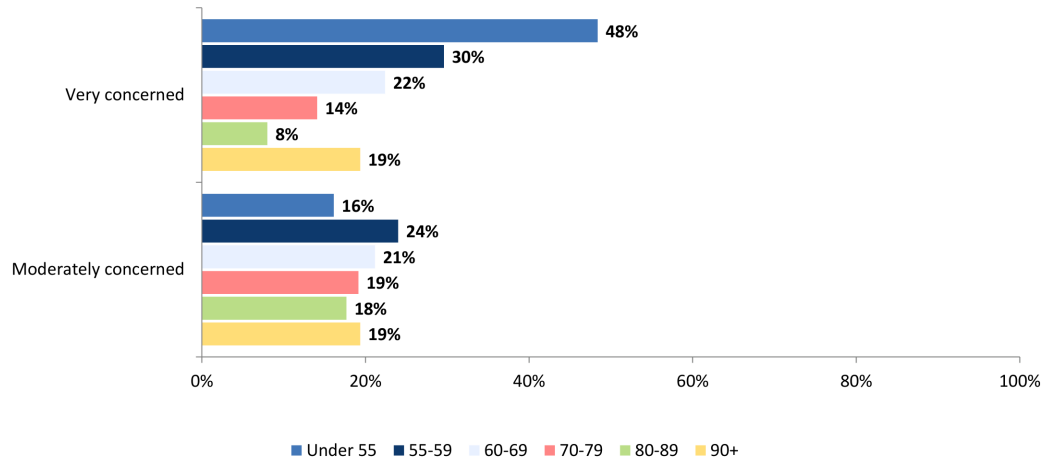


188



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How concerned are you about your ability to afford a good quality of life after age 65?

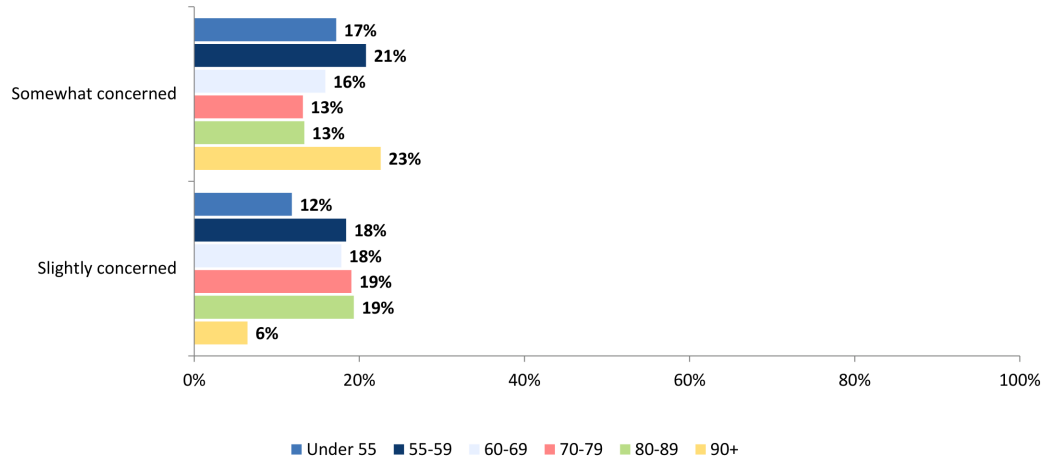


189



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How concerned are you about your ability to afford a good quality of life after age 65? (Continued)

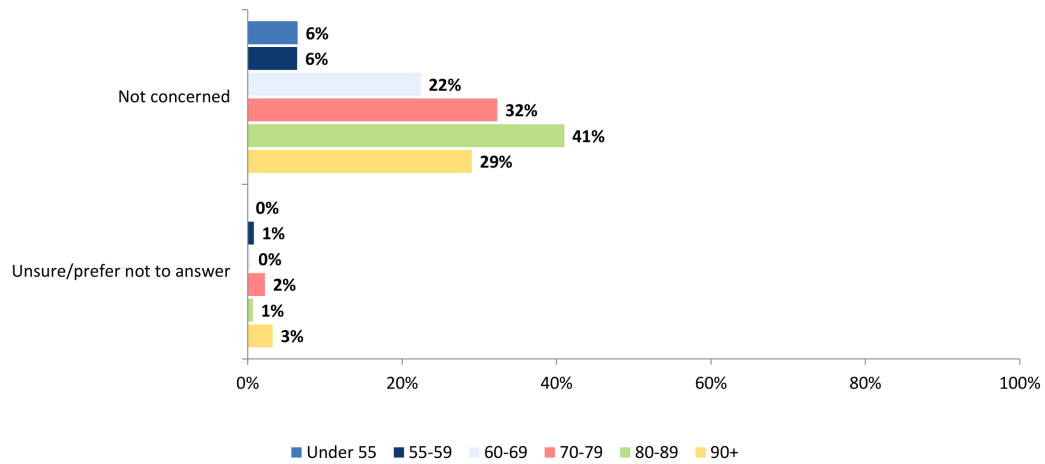


190



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How concerned are you about your ability to afford a good quality of life after age 65? (Continued)

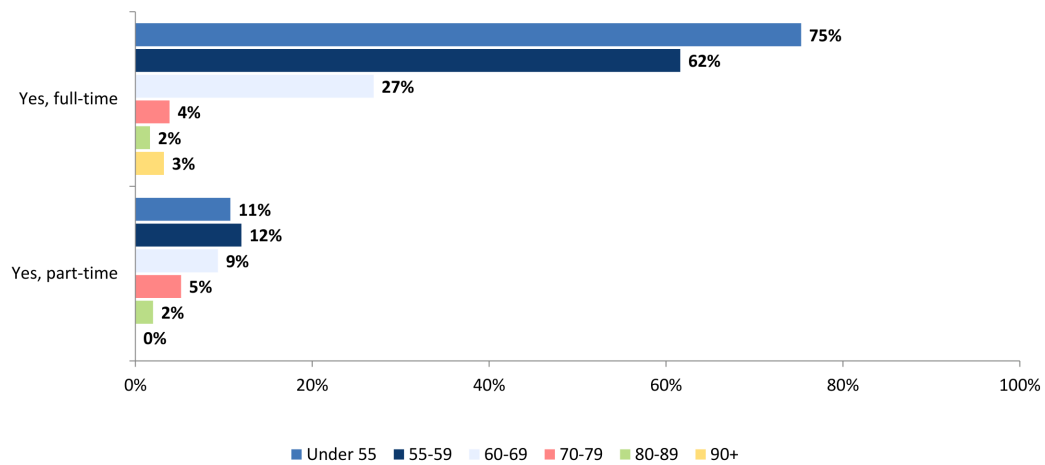


191



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Are you currently employed?

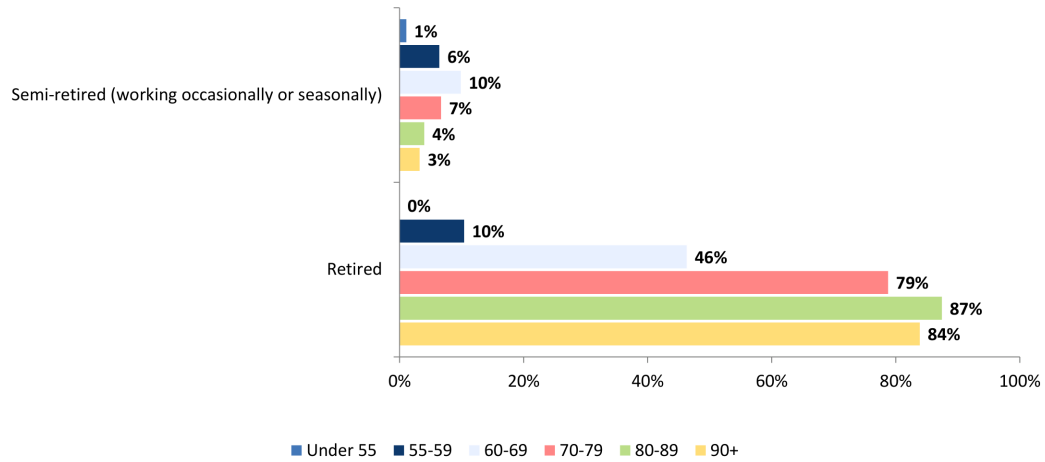


192



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Are you currently employed? (Continued)

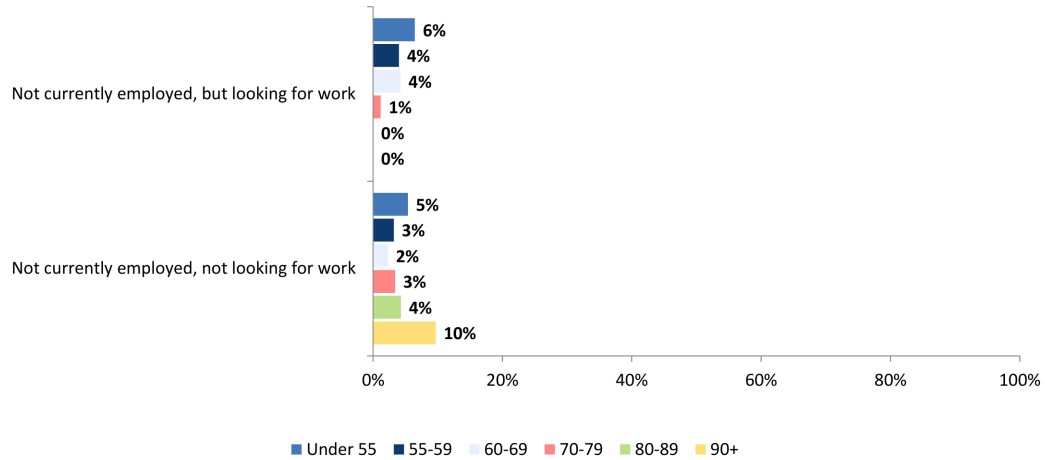


193



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Are you currently employed? (Continued)

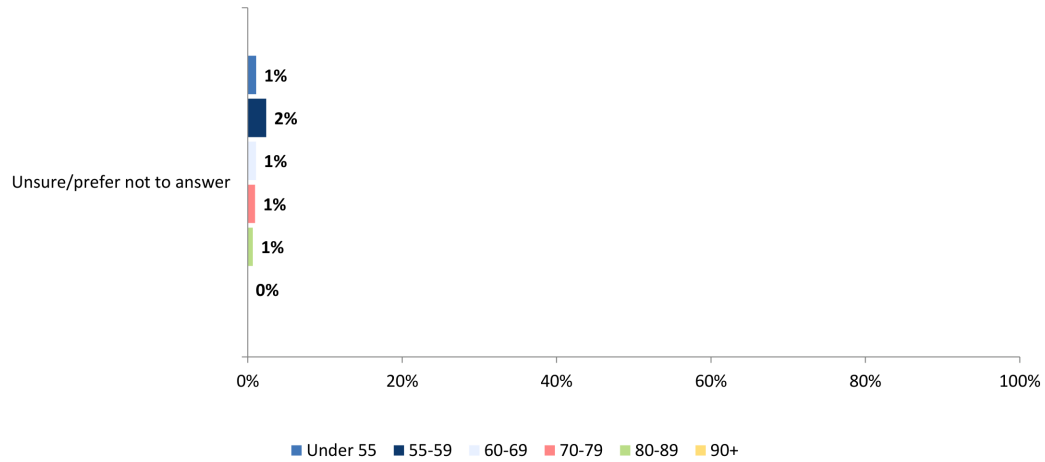


194



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Are you currently employed? (Continued)

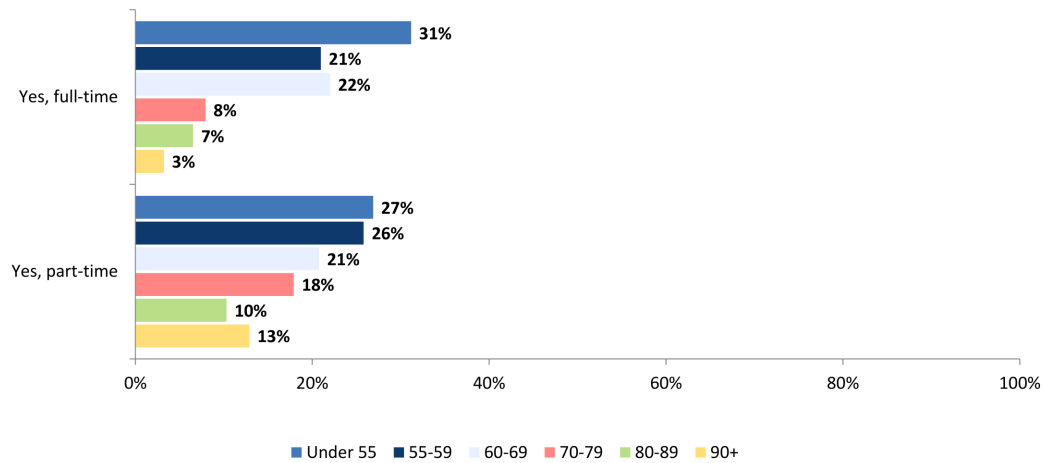


195



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Do you think you will work for pay after age 65?

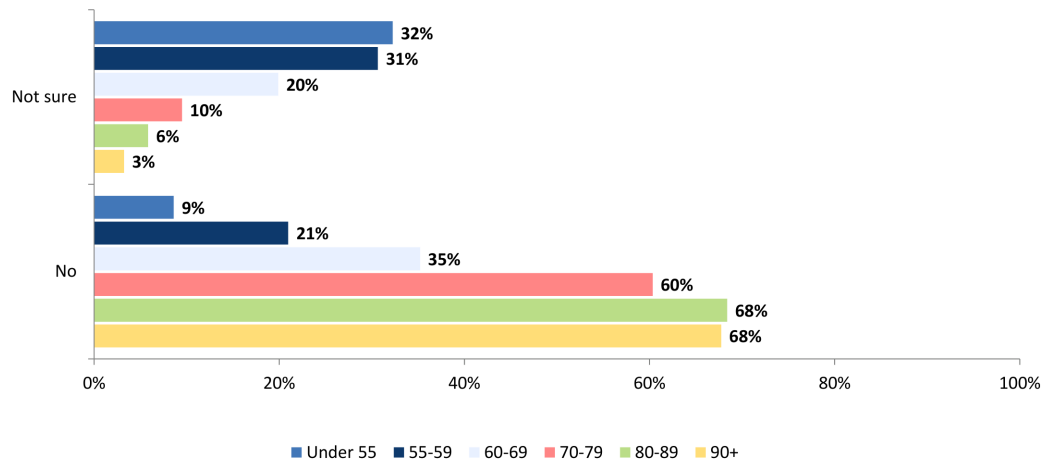


196



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Do you think you will work for pay after age 65? (Continued)

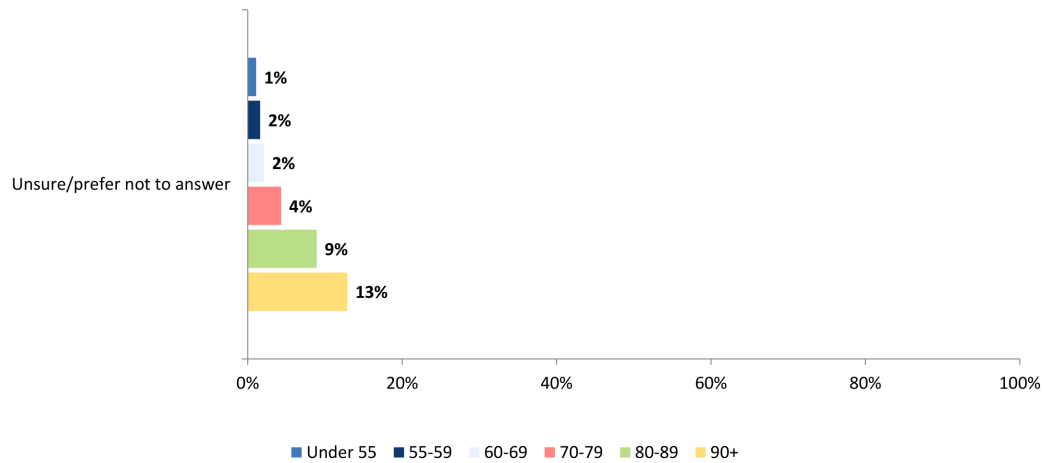


197



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Do you think you will work for pay after age 65? (Continued)

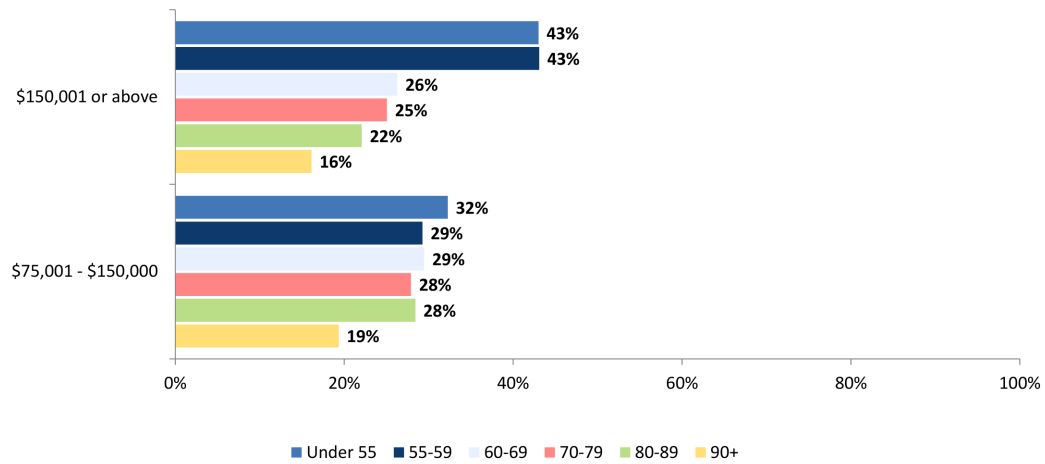


198



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What, roughly, is your annual household income?

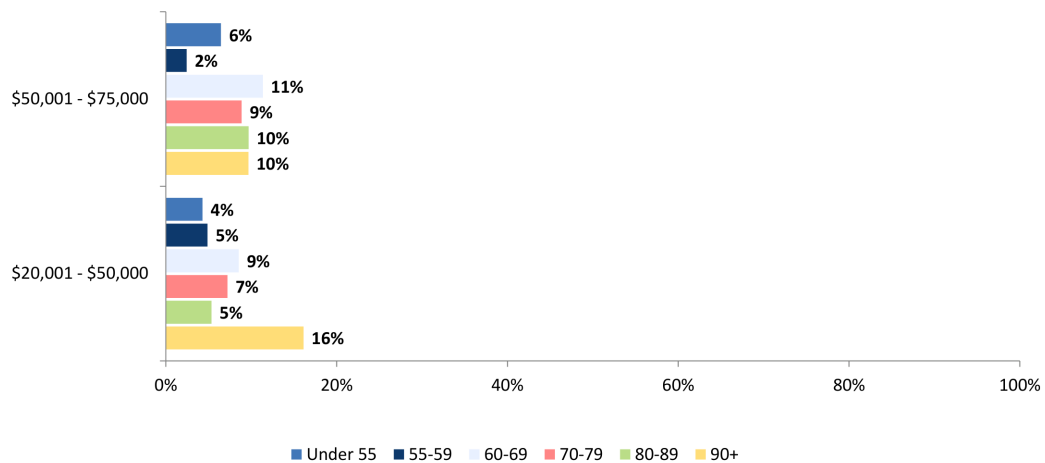


199



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What, roughly, is your annual household income? (Continued)

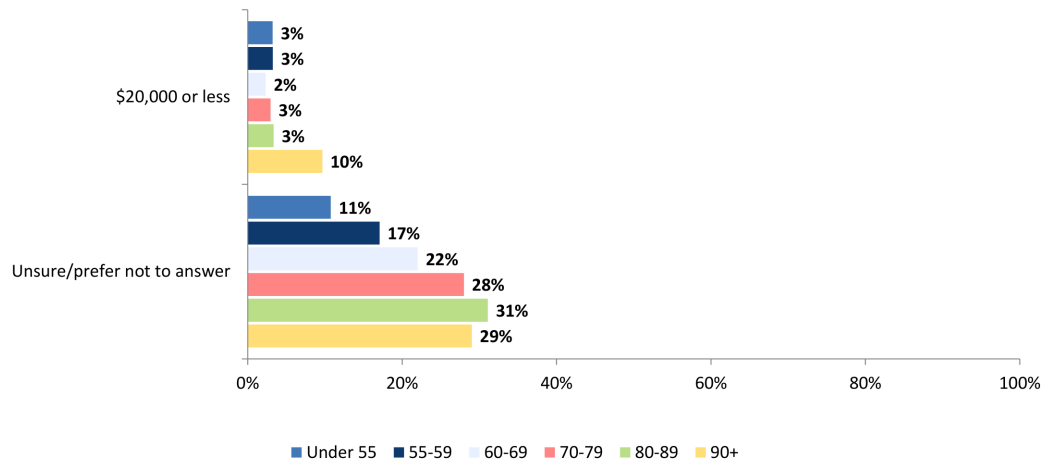


200



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What, roughly, is your annual household income? (Continued)

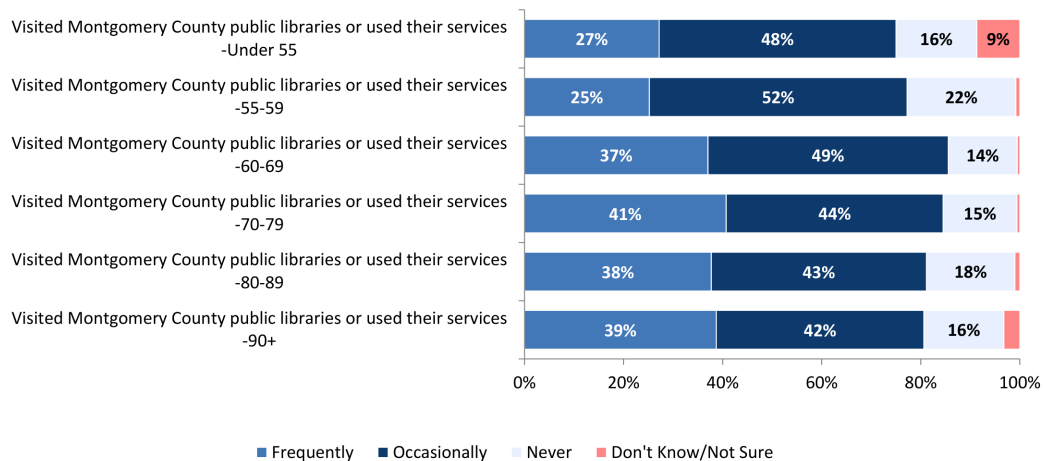


201



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in.

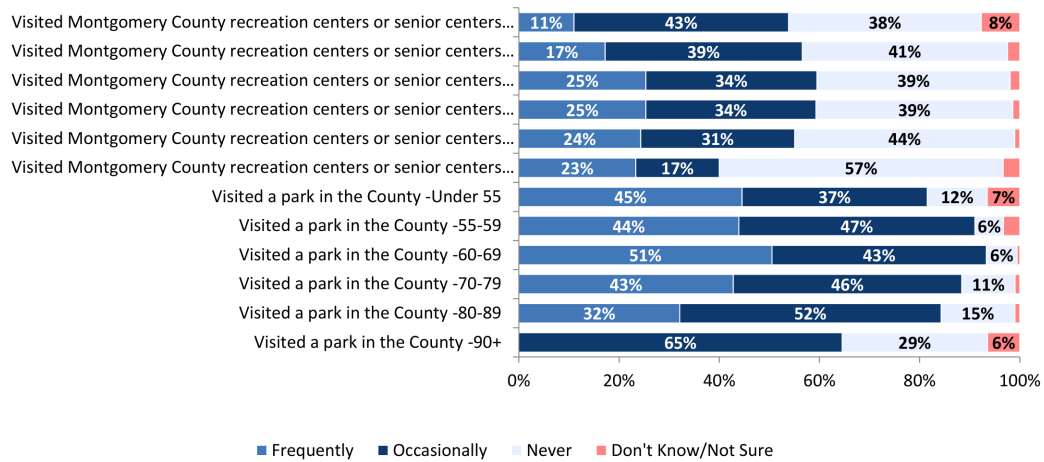


202



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)

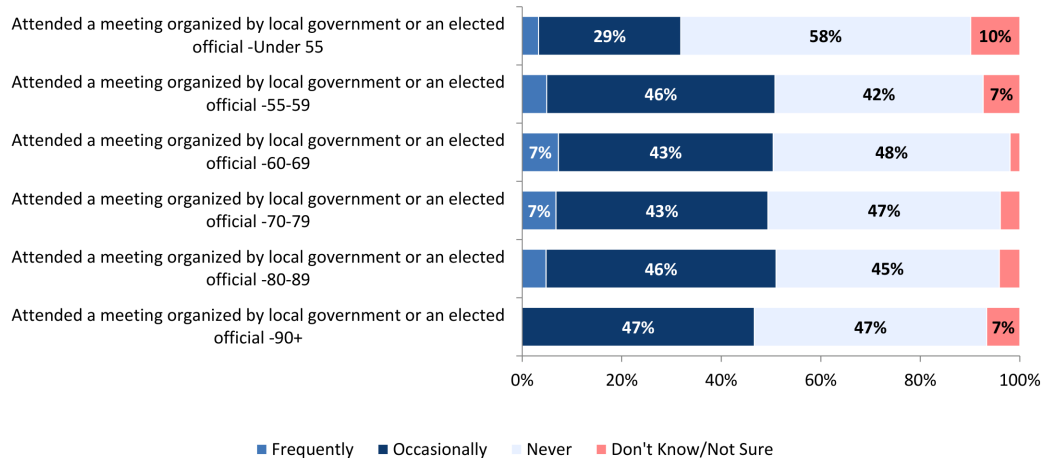


203



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)

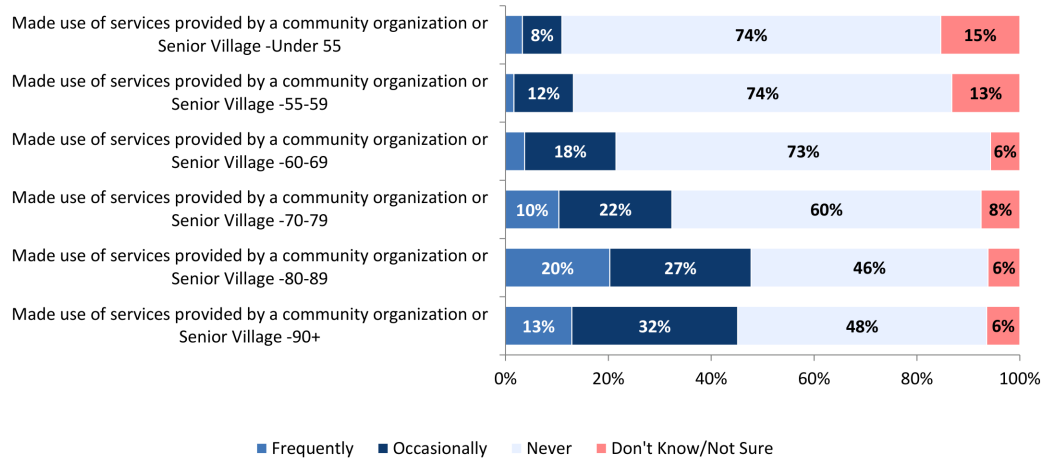


204



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**In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)**

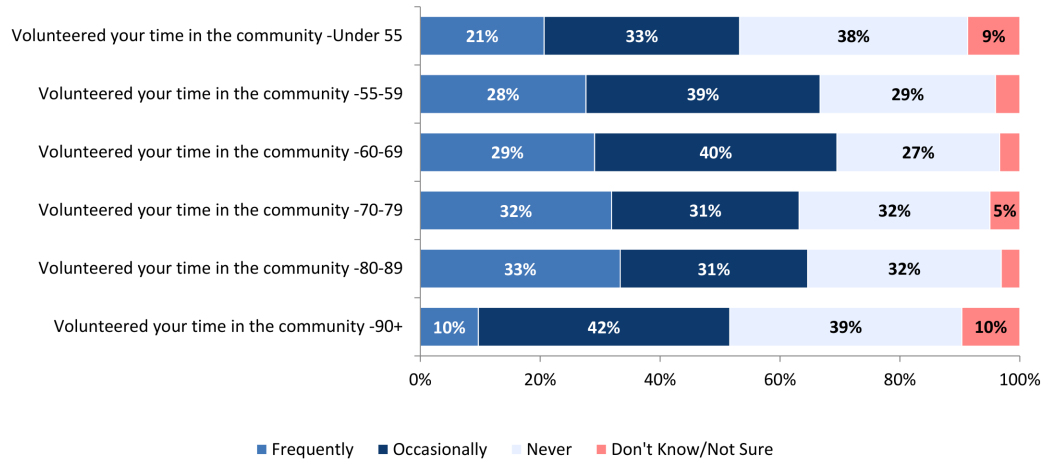


205



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**In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)**

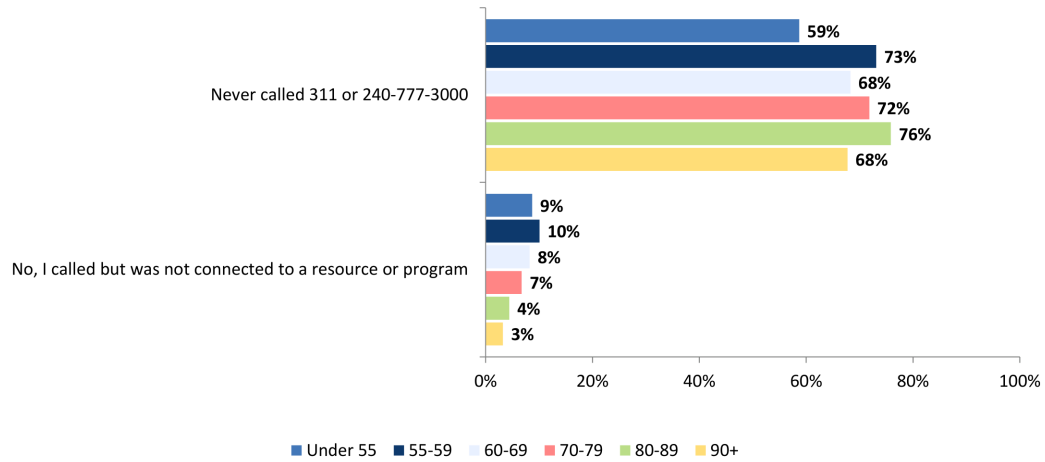


206



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If you called 311 or 240-777-3000 (Aging and Disability Services) in the past year, were you connected to a resource or program that you used?

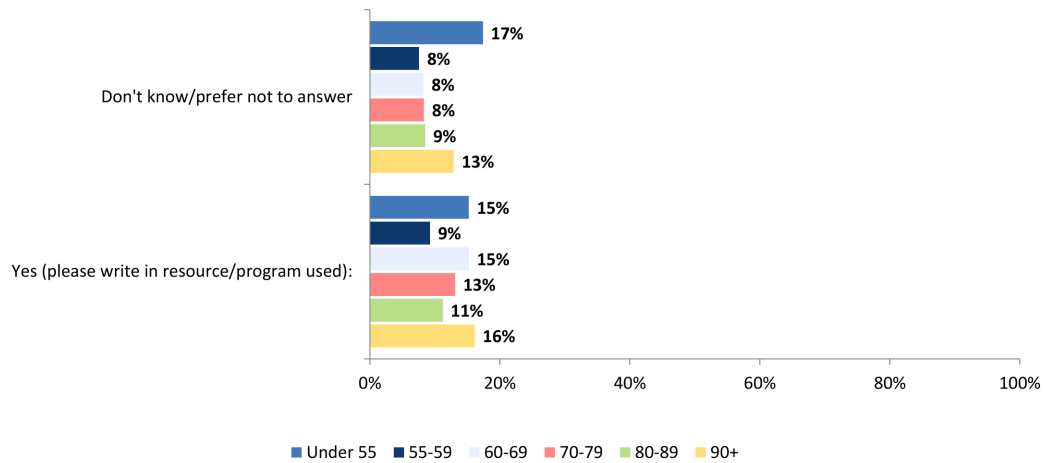


207



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If you called 311 or 240-777-3000 (Aging and Disability Services) in the past year, were you connected to a resource or program that you used? (Continued)

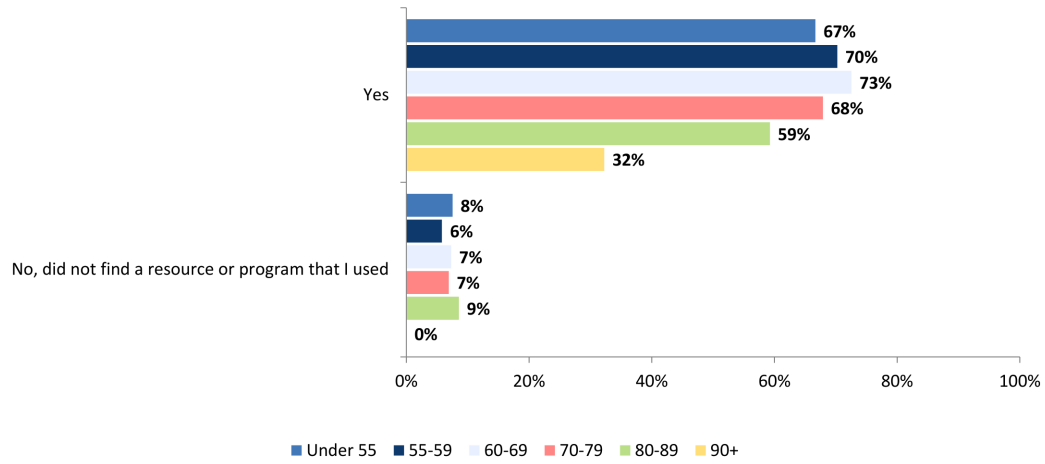


208



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If you visited the Montgomery County website (www.montgomerycountymd.gov) in the past year, could you find information on a resource or program you used?

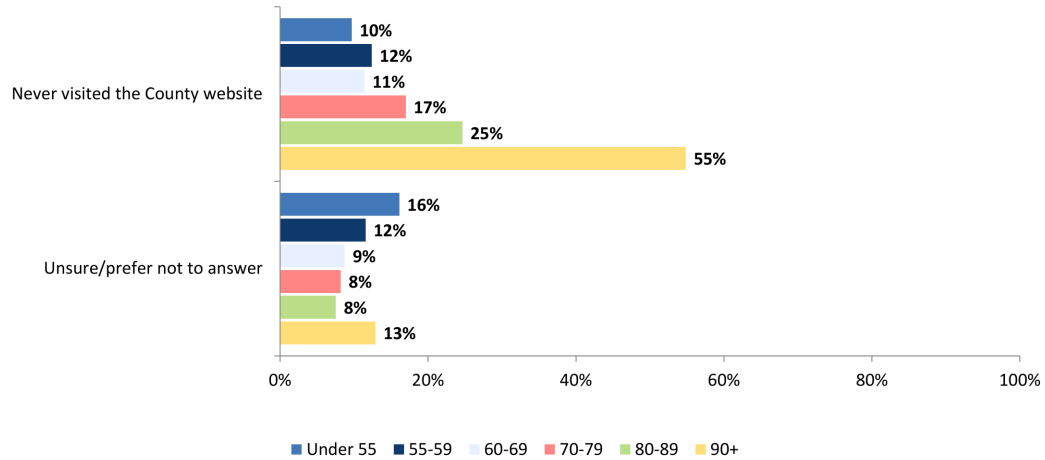


209



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If you visited the Montgomery County website (www.montgomerycountymd.gov) in the past year, could you find information on a resource or program you used? (Continued)



210



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What do you like best about living in Montgomery County?



211

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In what area(s) can Montgomery County improve the most?



212

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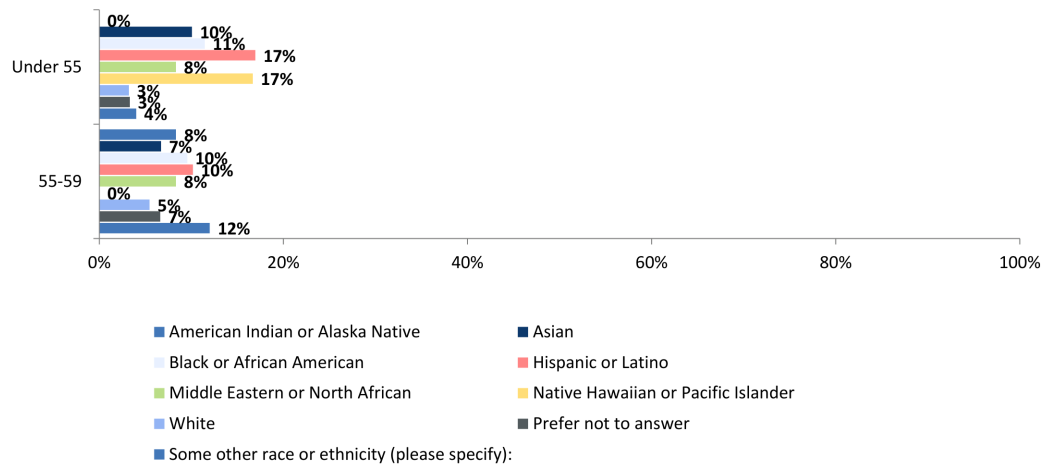


Survey Analysis

Stratified By Race/Ethnicity

213

What is your current age?

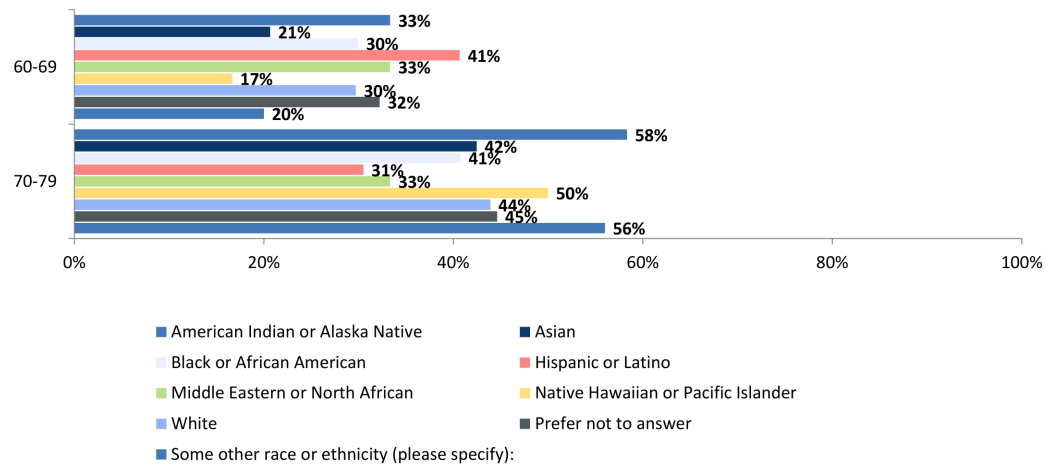


214



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What is your current age? (Continued)

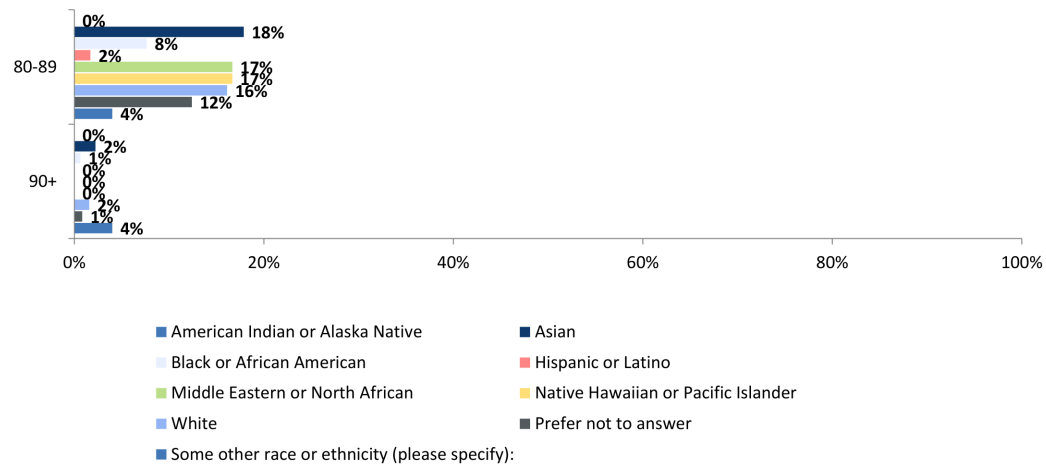


215



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What is your current age? (Continued)

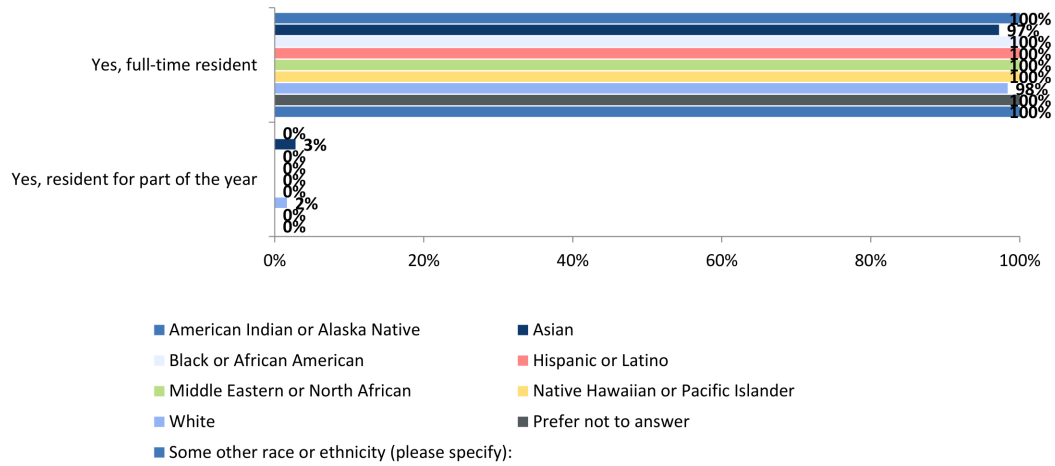


216



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Are you a resident of Montgomery County, Maryland?

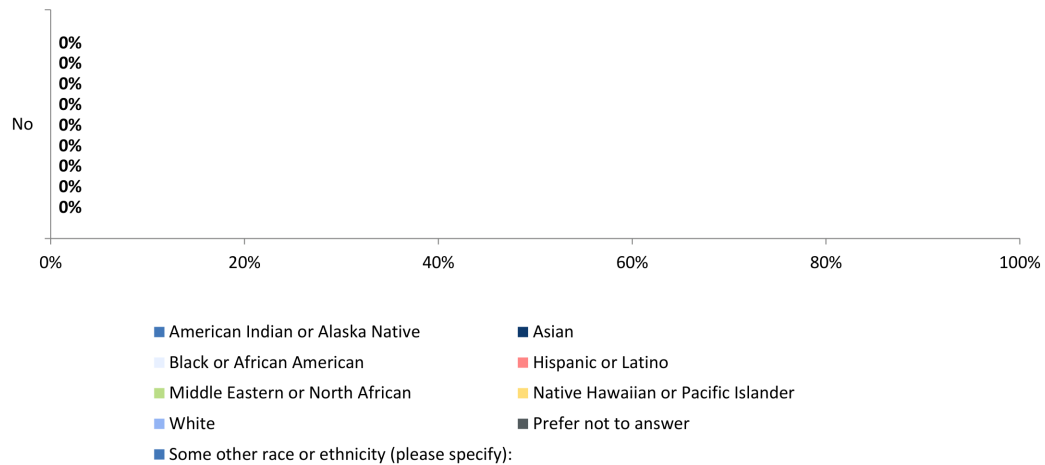


217



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Are you a resident of Montgomery County, Maryland? (Continued)

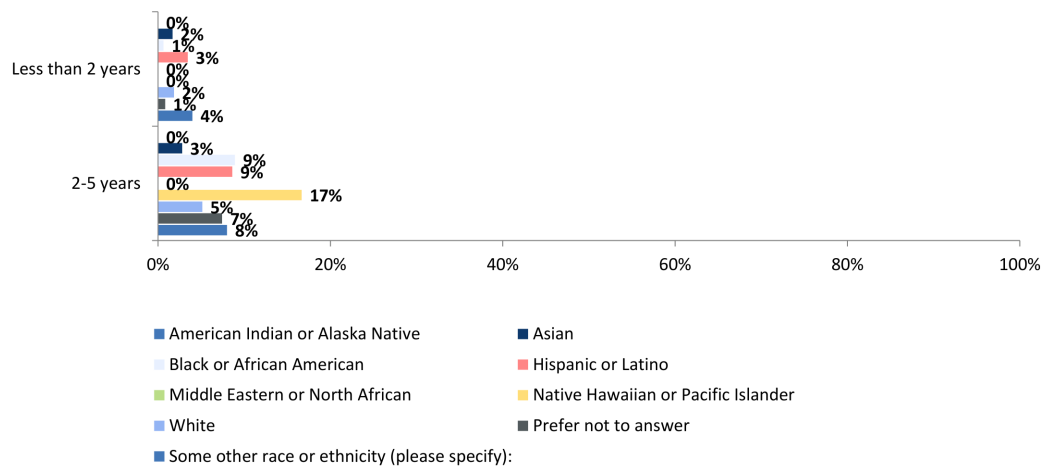


218



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How long have you lived in Montgomery County?

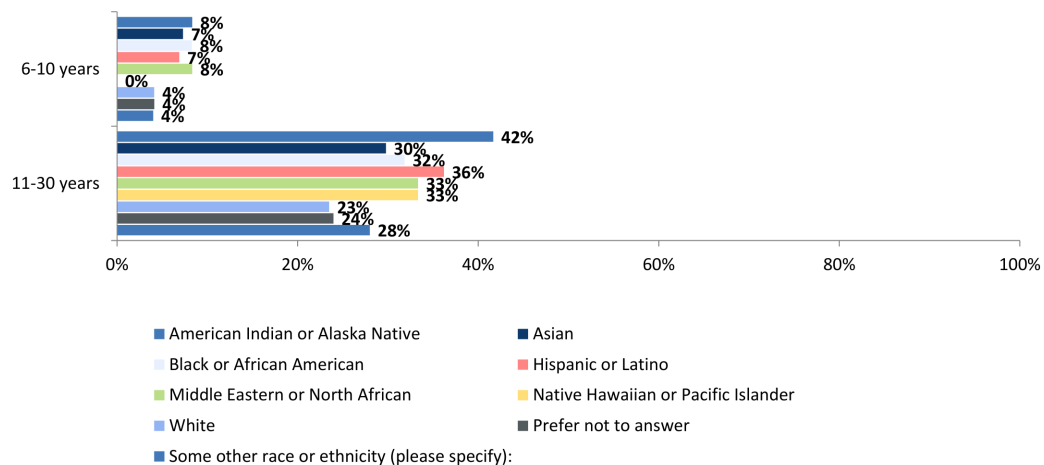


219

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How long have you lived in Montgomery County? (Continued)

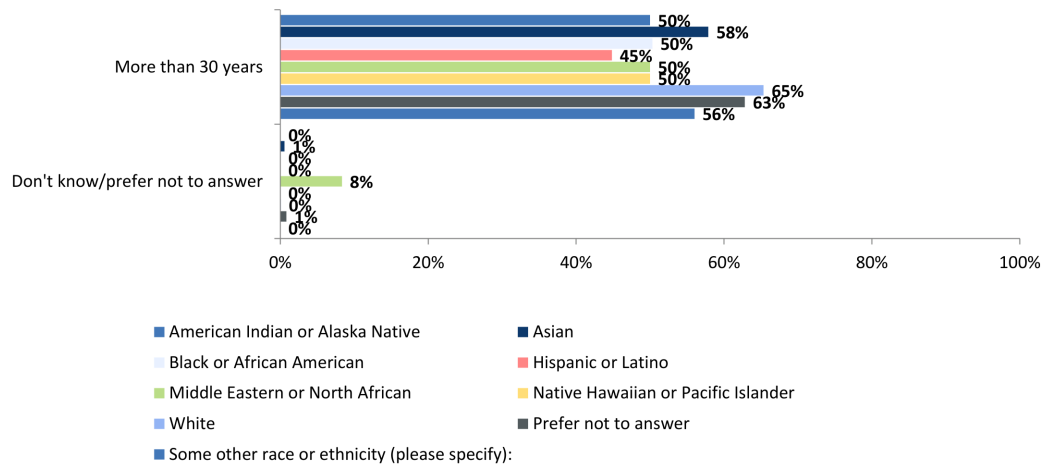


220

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How long have you lived in Montgomery County? (Continued)

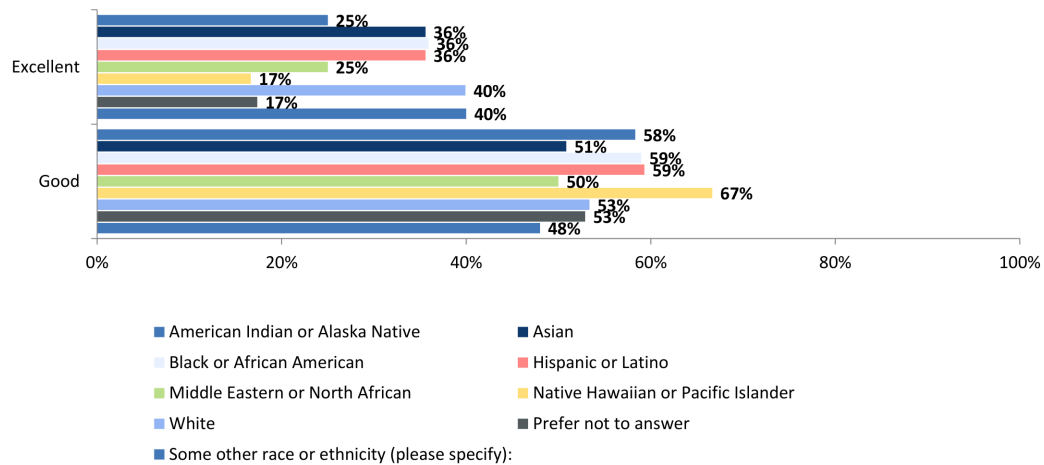


221



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How would you rate the overall quality of life in Montgomery County?

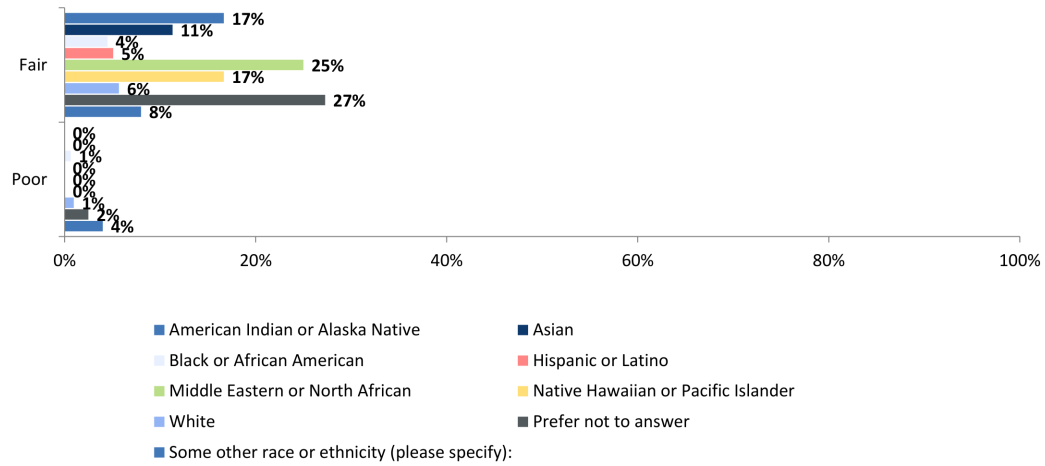


222



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How would you rate the overall quality of life in Montgomery County? (Continued)

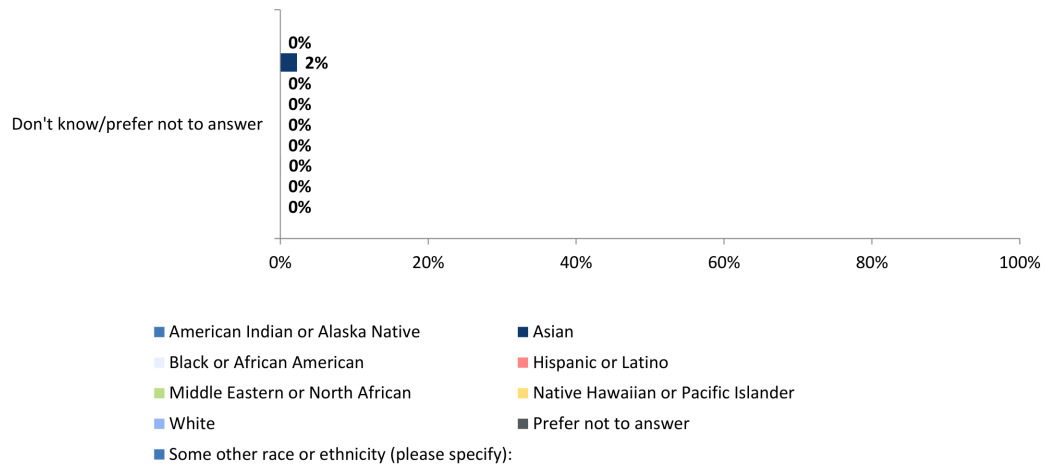


223



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How would you rate the overall quality of life in Montgomery County? (Continued)

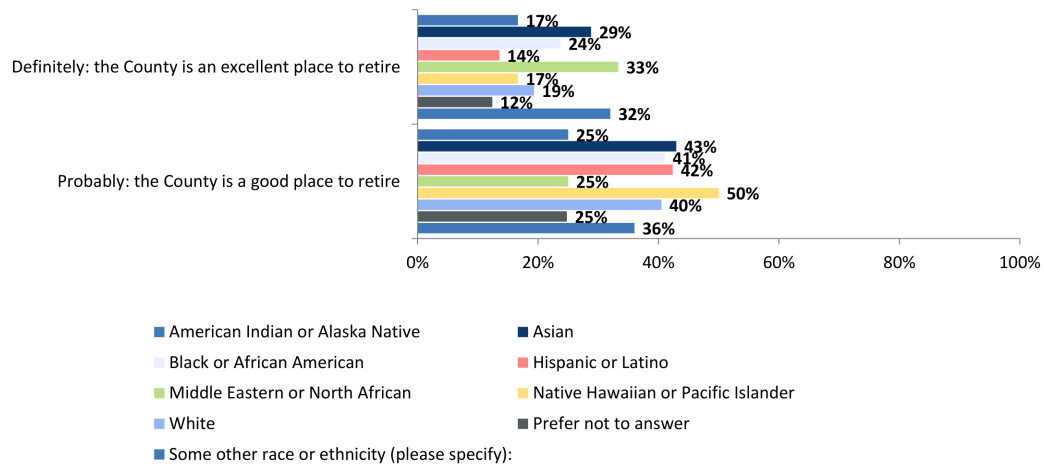


224



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Would you recommend Montgomery County to a family member or friend as a good place to retire?

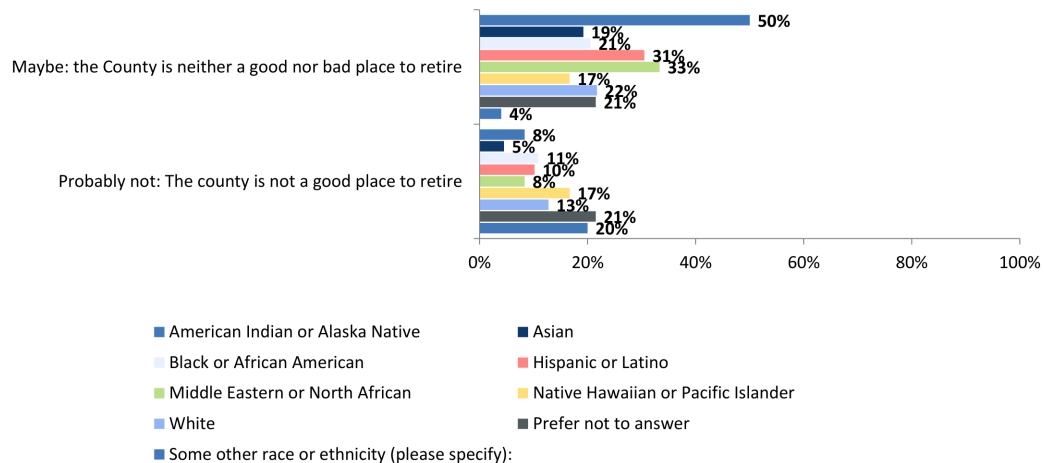


225



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Would you recommend Montgomery County to a family member or friend as a good place to retire? (Continued)

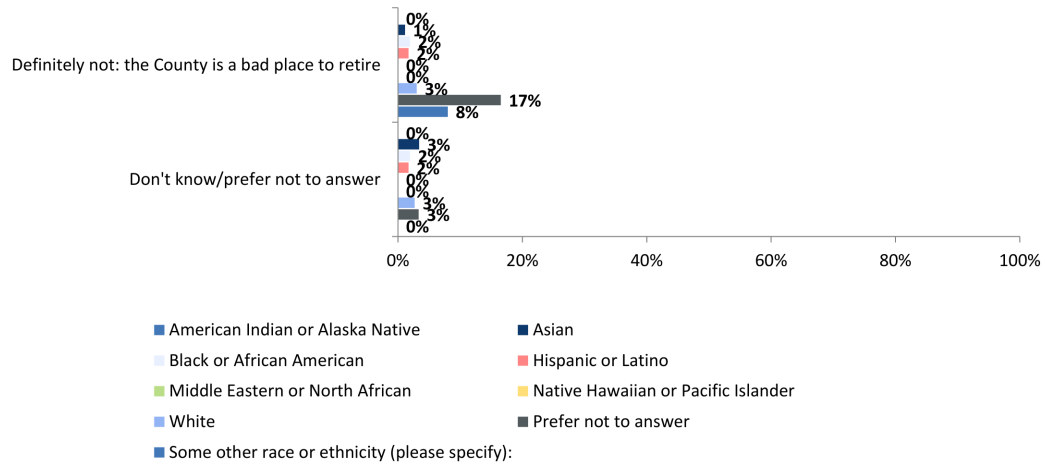


226



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Would you recommend Montgomery County to a family member or friend as a good place to retire? (Continued)



227



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Please explain your answer to the previous question (please limit your response to 100 words or less).

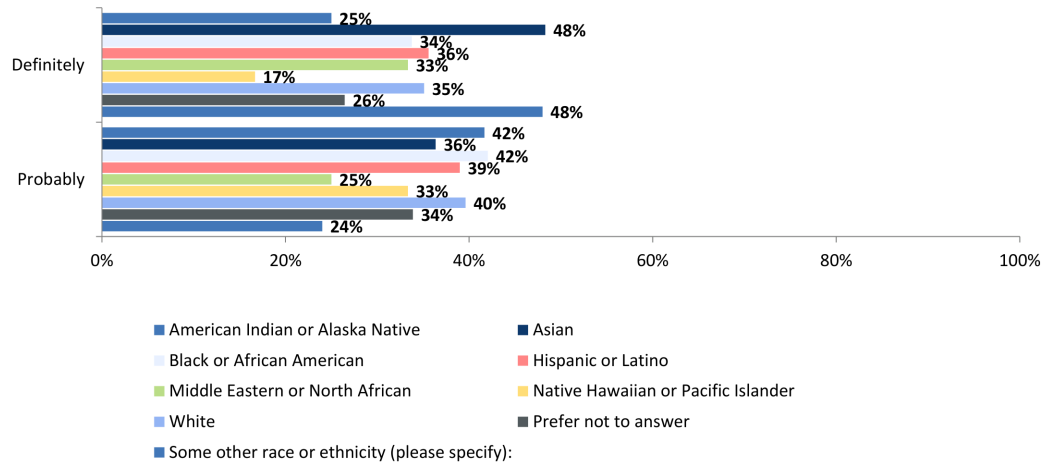


228



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Do you plan to continue to reside in Montgomery County for the long-term?

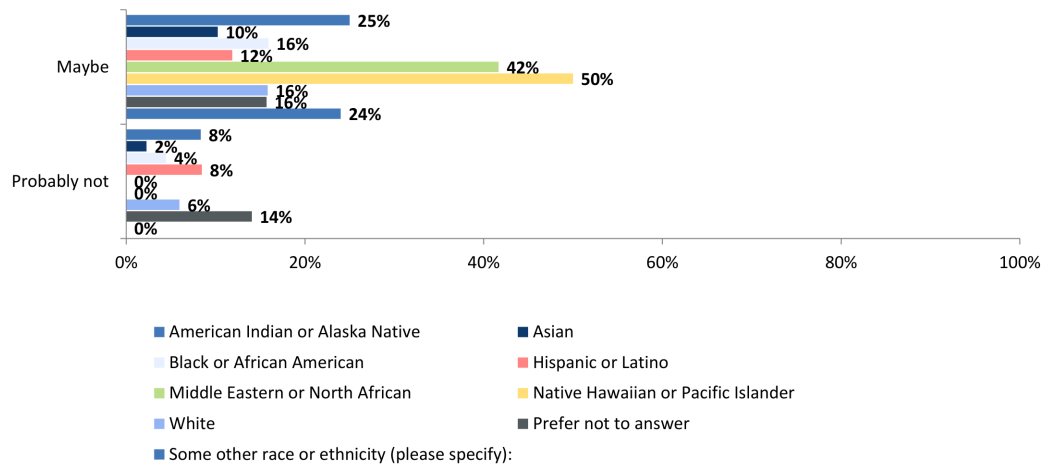


229

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Do you plan to continue to reside in Montgomery County for the long-term? (Continued)

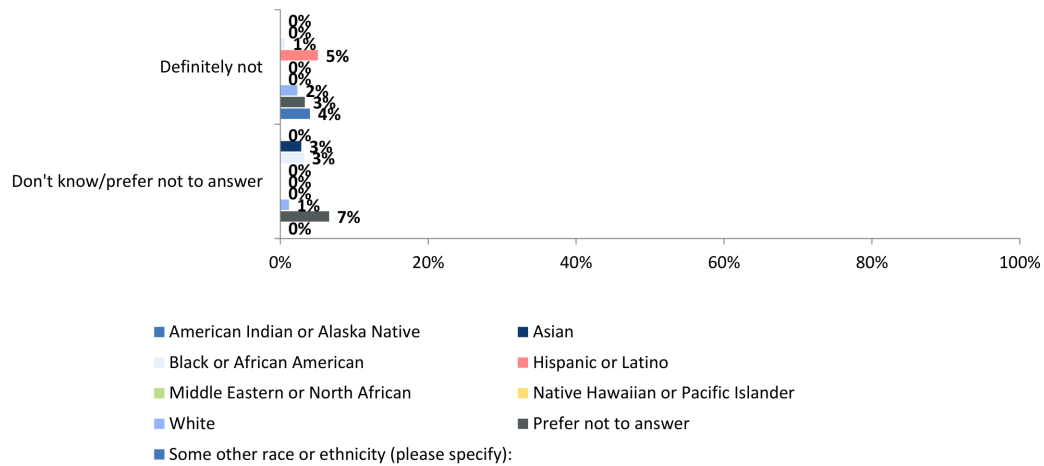


230

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Do you plan to continue to reside in Montgomery County for the long-term? (Continued)

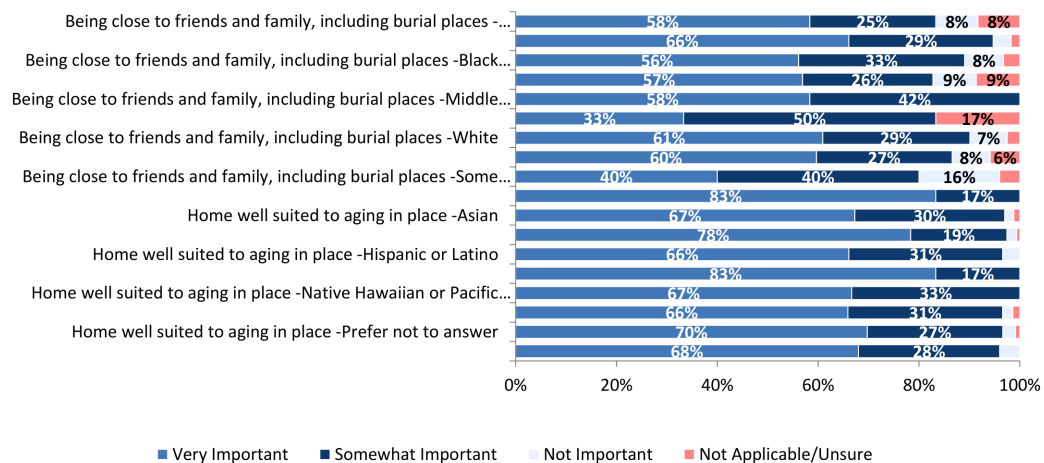


231



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important"

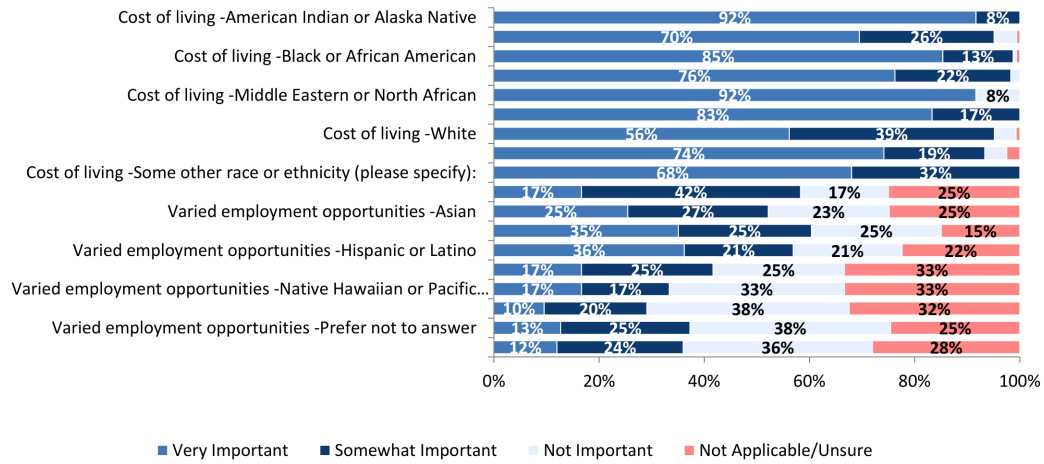


232



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

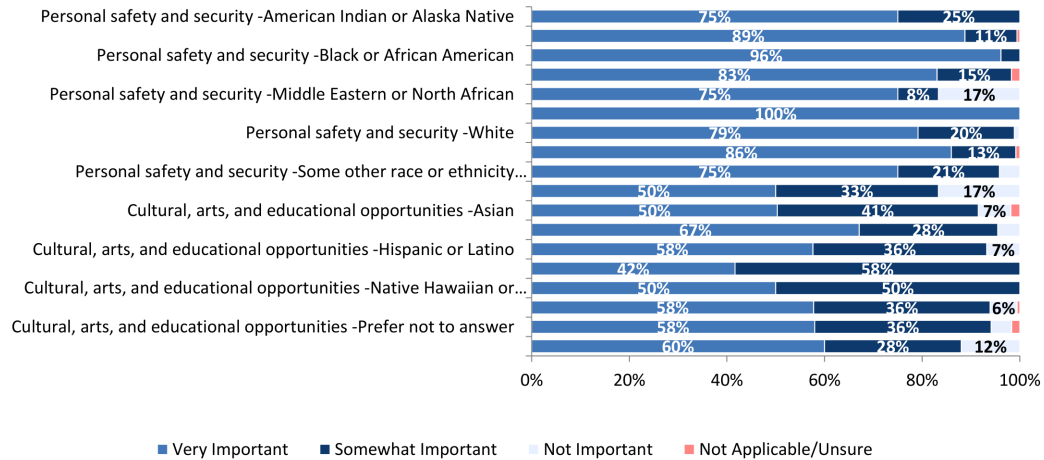


233



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

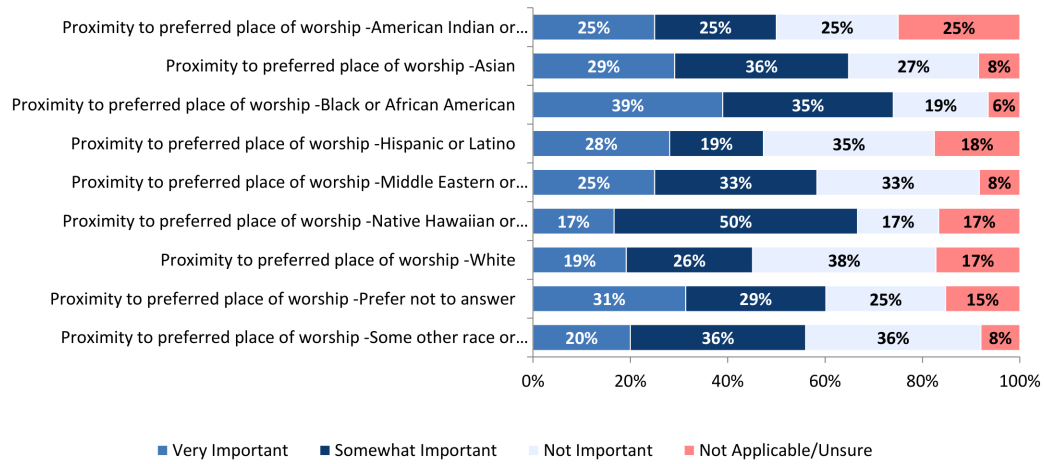


234



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

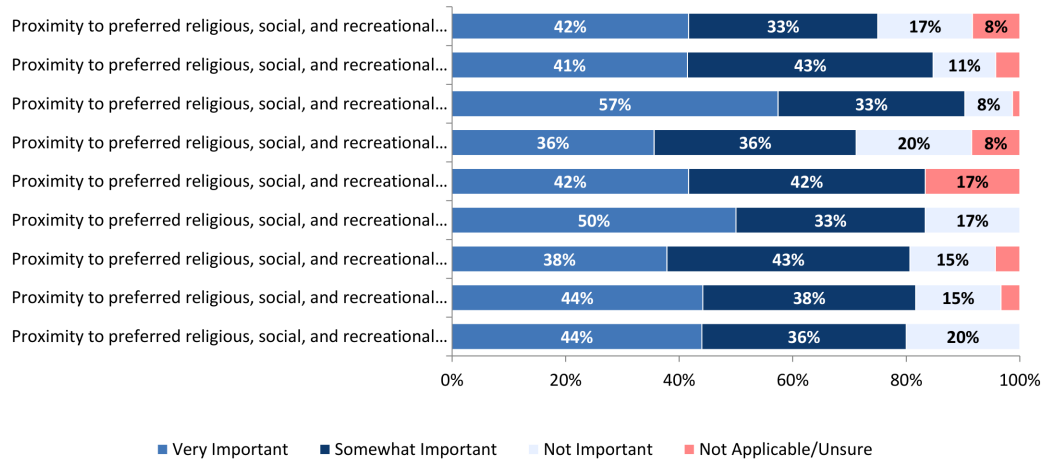


235



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

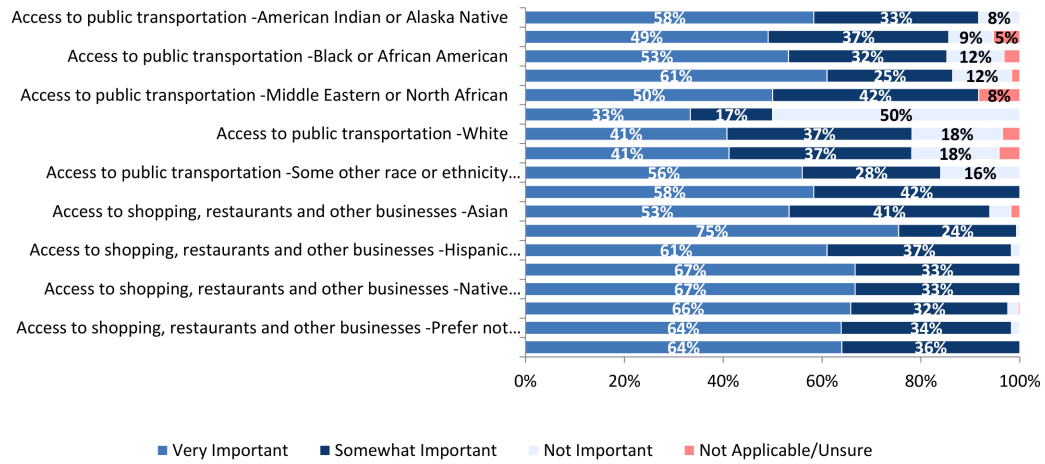


236



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

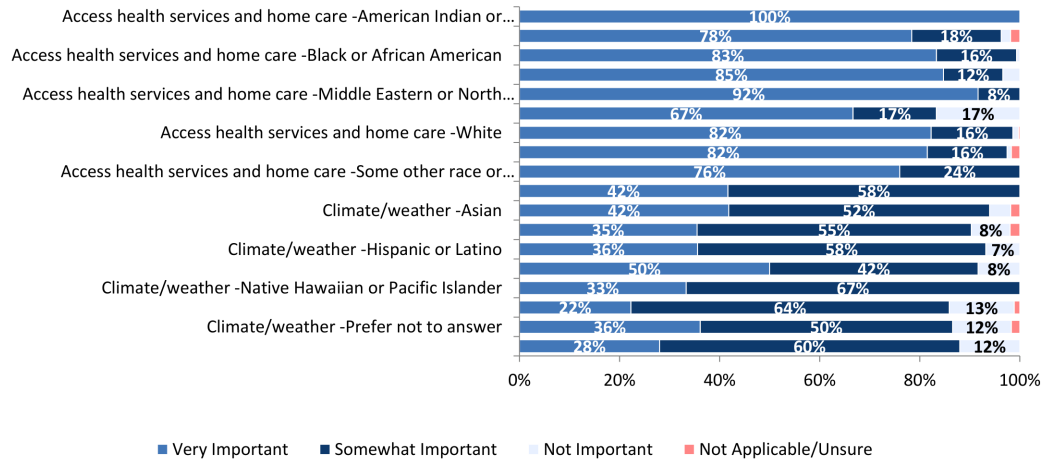


237



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Which factors are most important to you when choosing where to live? (These might influence your decision to stay in or move from Montgomery County): Please rate each factor from "Very Important" to "Not Important" (Continued)

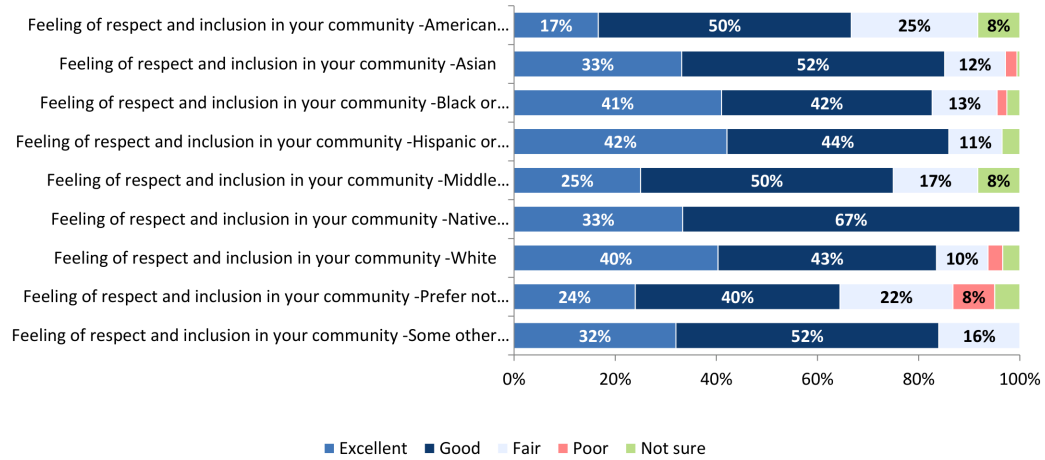


238



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information

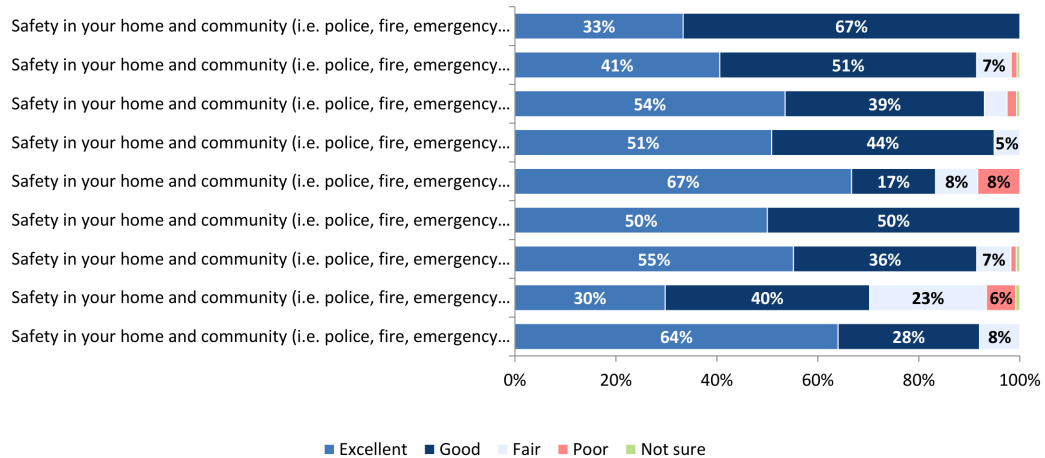


239



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

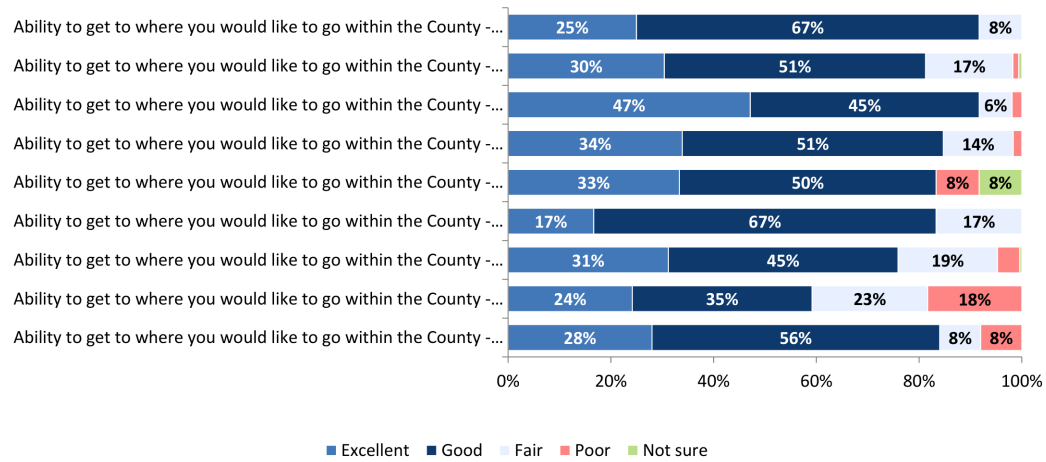


240



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

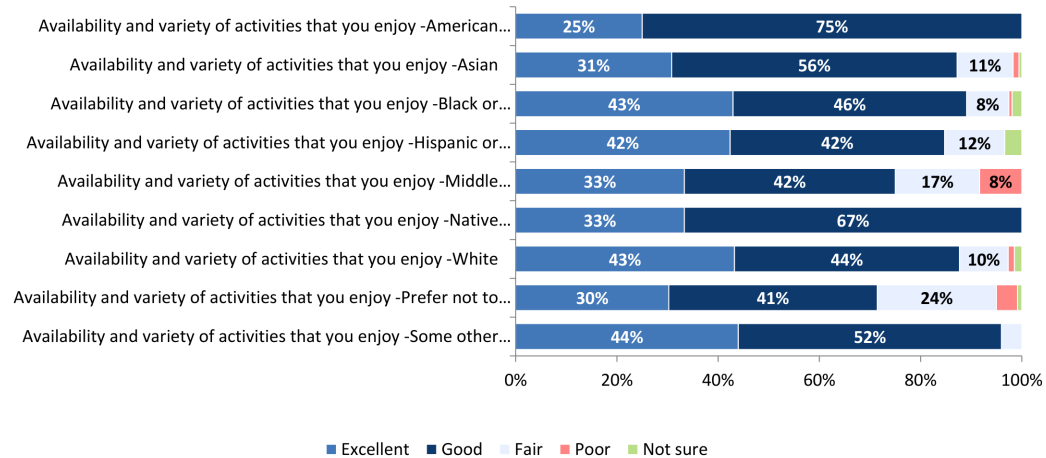


241



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

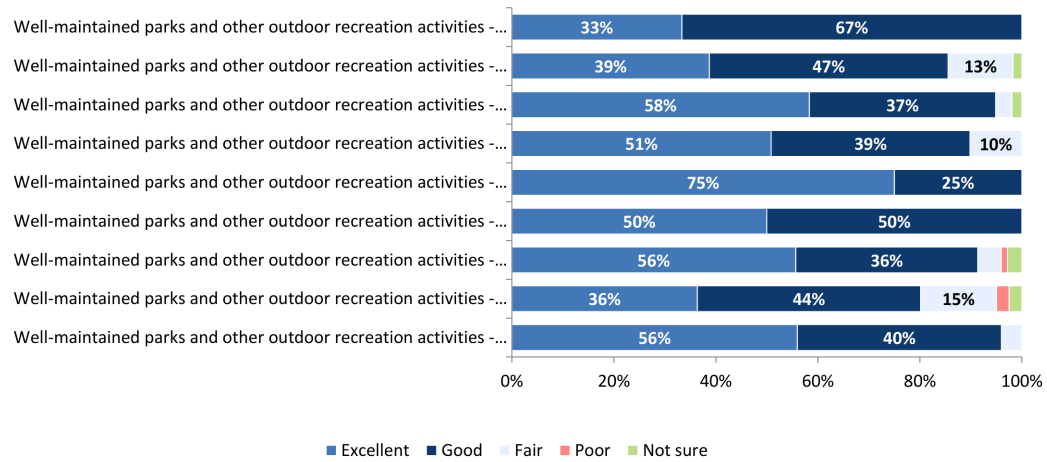


242



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

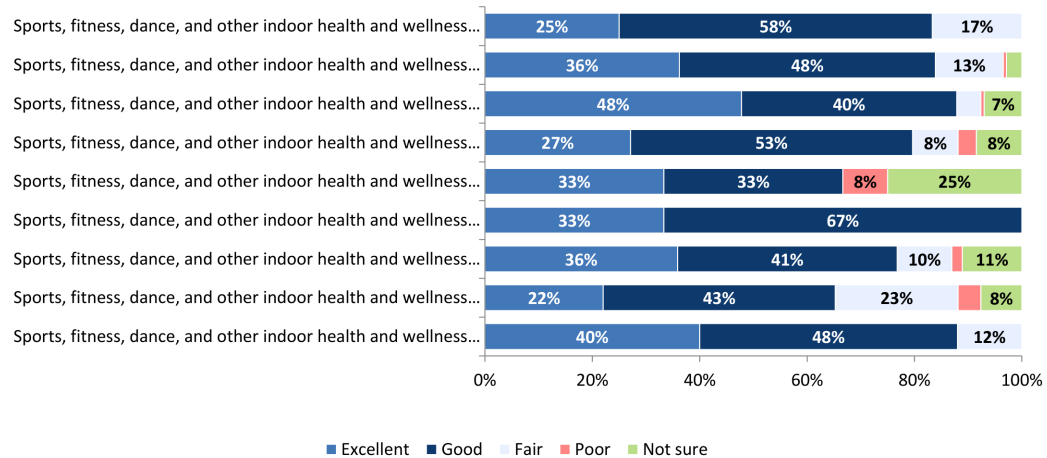


243



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

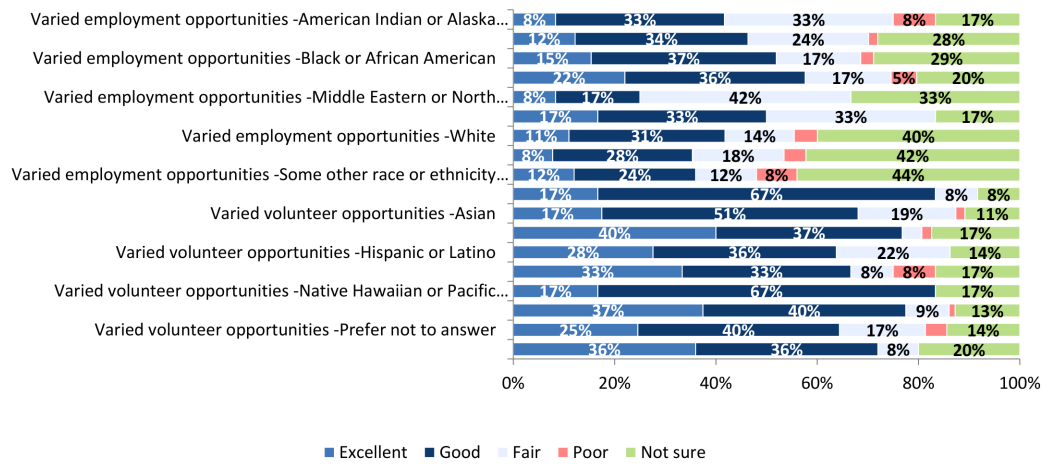


244



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

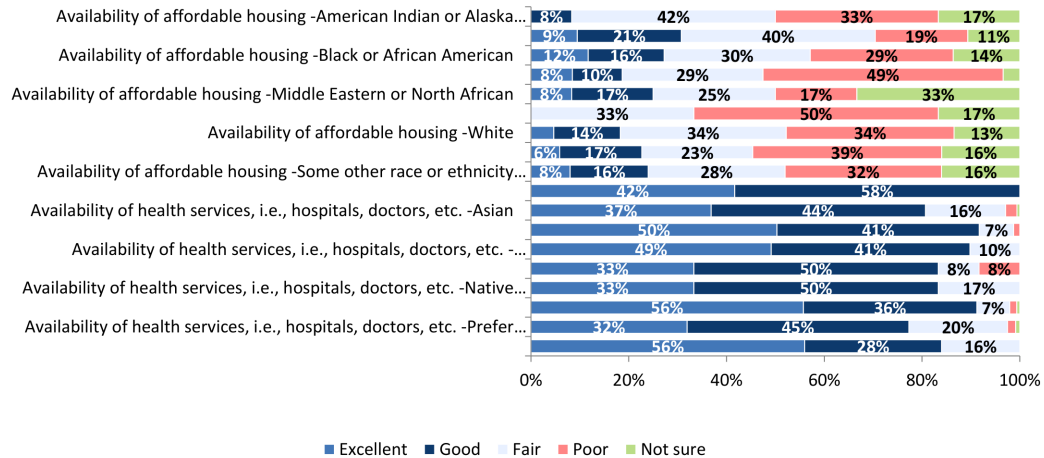


245



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

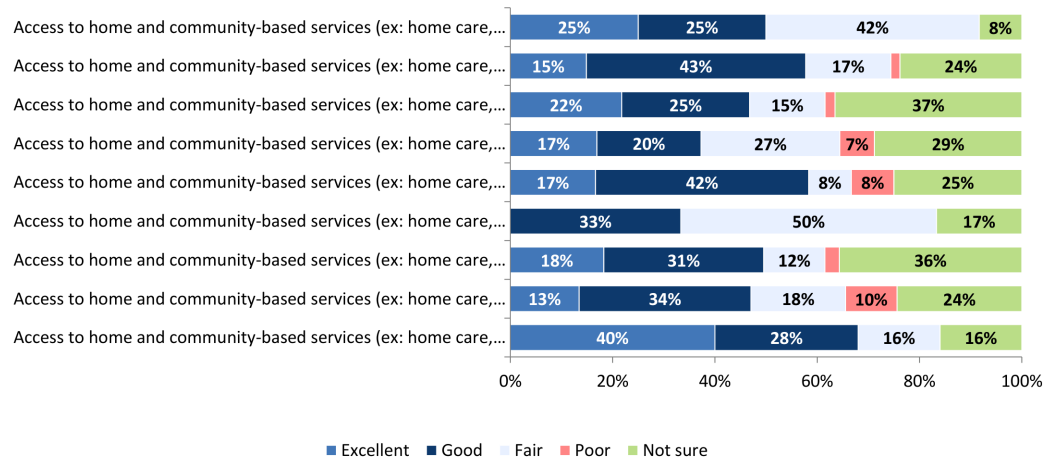


246



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

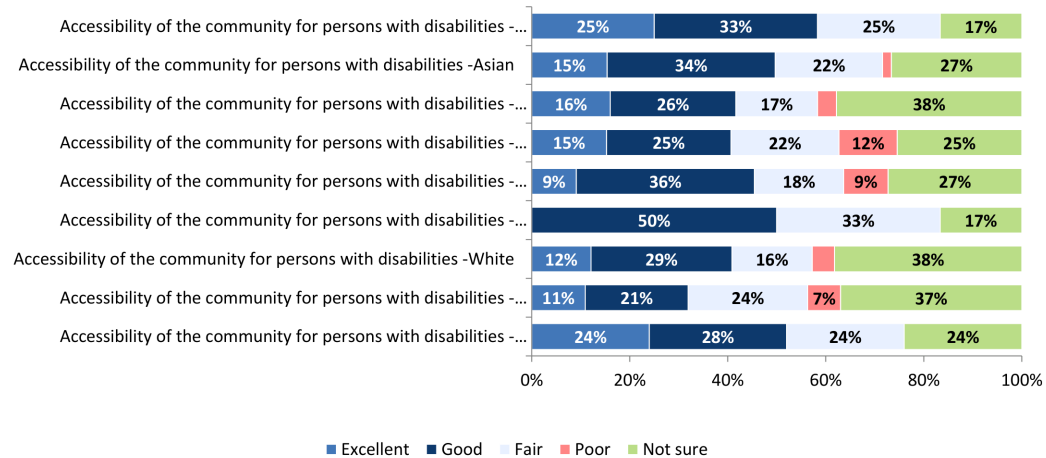


247



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

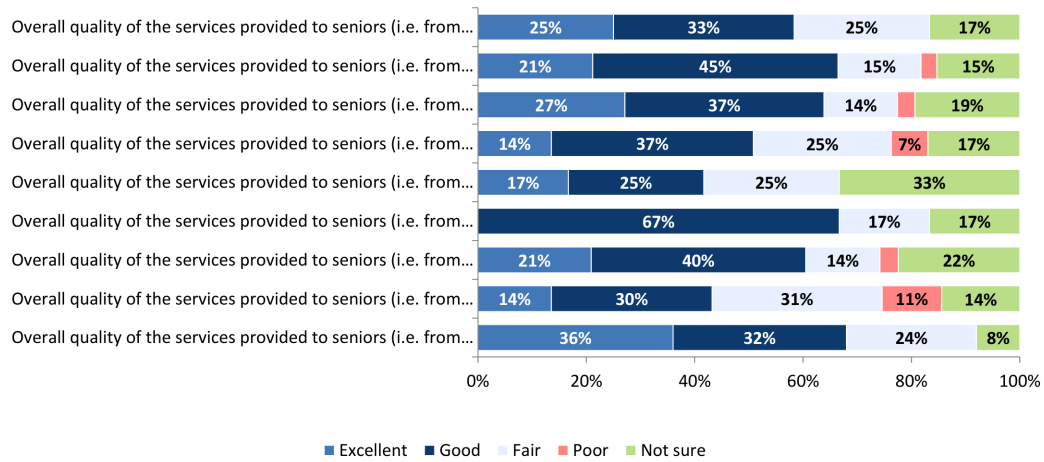


248



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

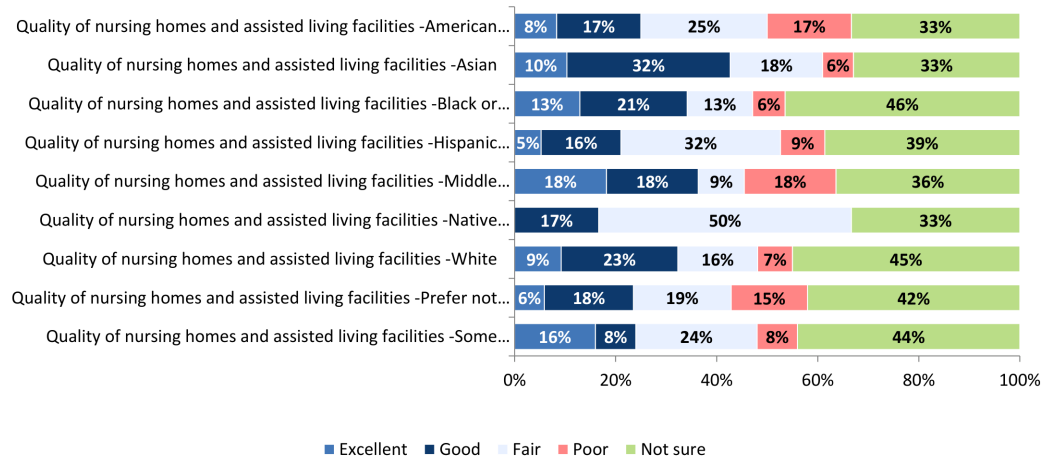


249



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Please rate each of the following characteristics as they relate to Montgomery County as a community.: Please rate from Excellent to Poor, or select Not Sure if you don't have enough information (Continued)

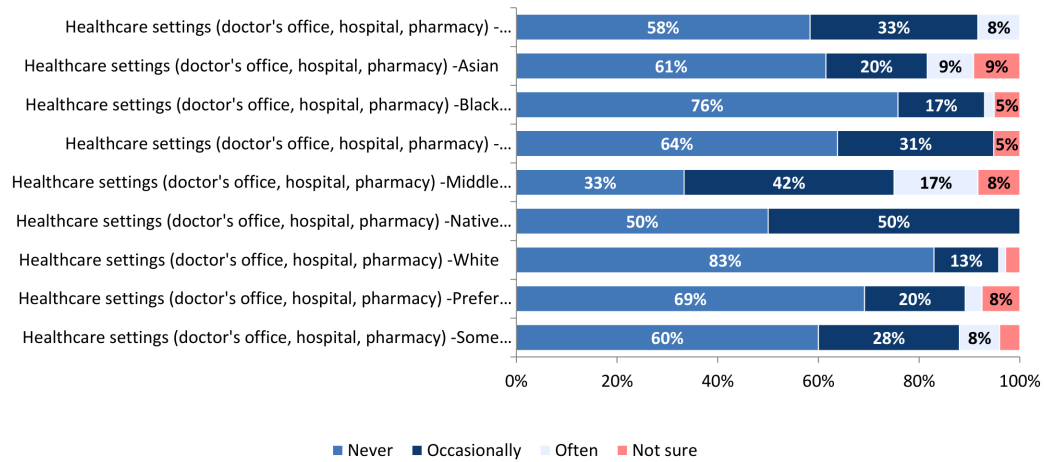


250



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information

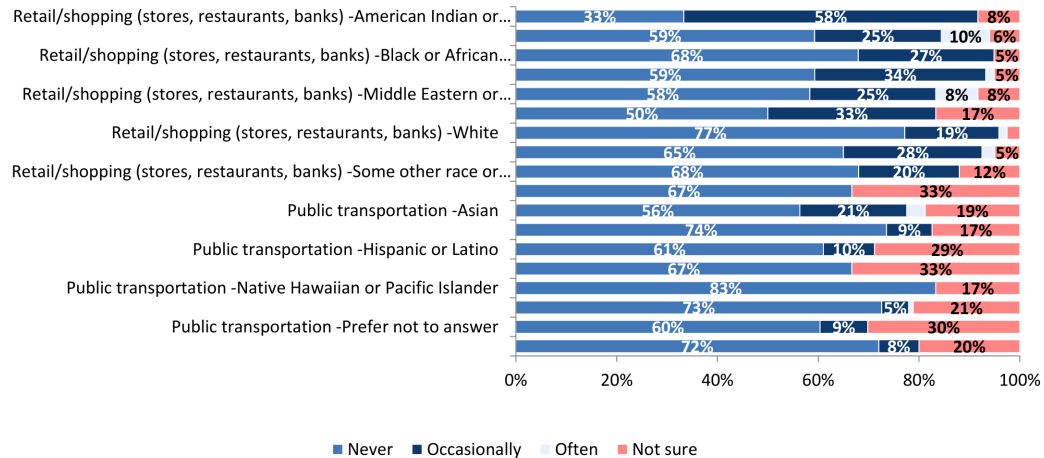


251



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

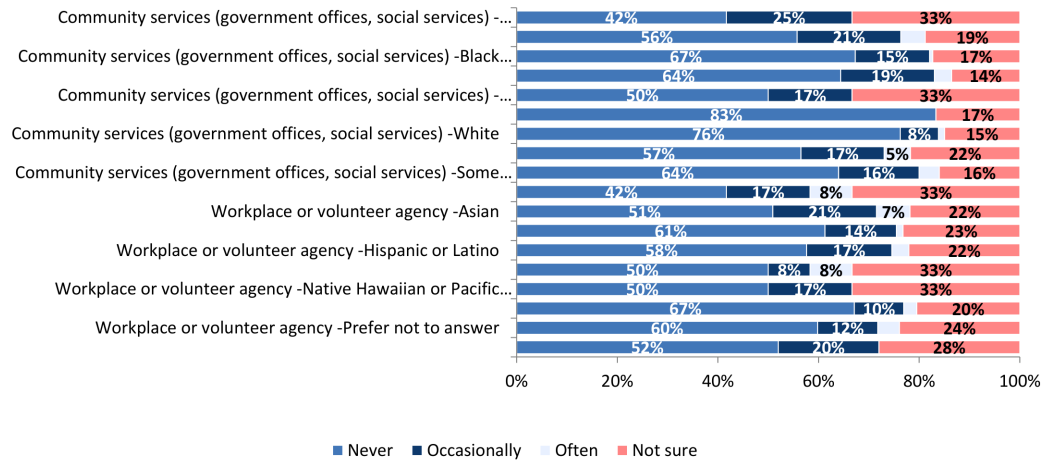


252



© 2026

In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

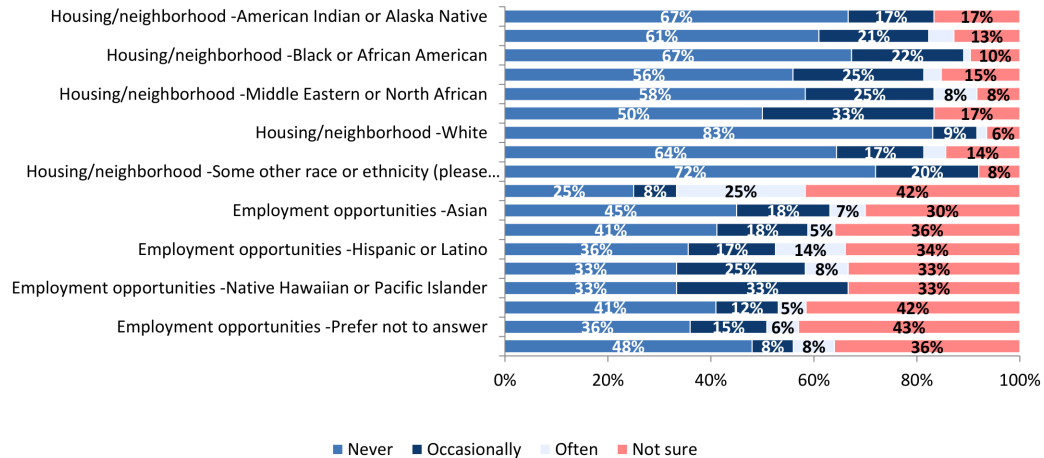


253



© 2026

In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

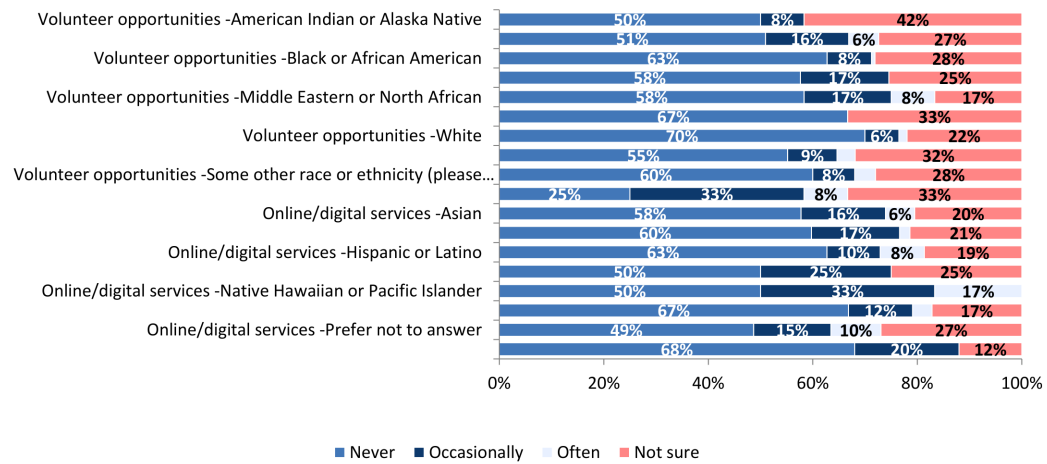


254



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In the past year, how often have you experienced unfair treatment, disrespect, or discrimination because of your age in the following places?: Please rate from Never to Many Times, with "Not Applicable/Unsure" available if you do not have enough information (Continued)

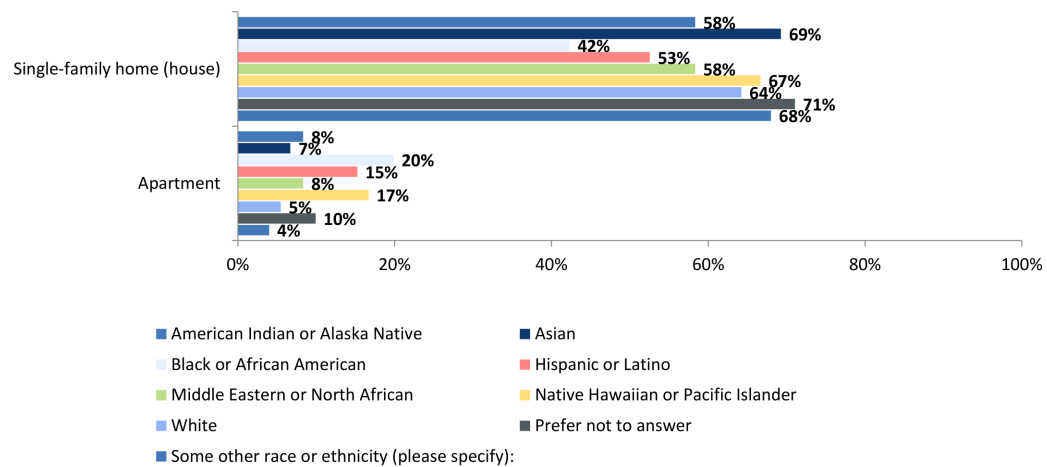


255



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What type of residence do you currently live in?

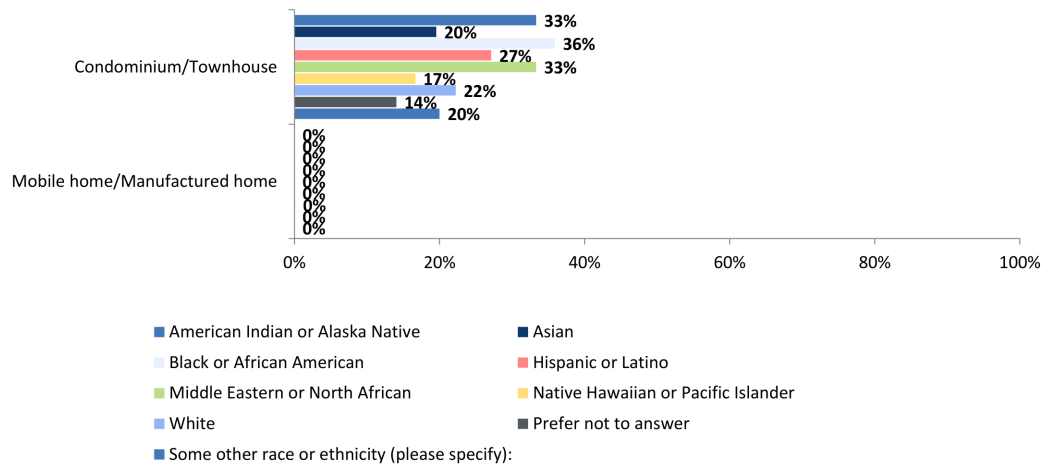


256



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What type of residence do you currently live in? (Continued)

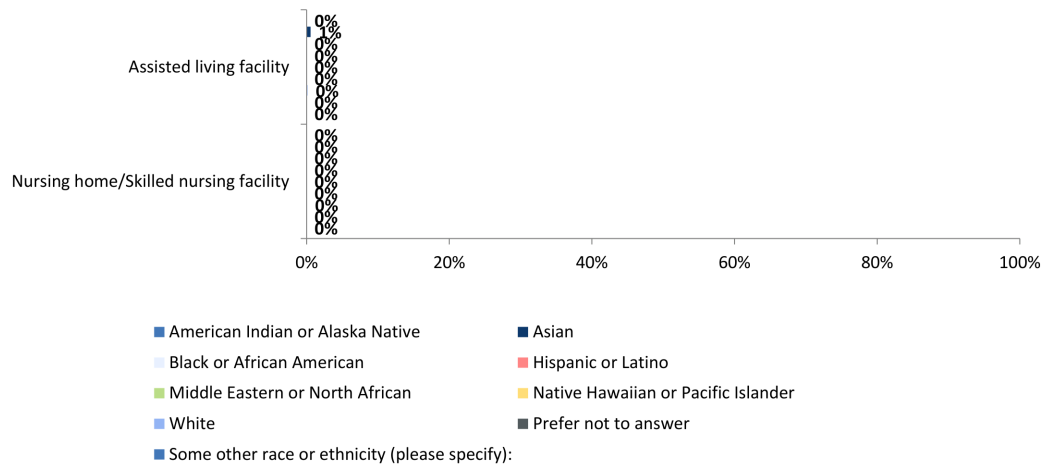


257



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What type of residence do you currently live in? (Continued)

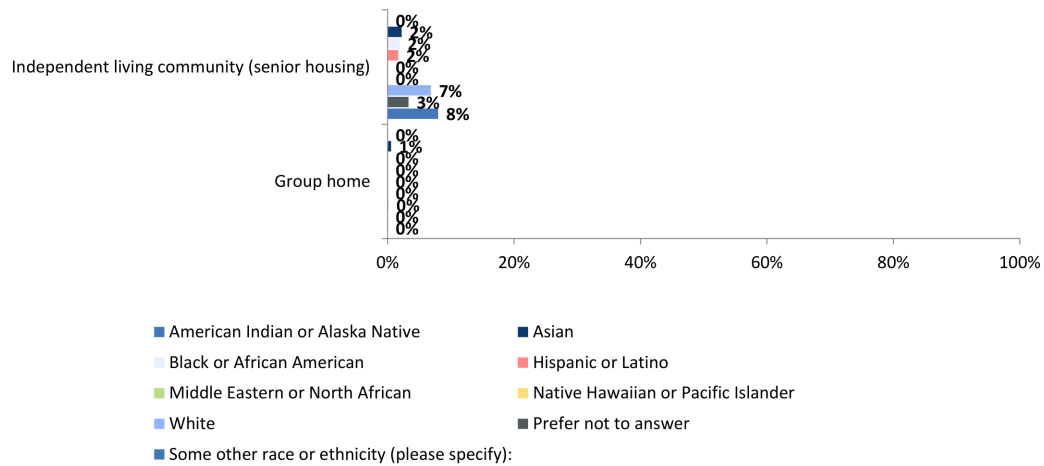


258



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What type of residence do you currently live in? (Continued)

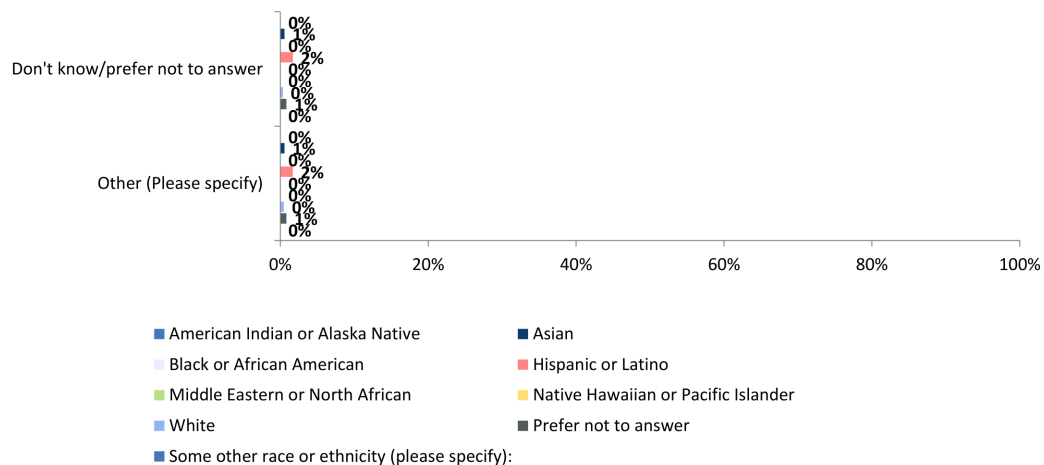


259

sogolytics

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What type of residence do you currently live in? (Continued)

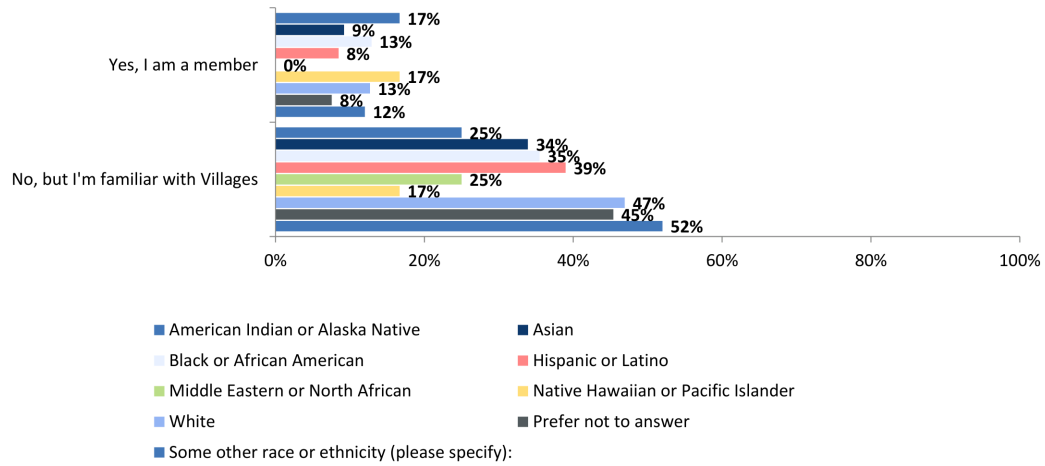


260

sogolytics

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Are you a member of a Village (a local volunteer organization that helps neighbors age in place through social connections and support services)?

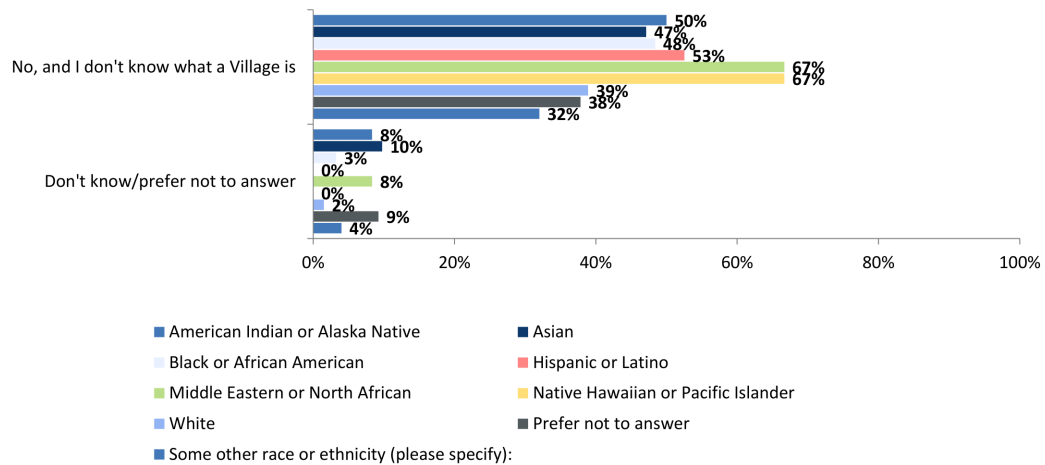


261



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Are you a member of a Village (a local volunteer organization that helps neighbors age in place through social connections and support services)? (Continued)

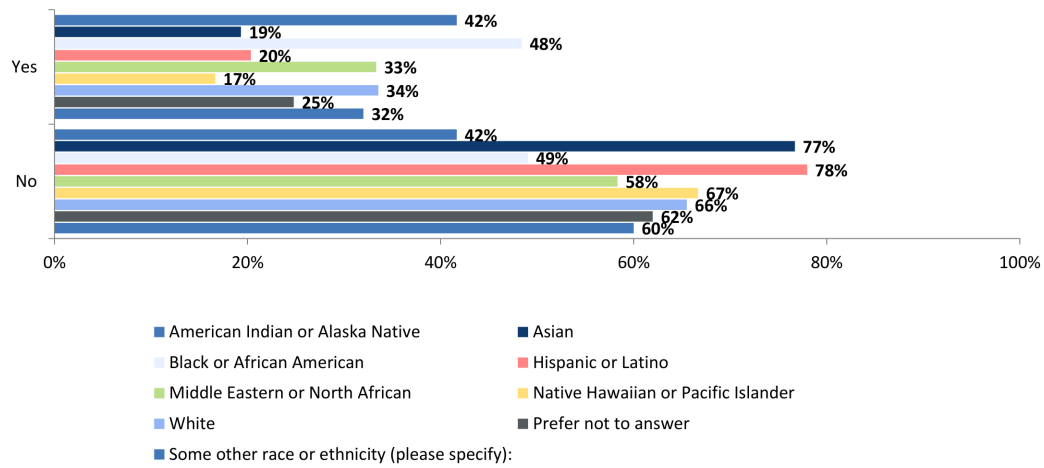


262



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Do you live alone?

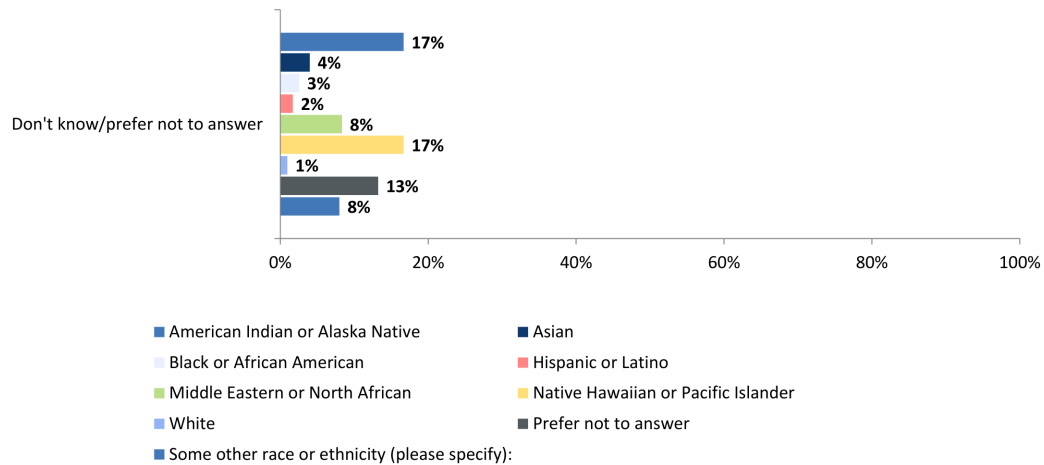


263

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Do you live alone? (Continued)

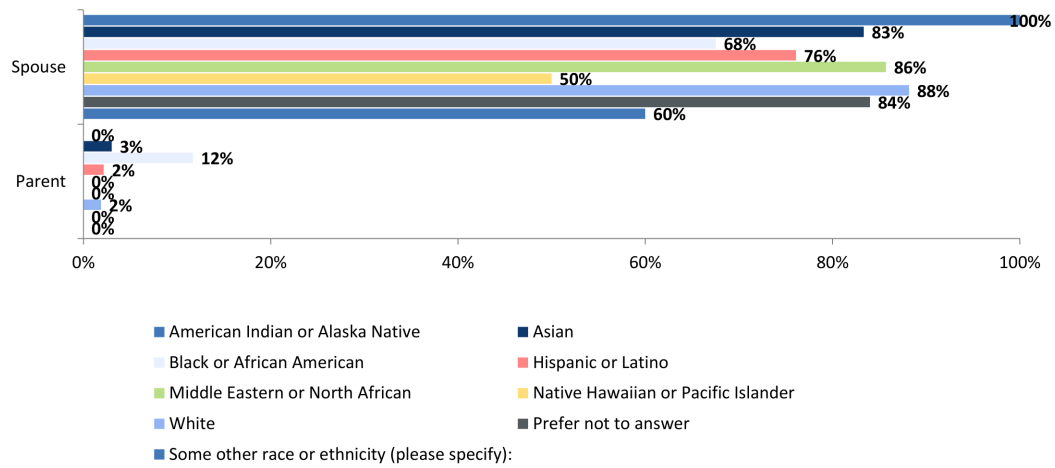


264

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Who lives with you?

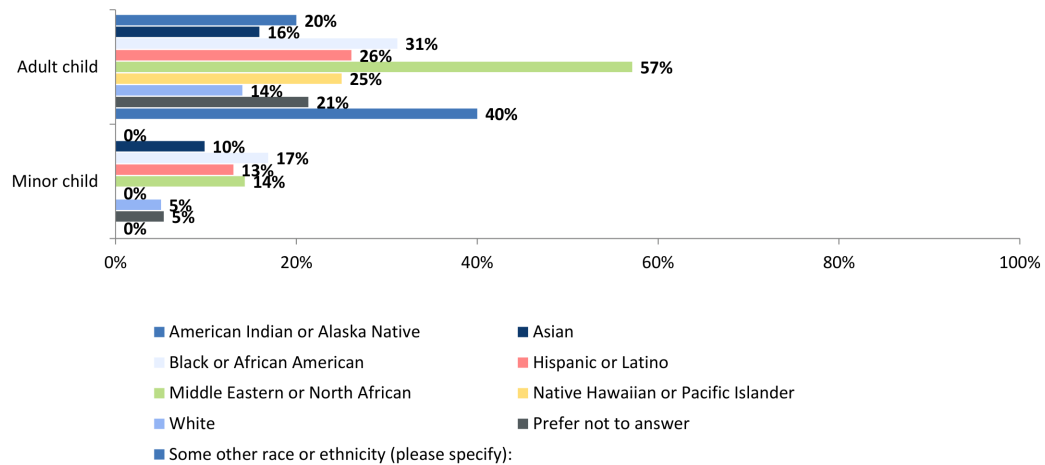


265

sogolytics

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Who lives with you? (Continued)

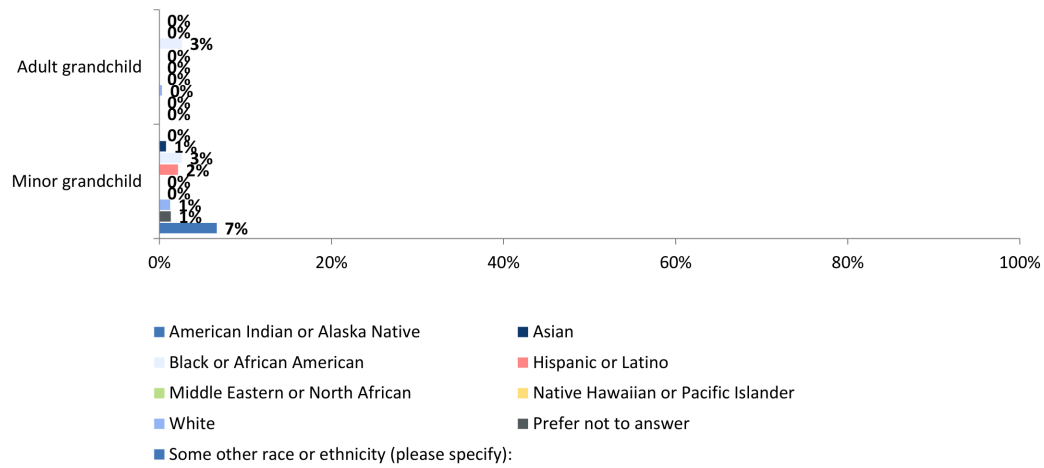


266

sogolytics

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Who lives with you? (Continued)

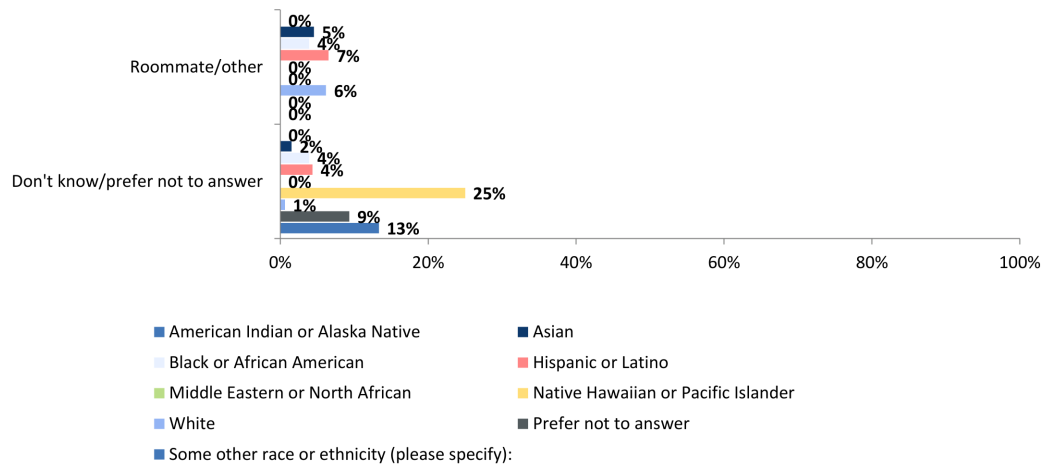


267



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Who lives with you? (Continued)

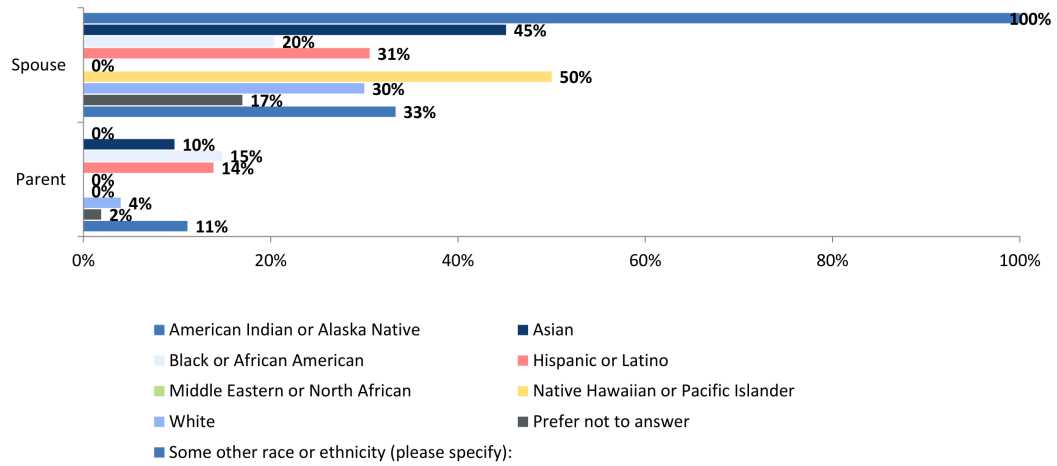


268



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Are you the primary caregiver for any of the following members of your household?

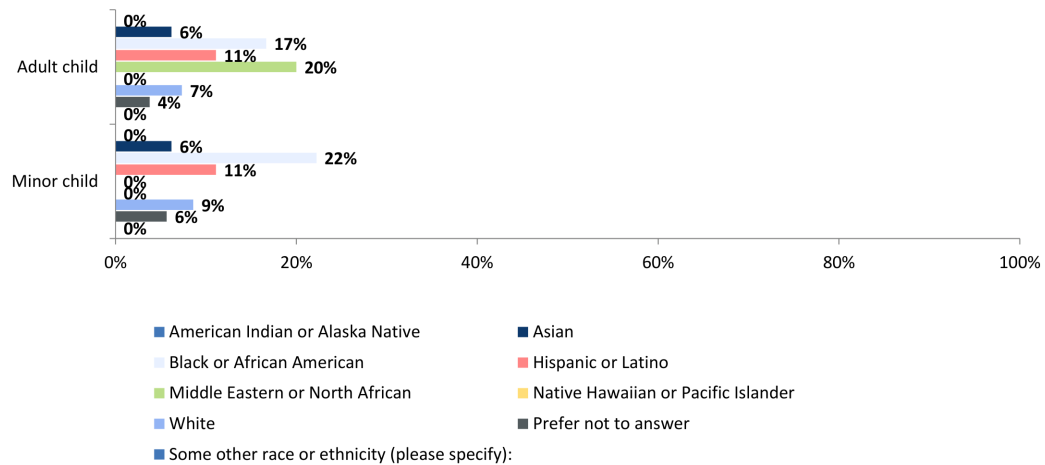


269



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Are you the primary caregiver for any of the following members of your household? (Continued)

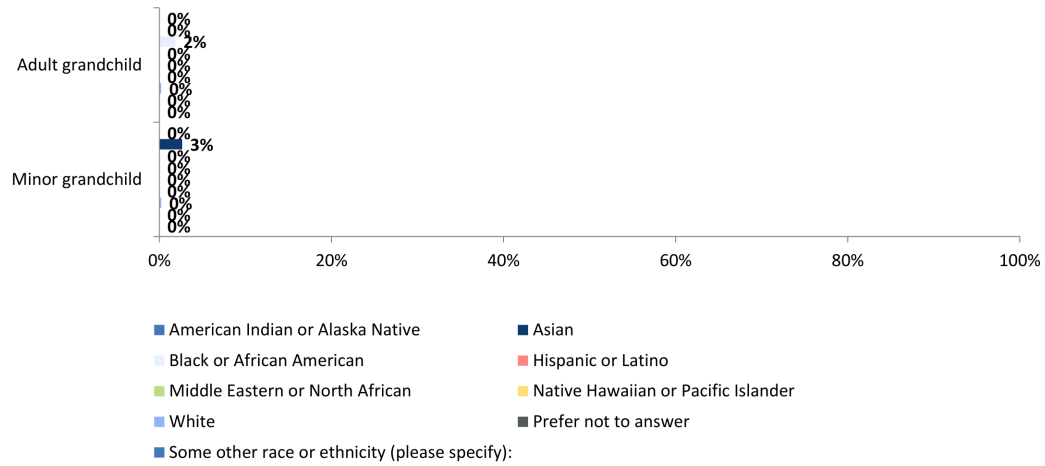


270



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Are you the primary caregiver for any of the following members of your household? (Continued)

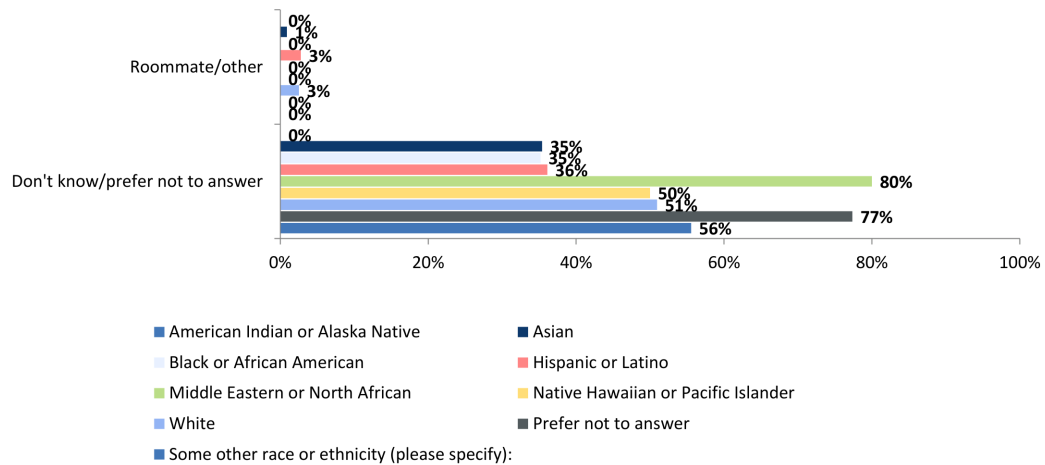


271



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Are you the primary caregiver for any of the following members of your household? (Continued)

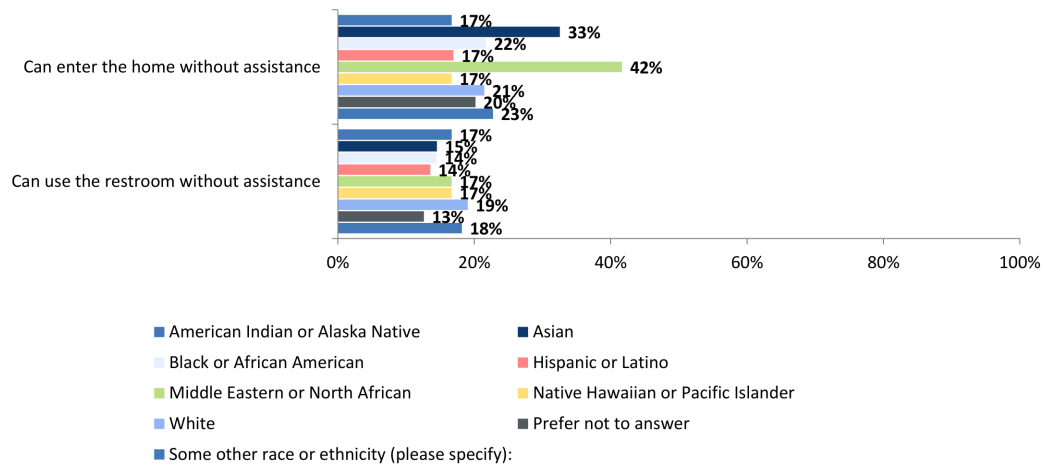


272



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How accessible is your home for someone who uses a wheelchair or has difficulty getting around?

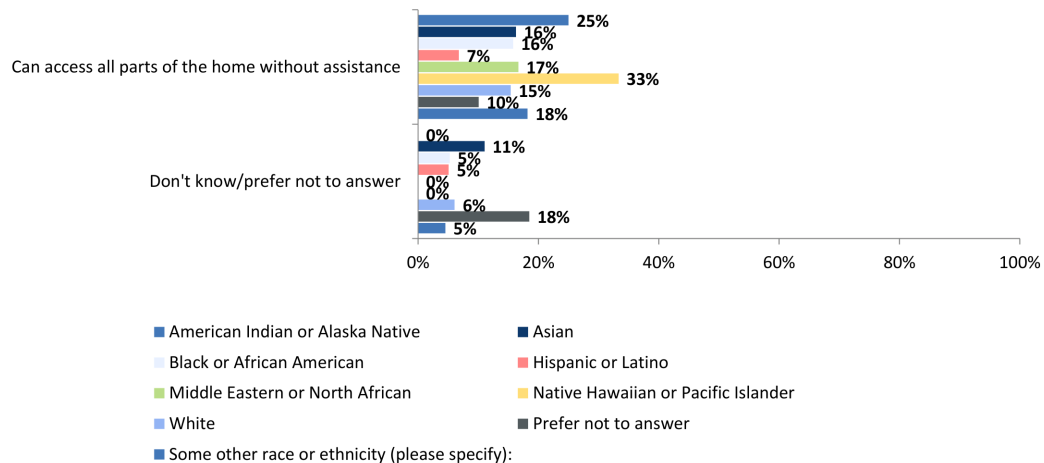


273



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How accessible is your home for someone who uses a wheelchair or has difficulty getting around? (Continued)

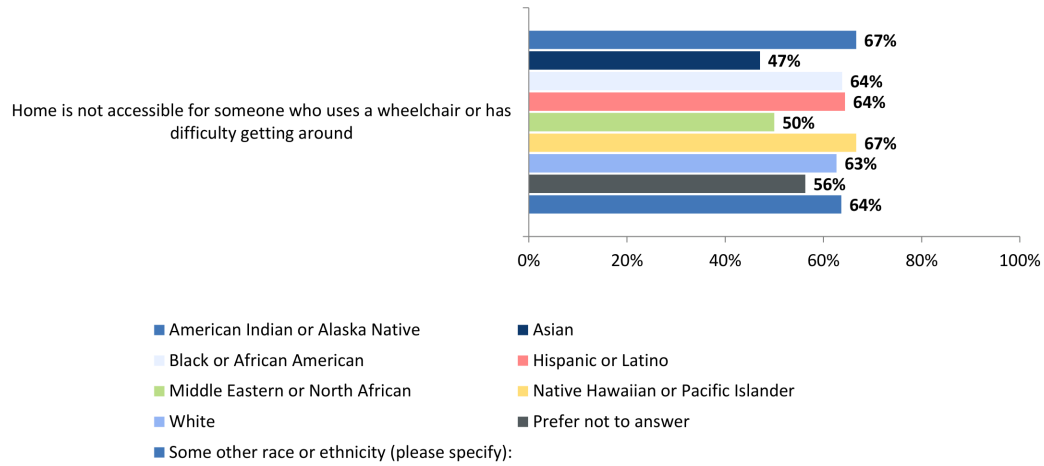


274



© 2026

How accessible is your home for someone who uses a wheelchair or has difficulty getting around? (Continued)

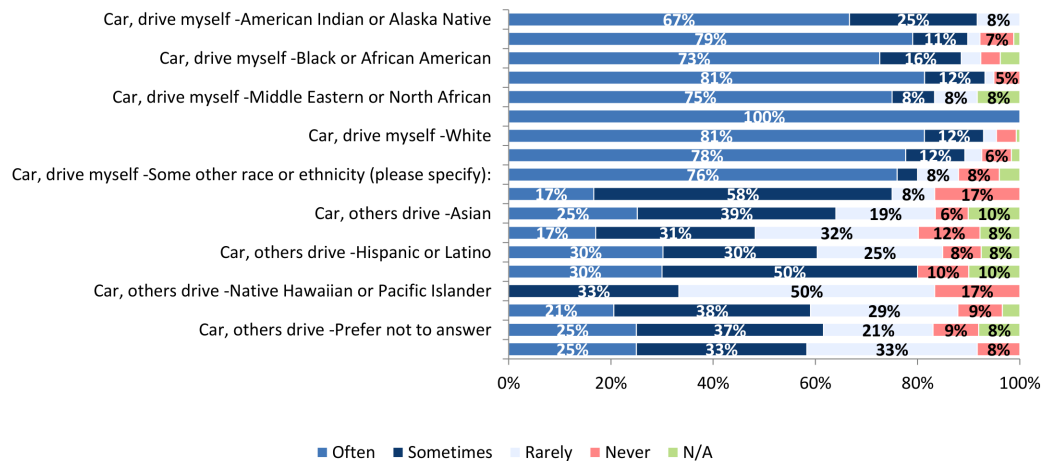


275



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week)

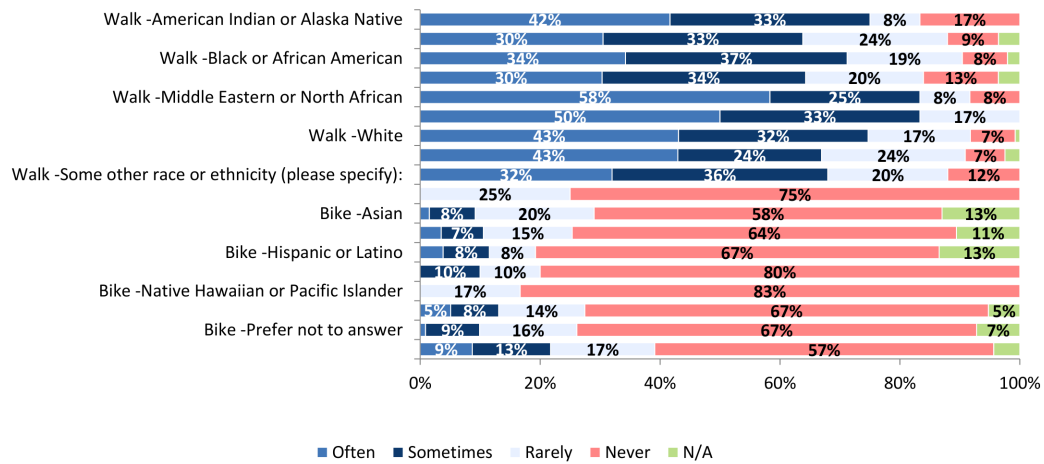


276



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

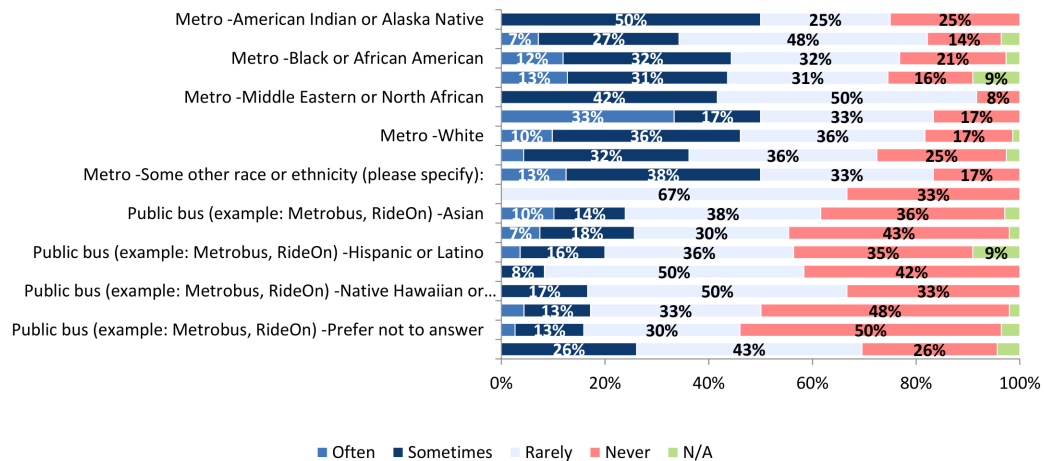


277



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

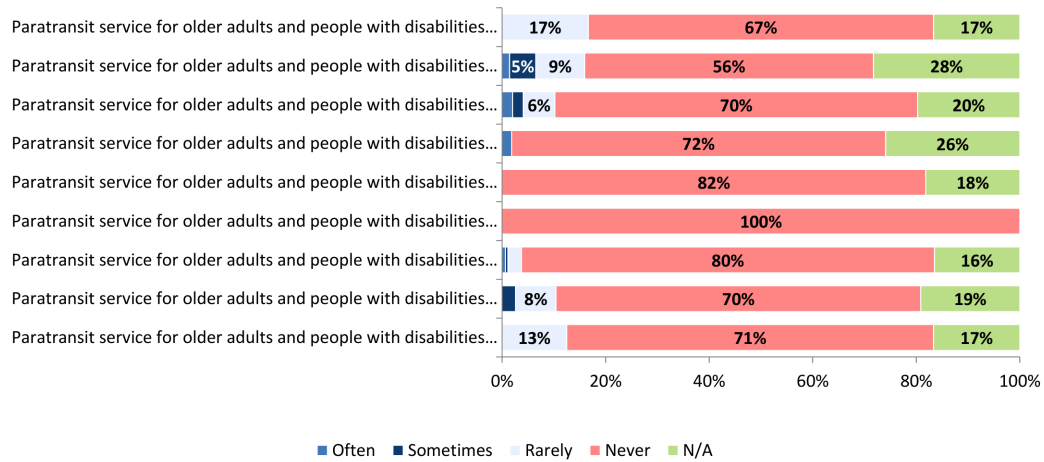


278



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

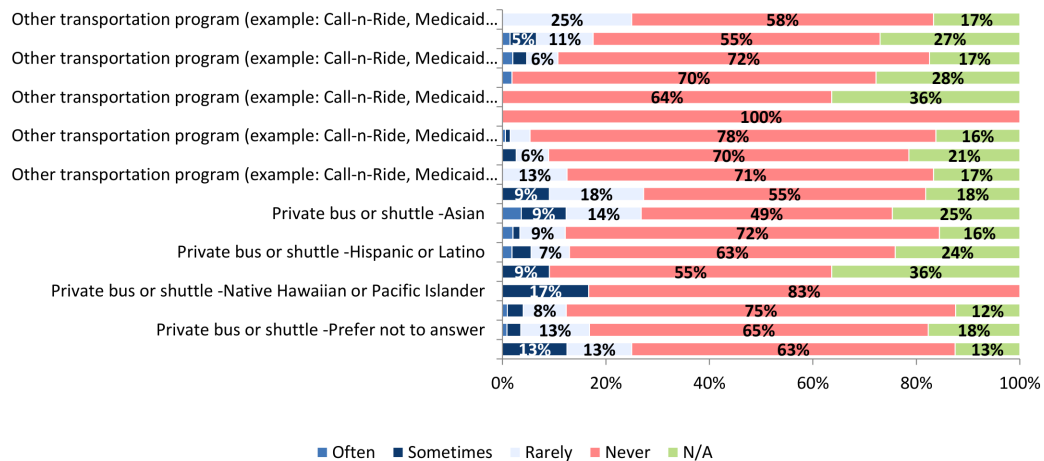


279



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

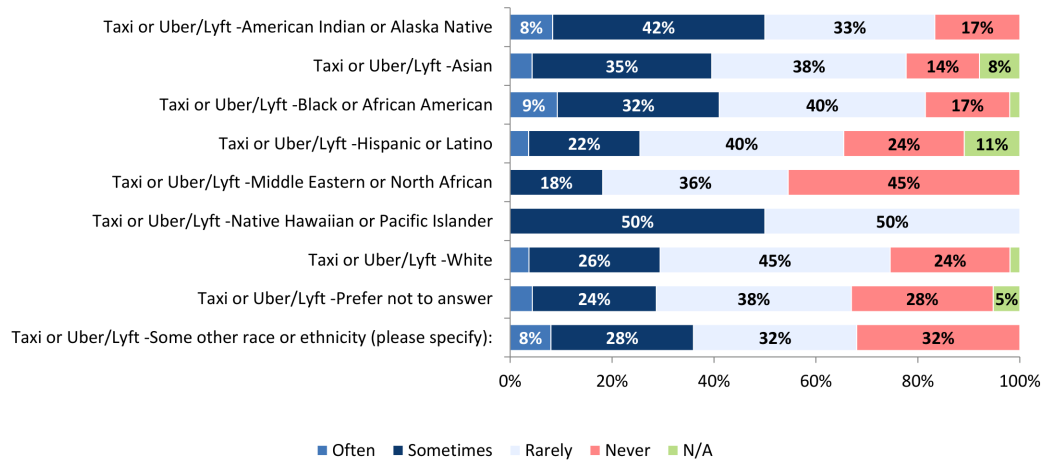


280



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How do you typically get around?: Please rate each method of transportation by how often you use it (Often = 4+ times per week, Sometimes = 1-3 times per week, Rarely = Less than once a week) (Continued)

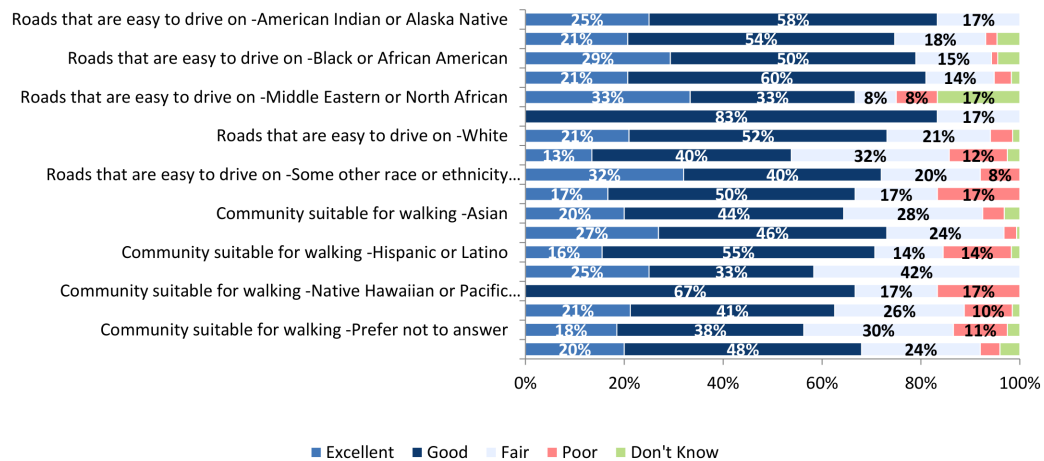


281



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor

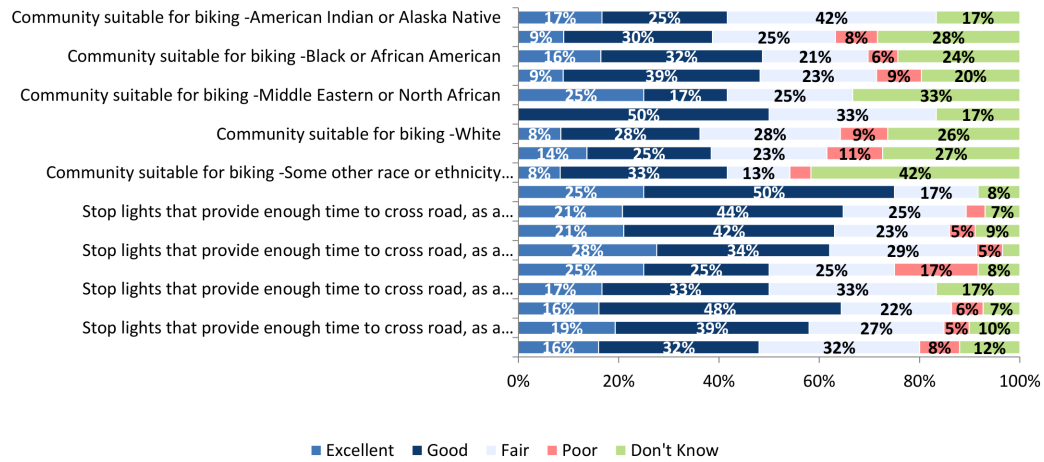


282



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

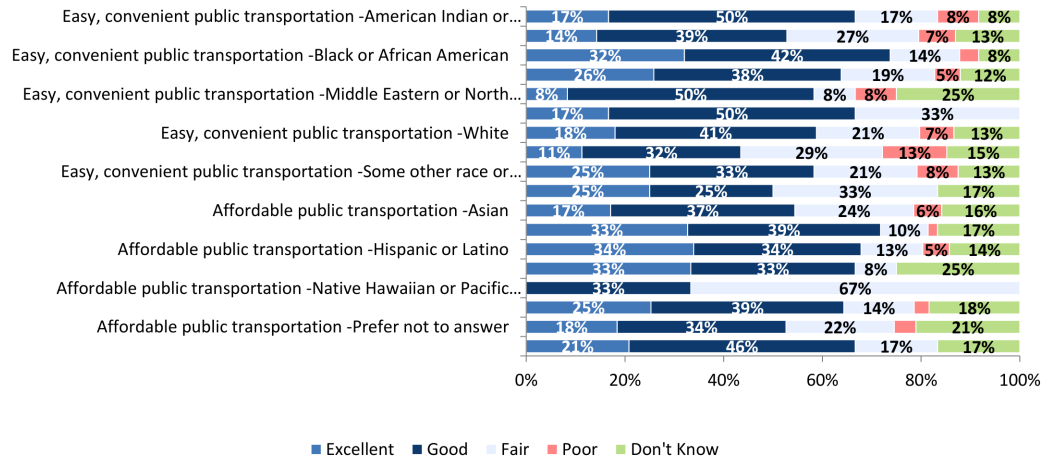


283



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

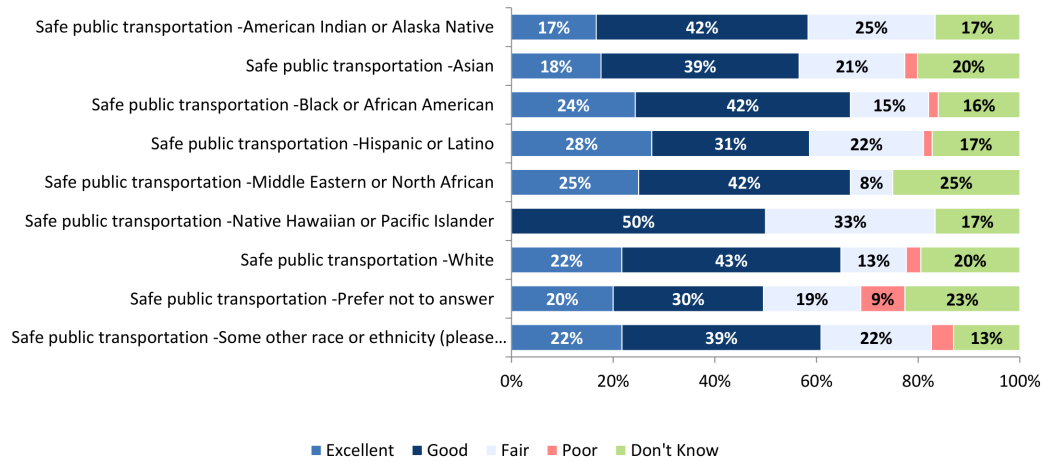


284



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

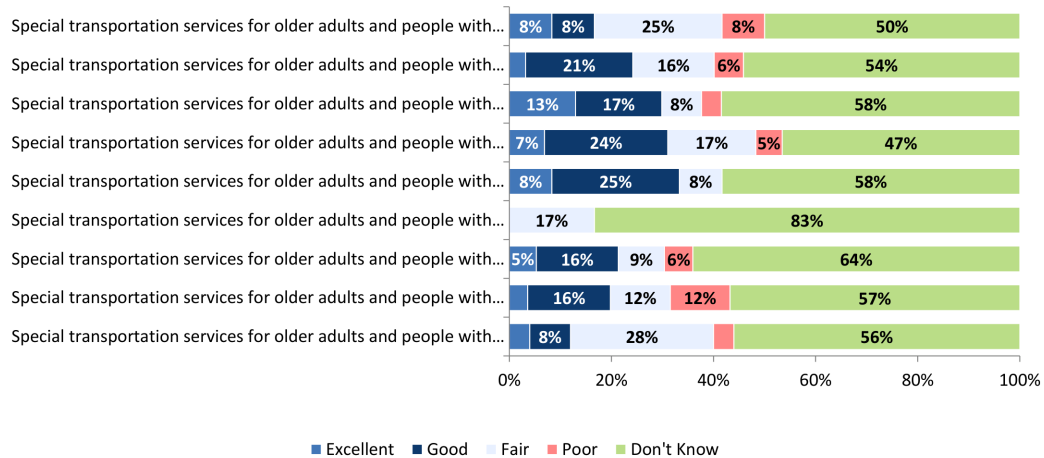


285



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How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)

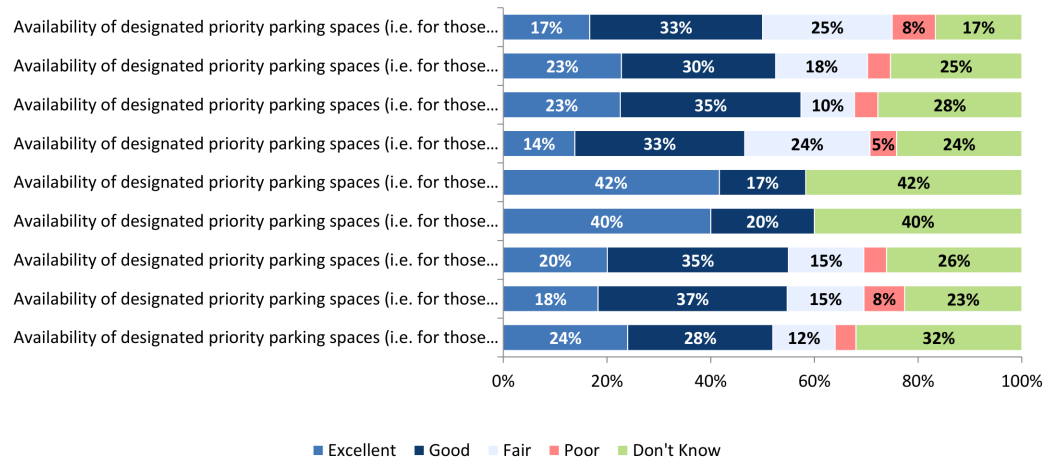


286



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**How would you rate the following transport features in Montgomery County?: Please rate from Excellent to Poor
(Continued)**

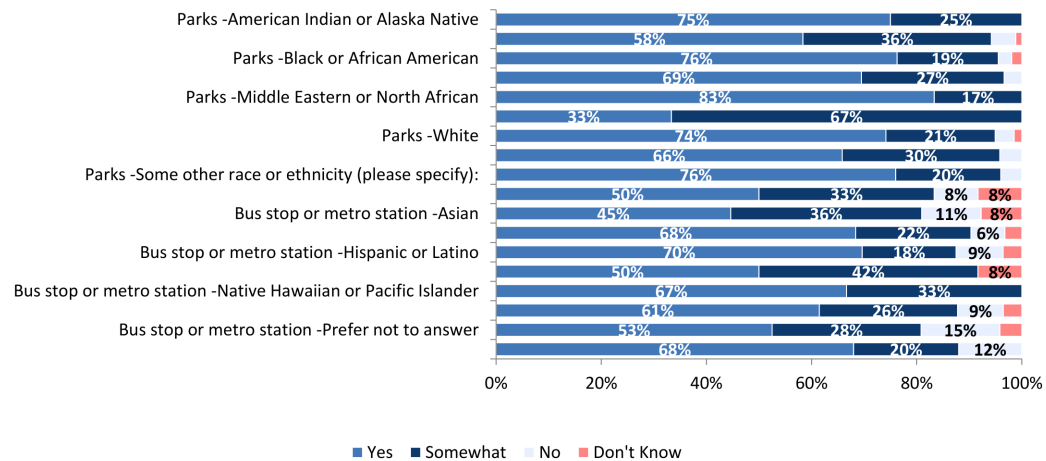


287



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not.

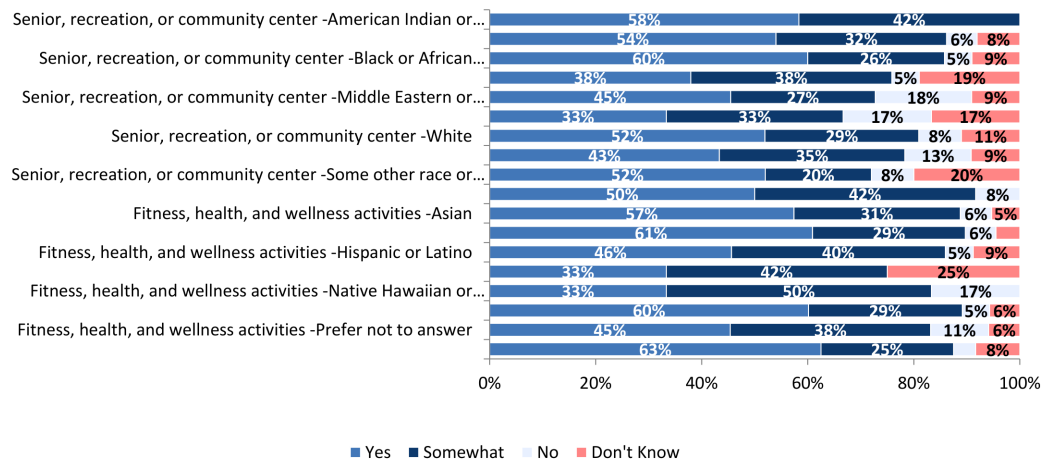


288



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Which of the following are convenient or easy for you to get?: Please select if the neighborhood feature is conveniently located or not. (Continued)

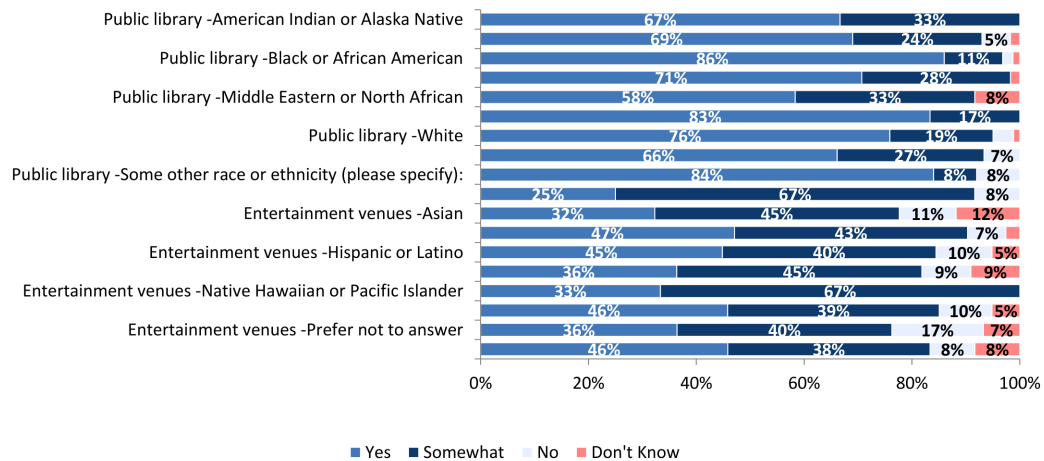


289



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Which of the following are convenient or easy for you to get?: Please select if the neighborhood feature is conveniently located or not. (Continued)

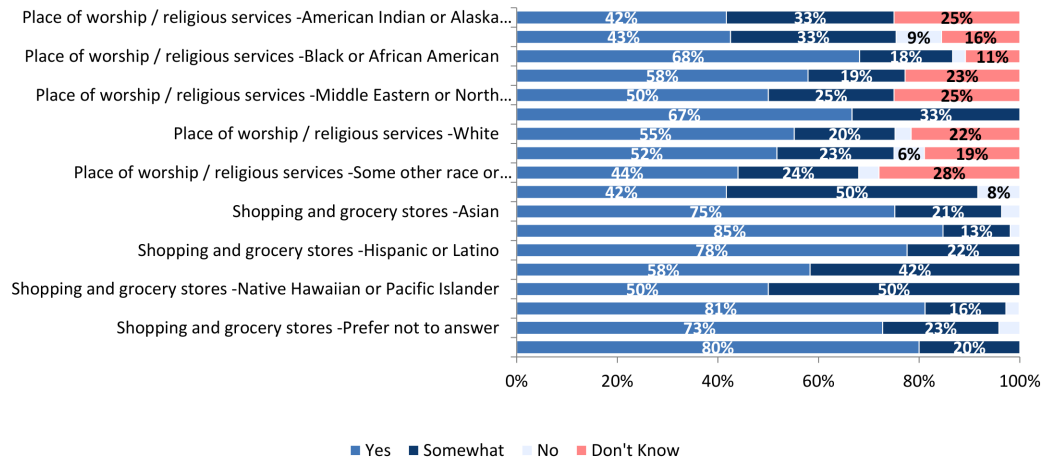


290



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

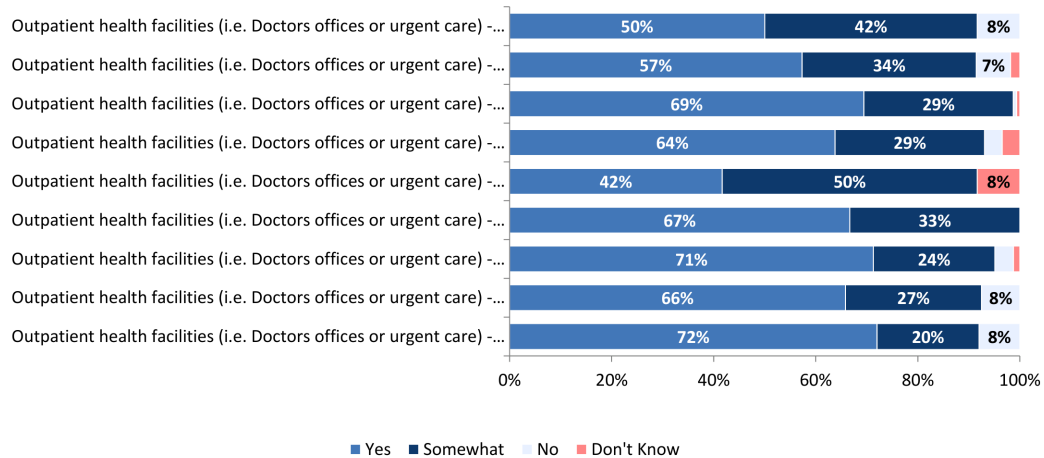


291



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

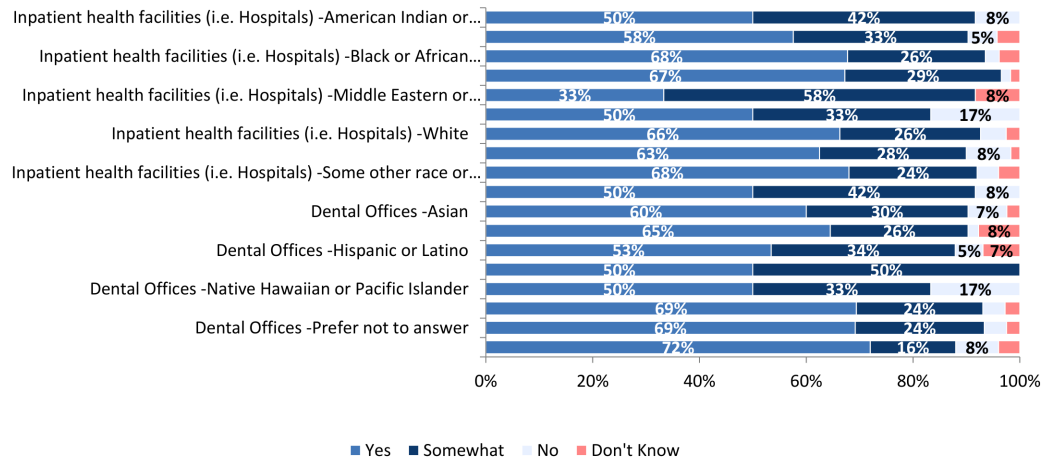


292



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Which of the following are convenient or easy for you to get to?: Please select if the neighborhood feature is conveniently located or not. (Continued)

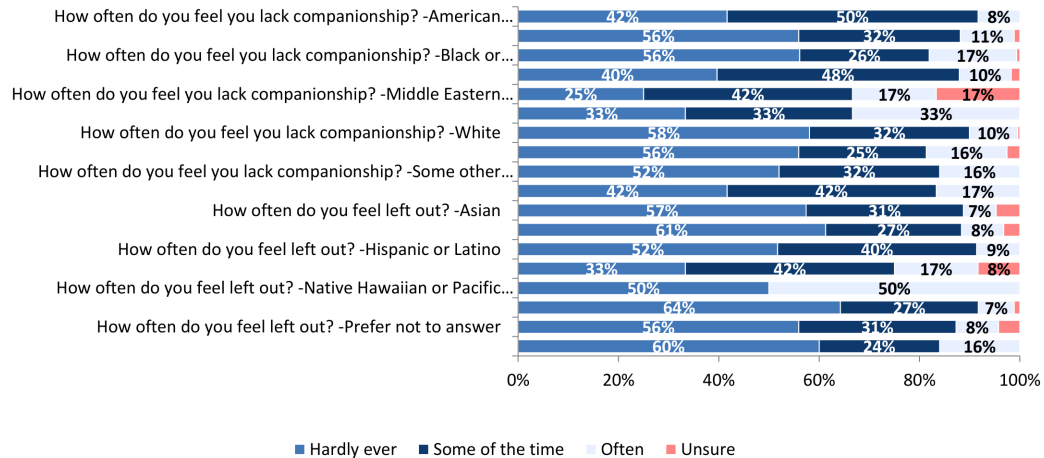


293



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Social isolation is a national concern, particularly among older adults. Please answer the following three questions evaluating loneliness in our community.: Please select how often each statement applies to you.

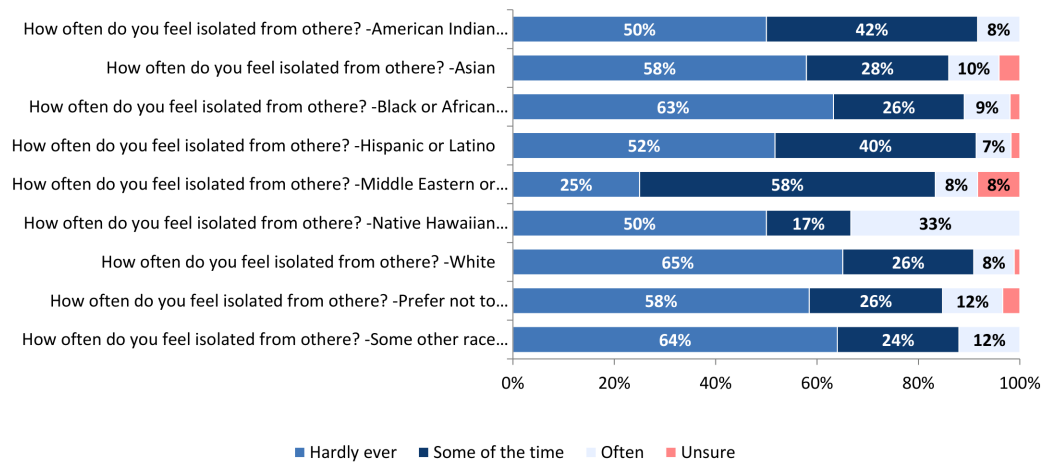


294



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Social isolation is a national concern, particularly among older adults. Please answer the following three questions evaluating loneliness in our community.: Please select how often each statement applies to you. (Continued)



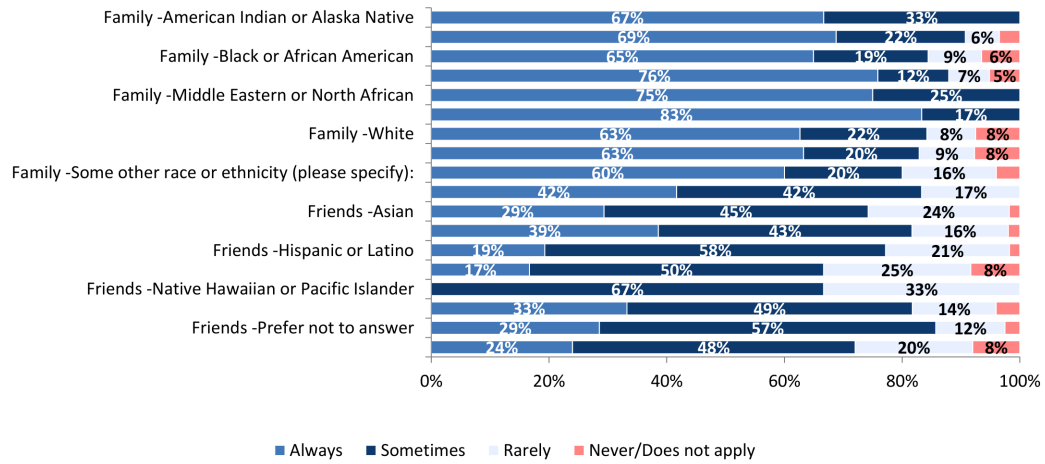
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Is there anything that gets in the way, or makes it difficult for you to interact with friends, family, and neighbors? If so, please describe.



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource.

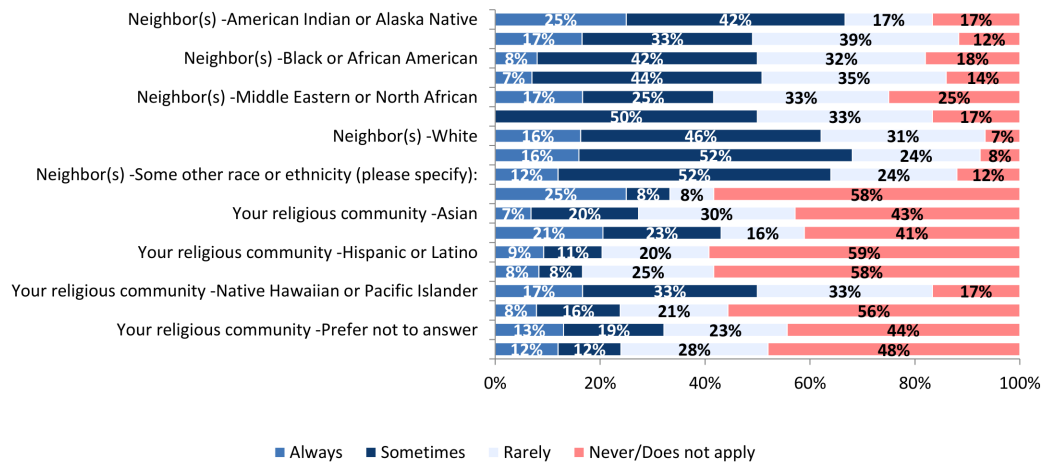


297



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource. (Continued)

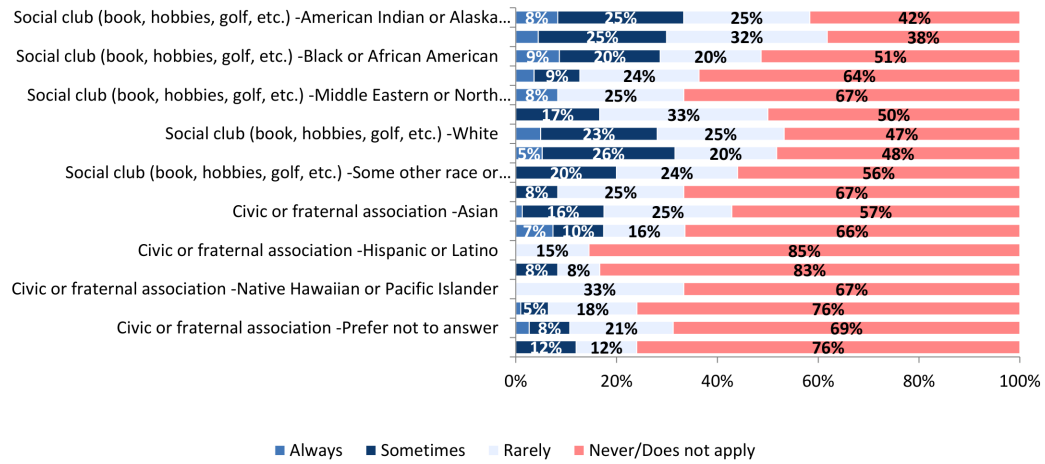


298



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource. (Continued)

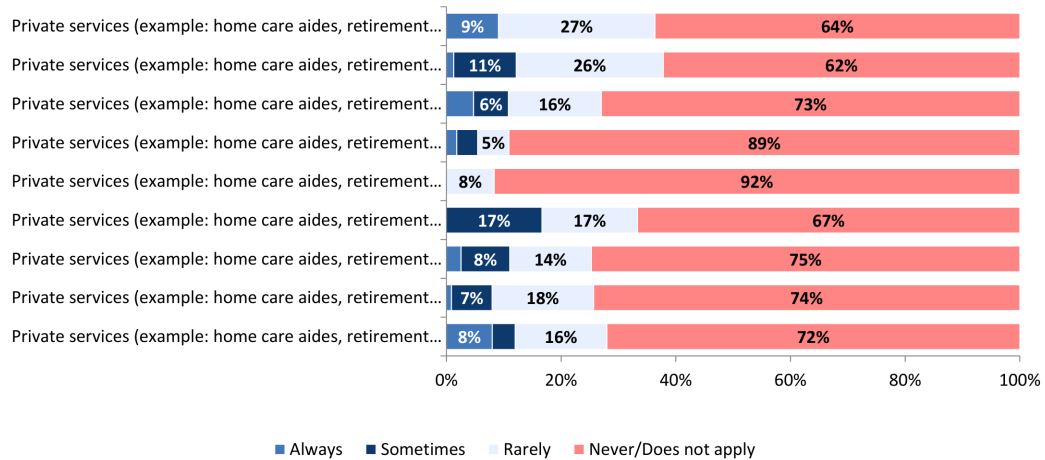


299



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Whom might you call upon if you need assistance?: For each support network, please select how often you might use this resource. (Continued)

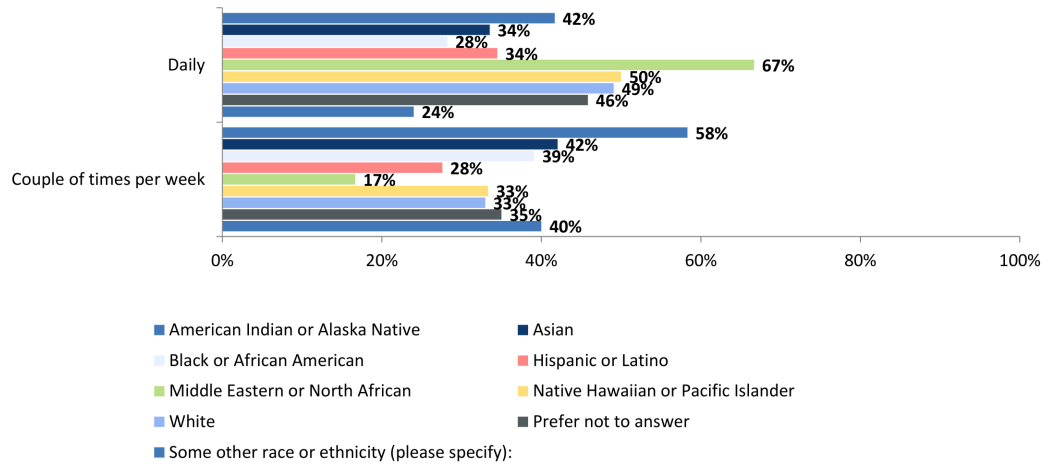


300



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?

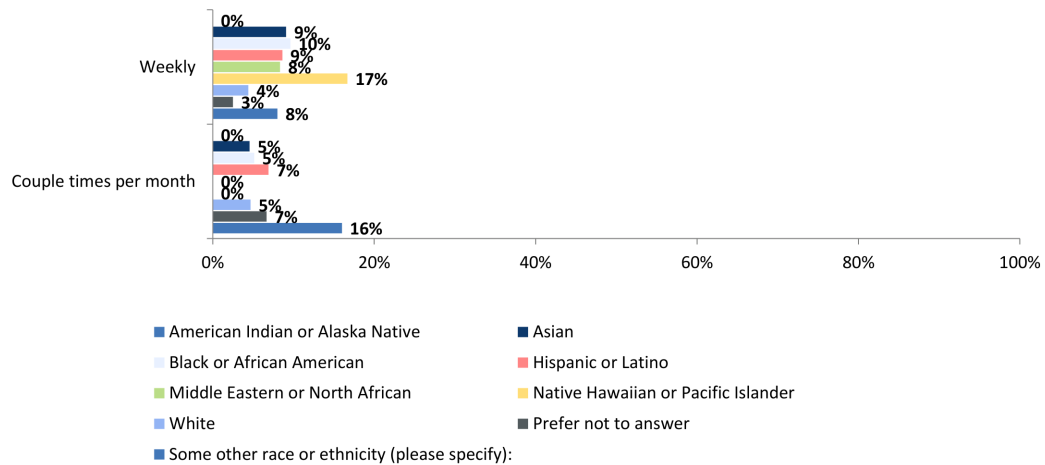


301



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?
(Continued)

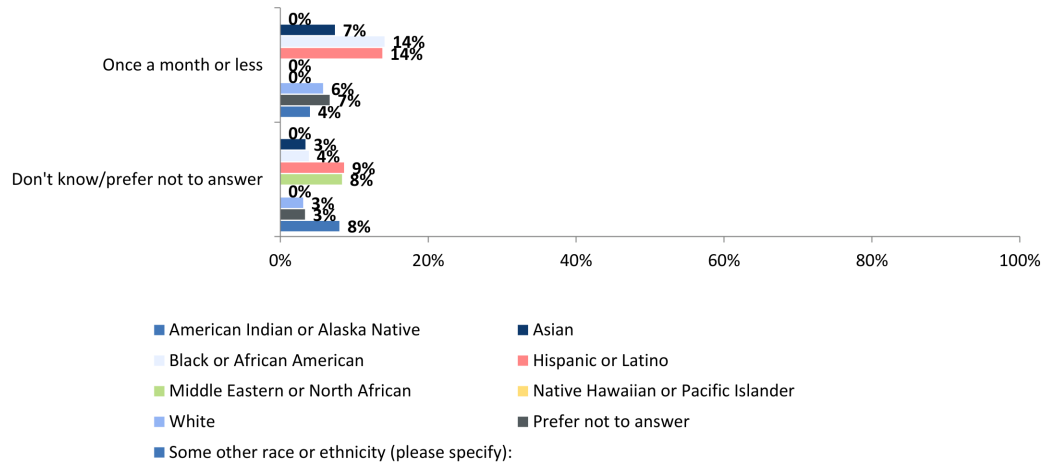


302



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How often do you participate in physical activities (such as walking, running, biking, swimming, sports, yoga, etc.)?
(Continued)

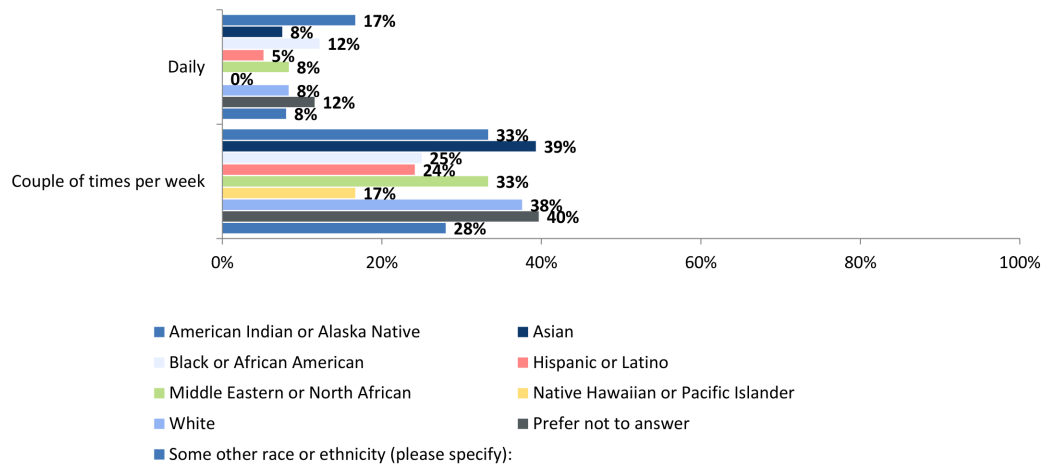


303



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How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.?

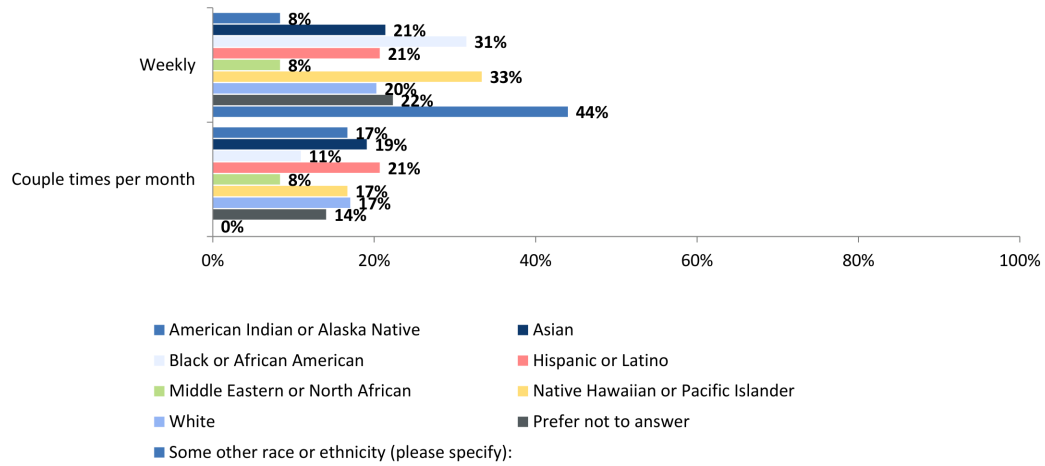


304



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How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.? (Continued)

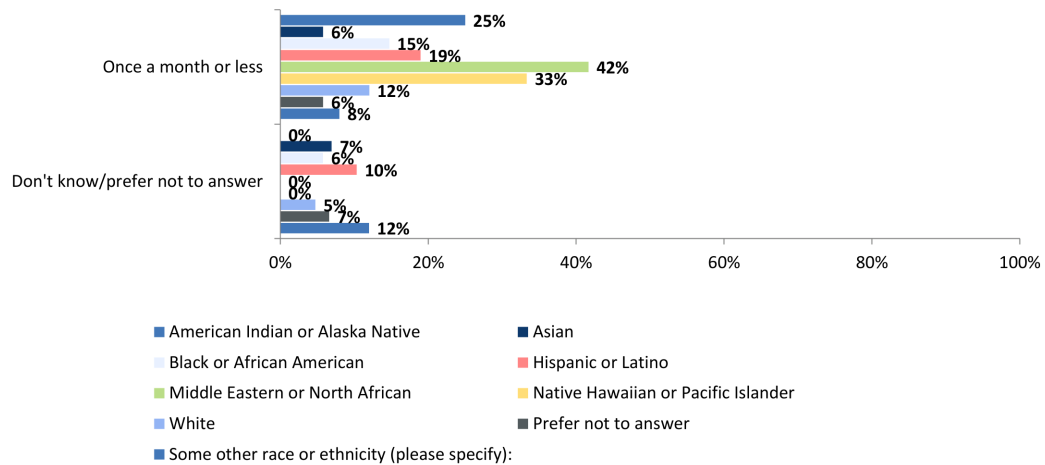


305



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How often do you participate in social activities such as faith/religious activities, classes, clubs, hanging out with friends, etc.? (Continued)

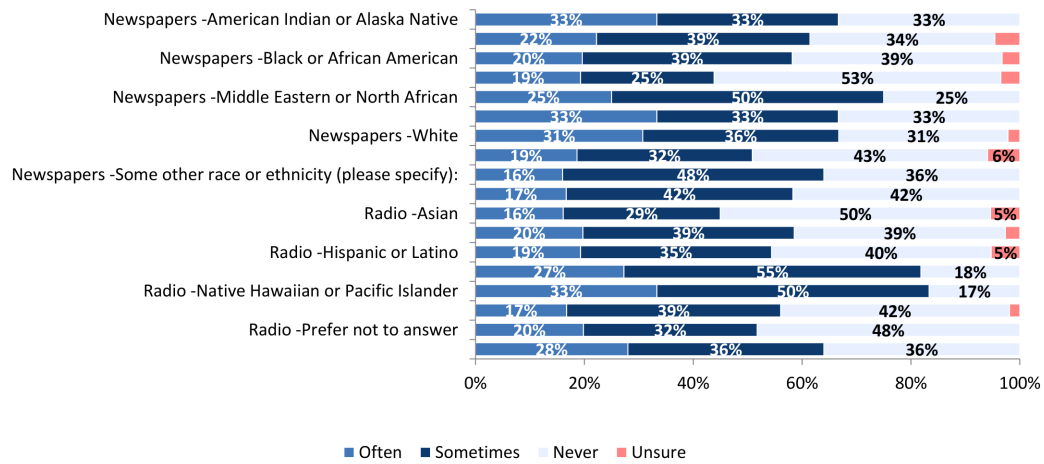


306



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source.

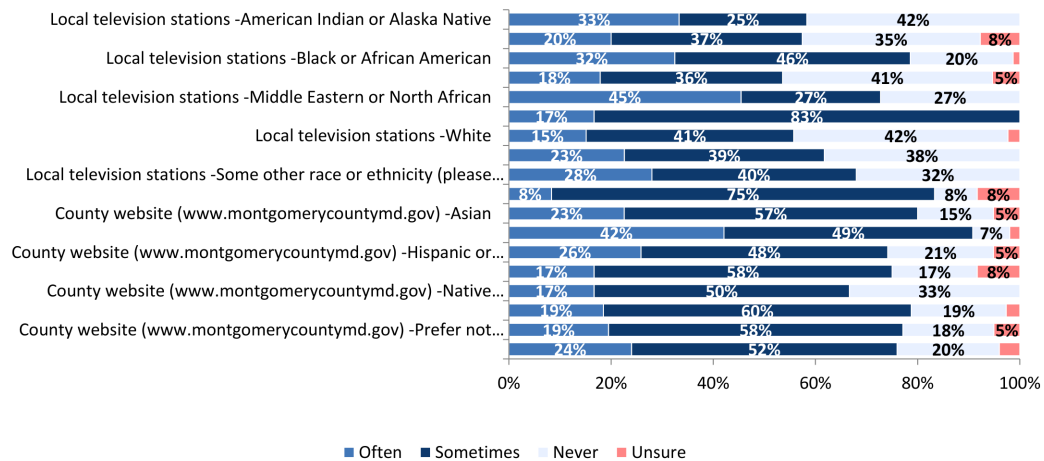


307



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

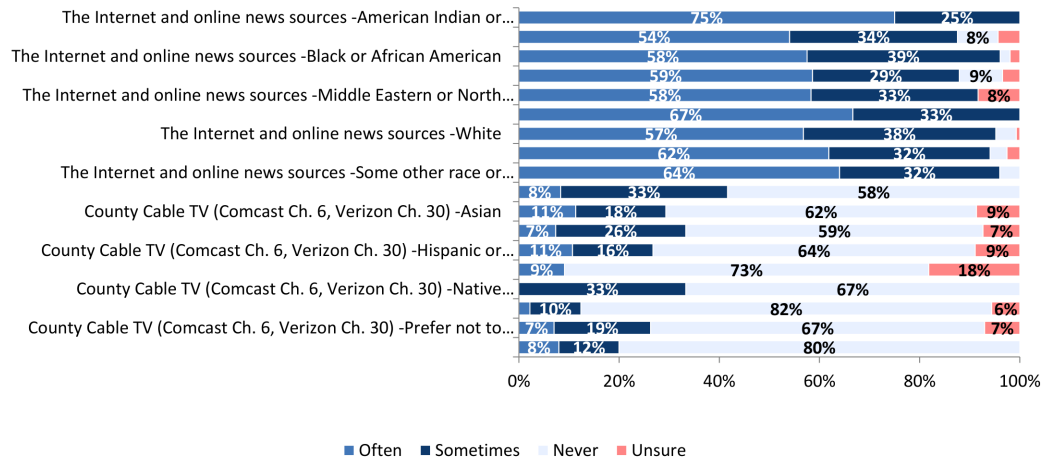


308



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

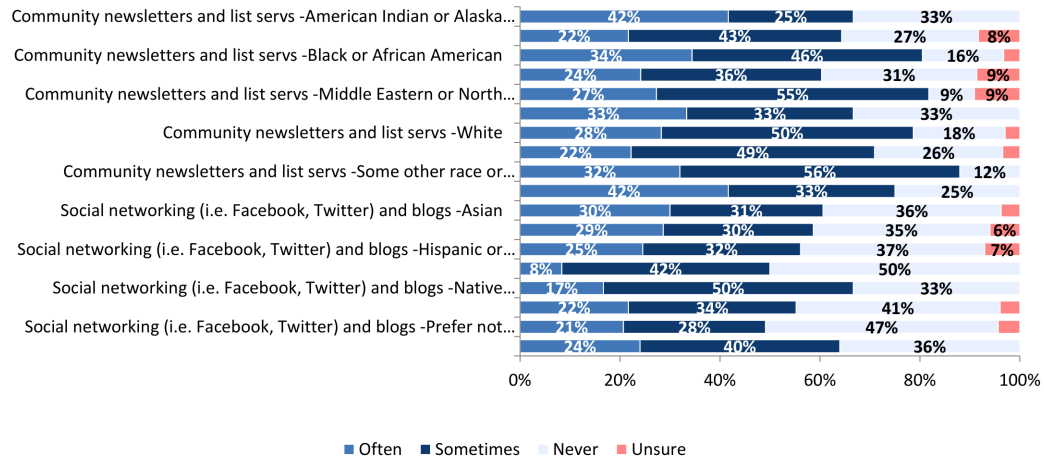


309



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

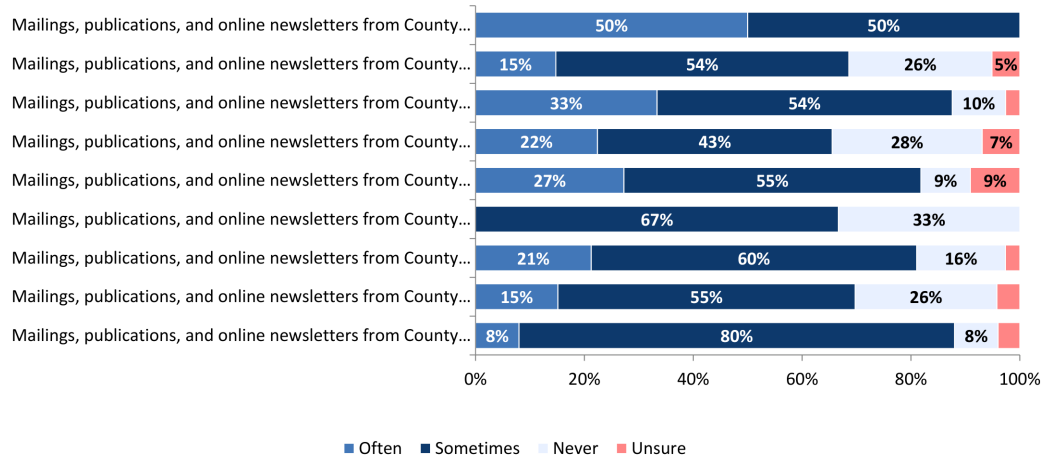


310



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

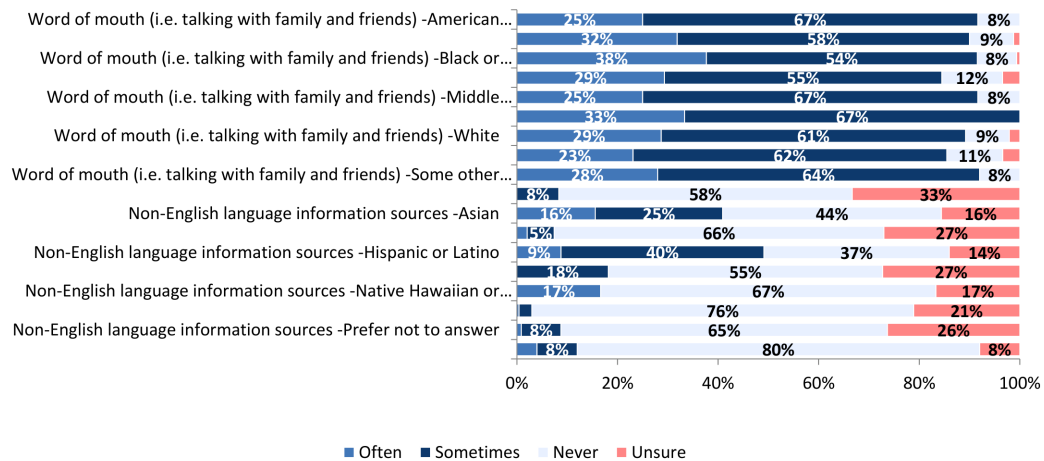


311



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Where do you find local information about community activities, health and wellness options, County services, etc.?:
Please select how often you use each source. (Continued)

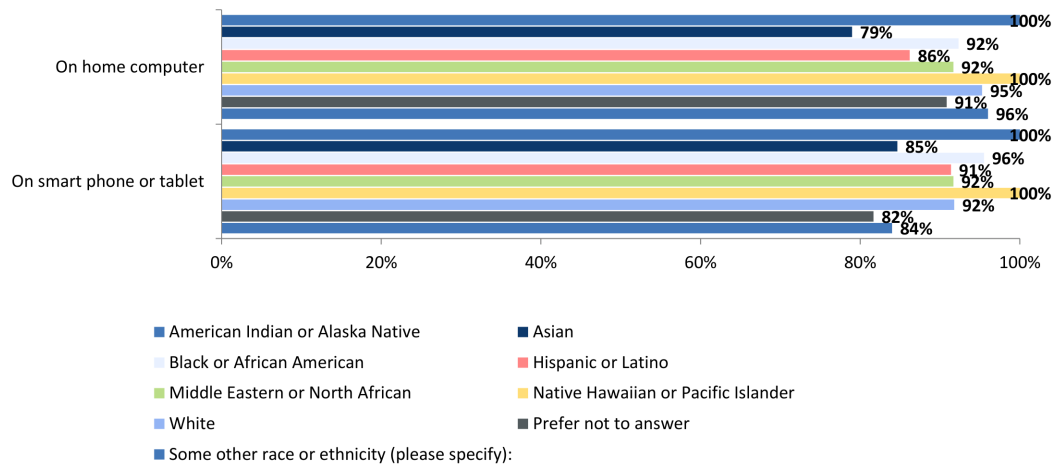


312



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Do you have access to the internet? (Check all that apply)

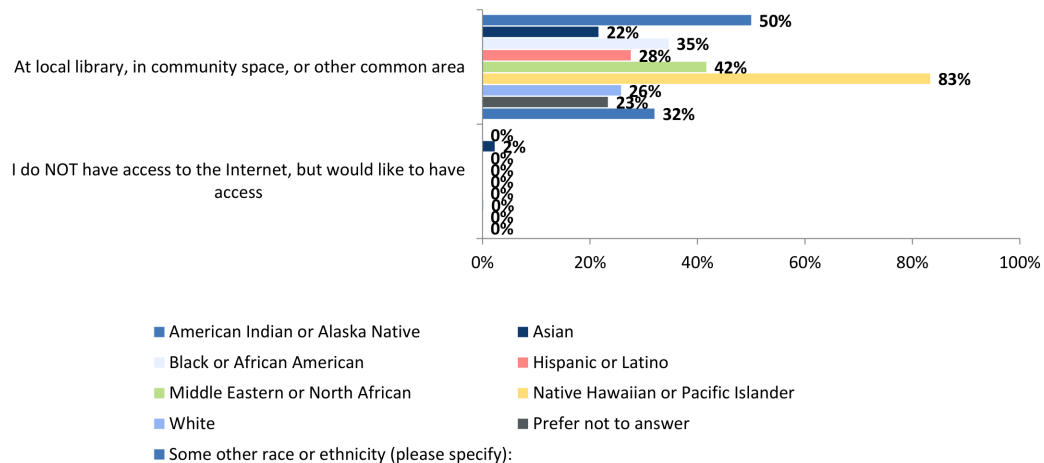


313

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Do you have access to the internet? (Check all that apply) (Continued)

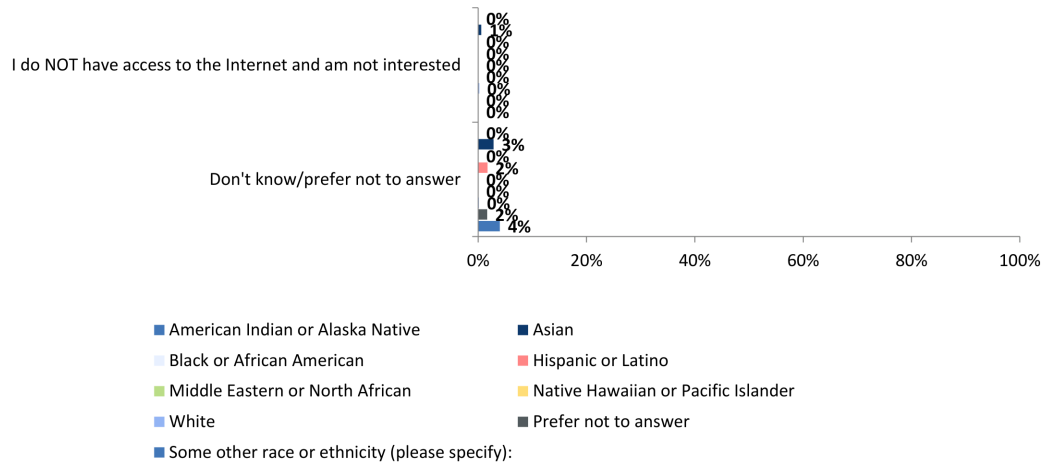


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Do you have access to the internet? (Check all that apply) (Continued)

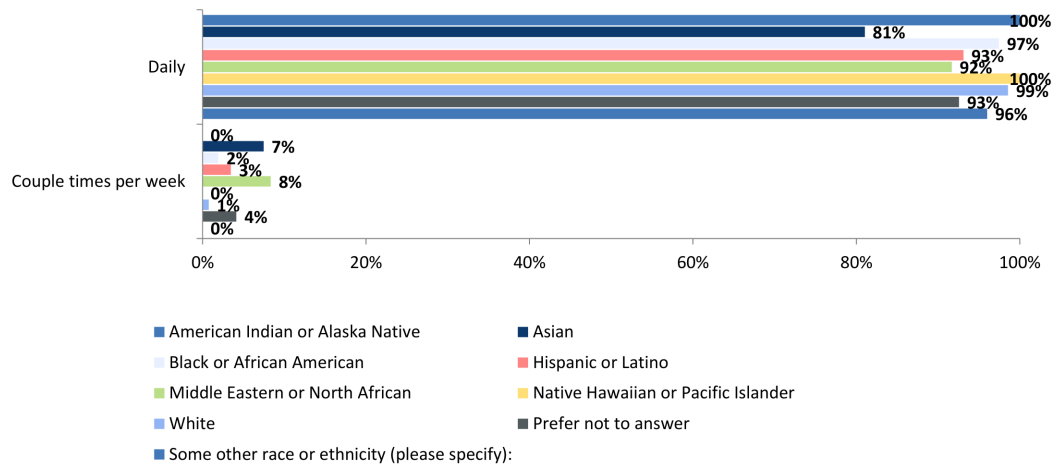


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How often do you use the internet? (PC / Tablet / Smart phone) ?

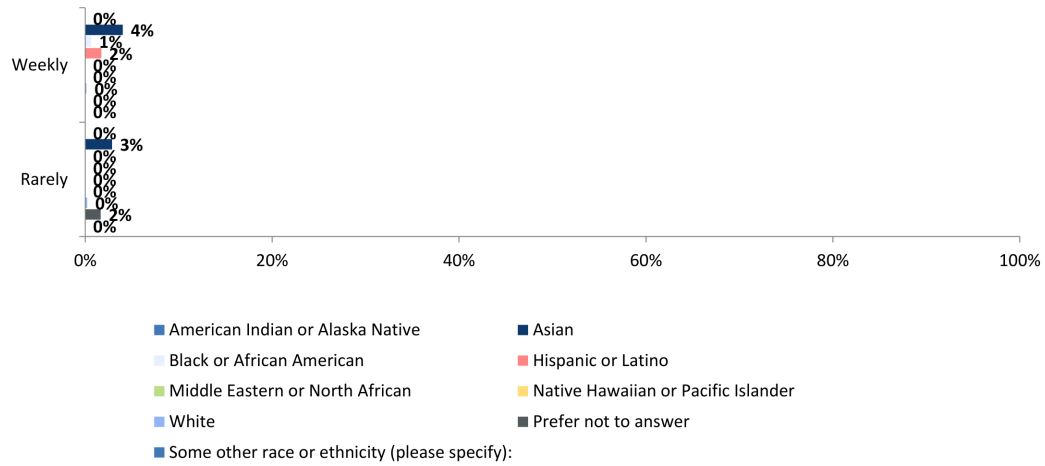


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How often do you use the internet? (PC / Tablet / Smart phone) ? (Continued)

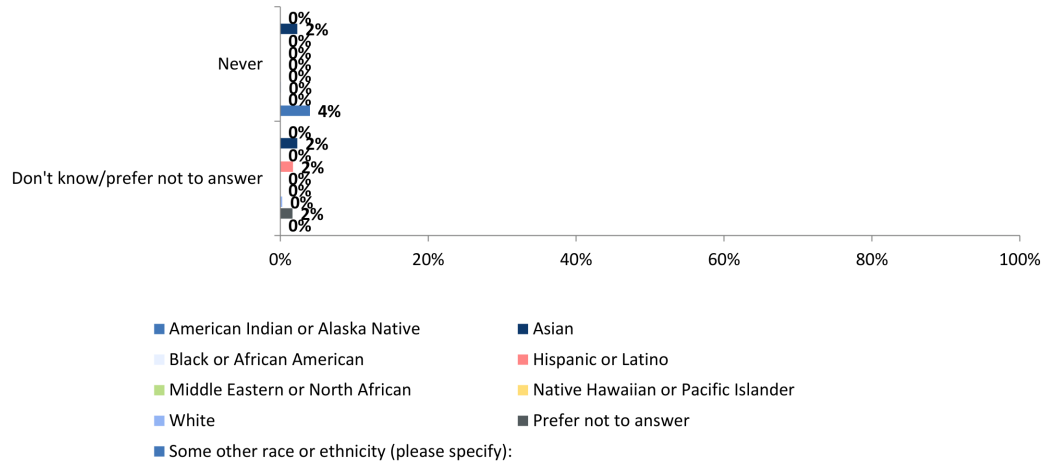


317



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How often do you use the internet? (PC / Tablet / Smart phone) ? (Continued)

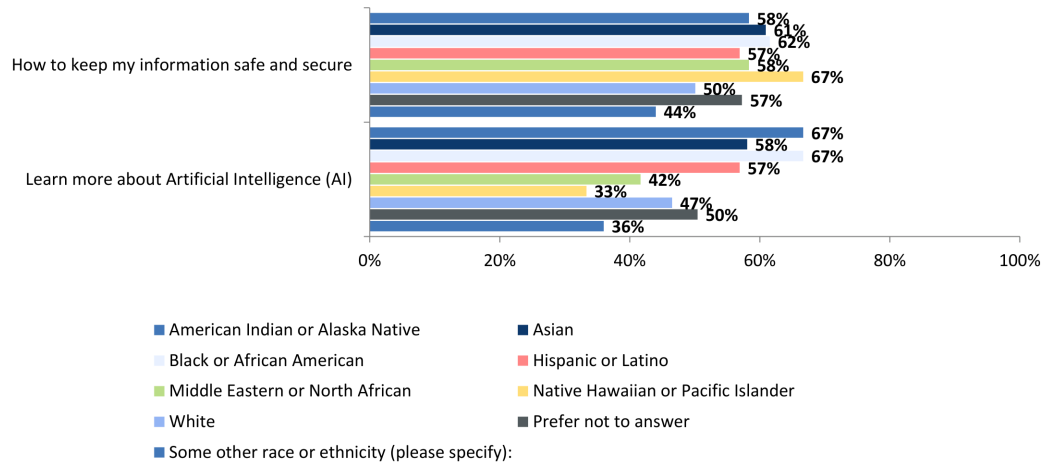


318



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If you were to take a class to use technology or the internet, which of these topics would interest you?

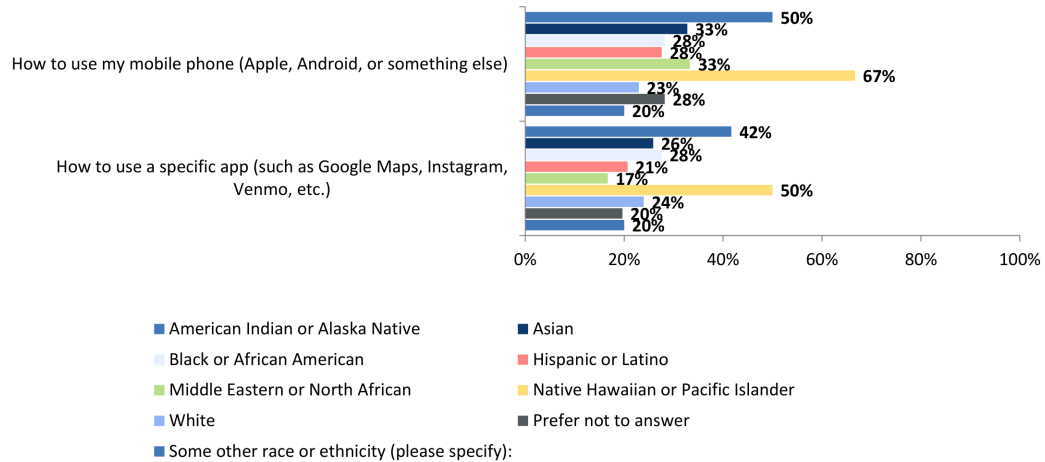


319



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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

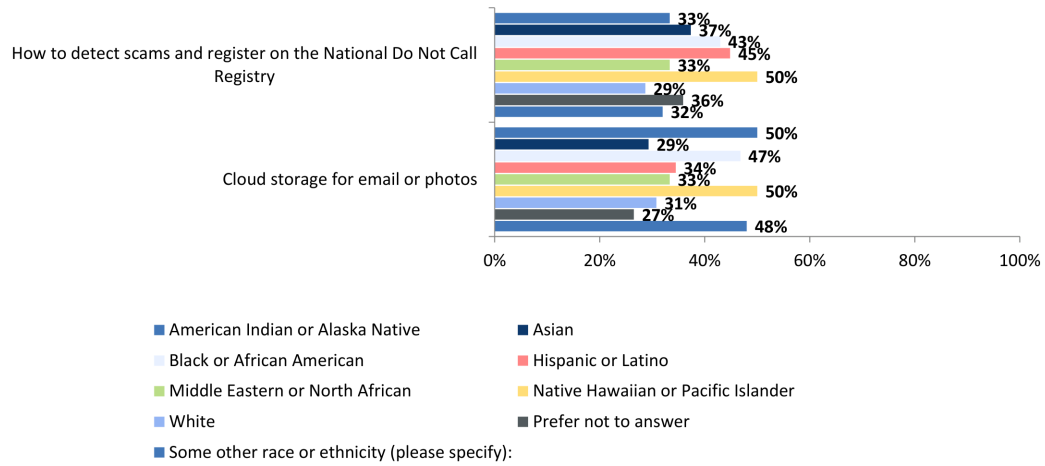


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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

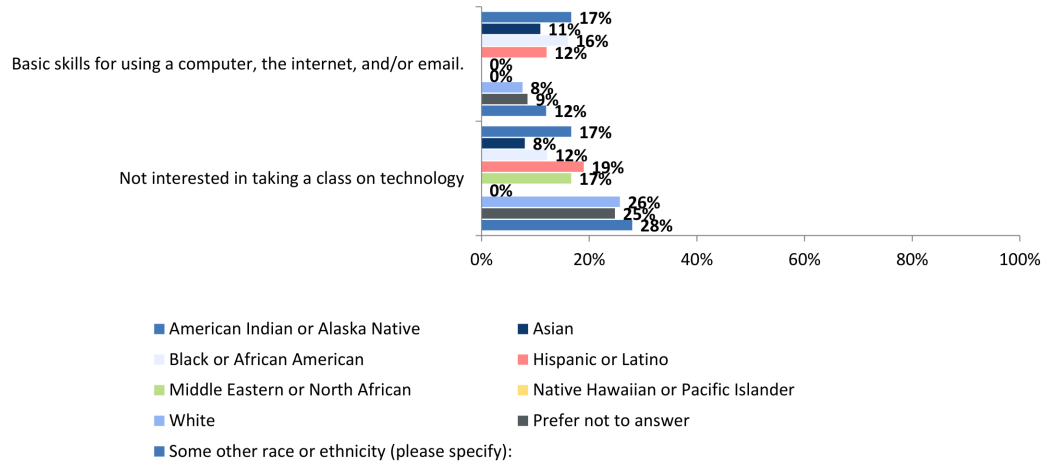


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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

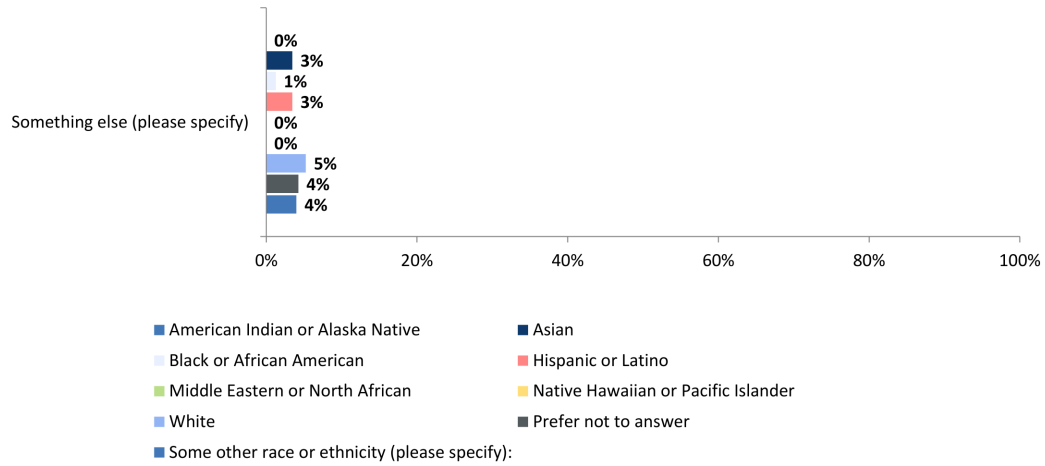


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If you were to take a class to use technology or the internet, which of these topics would interest you? (Continued)

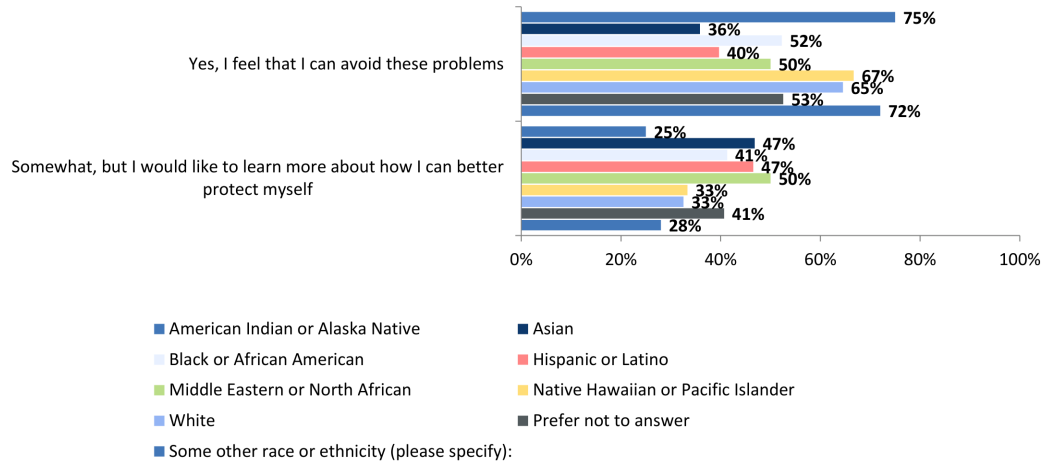


323



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Do you feel comfortable with your knowledge of financial scams and your ability to avoid them?

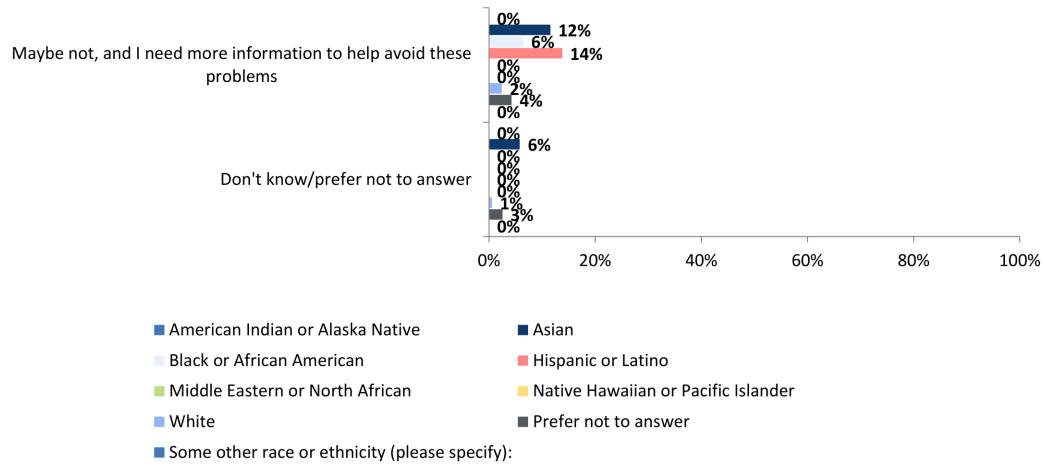


324



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Do you feel comfortable with your knowledge of financial scams and your ability to avoid them? (Continued)

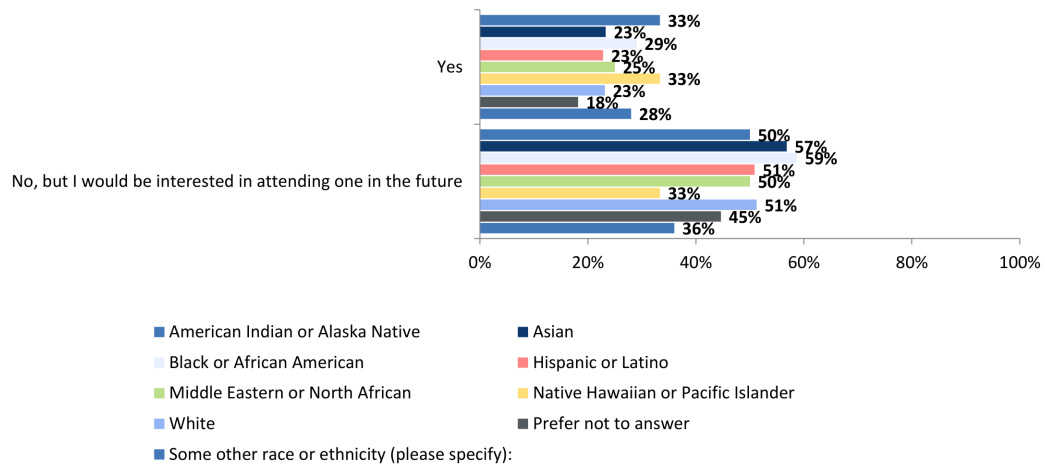


325



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Have you attended an emergency preparedness presentation or public safety event in the past 2 years?

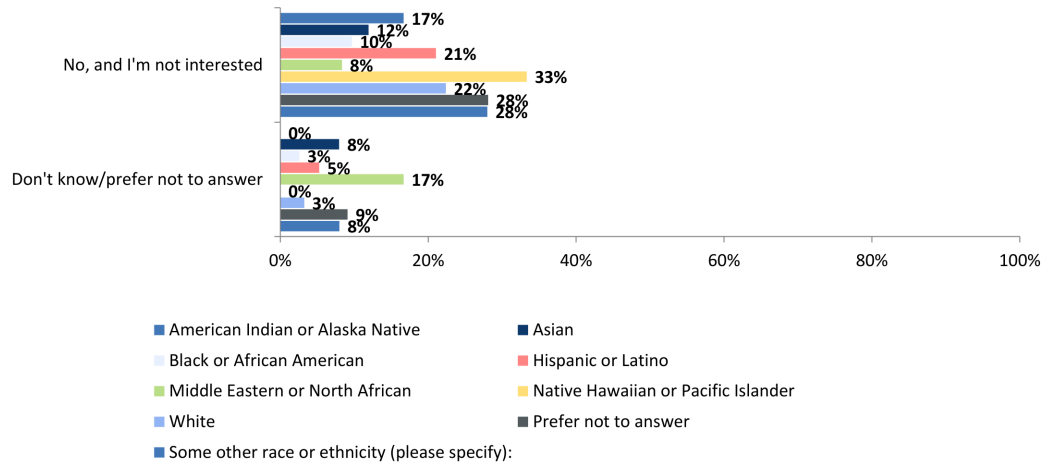


326



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Have you attended an emergency preparedness presentation or public safety event in the past 2 years? (Continued)

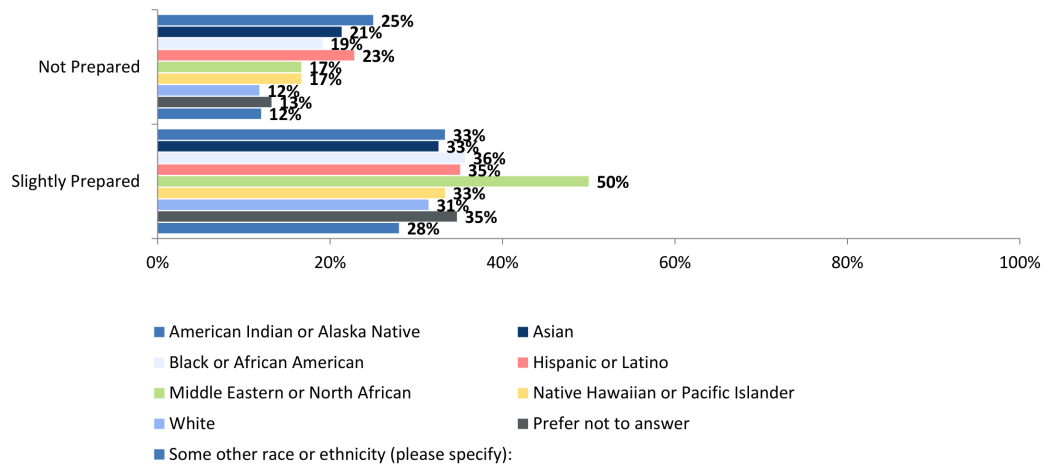


327



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How prepared do you feel to respond to an emergency or disaster in Montgomery County?

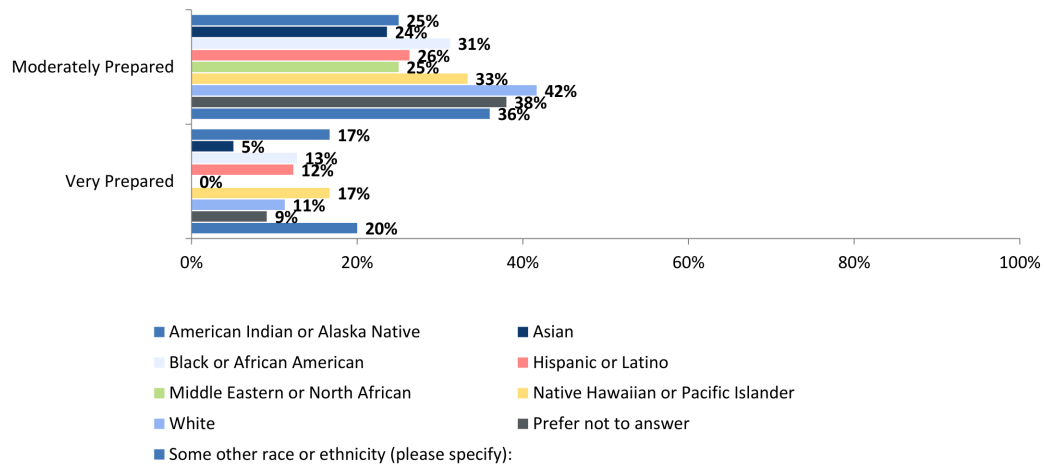


328



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How prepared do you feel to respond to an emergency or disaster in Montgomery County? (Continued)

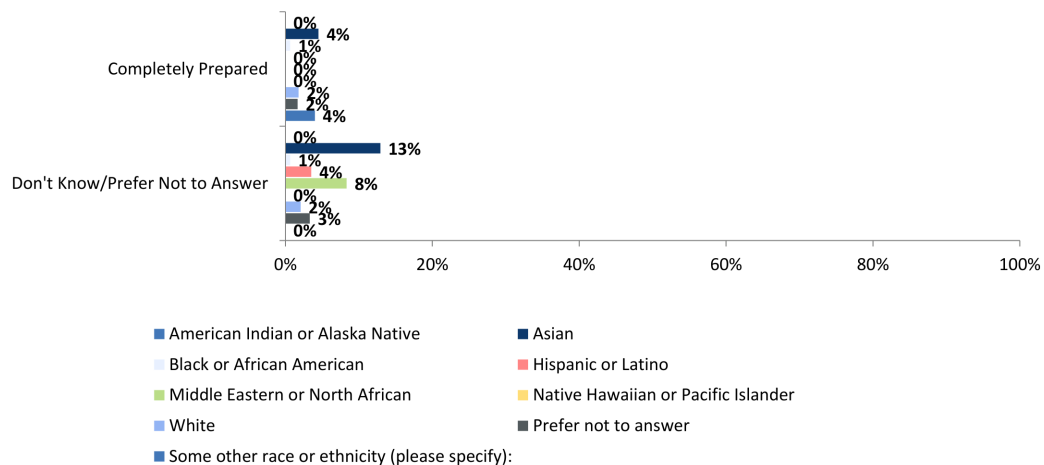


329



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How prepared do you feel to respond to an emergency or disaster in Montgomery County? (Continued)

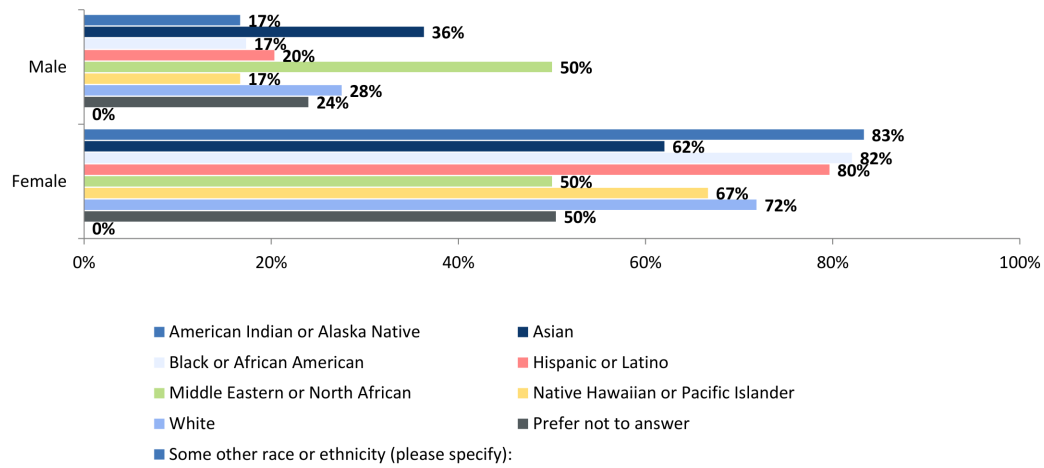


330



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What is your gender?

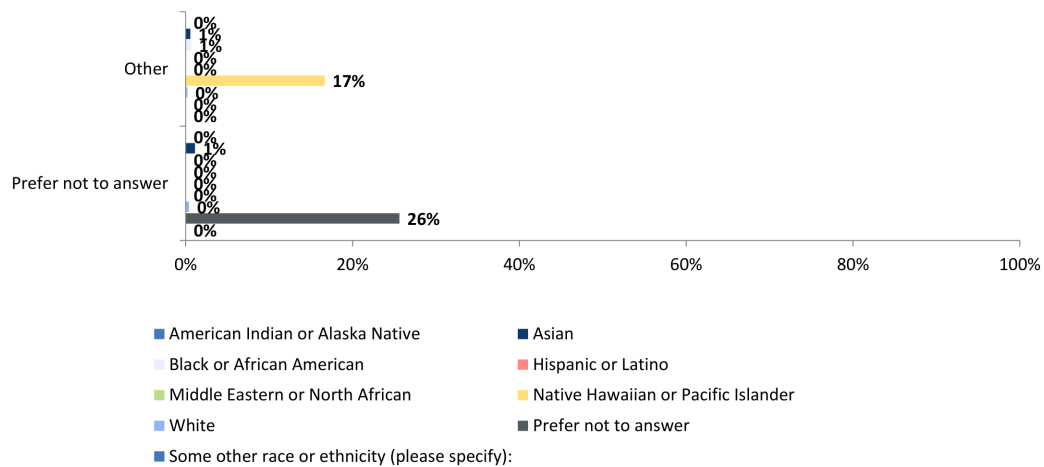


331



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What is your gender? (Continued)

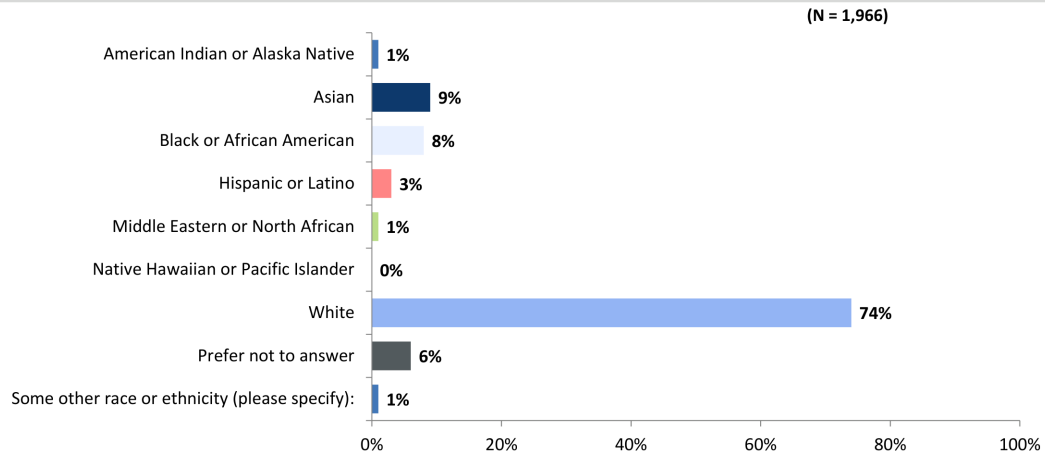


332



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What is your race/ethnicity? (Check all that apply)

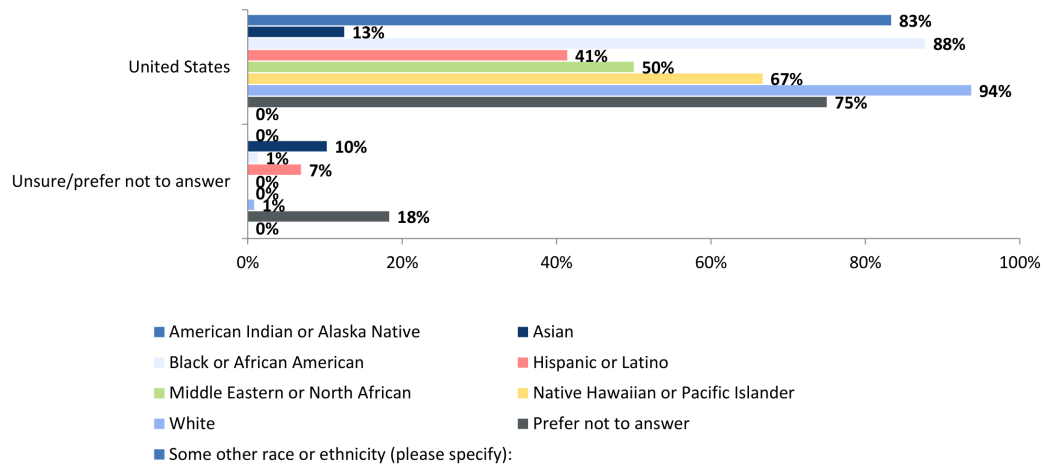


333



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In what country were you born?

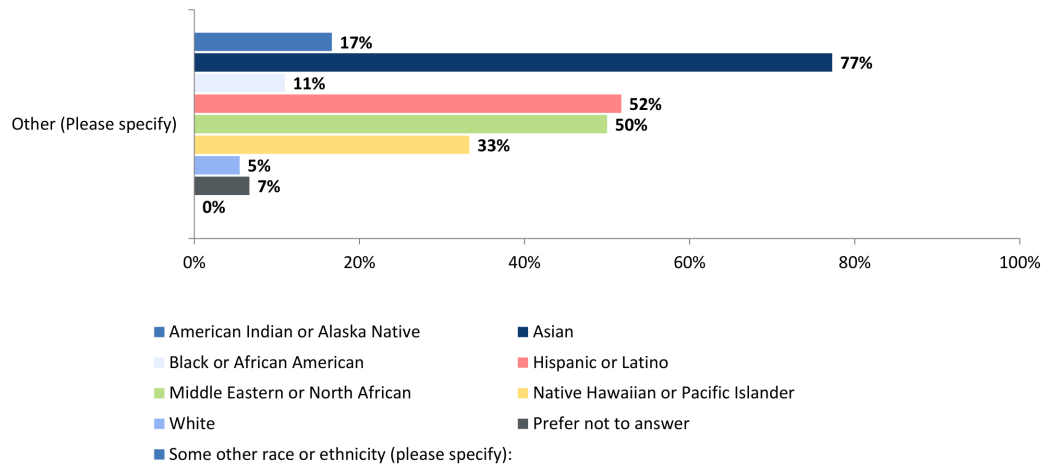


334



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In what country were you born? (Continued)

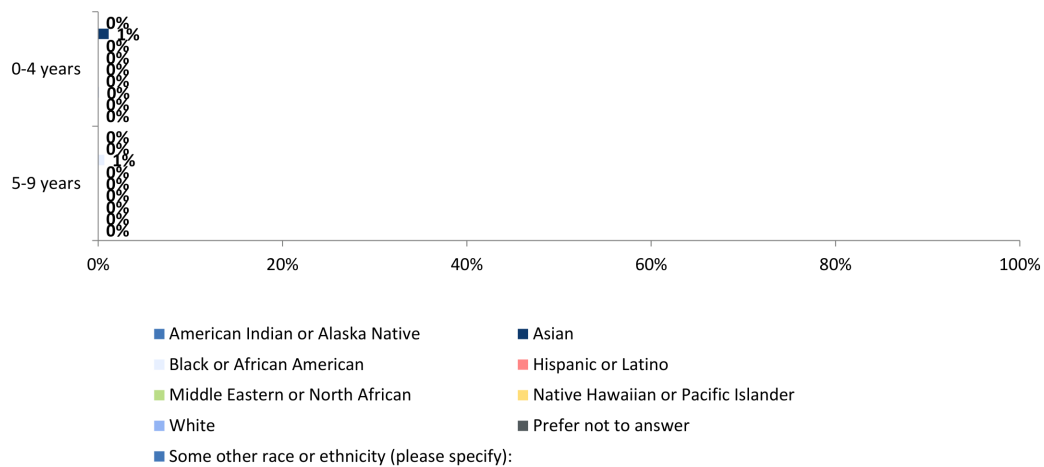


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How long have you lived in the United States?

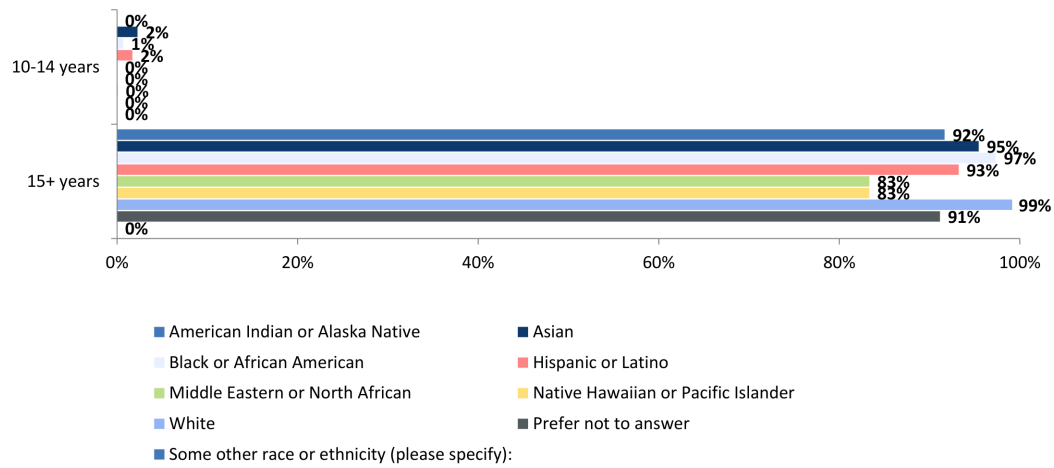


336



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How long have you lived in the United States? (Continued)

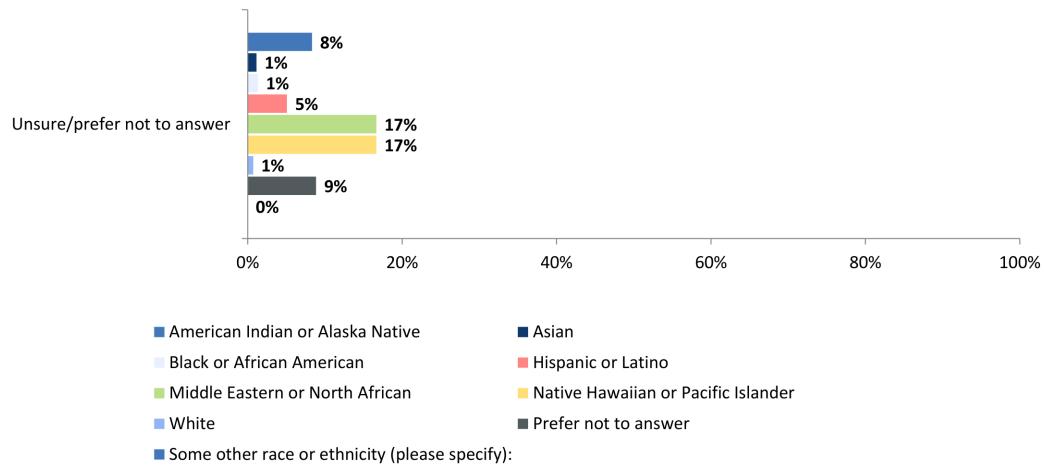


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How long have you lived in the United States? (Continued)

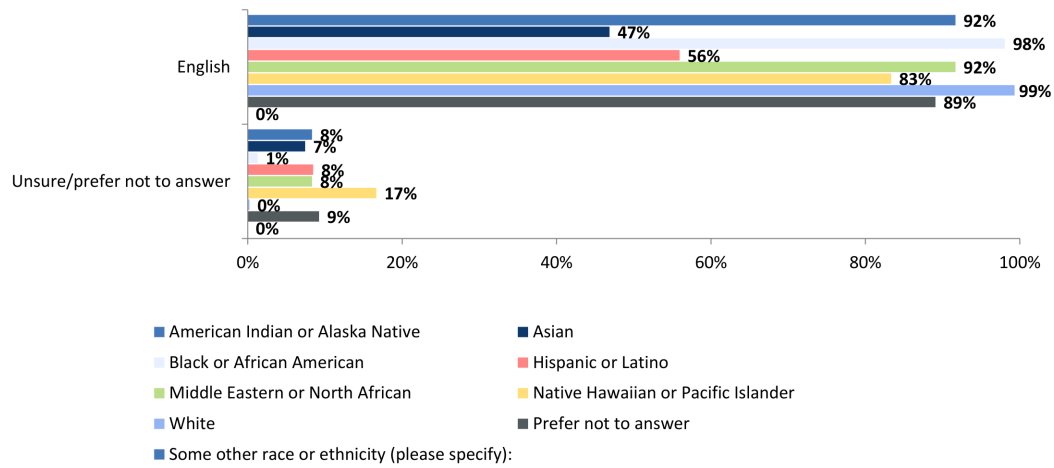


338



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What language do you primarily speak at home?

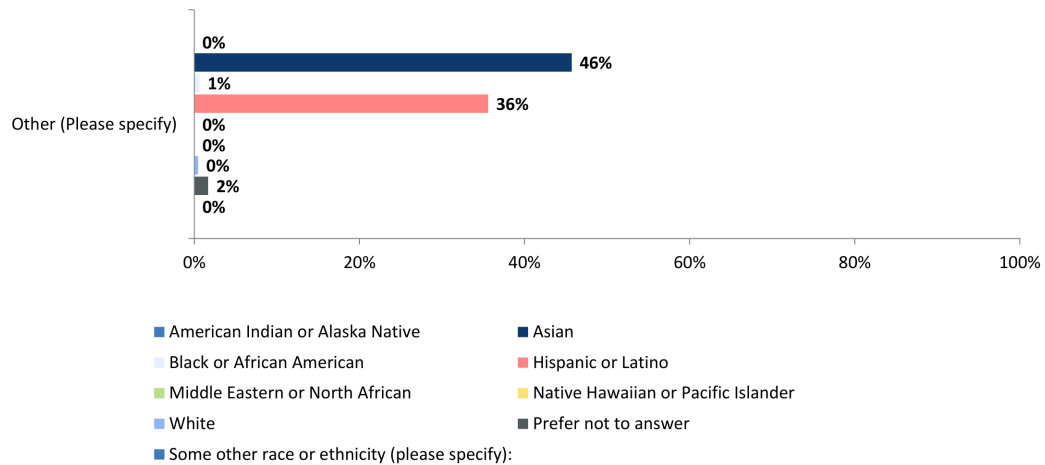


339



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What language do you primarily speak at home? (Continued)

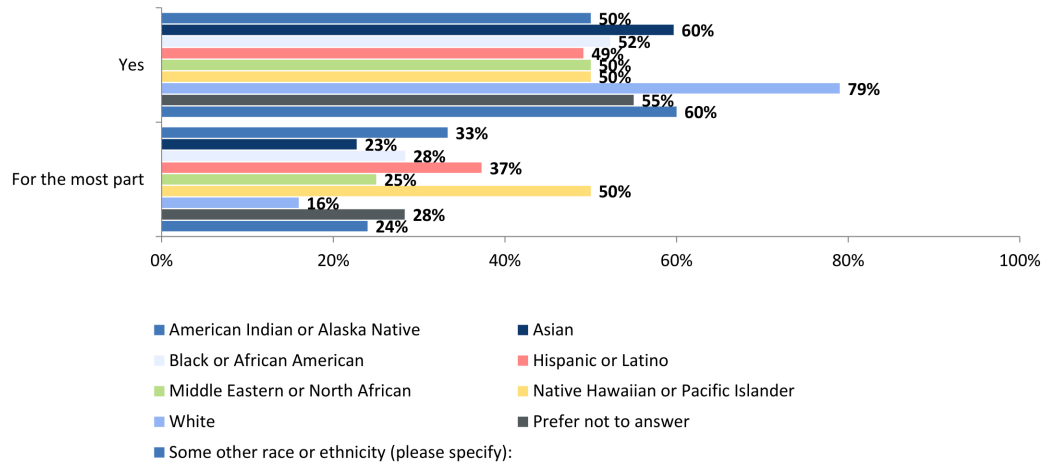


340



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Over the past year, have you felt like you had enough income to meet your basic needs (food, housing, etc.)?

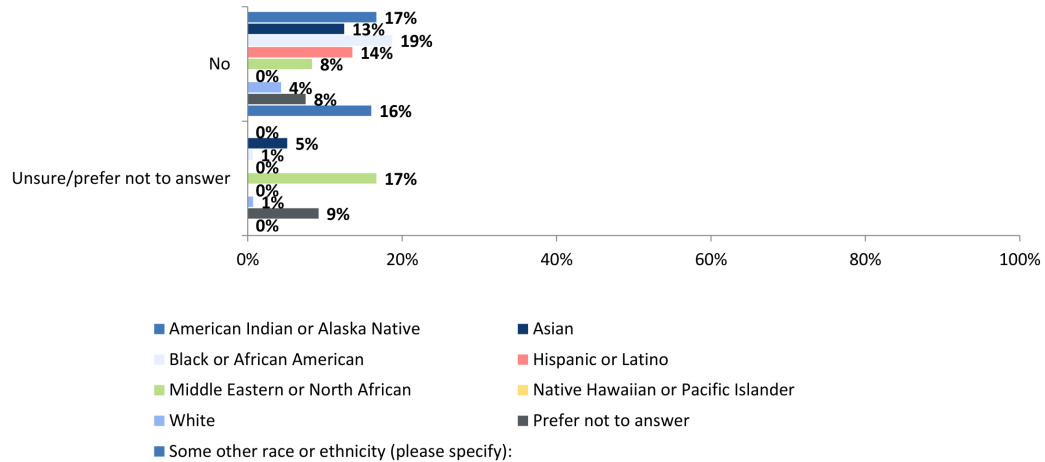


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Over the past year, have you felt like you had enough income to meet your basic needs (food, housing, etc.)? (Continued)

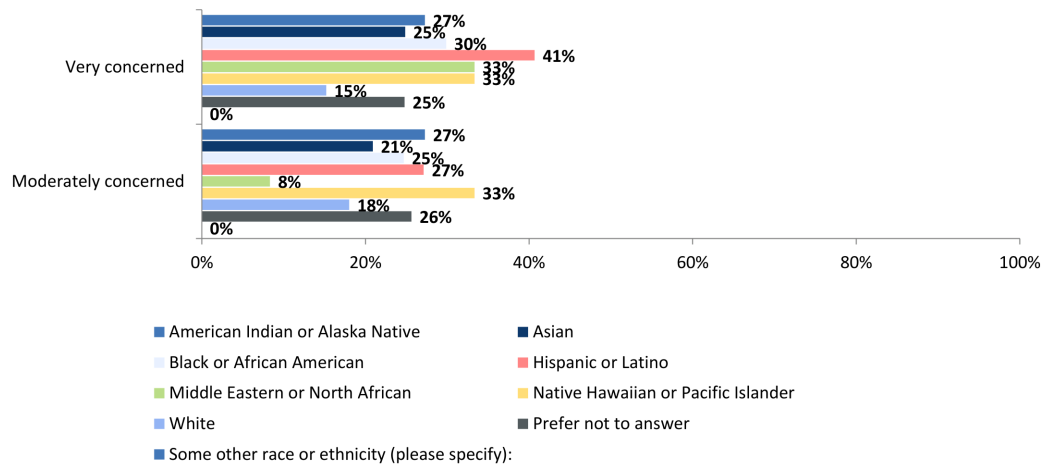


342



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How concerned are you about your ability to afford a good quality of life after age 65?

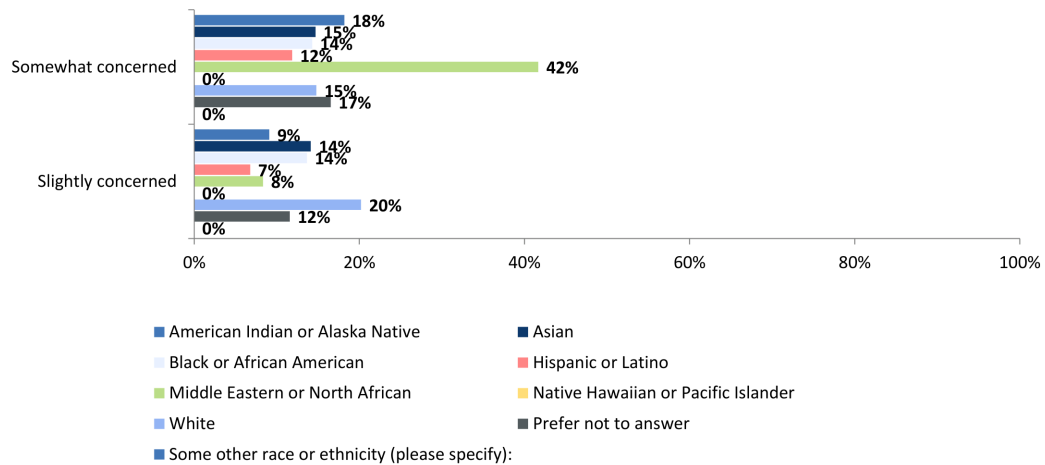


343



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How concerned are you about your ability to afford a good quality of life after age 65? (Continued)

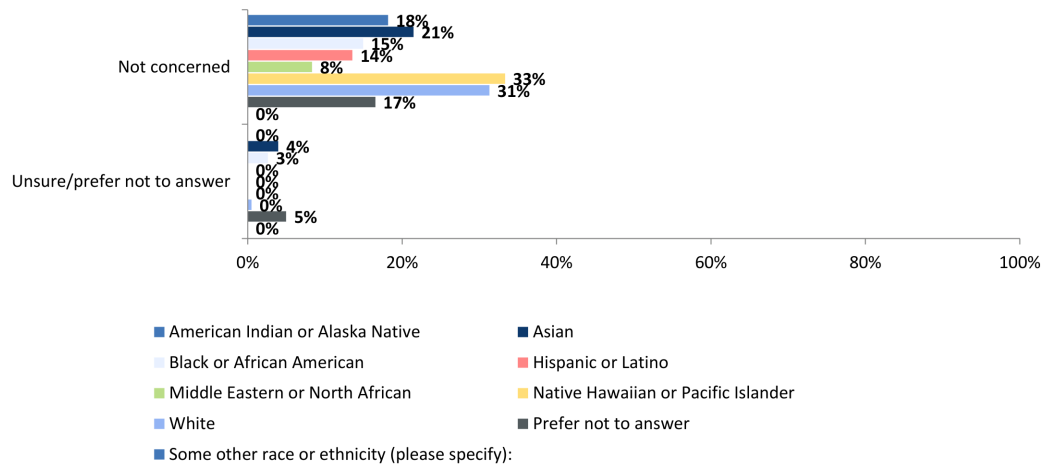


344



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How concerned are you about your ability to afford a good quality of life after age 65? (Continued)

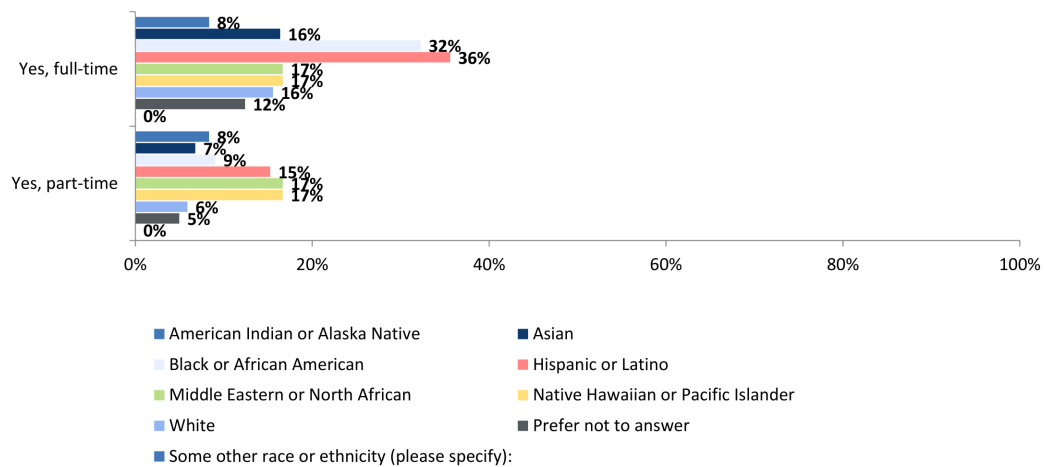


345



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Are you currently employed?

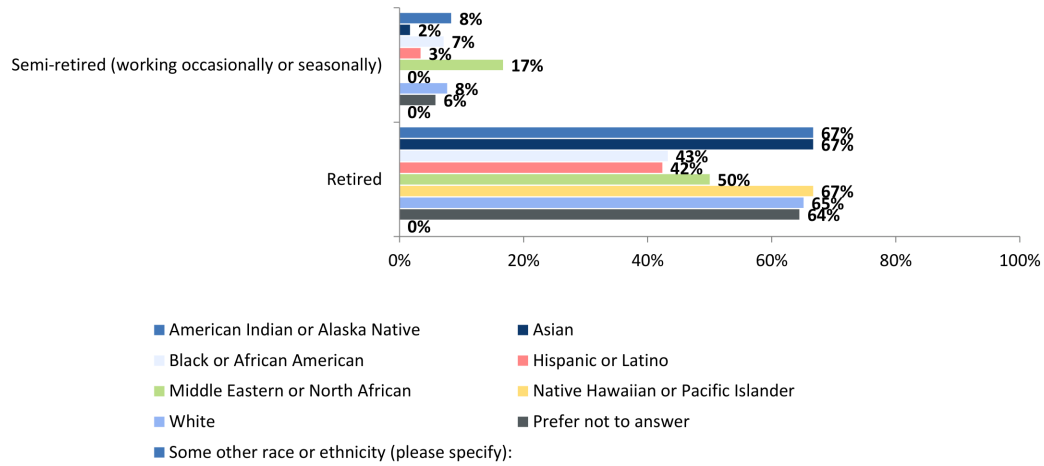


346



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Are you currently employed? (Continued)

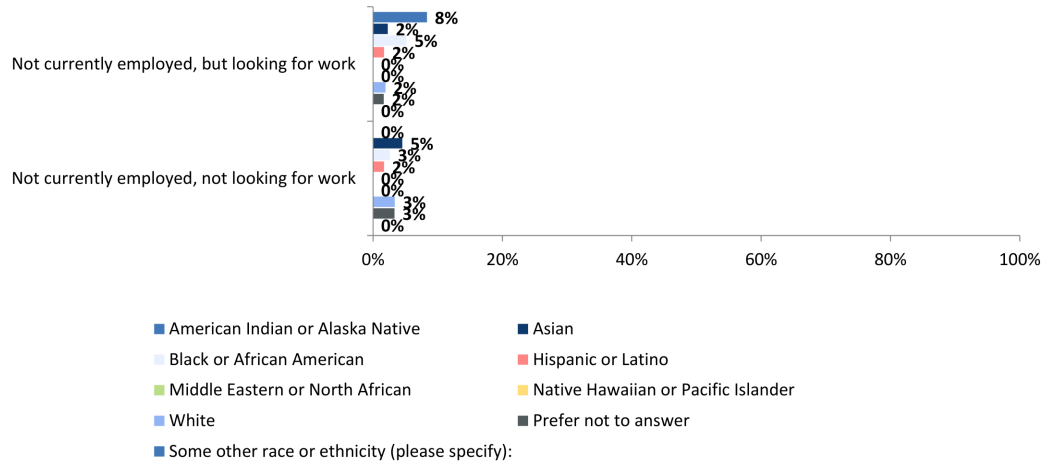


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Are you currently employed? (Continued)

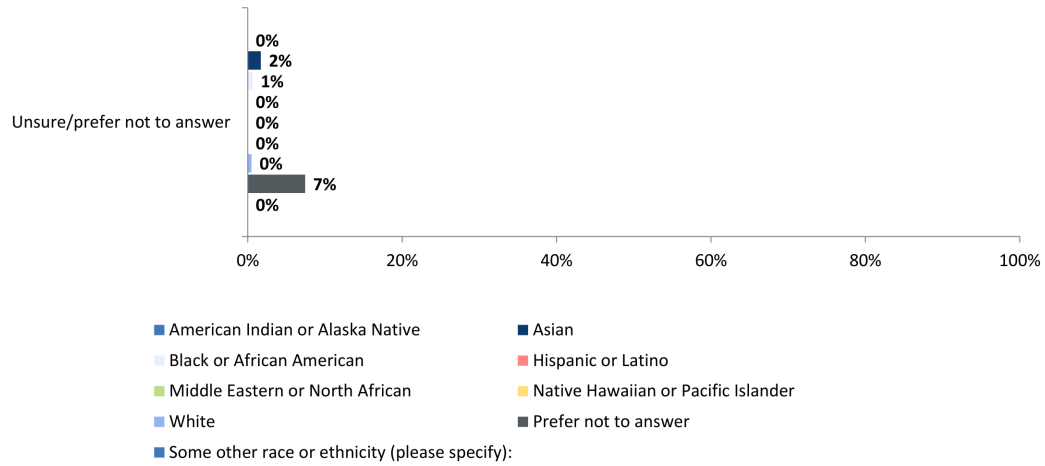


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Are you currently employed? (Continued)

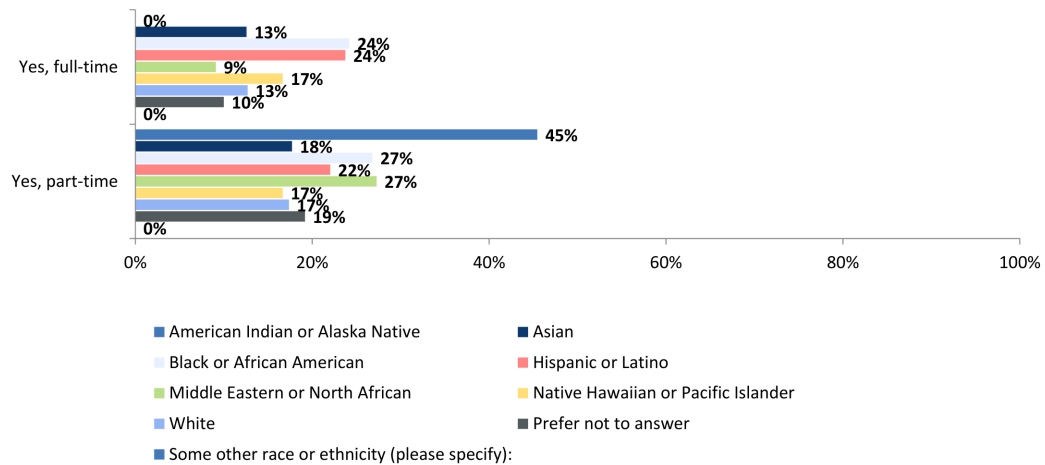


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Do you think you will work for pay after age 65?

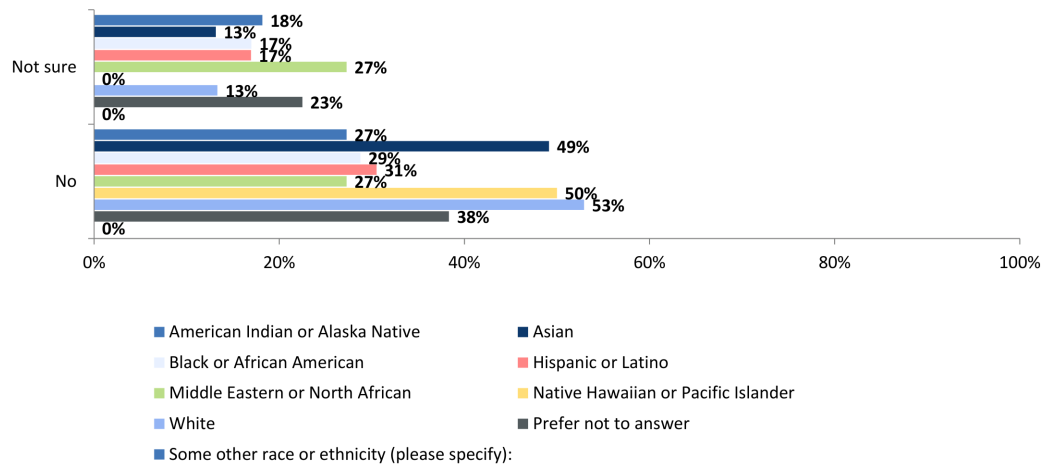


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Do you think you will work for pay after age 65? (Continued)

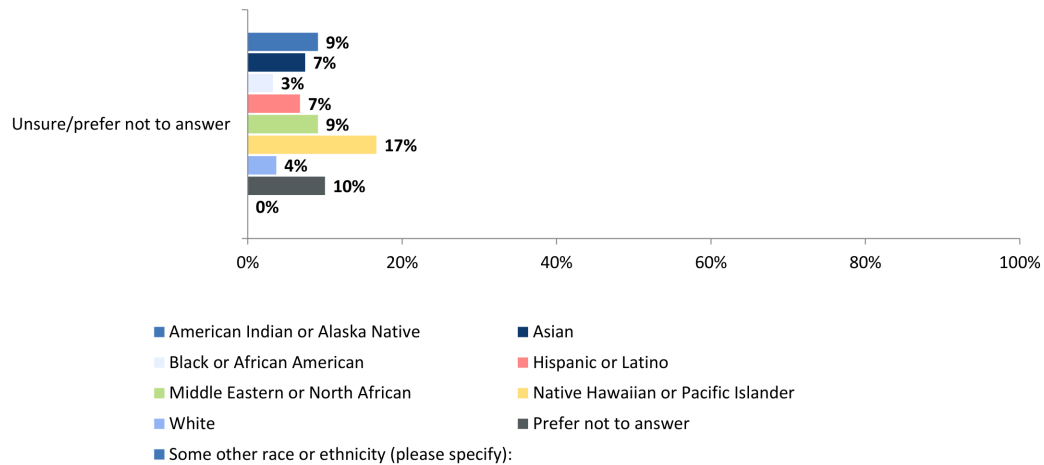


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Do you think you will work for pay after age 65? (Continued)

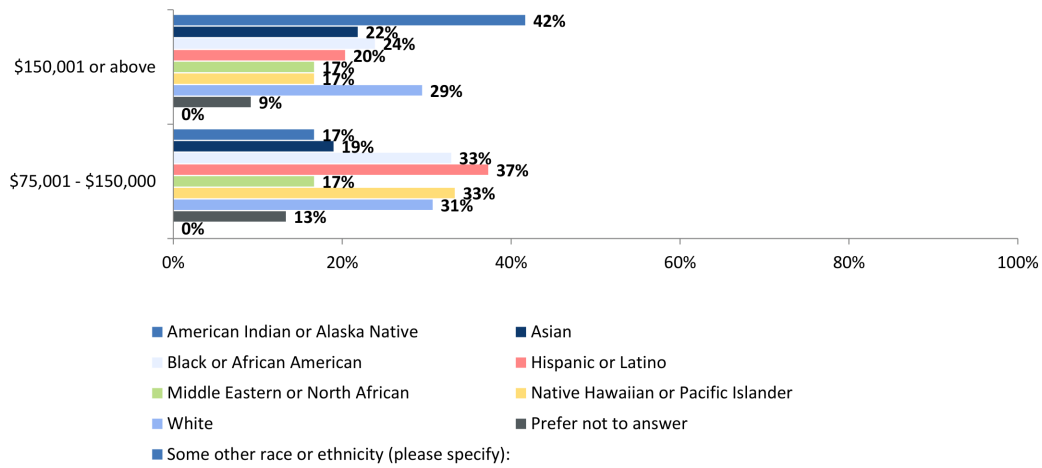


352



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What, roughly, is your annual household income?

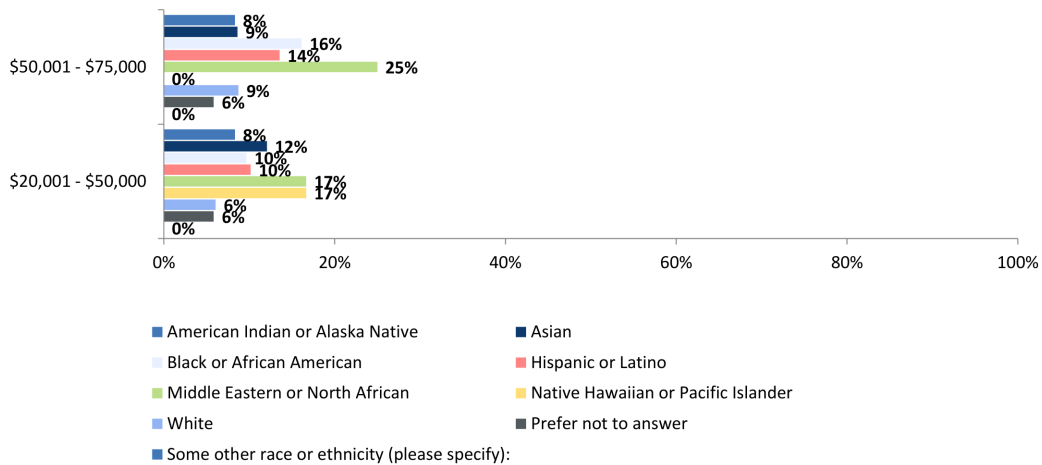


353



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What, roughly, is your annual household income? (Continued)

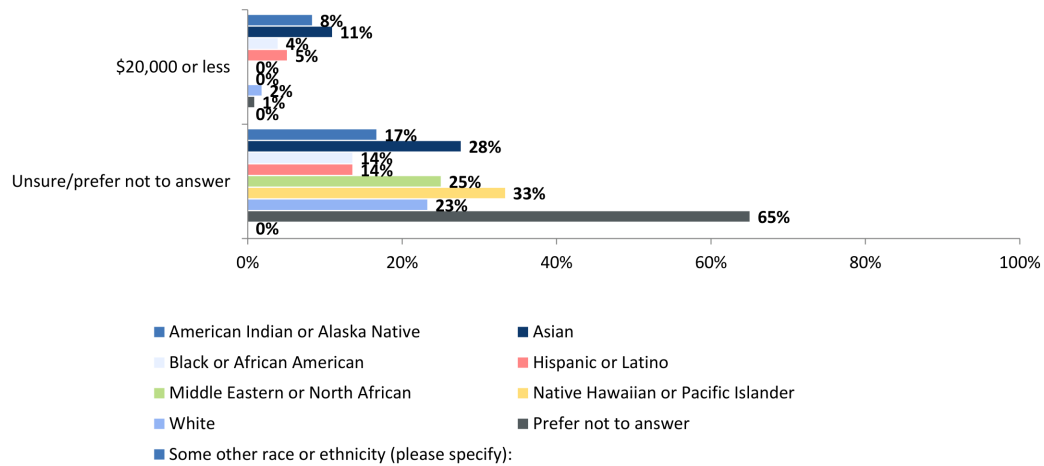


354



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What, roughly, is your annual household income? (Continued)

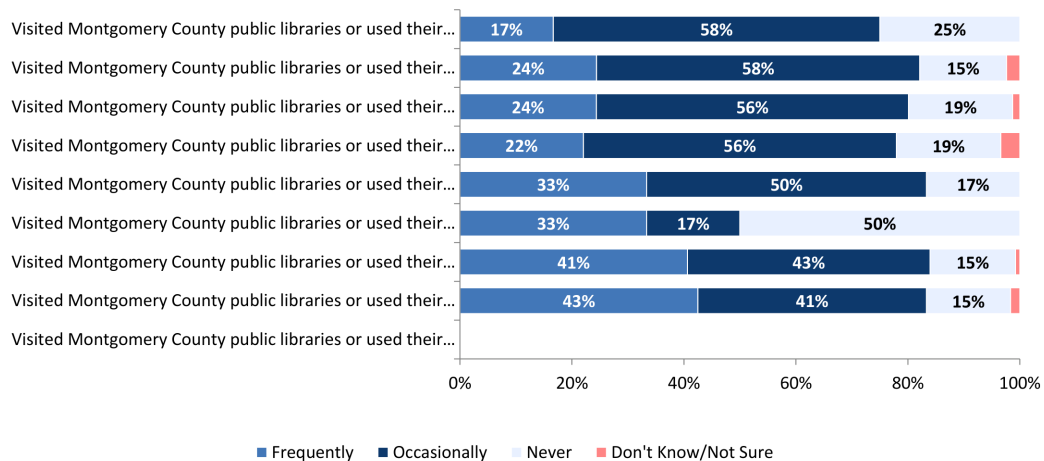


355



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in.

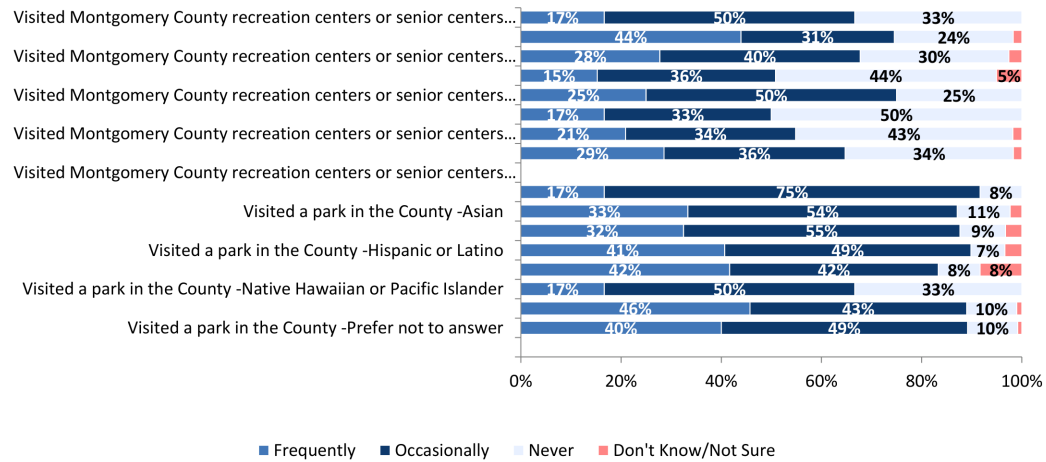


356



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)

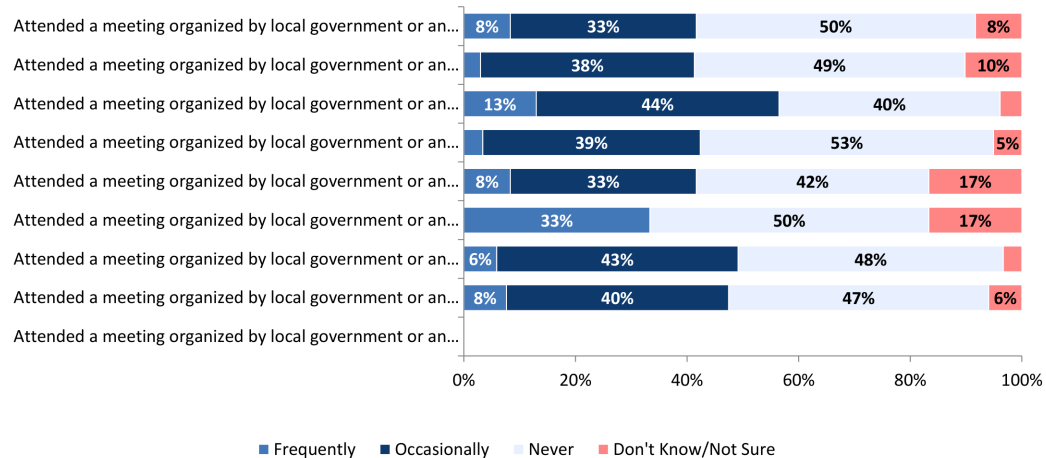


357



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)

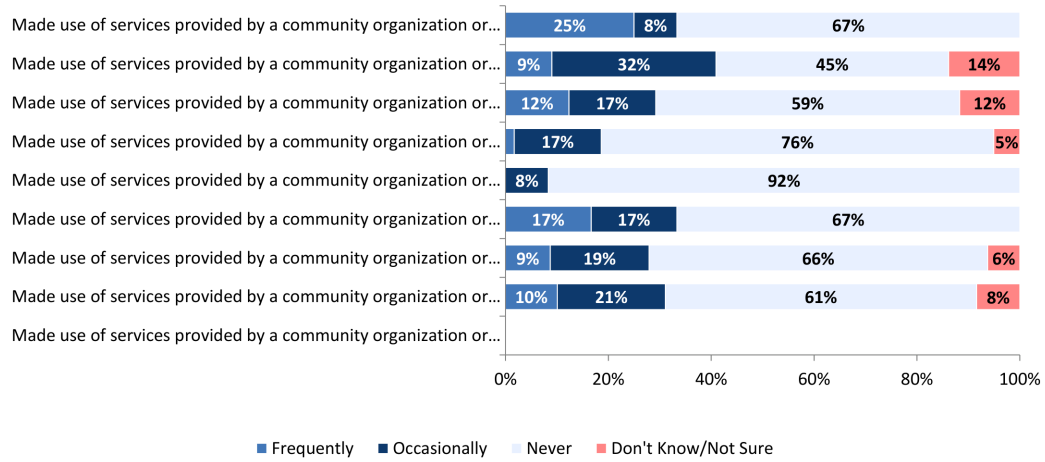


358



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)

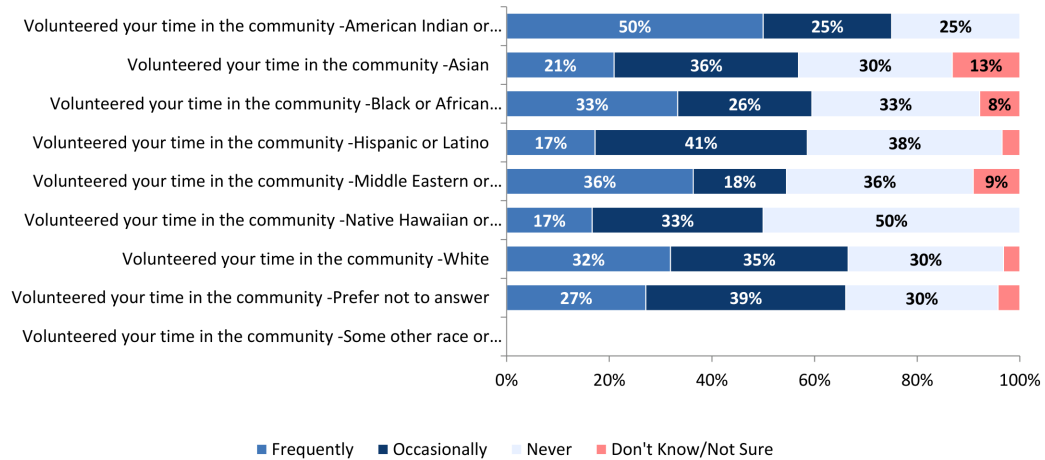


359



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In the past year, how often have you or other household members age 55+ done the following in Montgomery County::
Please select how often each activity has been engaged in. (Continued)

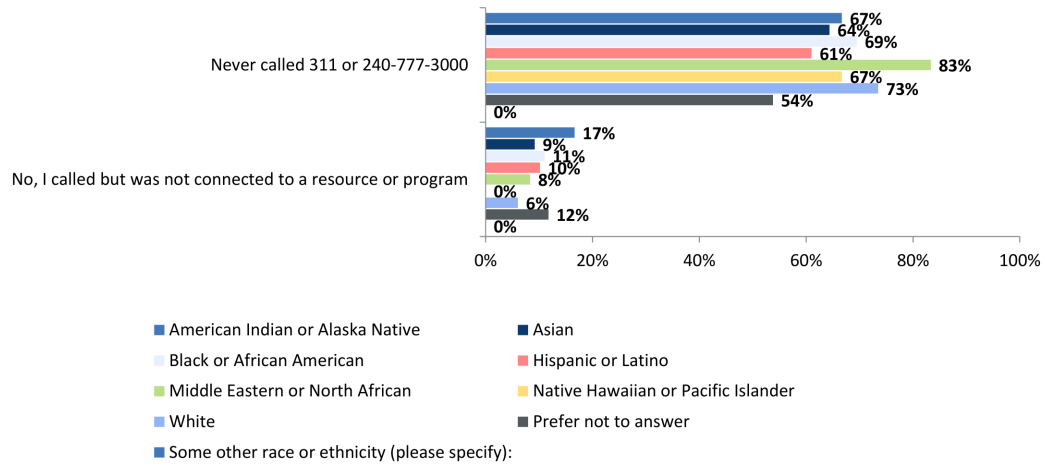


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If you called 311 or 240-777-3000 (Aging and Disability Services) in the past year, were you connected to a resource or program that you used?

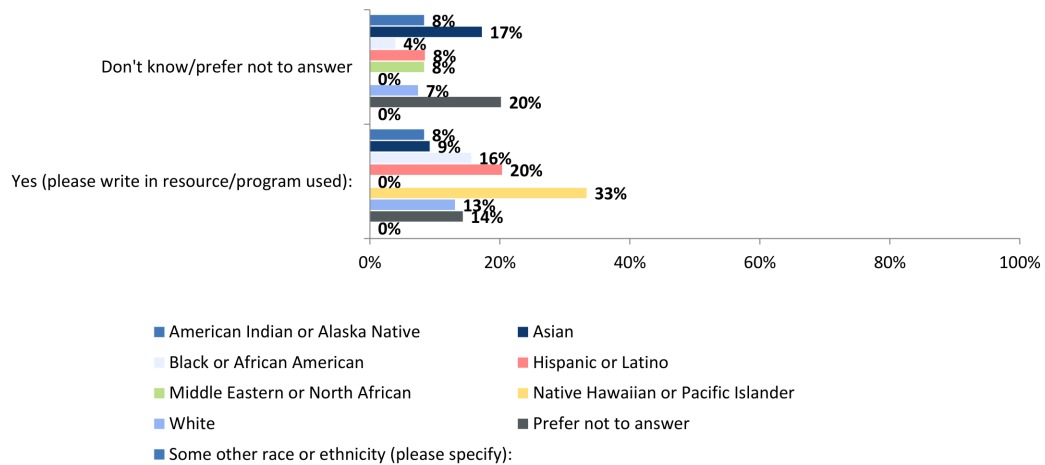


361



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If you called 311 or 240-777-3000 (Aging and Disability Services) in the past year, were you connected to a resource or program that you used? (Continued)

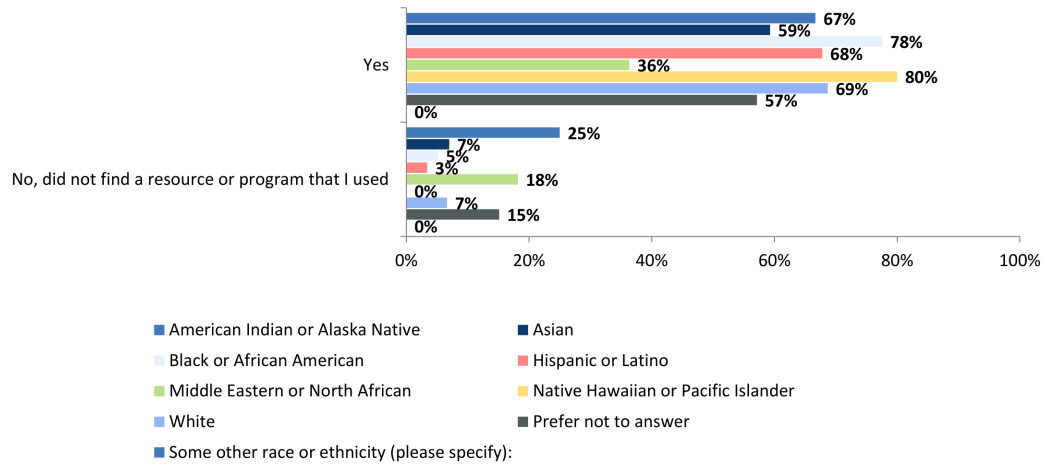


362



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If you visited the Montgomery County website (www.montgomerycountymd.gov) in the past year, could you find information on a resource or program you used?

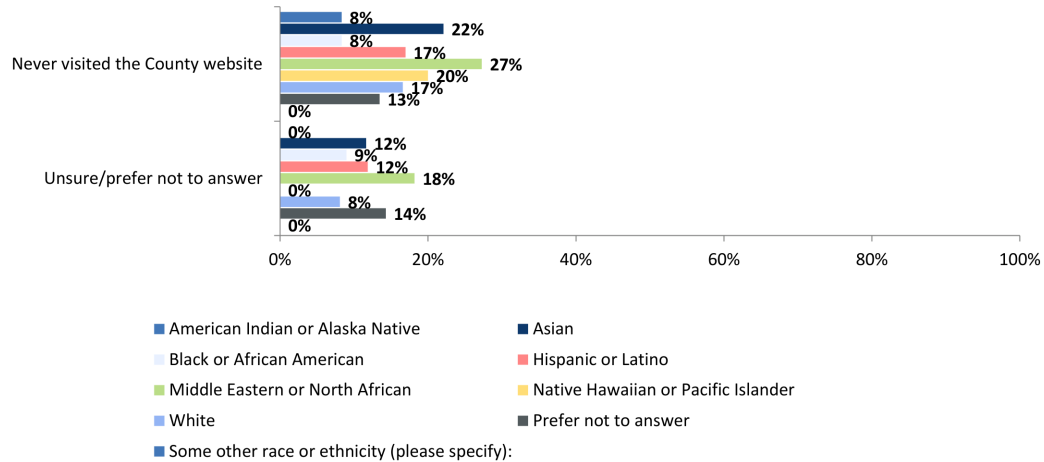


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If you visited the Montgomery County website (www.montgomerycountymd.gov) in the past year, could you find information on a resource or program you used? (Continued)



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What do you like best about living in Montgomery County?



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In what area(s) can Montgomery County improve the most?



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Appendix E: Listening Session Summary

Introduction

Between December 1-11, 2025, Montgomery County conducted five community listening sessions as part of the Age-Friendly Community Needs Assessment. These sessions gathered direct input from older adults across the county to inform strategic planning and program development. The sessions were designed using the AARP/WHO Age-Friendly framework, organized into five thematic areas covering ten domains of livability for older adults.

Methodology

Each listening session was facilitated by assessment staff with Age-Friendly Montgomery County personnel available to provide information about existing resources and programs. Sessions began with brief educational content introducing the Age-Friendly framework and the ten domains of community livability, followed by structured discussion organized around five themes: Getting Around (Transportation & Public Spaces), Staying in Your Home (Housing & Home-Based Services), Staying Connected & Informed (Communications, Outreach & Social Involvement), Health, Safety & Support (Health/Wellness, Public Safety, Elder Abuse Prevention), and Work & Purpose (Employment & Civic Engagement).

Participants were informed at the beginning of each session that note-taking and audio recording would occur to capture their feedback, and consent was obtained for documentation purposes. Interactive polling using Poll Everywhere allowed real-time input on priority issues and concerns. Sessions varied in format from structured two-hour facilitated discussions to extended drop-in hours accommodating participants' schedules and transportation needs.

Following each session, audio recordings were transcribed and analyzed to identify key themes, assess priorities based on depth and breadth of discussion, and capture participant perspectives and experiences. Analysis focused on understanding both the substance of participant feedback and the relative importance indicated through the intensity and frequency of discussion topics. Confidentiality protocols were applied throughout analysis, including generalizing service names and locations, removing personally identifiable information, and using third-person framing to distinguish participant perspectives from factual statements.

Session Overview

Session	Date	Location	Approximate Attendance	Format/Language
Virtual Community Listening Session	December 1, 2025	Online (Zoom)	30 participants	English, 2 hours

Session	Date	Location	Approximate Attendance	Format/Language
Lawton Community Center Listening Session	December 9, 2025	Bethesda, MD	15 participants	English, 2 hours
Damascus Community Listening Session	December 10, 2025	Damascus, MD	15 participants	English, 2.5 hours
White Oak Senior Center Chinese Language Session	December 11, 2025	Silver Spring, MD	35 participants	Mandarin/English, 6 hours drop-in
White Oak Senior Center General Session	December 11, 2025	Silver Spring, MD	10 participants	English, 90 minutes drop-in

The following sections provide detailed summaries of findings from each listening session, organized by the five thematic framework areas.

Virtual Community Listening Session

December 1, 2025

The first listening session was held on December 1, 2025 as a virtual online session. Approximately 30 participants attended, representing general community members from across Montgomery County who registered after the session was advertised on government web pages and social media platforms. This was the only virtual offering, with additional in-person sessions scheduled at locations throughout the county. The session lasted approximately 2 hours and focused on gathering community input on age-friendly priorities and needs across all domains.

High-Level Findings

Key Strengths and Assets

Participants demonstrated strong awareness of existing community resources and actively shared knowledge throughout the session. Multiple attendees referenced Village organizations, volunteer networks, and county programs supporting their ability to age in place. The group appreciated virtual accessibility options expanded since COVID-19, making community participation easier. Participants expressed strong desire to contribute their skills and experience through volunteer work, mentoring, and civic engagement. The discussion revealed a highly engaged and solutions-oriented group willing to advocate for themselves and share resources with one another.

Primary Challenges and Concerns

Transportation infrastructure and housing affordability dominated concerns, with participants identifying significant barriers to independence. Healthcare access

difficulties centered on system fragmentation and service gaps. Safety concerns influenced when and where participants felt comfortable going. A consistent theme involved challenges navigating complex service systems and knowing what resources exist. While most participants reported feeling socially connected, they acknowledged isolation as a significant concern for others.

Theme 1: Getting Around - Transportation & Public Spaces

Transportation challenges dominated discussion, with unsafe sidewalks and pedestrian crossings, gaps in public transit, and cost identified as primary barriers. One participant using a wheelchair described difficulty planning accessible transportation days in advance with unreliable services, while another who no longer drives credited a Village organization's volunteer driver program as essential. Safety concerns included lack of visible police presence in certain areas and participants avoiding going out after dark. Accessibility extended beyond mobility to vision needs, with participants emphasizing importance of high-contrast markings on curbs and steps, noting that modern glass-heavy architecture with monochromatic colors creates particular navigation challenges. Participants suggested expanding volunteer driver networks, improving public transit coverage, creating scheduled transportation to popular destinations, and implementing systematic pedestrian infrastructure improvements.

Theme 2: Staying in Your Home

Aging in place represented both a strong desire and source of anxiety, with tension between those enthusiastically choosing to remain home and those feeling financially trapped. Home modifications and maintenance concerns centered on the county's assistance program being difficult to navigate with limited funding and waiting lists. Several emphasized that housing stock—including townhouses and older homes with multi-level layouts—was not designed for aging in place. Rising HOA fees, property taxes, and the challenge of accessing help as middle-income residents created significant financial pressure. A critical gap surfaced around in-home support services, with participants describing difficulty finding flexible help when they only need brief assistance rather than the multi-hour minimums most agencies require. Participants suggested expanding financial assistance beyond current income limits, creating assessment services to evaluate aging-in-place feasibility, developing networks of vetted contractors, and establishing more flexible in-home care options.

Theme 3: Staying Connected & Informed

Most participants reported feeling socially connected through HOA meetings, volunteer opportunities, community organizations, and Village networks, though they acknowledged this likely did not represent homebound older adults or those lacking support networks. Transportation challenges, costs, hearing loss, and technology barriers all presented obstacles to participation. Hearing loss was identified as a major but overlooked contributor to isolation, with frustrating communication leading people to withdraw socially, while hearing aids remain expensive and inadequately covered by insurance. Regarding county communication, participants preferred email and direct mail but acknowledged these methods may not reach the most isolated older adults. Several advocated for proactive personal outreach through faith-based organizations, volunteer wellness checks, or expanding meal delivery services. One participant

emphasized the difficulty older adults face articulating needs through digital communications, highlighting need for human interaction beyond online channels.

Theme 4: Health, Safety & Support

Mental health support and dental care were identified as hardest services to access, followed by protection from scams and specialty medical care. Participants described healthcare as highly fragmented, with one attendee maintaining detailed spreadsheets and documentation for appointments because providers cannot easily share information. Dental care repeatedly surfaced as inadequately covered by insurance, while mental health services faced both access barriers and cultural stigma. Protection from scams and financial exploitation worried participants, with one finding the county's consumer protection resources unhelpful. Falls at home concerned those living alone, with one describing proactive management through wearable technology and coordination with emergency services. Public safety concerns included insufficient police presence, leading several to avoid going out at night. Participants suggested better care coordination, expanded dental access, comprehensive scam prevention education, vetted contractor referrals, and improved police presence.

Theme 5: Work & Purpose

Participants split fairly evenly between wanting or needing to work past traditional retirement age, planning to retire, and remaining uncertain. Economic factors influenced decisions, with one noting the substantial Social Security benefit difference between retiring at different ages, though emphasizing genuine job satisfaction. Age discrimination surfaced clearly, with employers preferring younger, less expensive workers. Beyond employment, participants showed strong interest in volunteering despite barriers including physical limitations, transportation, and lack of awareness about opportunities. The county volunteer center was recognized as valuable but needing better promotion to older adults. Creative ideas included intergenerational mentoring, community design thinking sessions where older adults could contribute solutions, and developing navigator roles to help others access county services. One participant emphasized that the desire to serve, rather than financial need, provided motivation for continued engagement.

Lawton Community Center Listening Session

December 9, 2025 | Bethesda, Maryland

This listening session was held on December 9, 2025 in the afternoon at Lawton Community Recreation Center in Bethesda, Maryland. Approximately 15 participants attended, representing residents from the Bethesda-Chevy Chase area and surrounding communities. The session was conducted in-person in English and lasted approximately 2 hours. Participants demonstrated high engagement with detailed discussions across all theme areas, and several county staff members were present to provide information about existing programs and resources.

High-Level Findings

Key Strengths and Assets

Participants showed sophisticated understanding of available resources and county systems, with several having successfully navigated complex advocacy processes. Village organizations and volunteer networks provided crucial support enabling independence. Virtual accessibility options that expanded during COVID-19 continued to facilitate participation. The group's willingness to share resources and advocate collectively represented a significant community asset.

Primary Challenges and Concerns

Infrastructure safety dominated concerns, with specific gaps and hazards identified. Housing affordability pressures particularly affected middle-income residents. Healthcare fragmentation created navigation challenges. Service system complexity and website usability issues hindered access to available resources. While this group maintained strong social connections, they recognized isolation as a critical concern for less mobile or connected older adults.

Theme 1: Getting Around - Transportation & Public Spaces

Transportation infrastructure challenges dominated discussion, with unsafe sidewalks and pedestrian crossings, gaps in public transit, and cost identified as primary barriers. Participants described specific infrastructure gaps, emphasizing the county has space and resources to address these hazards. Multiple participants reported feeling unsafe crossing streets due to insufficient crossing time and right-turning vehicles that fail to yield, with one describing a single intersection near a grocery store as the only safe crossing location in the entire area. Shared-use paths presented dangers due to cyclists and electric scooters traveling at high speeds without warning, with participants noting that older adults' slower reflexes and potential hearing loss increase vulnerability. Accessibility extended beyond mobility to vision needs, with participants emphasizing importance of high-contrast markings on curbs and steps, noting that modern glass-heavy architecture with monochromatic colors creates navigation challenges. Reliance on smartphones to access ride-sharing services frustrated participants who lack technology comfort, with suggestions including community centers coordinating transportation for members, expanding volunteer driver networks, and creating scheduled transportation to popular destinations.

Theme 2: Staying in Your Home

Aging in place represented both a strong desire and source of anxiety, with tension between those enthusiastically choosing to remain home and those feeling financially constrained. Home modifications and maintenance concerns centered on the county's assistance program being difficult to navigate with limited funding and waiting lists. Several emphasized that housing stock—including townhouses and older homes with multi-level layouts—was not designed for aging in place, while rising HOA fees and property taxes create financial pressure particularly for those who earn too much for assistance but struggle to afford necessary services independently. A critical gap surfaced around in-home support services, with participants describing difficulty finding flexible help when they need only brief assistance rather than the extended blocks most agencies require. Housing affordability represented acute concern, with one participant reporting three years on a waiting list for affordable Senior Housing, while others expressed worry about existing affordable housing being demolished for high-rise

developments with inadequate income restrictions. Participants suggested expanding financial assistance beyond current income limits, creating assessment services to evaluate aging-in-place feasibility, developing networks of vetted contractors, establishing more flexible in-home care options, and converting underutilized downtown office space into residential units as a creative solution.

Theme 3: Staying Connected & Informed

Most participants reported feeling socially connected through HOA meetings, volunteer opportunities, community organizations, and Village networks, though they acknowledged this likely did not represent homebound seniors or those lacking support networks. Transportation challenges, costs, hearing loss, and technology barriers all presented obstacles to participation, with hearing loss identified as a major but overlooked contributor to isolation—frustrating communication leads people to withdraw socially, while assistive devices remain expensive and inadequately covered by insurance. Website navigation represented a significant barrier, with participants describing the county website as convoluted and difficult to navigate when trying to find programs across multiple locations. One participant expressed frustration about information being scattered across numerous centers rather than coordinated for easy access. While participants acknowledged extensive programming exists and valued community centers as social connection points, barriers included registration systems requiring online access at specific times, popular programs filling within minutes, and difficulty making new friendships in later life as longstanding social networks diminish through death or relocation. Regarding county communication, participants preferred email and direct mail but emphasized these methods may not reach the most isolated older adults, advocating for proactive personal outreach through faith-based organizations, volunteer wellness checks, or expanding home-delivered services. One participant noted the difficulty older adults face articulating needs through digital media.

Theme 4: Health, Safety & Support

Mental health support and dental care were identified as hardest services to access, followed by protection from scams and specialty medical care. Participants described healthcare as highly fragmented, with one attendee maintaining detailed documentation for appointments because providers cannot easily coordinate care. Dental coverage gaps surfaced repeatedly, while mental health services faced both access barriers and cultural stigma. Protection from scams and financial exploitation worried participants, with one finding the county's consumer protection office unhelpful, while others expressed particular concern about artificial intelligence enabling more sophisticated fraud schemes. Falls at home concerned those living alone, with participants advocating for education about falling safely and use of wearable technology for emergency response, while others wanted more information about emergency registry systems where first responders would know someone needs evacuation assistance. Public safety concerns included insufficient police presence leading several to avoid going out at night, particularly near transit stations, inadequate street lighting that illuminates roads but not sidewalks for pedestrians, and recent immigration enforcement activity in neighborhoods creating anxiety among immigrant neighbors. Participants suggested better care coordination, expanded dental access, comprehensive scam prevention education, vetted contractor referrals, improved police presence, home security

resources for low-income older adults, and environmental safety improvements including better lighting and regulation of abandoned mobility devices on sidewalks.

Theme 5: Work & Purpose

Participants split fairly evenly between wanting or needing to work past traditional retirement age, planning to retire, and remaining uncertain. Economic factors influenced decisions, with one noting the substantial Social Security benefit difference between retiring at different ages while emphasizing genuine job satisfaction, while others explained that inflation has eroded retirement savings and rising healthcare premiums create uncertainty about whether fixed retirement income will prove adequate. Age discrimination surfaced clearly, with employers preferring younger, less expensive workers. Beyond employment, participants showed strong interest in volunteering despite barriers including physical limitations, transportation, and lack of awareness about opportunities, with the county volunteer center recognized as valuable but needing better promotion to older adults. Participants expressed strong desire to contribute skills and experience but described barriers to meaningful engagement, suggesting establishment of older adult advisory committees that could provide input on programs and services, evaluation programs where older adults could assess facility accessibility and service quality, better systems to identify and match older adults' skills with volunteer opportunities beyond simply listing positions, and expansion of intergenerational programming where older adults and younger people engage in reciprocal learning. Creative ideas included community design thinking sessions and developing trained navigator roles, with one participant emphasizing that the desire to serve rather than work provides motivation.

Damascus Community Listening Session

December 10, 2025 | Damascus Recreation Center

This in-person listening session was held on December 10, 2025 at the Damascus Recreation Center for two and a half hours, during which participants were invited to drop in for as long as they preferred. Approximately 15 community members participated throughout the extended discussion focused on the needs and experiences of older adults in Damascus and Upcounty areas of Montgomery County. Participants demonstrated strong community knowledge and advocacy experience, though they acknowledged their engagement likely does not represent the most isolated or vulnerable older adults in the area.

High-Level Findings

Key Strengths and Assets

Damascus participants distinguished themselves through sophisticated knowledge of county advocacy processes, with several having successfully secured community improvements through persistent engagement with officials. Faith communities provide robust social infrastructure that extends beyond spiritual connection to include food banks, thrift stores, and mutual support networks filling service gaps. The recent opening of Senior Housing facilities and the Damascus Recreation Center has

increased visibility and access to services. Participants valued virtual accessibility options continuing since COVID-19.

Primary Challenges and Concerns

Infrastructure safety dominated discussion with particular emotional intensity, with participants describing feeling neglected compared to Downcounty areas. The absence of local medical facilities forces substantial travel for all healthcare needs. Housing affordability creates pressure for middle-income residents. Service information remains fragmented and difficult to access, requiring proactive advocacy rather than county-initiated outreach. Participants emphasized that those most needing services likely were not present at this engagement session.

Theme 1: Getting Around - Transportation & Public Spaces

Pedestrian infrastructure challenges generated the most passionate discussion, with extensive gaps in sidewalk coverage throughout Damascus making it dangerous or impossible to walk to essential destinations. Multiple residents emphasized that new housing developments lack sidewalk connections to nearby amenities, forcing residents to walk in roadways or across uneven terrain. One participant noted that residents of a Senior Housing facility had no sidewalk access to the grocery store and were forced to walk along the roadway to get groceries, a situation only recently beginning to be addressed. The lack of sidewalk connectivity to trails particularly frustrated active older adults who want to walk or bike but cannot safely access recreational facilities without driving and parking. Several participants described a trail system that could connect much of Damascus but has deteriorated or lacks proper access points.

The discussion revealed that obtaining infrastructure improvements requires significant resident initiative and persistence, with the process requiring feasibility studies, neighbor petitions, and years of advocacy. One participant noted that recent road resurfacing only occurred after multiple residents independently contacted the county over several years. The challenge of navigating the county website and 311 system to report issues surfaced repeatedly, with participants noting that while the system does eventually respond, it requires technical knowledge and persistence that not all residents possess. Public transit limitations included infrequent service, lack of weekend service on some routes, and insufficient shelters, particularly where residents most need weather protection while waiting. Road safety concerns included speeding in residential areas, difficulty making turns during heavy commuter traffic, and challenges navigating in an area serving as a major commuter corridor while maintaining rural agricultural character.

Theme 2: Staying in Your Home

Aging in place represented both a strong desire and source of significant anxiety, with tension between those enthusiastically choosing to remain in their homes and those feeling financially trapped. Affordability concerns centered on cumulative burden of fees rather than any single expense, with property taxes, stormwater management fees, bay restoration fees, HOA fees, and utility costs creating substantial financial pressure increasingly difficult to manage on fixed incomes. One participant detailed how various county and utility fees totaling nearly \$700 annually might seem manageable

individually but become overwhelming when combined with limited Social Security income. Middle-income residents expressed particular frustration about earning too much for assistance but not enough for financial comfort.

Home maintenance and modifications represented another significant concern, with much of Damascus housing stock not designed for aging in place. Townhouses and older homes with multi-level layouts create accessibility challenges, and the county's home modification assistance program was described as difficult to navigate with limited funding and substantial waiting lists. Several participants emphasized the challenge of finding trustworthy contractors, suggesting need for vetted networks or referral systems. The physical demands of home maintenance become increasingly difficult as residents age, yet assistance options remain limited or expensive. Safety concerns in certain affordable housing areas surfaced as well, with periodic criminal activity requiring police intervention creating worry for vulnerable residents. In-home support services presented a particular gap, with most agencies requiring extended minimums while many older adults only need brief assistance, creating a mismatch between available services and actual needs.

Theme 3: Staying Connected & Informed

Most participants reported feeling well-connected socially through HOA meetings, church involvement, volunteer activities, and the Senior Center, though they consistently acknowledged this likely does not represent homebound older adults or those lacking strong support networks. Faith communities provide vital social infrastructure extending beyond spiritual connection to practical support through food banks, wellness checks, and organized activities. The Senior Center serves as an important community hub, though participants noted it primarily reaches those already mobile and engaged. Transportation barriers, costs, and absence of weekend transit options all limit social participation for those unable to drive.

Communication about county services represented a significant challenge, with participants expressing frustration about website navigation difficulty despite being relatively computer-literate. One participant characterized the county website as notoriously problematic. The loss of local newspapers created substantial gaps in community information, with no central source for learning about local events, resources, or opportunities. While some participants successfully navigate email lists and newsletters, they acknowledged these digital-only approaches exclude many older adults who are less comfortable with technology or prefer printed materials. Participants strongly advocated for printed newsletters or flyers available at grocery stores, libraries, and community centers, noting that having information physically available allows older adults to keep visible reminders.

The discussion revealed significant divide between older adults who have learned to advocate through county systems and those lacking that knowledge, capacity, or confidence. Several participants described successful engagement with various county departments but emphasized this requires persistence, technical knowledge, and comfort with bureaucratic processes. Participants noted that many older adults, particularly as they age, feel less comfortable articulating needs through online forms or phone systems and prefer human interaction. One participant emphasized that

proactive personal outreach would better reach isolated older adults than expecting them to seek information independently.

Theme 4: Health, Safety & Support

Healthcare access represented a significant gap in Damascus, with participants describing need to travel substantial distances for most medical care, including routine services. The absence of a comprehensive medical center particularly concerns participants as the community grows. Participants noted that while an urgent care facility has opened, concerns about diagnostic care quality persist. Dental care access remains particularly challenging, with limited local options and inadequate coverage. Mental health services face both access barriers and cultural stigma. Healthcare fragmentation frustrated participants, with one describing need to maintain detailed tracking systems because providers cannot easily coordinate across systems.

Safety concerns included both physical security and protection from financial exploitation. Participants reported feeling generally safe during the day but noted decreased police presence in certain areas and times, with some avoiding going out after dark. Participants expressed worry about scams targeting older adults, with one noting frustration that the county's consumer protection office indicated they do not handle such cases. The challenge of fall prevention for those living alone surfaced, with one participant describing proactive management through wearable technology and coordination with emergency services, though not all older adults have access to such solutions. Participants also reported concerns about youth behavior in public spaces affecting older adults' sense of safety and comfort.

Theme 5: Work & Purpose

Participants expressed mixed perspectives on working past traditional retirement age, with some continuing by choice, others by economic necessity, and many remaining uncertain about future plans. Economic factors influence decisions significantly, though several emphasized they genuinely enjoy their work beyond financial considerations. Age discrimination in employment surfaced clearly, with participants noting that employers typically prefer younger, less expensive workers. For those seeking continued employment, these barriers create frustration and limit options.

Beyond formal employment, participants demonstrated strong interest in volunteering despite facing multiple barriers including transportation limitations, physical challenges, and lack of awareness about opportunities. Several participants described volunteer burnout, noting that organizations often expect increasing commitments from reliable volunteers until the work becomes overwhelming or begins to impact health. One participant described the challenge of wanting to serve but needing to protect physical wellbeing, noting the tension between desire to contribute and realistic capacity limitations.

Participants suggested creative approaches including intergenerational mentoring programs connecting experienced professionals with younger community members, design thinking sessions where older adults could contribute ideas for community solutions, and developing trained navigator roles where knowledgeable older adults could help others access county services. Several participants emphasized that many

older adults have extensive professional backgrounds and want meaningful ways to contribute beyond traditional volunteer roles. The discussion revealed that purpose and contribution remain important even when formal employment becomes impractical, but that current volunteer infrastructure does not always effectively match older adults' capabilities, interests, and limitations.

White Oak Senior Center Chinese Language Session

December 11, 2025 | Silver Spring, Maryland

This listening session was held on December 11, 2025 throughout the day at White Oak Senior Center in Silver Spring, Maryland. Approximately 35 participants attended throughout the drop-in hours of the event, primarily members of CASSA, a local Chinese American senior organization. The session was conducted with Mandarin interpreter assistance, though many participants also understood English and some primarily spoke Cantonese. The session lasted approximately three hours and focused on experiences of Chinese American seniors accessing county services and resources. Participants represented members who attend programming at multiple senior centers throughout the week including White Oak, Lee Hill, and Long Branch.

High-Level Findings

Key Strengths and Assets

CASSA participants distinguished themselves through a highly organized volunteer-led community structure serving Chinese American seniors across multiple county locations. The organization operates through entirely volunteer leadership, with members coordinating activities, meals, and programming without compensation. Members maintain robust social connections through programming at various centers throughout the week. Participants reported feeling safe in their community and valued county-provided scam prevention education. Most remain independent, driving themselves to activities and managing their own households. Word-of-mouth communication and peer referrals serve as the primary and most trusted means of learning about resources.

Primary Challenges and Concerns

Cost of living concerns centered on property taxes and utilities. A critical gap surfaced for middle-income residents who earn slightly above assistance thresholds but cannot afford private services, particularly regarding long-term care. Participants expressed frustration about decades of tax contributions but facing asset depletion to pay for care when income exceeds assistance limits by small amounts. Access to affordable non-medical home-based services proved difficult for those not qualifying as low-income or disabled. While this group reported minimal current transportation barriers, they acknowledged lack of familiarity with public transit options. Cold weather represented an environmental challenge for those from warmer climates.

Theme 1: Getting Around - Transportation & Public Spaces

Transportation did not represent a major barrier for this group, with most participants reporting they drive themselves to activities and feel comfortable navigating their

community independently. When asked about transportation challenges, participants indicated unfamiliarity with bus routes and uncertainty about using public transit if needed, with one stating difficulty knowing how to get home if taking a bus. However, another participant noted that several community members do know how to use transit services, suggesting varied comfort levels with public transportation within the Chinese community. Participants appreciated having reduced-cost transit options available for older adults. The group demonstrated mobility through attendance at multiple Senior Centers throughout the week, with Monday through Friday programming available at different locations. Some participants noted concerns about sidewalk conditions, particularly for those using walkers or having mobility limitations. Overall, this group's current independence and driving ability means transportation is not yet a pressing concern, though participants acknowledged uncertainty about future needs if they can no longer drive.

Theme 2: Staying in Your Home

Affordability of long-term care represented the most significant housing-related concern, particularly the gap between earning too much for assistance but too little for private services. One participant expressed frustration about working in America for 43 years and paying taxes but facing requirements to pay for nursing home care themselves because income slightly exceeds thresholds. This participant noted that being told to sell their house to pay for care despite decades of tax contributions created particular distress, with concern about losing assets meant to pass to children. Participants also identified challenges accessing affordable non-medical home services, with one asking how to arrange cleaning services when their daughter who currently helps may move away. When informed that county services for home cleaning typically require low income and disability status, participants expressed disappointment about not qualifying despite needing affordable options. The group suggested that if government programs cannot serve those above income limits, perhaps subsidized or vetted affordable private options could be made available. Current participants reported feeling capable of managing their homes independently, though they acknowledged uncertainty about future needs. Cost of living concerns extended beyond services to include property taxes and utilities that make aging in place financially challenging even for homeowners.

Theme 3: Staying Connected & Informed

Participants reported strong social connections through CASSA, a volunteer-led Chinese American senior organization providing programming across multiple county locations. The group meets weekly at White Oak Senior Center and members can attend activities Monday through Friday at various centers. Participants valued the community center as essential for staying active and connected, with one explaining the importance of coming to the center for exercise rather than staying home. Activities include exercise classes, singing groups, dancing classes, and shared meals, all organized by volunteer members. Many participants live alone following the death of spouses, making these regular social opportunities particularly important for maintaining connection and avoiding isolation.

Word-of-mouth represented the primary and preferred method for learning about resources and opportunities, with one participant explaining they learned about the

center when another community member invited them during cold weather. Friends introducing friends created a natural referral network within the Chinese community. Some participants also reported ability to search the internet for information about programs and services. The volunteer structure within CASSA provides meaningful leadership and service opportunities, with six clubs each having directors, deputy directors, and meal managers, all unpaid positions where members volunteer based on their capabilities. This organizational structure allows members to contribute skills and stay engaged in community life. Participants also noted that many members provide childcare for grandchildren until school age, representing another form of intergenerational connection, though CASSA programming itself focuses exclusively on seniors rather than multigenerational activities.

Theme 4: Health, Safety & Support

Participants reported feeling safe in their community and generally having their health and safety needs met. The group specifically appreciated county resources for scam prevention, with one participant praising education provided by staff at the center. No significant concerns surfaced regarding crime, falls, or other immediate safety issues. When asked about emergency response, participants indicated they would call ambulances and notify children who serve as emergency contacts, with the senior center maintaining family contact information for emergencies. However, access to affordable healthcare services beyond what is currently available surfaced as a concern related to the middle-income gap, particularly regarding future needs. Participants expressed frustration that after decades of paying taxes, they face requirements to liquidate assets to pay for care if they need services, highlighting gaps in long-term care planning and affordability for those with moderate incomes. The cold winter weather was identified as an environmental safety concern, particularly for participants from warmer climates, though this did not prevent participation in activities. Overall, participants expressed satisfaction with current safety resources and emergency preparedness information available through the county and their community organization.

Theme 5: Work & Purpose

The CASSA organization demonstrated strong volunteer engagement and leadership among participants, with all organizational roles filled by unpaid volunteers. Participants described an extensive volunteer structure including six clubs, each with directors, deputy directors, and meal managers coordinating activities and services for the community. When asked about volunteering, participants emphasized that nobody receives payment and that helping others is simply what members can contribute. Tasks like distributing meals were described as manageable and something everyone is happy to help with, suggesting accessible volunteer opportunities matching current abilities.

Most participants are retired and expressed contentment with retirement, stating that if they still have skills from their careers, they have chosen to retire and now prefer to come to the center to enjoy talking with friends and exercising. The concept of returning to paid employment did not resonate with this group—their focus centered on social engagement, physical activity, and mutual support rather than workforce participation.

Intergenerational contribution surfaced through grandparenting, with many participants having provided childcare for grandchildren until school age, and some continuing to maintain those relationships as grandchildren reach college age. When asked how the county could better utilize senior skills and knowledge, participants seemed satisfied with current volunteer opportunities within their community organization and did not express desire for additional structured engagement, though some openness to intergenerational programming with children was noted. The volunteer model within CASSA appears to successfully channel members' desire for purpose and contribution in ways that feel manageable and meaningful during retirement.

White Oak Senior Center General Session

December 11, 2025 | Silver Spring, Maryland

This listening session was held on December 11, 2025 in the afternoon at White Oak Senior Center in Silver Spring, Maryland. Approximately 10 participants joined throughout the afternoon hours, representing diverse backgrounds and experiences within the White Oak community. The session was conducted in English and lasted approximately 90 minutes, accommodating drop-in attendance and early dismissal for public transport and other programs.

High-Level Findings *Key Strengths and Assets*

White Oak participants distinguished themselves through deep appreciation for the senior center as a welcoming, diverse environment functioning as "family" where members actively support one another. The variety of programming including exercise facilities, classes, line dancing, and organized trips creates multiple engagement opportunities. Participants reported feeling safe both at the senior center and in their immediate neighborhood, with several able to walk to essential services. The diversity of the community represented a significant strength, with participants celebrating the cultural mosaic and suggesting ways to further embrace this through programming. Multiple transportation options exist, and participants demonstrated knowledge of various programs. Community members actively look out for one another, with some taking initiative to visit absent members. Participants valued tangible resources like printed materials that can be referenced repeatedly.

Primary Challenges and Concerns

Transportation reliability represented a significant challenge despite multiple options being available, with substantial delays, coordination difficulties when multiple services arrive simultaneously, and complexity of navigating different programs with varying requirements. Housing affordability created tension between cost and safety, with more affordable options tending to be in neighborhoods where participants feel unsafe, while comfortable areas remain financially out of reach. Maintenance and home modifications concerned participants who worry about finding trustworthy, affordable contractors. Communication barriers surfaced around both receiving information and navigating county digital resources. Ageism in healthcare settings contributed to a broader dynamic where older adults become disengaged from self-advocacy. The need for

systematic wellness checks and outreach to isolated seniors was emphasized, as current informal efforts depend on individual initiative. Technology requirements for financial transactions and service access create barriers for those less comfortable with digital platforms.

Theme 1: Getting Around - Transportation & Public Spaces

Transportation represented both a significant resource and source of frustration, with participants demonstrating extensive knowledge of multiple available programs while detailing reliability challenges that undermine their effectiveness. One service frequently mentioned provides useful transportation but suffers from unreliability, with one participant reporting waiting over an hour past their scheduled pickup time despite advance reservation, while another described the service sometimes sending alternative transportation when vehicles run late, creating confusion and potential payment issues when both arrive simultaneously. Another program provides taxi service with county subsidies based on income level, allowing those with very low income to pay only small percentages while the county covers the rest, though participants noted the taxi supply has declined substantially, making same-day service increasingly difficult to obtain. Medical transportation serves as another option for healthcare appointments specifically. Participants appreciated having multiple systems but expressed frustration with complexity, such as needing to understand different eligibility criteria, reservation requirements, payment structures, and service areas for each program. One participant who recently gave up driving described relief at not navigating traffic but acknowledged the challenge of coordinating transportation through family members.

Several participants reported feeling comfortable walking in their immediate neighborhood to access grocery stores, pharmacies, and restaurants, with one emphasizing they feel completely safe walking locally. However, concerns about sidewalk conditions surfaced, and some participants worry about venturing beyond their immediate area, particularly into areas where safety concerns limit their willingness to travel even for social activities.

Theme 2: Staying in Your Home

Housing affordability created critical tension between cost and safety, with participants reporting that neighborhoods offering affordable housing on fixed incomes often feel unsafe. One participant described finding something affordable but being scared to leave the house in that neighborhood. The tension between financial accessibility and feeling secure forces difficult compromises, with some participants living in areas where they restrict their activities based on time of day or avoid going out entirely under certain conditions. Participants living in multi-level townhouses expressed concern about eventually needing to transition or find alternative housing as mobility challenges increase.

Home maintenance and modifications created anxiety about finding trustworthy, affordable contractors, with participants emphasizing the importance of having service providers they trust who will not take advantage. The challenge extends beyond cost to knowing who to trust entering one's home, particularly for seniors living alone. Temperature regulation in rental units concerned participants, with discussion about

inadequate heating systems leading some seniors to use space heaters that create fire hazards, and suggestion that property owners should conduct seasonal inspections to ensure safe, adequate climate control. Participants emphasized that home represents the one place people should always feel safe and comfortable, and when that security is compromised by safety concerns, maintenance challenges, or unaffordable modifications, it fundamentally undermines wellbeing. Some participants have implemented their own security measures including cameras to monitor packages and activity around their homes.

Theme 3: Staying Connected & Informed

The senior center represented vital infrastructure for social connection and combating isolation, with participants describing a diverse, welcoming community functioning as family and providing essential support for those living alone. Many participants noted they live alone following the death of spouses, making regular programming crucial for maintaining connections. The variety of activities including exercise classes, line dancing, organized trips, and shared meals creates multiple engagement opportunities, with one recently retired participant expressing enthusiasm discovering available programming. However, participants emphasized the critical need for systematic wellness checks and outreach when regular attendees stop appearing, noting that current efforts depend entirely on individual initiative. Several participants described actively checking on absent members, visiting those in hospitals or rehabilitation facilities, and advocating for more structured follow-up. The suggestion that members could serve as buddies for one another or that staff could implement consistent wellness check protocols reflects concern that isolated seniors may experience crises without anyone noticing their absence.

Communication preferences strongly favored printed materials and physical mail over digital communications, with participants explaining they can read printed information multiple times and refer back to it, whereas email gets lost among daily messages. The county website represented a major barrier to accessing information, with participants describing it as notoriously difficult to navigate even for those comfortable with technology. Specific frustrations included trying to find program schedules at specific centers only to be redirected to countywide results, difficulty staying within one section of the site, and the challenge of locating specific information despite knowing it exists somewhere within the system. Word-of-mouth remained the most trusted and effective communication method, with participants learning about programs through friends and community members. Technology requirements create additional barriers, with one participant describing the learning curve required to set up payment applications when traditional payment methods are no longer accepted, noting the anxiety of navigating unfamiliar systems and determining whether requests are legitimate or scams.

Theme 4: Health, Safety & Support

Participants reported generally feeling safe at the senior center and in their immediate neighborhood, with several emphasizing they feel comfortable walking locally during daytime hours. However, safety concerns surfaced around traveling beyond familiar areas, with some participants expressing reluctance to visit certain areas due to crime concerns. One participant noted having to schedule a social event early in the afternoon

rather than evening because attendees feared going to developed areas at night. Safety considerations increasingly shape social and recreational decisions, with participants noting preferences for daytime activities allowing them to return home before dark. Some participants described implementing home security measures including cameras to monitor entrances and deter theft.

The exercise facilities and wellness programming at the senior center represented highly valued resources for maintaining physical health, with multiple participants praising equipment accommodating various strength levels and the variety of exercise classes available. However, ageism in healthcare settings concerned participants, with descriptions of physicians becoming dismissive once patients reach certain ages, treating their health concerns as less worthy of investigation. This dismissiveness contributes to a broader dynamic where older adults become disengaged from advocacy rather than maintaining active engagement with their own healthcare and wellbeing. Participants noted that as capabilities decline, whether memory, physical strength, or other functions, there's risk of internalizing reduced worth rather than seeking appropriate accommodations and support.

Financial scams remained a persistent concern, with participants describing screening phone calls from unknown numbers and feeling overwhelmed by technology-based fraud attempts. Several participants expressed interest in additional education about recognizing and avoiding scams, noting the challenge of distinguishing legitimate communications from exploitation attempts, particularly as technology makes fraud increasingly sophisticated. Access to dental care surfaced as a challenge, with one participant noting they were fortunate their family member helped them establish coverage, suggesting not all seniors have such support.

Theme 5: Work & Purpose

Retirement represented the expected and desired status for this group, with participants expressing satisfaction with having concluded their working years and now focusing on enjoyment, social connection, and maintaining health rather than employment. One recently retired participant enthusiastically described adjusting to retirement after 48 years of work and discovering the abundance of daytime programming and social opportunities available. The concept of purpose centered not on paid employment but on community contribution, mutual support, and staying engaged rather than retreating from active life.

Participants demonstrated strong commitment to looking out for one another within their senior center community, with some taking initiative to visit absent members in hospitals or rehabilitation facilities, advocate for systematic wellness checks, and ensure isolated members receive support. This peer support represents meaningful purpose and contribution, though participants noted it currently depends on individual initiative rather than structured volunteer roles. Several participants emphasized the importance of staying engaged rather than withdrawing as capabilities change, with discussion about finding activities and social groups matching current abilities rather than abandoning pursuits entirely when unable to maintain previous levels. One participant noted that adapted participation with peers at similar levels holds value rather than complete disengagement.

The challenge of maintaining social connections and advocacy as one ages surfaced as significant, with participants observing that many older adults retreat and stop asserting their needs or seeking community rather than adjusting expectations and finding appropriate engagement opportunities. Intergenerational connections surfaced through various means including organized events, technology assistance from younger family members, and the diversity represented at the senior center. However, participants did not specifically request additional structured intergenerational programming or workforce engagement opportunities, appearing satisfied with current retirement status and community engagement through peer activities.

Appendix F: Focus Group Summary

Introduction

Between February 20 and April 13, 2026, Montgomery County conducted ten community focus groups as part of the Age-Friendly Community Needs Assessment. These sessions gathered direct input from older adults and community stakeholders across the county, representing diverse geographic areas and communities. The sessions were designed using the AARP/WHO Age-Friendly framework, organized into five thematic areas covering ten domains of livability for older adults.

Methodology

Each focus group was facilitated by assessment staff with Age-Friendly Montgomery County personnel available to provide information about existing resources and programs. Sessions began with brief educational content introducing the Age-Friendly framework and the ten domains of community livability, followed by structured discussion organized around five themes: Getting Around (Transportation and Public Spaces), Staying in Your Home (Housing and Home-Based Services), Staying Connected and Informed (Communications, Outreach and Social Involvement), Health, Safety and Support (Health/Wellness, Public Safety, Elder Abuse Prevention), and Work and Purpose (Employment and Civic Engagement).

Participants were informed at the beginning of each session that note-taking and audio recording would occur to capture their feedback, and consent was obtained for documentation purposes. Sessions varied in format from virtual Zoom discussions to in-person community meetings, and two sessions were conducted in Spanish with bilingual facilitation. One Japanese-language session was conducted with mixed Japanese and English facilitation. A session planned for the LGBTQ+ community did not convene as a group discussion; findings for that session reflect notes from the county's part-time LGBTQ+ liaison and are labeled accordingly.

Following each session, audio recordings were transcribed and analyzed to identify key themes, assess priorities based on depth and breadth of discussion, and capture participant perspectives and experiences. Confidentiality protocols were applied throughout, including removing personally identifiable information and using third-person framing to distinguish participant perspectives from factual statements.

Session Overview

Session	Date	Audience	Participant Count	Format
Spanish Language Focus Group (Group 1)	2/20/2026	Spanish-speaking individuals	12	Virtual, Spanish with translation
Upcounty Virtual Focus Group	2/24/2026	Upcounty leaders and residents	12	Virtual
Upcounty In-Person Focus Group	3/2/2026	Poolesville leaders and residents	12	In person, Poolesville
White Oak AAHP Focus Group	3/3/2026	White Oak AAHP and senior members	15	In person, White Oak Senior Center
AAHP Virtual Focus Group	3/11/2026	AAHP members	17	Virtual
Korean Language Focus Group	3/12/2026	Korean American seniors	12	In person with interpreter
County and Frontline Staff Focus Group	3/12/2026	County and other staff working in age-friendly fields	29	Virtual
LGBTQ+ Community Session	3/12/2026	LGBTQ+ Community Leader	1	Liaison notes only
Spanish Language Focus Group 2	3/27/2026	Spanish-speaking older adults	65	In person

Session	Date	Audience	Participant Count	Format
Japanese Language Focus Group	4/13/2026	Japanese American seniors	11	In person

The following sections provide detailed summaries of findings from each focus group, organized by the five thematic framework areas.

Spanish Language Focus Group (Group 1)

February 20, 2026 | Virtual

This focus group was held on February 20, 2026 as a virtual session conducted in Spanish with bilingual facilitation by Coaching Salud Holistica, a for-profit holistic consulting firm with deep roots in Montgomery County's Latino community. Twelve participants attended, representing Spanish-speaking older adults from across the county. This was the first Spanish-language focus group conducted as part of this assessment, and participants were largely immigrant women, some with limited English. The session was framed around the Age-Friendly Community concept, which was introduced and explained at the outset, as most participants had not encountered the term before.

High-Level Findings

Key Strengths and Assets

Participants demonstrated a strong spirit of community contribution and willingness to share information with neighbors. Several participants were already actively involved in outreach or caregiving roles within the Latino community. The *promotora* model, in which trusted community members serve as health and resource navigators, was identified as a significant existing asset that remains underutilized by the county. Faith communities and word-of-mouth peer networks were cited as the primary means through which participants learn about and share information about services.

Primary Challenges and Concerns

The central challenge identified across every theme was the language barrier as a structural issue, not merely a communication inconvenience. Virtually every program, resource, transit training opportunity, library event, and technology class named by participants as a need exists only in English. Participants also described a felt loss of the concept of "*vecindad*," the close-knit neighborhood life common in Latin American communities, as something largely absent in Montgomery County's suburban setting. Financial precarity among elderly immigrants brought to the United States by adult children, without having established their own retirement income, was raised as a specific and unmet need.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation was identified as a significant barrier, particularly for participants without access to a car. One participant described mobility as her primary challenge, noting that while she could reach a nearby bus stop, doing so in rain or winter weather would not be feasible. Participants were unfamiliar with printed route information and noted that bus schedules are no longer distributed in physical form, making navigation difficult for those who do not use smartphones or digital mapping tools. A participant referenced a Jewish Council for the Aging transit training program as a model worth replicating, but noted that the program is available only in English, making it inaccessible to monolingual Spanish speakers. Participants advocated for printed bus schedules in Spanish, a Spanish-language version of senior transit training programs, and expansion of programs like Seniors Helping Seniors to serve the Hispanic community.

Theme 2: Staying in Your Home

Most participants expressed a strong desire to remain in their homes as they age. Several lived in senior apartment communities and described feeling safe and supported there. Long wait times for subsidized senior housing were raised as a concern, with participants noting that HUD-funded housing can involve waits of five years or more. Participants described the desire for senior living environments that are culturally familiar, with Spanish-speaking neighbors, Spanish-language programming, and culturally appropriate activities. The group noted that resources for aging in place, including home care services, are largely inaccessible to those who do not speak English, and called for bilingual case managers who could help navigate those systems.

Theme 3: Staying Connected and Informed

Participants reported that information about county services, programs, and events is almost entirely unavailable in Spanish. One participant noted that Montgomery County has many resources but that in Spanish, very few exist. Library programming was specifically cited as a gap, with participants in Gaithersburg and Germantown reporting they could not recall attending or being invited to a single Spanish-language senior event at their local library. Participants strongly advocated for the *promotora* model as a formal, paid outreach strategy, arguing that *promotoras* already have community trust and access that formal county outreach cannot easily replicate. One participant noted that the county should pay more attention to *promotoras* because of the access they have to the community and their interaction with all groups.

Theme 4: Health, Safety and Support

Participants reported feeling generally safe in their neighborhoods and homes. Health concerns centered primarily on access to culturally and linguistically appropriate care. Participants described situations in which seniors with dementia who had reverted to speaking only Spanish were placed in care settings where no staff spoke the language, leaving them isolated and unable to communicate. The group expressed that technology-based health tools and educational resources are unavailable in Spanish, limiting their ability to stay informed. Financial insecurity among immigrant seniors who lack retirement income of their own was raised as a health and safety concern, as it limits their ability to afford care or services independently.

Theme 5: Work and Purpose

Several participants described themselves as still active and capable, with one noting that at 76 years old she remained ready to work or volunteer. The desire to contribute to the community came through clearly, with participants expressing interest in volunteer opportunities that match their skills and that are accessible in Spanish. Technology education was identified as a high-priority need, with participants noting that AARP offers computer training programs but that these are not available in Spanish. Access to technology skills was framed not just as a convenience but as essential to participating in modern civic and community life.

Upcounty Virtual Focus Group

February 24, 2026 | Virtual

This virtual focus group was held on February 24, 2026 and engaged 12 leaders and residents from Montgomery County's Upcounty communities, including Poolesville, the Agricultural Reserve, and surrounding areas. Participants included community organizers, service coordinators, and older adult residents with deep familiarity with the challenges facing Upcounty seniors. The session was conducted via Zoom and focused on gathering input across all age-friendly domains.

High-Level Findings

Key Strengths and Assets

Upcounty participants demonstrated exceptional advocacy knowledge and an active volunteer culture that fills many gaps left by limited county service presence. The Poolesville Seniors Group operates with approximately 20 volunteers providing transportation to medical appointments across five ZIP codes, representing a significant community-led infrastructure. Participants also described strong neighbor-to-neighbor mutual aid, including food delivery during emergencies, snow removal for isolated residents, and informal wellness checks. Faith communities serve as important social anchors, and the group as a whole showed sophisticated understanding of county systems built through years of persistent advocacy.

Primary Challenges and Concerns

The dominant theme was geographic inequity. Participants described paying full county taxes while receiving what they estimated to be a fraction of equivalent services. The Upcounty area has no senior center, minimal public transit (two bus stops serving five ZIP codes), no assisted living or continuing care retirement communities (zoning in the Agricultural Reserve prohibits them), and is excluded from the catchment areas of county hospital community health needs assessments. Participants expressed deep frustration that programs consistently launch Downcounty first and reach Upcounty years later, if at all. One participant noted that new flex bus service had recently launched in Olney but that Upcounty residents should not expect it for years.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation dominated discussion. The Poolesville Seniors Group coordinator described serving seniors across five ZIP codes with 20 volunteers, providing rides to medical appointments because there is no bus service and Uber is unreliable. Ride-sharing services through programs like Access Link will only travel within a limited radius of a bus stop, which excludes much of the area. Participants described a proposed on-demand flex bus route as years away from reaching their community. The volunteer transportation program, while a significant community achievement, is at capacity and cannot cover weekend or emergency needs. Several participants described neighbors who cannot reach any services without a car and have no alternative.

Theme 2: Staying in Your Home

Aging in place is both a strong desire and a source of anxiety in the Upcounty area, where Agricultural Reserve zoning prohibits the development of assisted living facilities, group homes, and CCRCs. This means that when a resident needs a higher level of care, they must leave the community entirely, often moving far from the homes and neighbors they have known for decades. Participants described this as a fundamental failure of county planning. One participant noted that the zoning keeps the land agricultural but also forces people to leave if they need care. Home maintenance challenges, including snow removal and yard work, are increasingly difficult for aging residents with no coordinated support. Participants called for county investment in home modification programs and coordinated neighbor volunteer registries.

Theme 3: Staying Connected and Informed

Participants described a significant information divide between seniors who have learned to navigate county systems through years of advocacy and those who have not. The county website was described as difficult and the 311 system as requiring persistence and technical knowledge. The loss of local newspapers left a significant gap in community information, with no central source for learning about local events or resources. Participants described receiving county communications through email lists and newsletters but acknowledged these do not reach isolated or less tech-comfortable residents. Printed materials at visible community locations were strongly advocated. One participant noted that the community center they are working to build in Poolesville would serve as a hub for distributing information and coordinating services.

Theme 4: Health, Safety and Support

Healthcare access is a particular hardship in the Upcounty area, where residents must travel substantial distances for routine medical care, dental care, and specialty services. The absence of a comprehensive medical facility was described as a growing concern as the community's population ages and grows. Participants noted that even Holy Cross in Germantown does not consider the Poolesville area within its service region, effectively leaving Upcounty residents out of all regional healthcare planning. Dental care is especially difficult to access, with the nearest providers requiring long drives that are impossible for residents who cannot drive. Participants called for county advocacy to bring healthcare services into the Upcounty region.

Theme 5: Work and Purpose

Participants described strong community engagement and a desire to contribute but noted that the absence of a community center or senior center limits structured opportunities. Several participants described volunteer burnout, with individuals and small organizations like the Poolesville Seniors Group carrying responsibilities that would typically be supported by county infrastructure. One participant described the community as doing the county's work for it, without the resources or recognition that would accompany formal county programming. The group was actively advocating for construction of a community center on donated land, which would create a hub for programming, services, and volunteer coordination.

Upcounty In-Person Focus Group

March 2, 2026 | Poolesville, Maryland

This in-person focus group was held on March 2, 2026 in Poolesville and engaged 12 community leaders and residents. The session built on themes from the February virtual session and allowed for more extended conversation among participants who know one another and the community deeply. Participants included transportation coordinators, community organizers, and longtime residents with detailed knowledge of the county systems affecting their area.

High-Level Findings

Key Strengths and Assets

This group demonstrated the same strong volunteer culture and advocacy sophistication seen in the virtual Upcounty session. Participants described a community that actively supports its most vulnerable members, with individuals shoveling driveways for elderly neighbors, delivering meals, and providing informal caregiving that fills gaps the county does not. The town of Poolesville has donated land for a community center, and community members have been advocating for its construction for years. Participants also described WAMCO, a local organization, as having done important work identifying and serving low-income Hispanic families in the Agricultural Reserve who are largely invisible to county services.

Primary Challenges and Concerns

Participants described feeling like “stepchildren” of the county, a phrase used more than once to capture the sense that Upcounty communities pay full taxes but receive a fraction of the services available elsewhere. The discussion was emotionally charged, with one participant noting that the county finally responded to years of advocacy about a high school, but that basic senior services remain inadequate. Zoning restrictions in the Agricultural Reserve were described as forcing seniors to leave the community when they need residential care, which participants saw as a fundamental injustice. Hidden poverty, particularly among Hispanic families living on horse farms in the reserve, was described as invisible to county planners who base service decisions on median income data for Poolesville proper.

Theme 1: Getting Around (Transportation and Public Spaces)

The transportation discussion was frank and specific. Participants noted that when a caregiver could not reliably travel to the area due to lack of public transit, a resident with a serious disability went without weekend support because no alternative existed. One participant described having driven a woman 20 miles each way, three times a week, to Holy Cross, because she could not afford a car. The area has no senior center to serve as a transportation hub. Participants described trying to establish a flex-route bus service but being told it would be years away. County planning processes were described as consistently excluding Upcounty ZIP codes because planners focus on proximity to hospitals and community centers that do not reach the area.

Theme 2: Staying in Your Home

Participants returned repeatedly to the zoning issue. Outside of Poolesville proper, Agricultural Reserve zoning prohibits any form of residential care facility, meaning that a resident who needs assisted living, memory care, or a group home has no option within the community. One participant noted that even if a senior sold their home and wanted to stay nearby, there is nowhere to go. Home repair was described as another gap, with the volunteer organization Helping Hands doing reconstruction work on homes in lower-income areas of Poolesville whose owners cannot afford maintenance. Participants also described the challenge of finding caregivers willing to travel to the area, with weekend gaps leaving people with serious disabilities without support.

Theme 3: Staying Connected and Informed

Participants described information access as deeply unequal. Those with advocacy experience and technical comfort can navigate county systems, but many residents cannot. The county website was described as assuming digital literacy that not all residents have. Participants noted that the median income data for Poolesville creates a false impression of a uniformly affluent community, masking real poverty and need. One participant described the community as like Disneyland to county planners, who come for the scenery and assume everyone is doing well, when in fact there are people who could stay in their homes for the rest of their lives with the right supports, if only those supports existed.

Theme 4: Health, Safety and Support

Healthcare access was raised with particular urgency. Participants noted that no county hospital system considers Poolesville or the surrounding Agricultural Reserve to be within its service area, meaning residents are excluded from community health needs assessments and the programming that follows from them. One participant described sitting on a hospital community health committee and realizing that none of the Upcounty ZIP codes appeared in the data. Dental care is especially hard to access, with residents needing to travel to Poolesville from Barnesville or Boyds just to reach a dentist, which is itself a significant trip for those without reliable transportation.

Theme 5: Work and Purpose

Participants described a community rich in experienced, capable older adults who want to contribute but lack the infrastructure to do so in an organized way. The proposed community center was framed not just as a social space but as a venue for programming, volunteer coordination, and service delivery that would allow residents to both give and receive support. One participant described the county's reluctance to create formal volunteer registries, noting that neighbors are already shoveling for each other but that there is no system to connect people who need help with those who can provide it. Participants called for the county to formalize and support these informal networks rather than leaving them entirely to individual initiative.

White Oak AAHP Focus Group

March 3, 2026 | White Oak Senior Center, Silver Spring

This in-person focus group was held on March 3, 2026 at White Oak Senior Center in Silver Spring, engaging 15 members of the African American Health Program (AAHP) aging subcommittee and senior members from the White Oak and East County areas. The session covered age-friendly themes with particular attention to how services are structured, communicated, and experienced by seniors in the East County area.

High-Level Findings

Key Strengths and Assets

Participants demonstrated strong community engagement and peer knowledge-sharing. Several had built or participated in community organizations specifically to fill gaps in county services, including one participant who described founding the East County Village Seniors group after learning about a neighbor who had been defrauded of \$300,000 by unscrupulous contractors. That group created a vetted directory of service providers and connected seniors to county resources, and it thrived until the pandemic caused it to disband. The White Oak Senior Center itself was described as a vital hub, and participants valued both the center's programming and its function as a place where information circulates among community members. Several noted that free county services, including hearing aids, are available but poorly promoted.

Primary Challenges and Concerns

The distinction between types of county facilities, senior centers, community centers, recreation centers, and wellness centers, emerged as a source of significant confusion. Participants described not knowing what services were available at which locations or how to find out. The county website was described as a major barrier even for participants who are comfortable with technology. Participants also raised the need for more senior center presence in East County, where programming exists but falls short of the five-day-a-week, director-led model available at larger senior centers. Scam prevention and contractor fraud were persistent concerns, and the session reinforced the pattern seen across groups that services and information exist but equitable access does not.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation was discussed in the context of the broader service access challenge. Participants described knowing that transportation programs exist but finding them difficult to navigate, with varying eligibility requirements, reservation processes, and payment structures. The suggestion of a multi-tiered directory of transportation options, physical first and digital second, came up as a practical solution. Participants also noted that the absence of a full-service senior center in East County limits the availability of transportation coordination, since larger centers can serve as hubs for organizing rides and programming.

Theme 2: Staying in Your Home

Participants raised home modification and repair as ongoing concerns, with the county's assistance program described as difficult to navigate and limited in funding. The session

referenced the East County Village Seniors directory of vetted contractors as a model that worked well until the group disbanded, and participants expressed interest in seeing that kind of resource revived in some form. Renter protections and accessibility modifications were raised as particular gaps, with participants noting that renters have far fewer options than homeowners when it comes to getting help with home modifications.

Theme 3: Staying Connected and Informed

This theme generated the most extended discussion of the session. Participants described the county website as deeply frustrating, with one noting they could not find programming information for their specific center without being redirected to countywide results. A participant described building a personal directory of all available services and resource contacts after finding that no such consolidated resource existed. The group agreed that a physical, printed, tiered directory, available at community centers, libraries, and laundromats, would be more accessible than any digital solution. The dissolution of the East County Village Seniors group during the pandemic was described as a significant loss, as it had served as a trusted information hub and community organizing structure. Participants expressed strong interest in reviving something similar.

Theme 4: Health, Safety and Support

Scam and contractor fraud concerns were prominent, with the founding of the East County Village Seniors group itself traced back to a specific incident of contractor fraud seen on a local news broadcast. Participants described the challenge of distinguishing legitimate service providers from those who exploit seniors, and called for vetted contractor networks and stronger consumer protection resources. Ageism in healthcare was raised, with participants describing physicians becoming dismissive of patients' concerns as they age. Several noted that this dynamic contributes to older adults pulling back from advocating for their own health rather than pushing for appropriate care.

Theme 5: Work and Purpose

Participants described a strong desire for structured community engagement but noted that current volunteer opportunities do not always match senior skills or interests. The East County Village Seniors model was held up as an example of seniors contributing meaningfully through community organizing, information sharing, and peer support, but participants noted that sustaining such groups requires some institutional support that is currently absent. Several participants emphasized the importance of staying engaged and advocating rather than retreating as capabilities change, describing this as a community value and a health practice in itself.

AAHP Virtual Focus Group

March 11, 2026 | Virtual

This virtual focus group was held on March 11, 2026, engaging 17 members of the African American Health Program aging subcommittee. Participants were primarily residents of senior apartment buildings in Silver Spring, including Charter House, with some joining from other parts of the county. The session was organized with support from AAHP community liaisons who recruited participants and facilitated introductions.

High-Level Findings

Key Strengths and Assets

Participants demonstrated strong awareness of community resources and a deeply collaborative spirit, with members actively sharing information with one another throughout the session. Several described formal and informal roles as community connectors, helping neighbors learn about services and participate in community life. Resident services at Charter House and similar buildings were described as active and well-intentioned, though participants noted it is difficult to reach residents who have withdrawn. The session itself reflected the kind of peer knowledge exchange participants described as valuable, with members building on each other's contributions throughout.

Primary Challenges and Concerns

Social isolation within senior apartment buildings was identified as the central concern of the session. Participants described neighbors they had not met after 13 or more years of living in the same building, residents who never leave their apartments, and a general absence of any systematic mechanism for checking on people who stop appearing at community events or meals. Affordability and equity of access to services were also prominent themes, with income-based eligibility criteria described as inequitable and leaving many residents in a gap between qualifying for assistance and being able to afford services independently.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation was raised primarily in the context of access to activities and programming, rather than as an infrastructural issue. Participants described transportation as a barrier to participation for those who no longer drive, and called for more outreach to seniors in buildings about what transportation programs exist. One participant suggested that more outdoor activities, such as trips to shows and concerts with pickup from senior buildings, would help reach residents who are willing to go out but cannot arrange transportation independently. The coordination of transportation from within senior buildings was described as an underutilized opportunity.

Theme 2: Staying in Your Home

Affordability was the dominant housing concern. Participants described the cumulative burden of property taxes, fees, and rising costs on fixed incomes, and expressed frustration with income-based eligibility criteria that exclude residents who earn slightly too much for assistance but cannot comfortably afford services on their own. One participant described the principle as needing to be equitable and available for

everybody rather than tied to income thresholds that shift based on individual circumstances. Home cleaning and household help were raised as specific needs that are difficult to access for residents who are not classified as low-income or disabled.

Theme 3: Staying Connected and Informed

The session centered on isolation within buildings as a distinct and underappreciated problem. Participants described residents who live down the hall but have never been introduced, and noted that people encounter each other only accidentally, such as when picking up food deliveries, rather than through any organized outreach. Interest matching was raised as an important principle: programming must reflect what people actually want to do, not generic senior activities. One participant suggested that a survey of resident interests would help design programming that actually draws people out of their apartments. Block captain and buddy system models were proposed as ways to ensure that no resident remains unknown or unchecked for extended periods.

Theme 4: Health, Safety and Support

Safety concerns in changing neighborhoods were noted as a barrier to outdoor activity, with participants describing anxiety about going out at certain times or in certain areas. Financial exploitation and scam awareness were raised as ongoing concerns. Participants also noted that the information available about county resources is visible to those who are already engaged and networked, but does not reach residents who are isolated or who have withdrawn from community participation. The gap between visible information and actual equitable access was described as the core problem.

Theme 5: Work and Purpose

Participants described a strong desire to contribute to their communities through peer support, information sharing, and informal caregiving. The buddy system concept, in which residents are paired to check on each other, was proposed as a low-cost, high-impact way to structure that desire. Participants also advocated for more activities through neighborhood associations and community platforms that would allow seniors to engage on their own terms, including virtually for those who cannot easily travel. The idea of block captains distributing information at the building level was raised as a revival of a model that once worked well.

Korean Language Focus Group

March 12, 2026 | In Person with Interpreter

This focus group was held on March 12, 2026 and engaged 12 Korean American seniors, with facilitation provided through an interpreter. Participants were largely connected through a Korean-speaking church community and included seniors ranging in age from their 60s to their 90s. The session covered age-friendly themes with attention to the specific experiences of Korean-speaking seniors navigating county services.

High-Level Findings

Key Strengths and Assets

The Korean church community emerged as the central social infrastructure for this group, providing rides, wellness checks, meal support, and social connection that formal county services do not offer in Korean. Participants described church members visiting seniors in long-term care facilities, coordinating transportation, and maintaining contact with isolated seniors when family members live far away. Several participants described a strong sense of mutual obligation within the community, with members helping each other regardless of whether the county's systems are accessible to them.

Primary Challenges and Concerns

Participants identified two interconnected central challenges: the absence of Korean-language services across nearly all county programs, and the acute needs of older Korean seniors, particularly those with dementia, who have no Korean-speaking care options. Participants described seniors reverting to Korean as dementia advances, placed in care settings where no one speaks the language, leaving them unable to communicate their needs. The desire for culturally appropriate senior living, with Korean food, Korean language, and Korean community, was described as deeply felt but financially unattainable. Long HUD-subsidized housing wait times, cited as five to ten years, were described as a significant barrier to accessing affordable senior housing.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation was discussed primarily in the context of seniors who can no longer drive and who have no family members nearby to provide rides. Participants described church members stepping in to provide rides every Sunday and on other occasions, but noted that this informal system cannot cover all needs, particularly for seniors in long-term care facilities far from the community. The concept of a Korean-language hotline with a single button to connect to a Korean-speaking operator was proposed as a practical, low-tech solution that could help seniors navigate transportation and other services without needing to communicate in English.

Theme 2: Staying in Your Home

Participants described strong cultural preferences for aging at home or in settings with Korean-speaking neighbors and culturally familiar food and activities. Several participants were aware of a Japanese community's effort to develop a culturally

specific senior living facility that ultimately could not be funded, and cited it as an example of a shared aspiration that has proven financially unattainable. Long wait times for subsidized senior housing were described as a serious barrier, with participants noting waits of five to ten years. Participants also described seniors who are reluctant to enter nursing homes due to cultural differences around food, language, bathing customs, and community, but who have no viable alternative when care needs increase.

Theme 3: Staying Connected and Informed

Church functions as the primary social infrastructure for Korean seniors, and participants noted clearly that those outside the church face significantly greater isolation. Several participants described coming to church not only for spiritual reasons but because it is the only place where they can speak Korean, share meals with peers, and receive informal support. County programs and resources are almost entirely inaccessible to Korean seniors because they are offered only in English. Participants called for bilingual case managers who could explain and navigate county programs in Korean, and described the Korean-language hotline concept as an immediate, practical step the county could take.

Theme 4: Health, Safety and Support

Dementia care in a Korean-language context was described as a critical and unmet need. Participants described a specific case of a senior who had spoken both Korean and English fluently for decades but, as dementia advanced, could only speak Korean, and was placed in a facility where no one could understand him. Church members visit when they can, but systemic support does not exist. Participants expressed that this situation is not exceptional but rather a foreseeable reality for many in their community as the first generation of Korean immigrants ages. The absence of Korean-speaking healthcare providers, social workers, and care coordinators was described as a gap that affects every stage of the care continuum.

Theme 5: Work and Purpose

Participants described volunteer roles within the church community as meaningful and accessible, with members contributing according to their abilities and receiving support in return. The mutual aid structure of the church community was held up as a model of purpose-driven engagement that works because it is culturally grounded and linguistically accessible. Participants expressed that they would welcome more county engagement with Korean-speaking seniors, but emphasized that any outreach would need to be conducted in Korean by trusted community members, not through English-language flyers or websites.

County and Frontline Staff Focus Group

March 12, 2026 | Virtual

This virtual focus group was held on March 12, 2026 and engaged 29 county staff and other professionals working in age-friendly fields, including staff from the Department of Recreation, Health and Human Services, the Commission on Aging, Meals on Wheels, Habitat for Humanity Metro Maryland, and other organizations. This session was unique in providing a systemic, practitioner perspective on the challenges facing older adults in Montgomery County.

High-Level Findings

Key Strengths and Assets

Staff described a county with significant service infrastructure, including Village organizations, home repair programs through Rebuilding Together and Habitat for Humanity, the Commission on Aging, and a range of transportation programs. The Village of Takoma Park was cited as a strong model for small home repairs, having worked on over 100 homes in recent years using a combination of volunteers and contractors. Staff also described the county's commitment to the age-friendly process itself as a meaningful asset, providing a structure for cross-sector listening and planning. Several participants described strong relationships between county departments and community organizations that allow for more coordinated service delivery than a purely siloed system would permit.

Primary Challenges and Concerns

Isolation was named as the single top concern by the most experienced participants in the session, with one senior staff member explaining that isolation is the number one concern for various reasons, primary among them that it disconnects people from the very infrastructure put in place to help them. The second major concern was physical home accessibility, with staff describing the significant and growing gap between the housing stock available to seniors and the modifications needed to make it safe and accessible as people age. Renter situations were described as especially difficult, with staff citing a specific case of a quadriplegic grandmother renting an apartment who had not been able to bathe or shower in two years because modifications cannot be required of private landlords.

Theme 1: Getting Around (Transportation and Public Spaces)

Staff described the county's transportation programs in detail, noting both their value and their limitations. Cost burdens were raised as a particular concern for seniors on fixed incomes, with property taxes, fees, and other expenses rising faster than Social Security income. Staff noted that the county has proposals to provide more tax relief for seniors who have lived in their homes for extended periods, but that current thresholds are often too high and the relief not sufficient. Transportation challenges were also raised in the context of Meals on Wheels delivery, with one staff member describing the difficulty of reaching homebound clients during weather events and the absence of a centralized resource she could call to get volunteers to help.

Theme 2: Staying in Your Home

Home accessibility and repair dominated this discussion. Staff described a county with reasonable infrastructure for homeowners but a near-absence of solutions for renters, who represent a significant and growing portion of the senior population. The quadriplegic renter case was described in detail as an example of a situation in which no current county program or legal mechanism could compel the needed modification. Staff from Habitat for Humanity and Rebuilding Together described their organizations' growing focus on older adults as a population, noting that the proportion of their clients who are seniors has increased substantially over the past decade. Staff also raised the challenge of housing stock design, noting a significant shortage of single-floor single-family homes in communities where seniors want to live.

Theme 3: Staying Connected and Informed

Staff reinforced community voices on the navigation challenge, noting that isolation compounds every other barrier by disconnecting seniors from the information networks through which they would learn about available services. Several participants described the Village model as the most promising framework for addressing isolation, providing structured neighbor-to-neighbor support with enough organizational backing to be sustainable. Staff noted that the county has more Villages than any other area in the United States and that this infrastructure represents a significant asset that could be more actively supported and expanded.

Theme 4: Health, Safety and Support

Staff described a range of health and safety challenges, with home-based falls and isolation-related health decline as the most frequently cited. The Meals on Wheels representative described her drivers as often the only regular human contact some clients receive, and noted that the program's reach and capacity are constrained by the same transportation and staffing challenges facing other services. Staff called for a centralized coordination resource, a "fly squad" concept, that could respond to specific needs such as snow removal or emergency welfare checks without requiring individual organizations to maintain their own volunteer rosters for every possible situation.

Theme 5: Work and Purpose

Staff described the challenge of creating meaningful volunteer structures that do not lead to burnout, noting that the most engaged volunteers are often asked to take on more and more until the work becomes unsustainable. The county's reluctance to create formal neighbor-to-neighbor volunteer registries was raised as a missed opportunity, with one participant noting that many residents would be willing to help with small tasks like shoveling if there were a system connecting them to neighbors who needed it. Staff also raised the importance of distinguishing between seniors who need services and seniors who have capacity to contribute, and designing programs that allow both.

LGBTQ+ Community Session

March 12, 2026

Note: This session did not convene as a focus group. The Pride Center at the scheduled location in downtown Bethesda is described as notoriously hard to find, which contributed to the session not taking place as planned. One participant, the county's part-time LGBTQ+ liaison, was present. The following reflects notes and observations from that liaison, supplemented by general research. These findings should be treated as contextual background rather than direct participant input, and a follow-up session with LGBTQ+ older adults is recommended to gather voices directly.

High-Level Findings Key Strengths and Assets

Existing LGBTQ+ community organizations in Montgomery County include an active resident group at Leisure World and at least one private group at a continuing care retirement community. The county's LGBTQ+ liaison noted that a Senior Prom event is planned for July 2026, representing a new effort to engage LGBTQ+ older adults in a welcoming social setting. The liaison also noted awareness of national research and advocacy organizations that can inform local programming, and expressed interest in expanding the county's engagement with this population.

Primary Challenges and Concerns

The liaison noted that most LGBTQ+ advocacy in Montgomery County focuses on younger people, with older adults receiving significantly less attention and fewer tailored resources. A reported "re-closeting" phenomenon, in which LGBTQ+ seniors hide or suppress their identity when moving into senior living communities out of fear of discrimination, was described as a significant concern with direct implications for wellbeing and care quality. Research suggests that LGBTQ+ older adults face higher rates of social isolation, poverty, and poorer health outcomes than the general senior population, and are significantly more likely to live alone and to rely on chosen family networks rather than biological relatives.

Theme 1: Getting Around (Transportation and Public Spaces)

No direct participant input was gathered on this theme. Research indicates that LGBTQ+ older adults face the same transportation barriers as other seniors, compounded in some cases by reluctance to use services perceived as unwelcoming or unsafe.

Theme 2: Staying in Your Home

Fear of discrimination in senior living and long-term care settings was identified by the liaison as a primary concern affecting housing decisions among LGBTQ+ older adults. Research cited suggests that approximately 70 percent of LGBTQ+ seniors worry about having to hide their identity to access services, a dynamic that affects their willingness to seek the care they need. The county's senior housing and long-term care environments have not been assessed for LGBTQ+ affirmation, and no explicit welcoming policies or training requirements are in place.

Theme 3: Staying Connected and Informed

LGBTQ+ older adults are twice as likely to live alone as the general senior population and four times less likely to have children, making formal community programming and peer connection especially important. Those outside existing LGBTQ+ community organizations are particularly at risk of isolation. The liaison noted that the private nature of some existing LGBTQ+ groups in senior communities reflects ongoing fears about visibility and safety.

Theme 4: Health, Safety and Support

Research indicates that LGBTQ+ older adults experience higher rates of depression, anxiety, and stress-related health conditions as a result of lifelong stigmatization. Access to culturally competent healthcare remains limited, with many providers lacking training in LGBTQ+ specific health needs. LGBTQ+ caregivers, particularly men, have access to fewer support resources than other caregiving populations, and couples must navigate systems not designed for same-sex partnerships or gender non-conforming individuals.

Theme 5: Work and Purpose

No direct participant input was gathered on this theme. The liaison noted general interest in connecting LGBTQ+ older adults with community engagement opportunities and in creating visible, affirming programming that signals welcome and inclusion. A follow-up focus group session with LGBTQ+ older adults is recommended to gather direct input on all themes.

Spanish Language Focus Group 2

March 27, 2026 | In Person

This in-person focus group was held on March 27, 2026 and engaged 65 Spanish-speaking older adults, making it the largest single focus group conducted as part of this assessment. Participants were affiliated with community groups including *Mujer Fuerza y Coraje* (Women's Strength and Courage) and *Años Dorados* (Golden Years), and the session was facilitated in Spanish by bilingual staff from the Montgomery County Department serving older adults and people with disabilities. The session brought together a large and engaged group of Latino older adults from across the county, many of whom described these community gatherings as their primary source of social connection, peer information, and access to county resources.

High-Level Findings

Key Strengths and Assets

The session reflected the strength and vitality of existing Latino senior community groups as informal hubs for resource sharing, peer connection, and mutual support. Participants described receiving information about dental care, eye care, food distribution, and county programs through WhatsApp group chats and in-person gatherings, with organizations like *Mujer Fuerza y Coraje* and *Años Dorados* functioning as trusted intermediaries. Community health promoters, known as *promotoras*, were present and active in the session, demonstrating an existing infrastructure of trusted peer navigators with deep reach into the Latino community. Montgomery County's range of resources for older adults, including housing assistance, food assistance, and a 24-hour county helpline at 240-777-3000, was acknowledged as a meaningful asset, with several participants familiar with these services through their community roles.

Primary Challenges and Concerns

The central challenge identified across this session was that Montgomery County's extensive resources are largely inaccessible to Spanish-speaking older adults. Language barriers, immigration-related fears, limited digital literacy, and lack of transportation combine to prevent many Latino seniors from reaching services that technically exist. One participant described the situation plainly: the county has a lot of information and many resources, but the Latino community cannot reach them because they have no idea what is available. Technology-based access was identified as a particular barrier, with participants noting that requiring online applications and digital navigation effectively excludes many older Latino adults. Isolation was also a consistent theme, with participants describing the community gatherings themselves as essential to their sense of belonging and wellbeing.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation emerged as a significant barrier to independence and service access. Several participants described being unable to reach clinics, appointments, or programs without paying out of pocket for ride-share services, which many found prohibitively expensive on fixed incomes. One participant described the isolation created by transportation gaps as among the most pressing challenges in her daily life.

Barriers raised: Public transit and county transportation programs exist but are not well known among Latino seniors, and navigating enrollment or eligibility requirements without English proficiency or digital access is difficult. Participants noted that even for those aware of programs like WorkSource Montgomery, the geographic spread of service locations across Germantown, Rockville, and Silver Spring creates logistical barriers for those without reliable transportation.

Suggested improvements: Participants called for in-person, Spanish-language outreach about transportation programs and for referrals to be made directly within community group settings rather than expecting seniors to independently contact agencies. The county helpline at 240-777-3000 was highlighted as a valuable resource that could be better promoted, with staff available to answer questions in Spanish and connect callers to transportation options.

Theme 2: Staying in Your Home (Housing and Home-Based Services)

Housing was not a primary focus of this session, but cost of living and financial precarity came through as significant background concerns. Participants described living on limited incomes and described the community gatherings as providing access to practical resources, including food distribution and referrals to housing assistance, that help stretch limited budgets.

Barriers raised: Access to home-based services and housing assistance programs is effectively limited by language barriers. Programs that exist primarily in English cannot be navigated independently by monolingual Spanish-speaking seniors, and the absence of bilingual case managers who can provide one-on-one guidance was noted as a gap.

Theme 3: Staying Connected and Informed (Communications and Social Involvement)

This theme generated the most sustained discussion of the session. Participants described the community groups themselves as their primary, and often only, source of information about county services and programs. WhatsApp group chats run by organizations like Mujer Fuerza y Coraje and Años Dorados function as informal information distribution networks, with members sharing notices about clinics, food giveaways, dental programs, and county events. The county's formal outreach, including websites, mailings, and English-language events, does not reach this population effectively.

Technology was identified as a significant and growing barrier. Participants expressed frustration with the push toward online-only applications and services, noting that many older Latino adults do not use smartphones confidently, that family members are not always available to help, and that even training programs at libraries tend to attract English-speaking seniors rather than Spanish-speaking ones. One participant described attending library technology workshops and finding that Latino participants were very few compared to English-speaking attendees. Several participants noted that older adults should not be forced to adopt technology as the only means of accessing services, and called for maintaining in-person and paper-based pathways alongside digital ones.

Participants strongly endorsed the promotora model as a formal, funded strategy for reaching Latino seniors. They also called for county staff and program representatives to participate directly in community group meetings rather than expecting seniors to attend separate informational events. The WhatsApp and in-person community group infrastructure was identified as a ready distribution network that the county could partner with rather than duplicate.

Theme 4: Health, Safety and Support

Participants reported feeling generally safe in their neighborhoods and in Montgomery County compared to their countries of origin. Concerns about public safety were minor relative to other themes, though participants noted occasional incidents such as hit-and-run accidents in parking areas and the anxiety generated by news of isolated shooting incidents.

Access to health services through culturally and linguistically appropriate providers remains limited. Immigration-related fears and unfamiliarity with the U.S. healthcare system contribute to underutilization of services. Participants described a need for health information to be delivered in person, in Spanish, by trusted community members rather than through written materials or online portals.

Participants noted that promotoras and organizations like Mujer Fuerza y Coraje already serve a health navigation function within the community and called for the county to formally recognize and resource this work rather than expecting it to continue on a volunteer basis.

Theme 5: Work and Purpose (Employment and Civic Engagement)

Community engagement and purpose were strongly evident throughout this session. Many participants described their involvement in these groups as central to their sense of identity, belonging, and daily rhythm. The gatherings themselves were described as places to learn, share, form friendships, and maintain social ties that family schedules and weather do not always allow.

Meeting frequency was raised as a concern, with one participant noting that longer gaps between gatherings reduce continuity and momentum. Some participants also raised the challenge of consistency in attendance, noting that groups benefit from members who show up reliably rather than only when special events bring people out.

Participants called for more frequent gatherings, more support for group leaders and organizers, and for county recreation programs to expand outreach about free gym memberships and senior center programming in Spanish. WorkSource Montgomery locations in Germantown, Rockville, and Silver Spring were mentioned as resources for those interested in employment or job retraining, though transportation to reach these locations was again noted as a barrier.

Japanese Language Focus Group

April 13th 2026 | In Person

This focus group engaged 11 Japanese American seniors in a wide-ranging discussion about aging in Montgomery County. Participants included both long-term county residents and newer arrivals, with backgrounds spanning Japan, Hawaii, and other parts of the United States. The session was facilitated in a mix of Japanese and English, with translation support, and covered the full range of age-friendly themes. Japanese residents represent a relatively small share of the county's Asian population, described by one participant as a "super minority," which shapes their experience of navigating services designed primarily around larger language communities.

High-Level Findings

Key Strengths and Assets

Participants demonstrated strong familiarity with county transportation and transit systems, including detailed knowledge of Ride On fare structures, Metro transfer benefits, and the Jewish Council for Aging's volunteer driver program. Several participants had proactively arranged their living situations to support aging in place over many years, including modifying homes for single-floor accessibility and researching long-term care options. The group reflected a high level of self-advocacy and peer knowledge sharing, with participants regularly exchanging practical information about programs, costs, and workarounds throughout the session.

Primary Challenges and Concerns

The most prominent challenges were the absence of culturally and linguistically appropriate care options and the difficulties navigating county services without Korean- or Chinese-scale community infrastructure. Unlike Korean or Chinese residents, Japanese seniors have no access to ethnically matched home health aides through local agencies, making culturally familiar care effectively unavailable. Long-term care financing emerged as a source of deep concern, with participants comparing the U.S. system unfavorably to Japan's structured care manager and insurance frameworks. The group identified a structural gap between those who need assisted living but do not yet qualify for nursing home placement, and the high out-of-pocket cost that gap creates. Social isolation and the small size of the Japanese community also limit the informal mutual aid networks that other communities rely on.

Theme 1: Getting Around (Transportation and Public Spaces)

Transportation generated extended and detailed discussion. Participants noted that Ride On is now fare-free for all riders, not just seniors, and described a complex but navigable set of transit transfer benefits linking Ride On, Metro bus, and Metro rail. Several participants were familiar with the Jewish Council for Aging's volunteer driver program, which provides up to six rides per month to medical appointments regardless of income, though participants noted this requires advance planning and cannot accommodate last-minute needs.

Demand-responsive and paratransit services such as MetroAccess and discounted taxi programs require substantial advance reservation and documentation, making them

difficult to use for unplanned needs. One participant described attempting to arrange such services for a family member and being told volunteers were unavailable. Participants also described the challenge of navigating transit systems without a smartphone, noting that physical schedules and route information are no longer widely distributed. Ride-sharing through services like Uber was acknowledged as an option, though participants noted the cost and the need for a family member or caregiver to manage bookings for seniors who cannot use apps independently.

Participants proposed that county transportation agencies hold in-person sessions where staff explain available programs, eligibility, and enrollment on the spot, modeled on outreach events already used for other services. They also highlighted the JCA volunteer driver program as a model worth expanding.

Theme 2: Staying in Your Home (Housing and Home-Based Services)

Aging in place was strongly valued across the group. One participant described a decade-long process of modifying her home for single-floor living, including relocating the washer and dryer downstairs, removing steps at the entrance, and preparing a ramp for potential wheelchair access. Participants viewed proactive planning as essential and were aware of the financial and logistical complexity of arranging care when needs increase.

The absence of Japanese-speaking home health aides was described as a critical gap. Participants noted that Korean and Chinese seniors can access agencies offering ethnically matched aides, but no equivalent exists for Japanese seniors. One participant described a 2015 effort to train Japanese community members as personal care aides that ultimately produced very few working caregivers. County agencies provide lists of licensed home care agencies but do not evaluate or recommend specific providers, leaving seniors to navigate individual quality differences on their own. Long-term care insurance was discussed as a partial solution, though participants expressed concern about the stability and terms of newer deposit-based models.

Participants called for county guidance on how to evaluate home care agencies and for outreach that helps seniors understand and prepare for care transitions before a crisis. The possibility of building relationships with Korean or Chinese agencies that could extend culturally adjacent care to Japanese seniors was raised as a pragmatic near-term option.

Theme 3: Staying Connected and Informed (Communications and Social Involvement)

Information access was a recurring concern. Participants noted that the Montgomery County Executive's email newsletter reaches those who are already enrolled but does not easily find seniors who are disconnected or unfamiliar with how to sign up. The county website was described as link-heavy and difficult to navigate efficiently. Participants recalled a free senior newspaper called The Beacon that was available at libraries and community centers and expressed interest in seeing that kind of low-barrier print resource continue.

Japanese seniors face a particular information gap because they represent too small a population for dedicated Japanese-language outreach, yet many long-term residents

who came of age before widespread English fluency still find county materials difficult to navigate. One participant noted that Japanese residents who live here typically do understand English reasonably well, but that navigating complex service systems in a second language remains a meaningful barrier when stakes are high. The county's Age-Friendly Montgomery program was cited as having bus advertising, but participants noted that awareness of specific services and how to access them remains limited.

Participants suggested that targeted email categories for aging-specific services would make the County Executive newsletter more useful, and that having The Beacon or a similar senior-focused print resource available in libraries and community centers would help reach residents who are less digitally connected.

Theme 4: Health, Safety and Support

Healthcare navigation, particularly around Medicare and supplemental insurance, emerged as a major stressor. Participants described Medicare as excessively complex, with a confusing array of Advantage plan options that change year to year and that can be discontinued if an insurer exits the market. One participant observed that this complexity creates conditions in which scams thrive, as seniors cannot reliably distinguish legitimate plan options from fraudulent ones. Dental care was also raised, with participants noting that Medicare does not cover dental services and that this creates real hardship as participants age.

Caregiving in the U.S. context was described as emotionally and practically demanding without the structured support systems that exist in Japan. One participant described providing intensive daily support for her husband and noted the absence of care managers who could advise on service navigation and home modification in the way Japan's long-term care insurance system provides. The cost of assisted living for those who need support but do not qualify for Medicaid-funded nursing home placement was described as a serious and underaddressed gap.

Participants called for simplified, plain-language guidance on Medicare options, including in-person sessions with trusted community navigators. The model of Japan's structured care manager role, in which a designated professional assesses needs and coordinates services at each level of care, was offered as an aspirational standard.

Theme 5: Work and Purpose (Employment and Civic Engagement)

Several participants were interested in volunteer opportunities but described significant barriers related to transportation. One participant noted that a volunteer role she was interested in required an hour and a half of travel each way, making it impractical without a car. The group was aware of a county volunteer center and the ability to search for opportunities by location and type, but noted that transit-inaccessible sites effectively exclude non-drivers.

Village models and mutual aid emerged as a topic of particular interest in this group. Participants discussed the concept of time-banking, where younger community members accumulate service credits by helping older neighbors, and described a similar model operating in parts of Japan. One participant noted that a Village-type community exists in the Rockville area that a 93-year-old neighbor participates in,

suggesting that such models are viable in suburban Montgomery County even for smaller communities. Participants observed that the Japanese community's small size makes organic Village formation more challenging than for larger immigrant communities, but did not view it as impossible, particularly in denser residential areas.

Appendix G: Domain Framework Alignment Crosswalk

The following table identifies how each plan domain relates to the WHO/AARP Age-Friendly Communities framework and Maryland state priorities. This crosswalk was developed to support alignment tracking and has been moved here from the body of the plan for ease of reference.

Domain	WHO/AARP Equivalent Domain	Related State Priority
Planning, Outdoor Spaces, and Buildings	Outdoor Spaces and Buildings	Longevity Ready Maryland, Epic Goal 4: Optimize Health, Wellness, and Mobility
Transportation and Mobility	Transportation	Longevity Ready Maryland, Epic Goal 4: Optimize Health, Wellness, and Mobility
Housing	Housing	Longevity Ready Maryland, Epic Goal 3: Prepare Marylanders to Afford Longevity
Civic and Social Involvement	Social Participation; Civic Participation and Employment	Longevity Ready Maryland, Epic Goal 1: Build a Longevity Ecosystem
Communication and Outreach	Communication and Information	Longevity Ready Maryland, Epic Goal 1: Build a Longevity Ecosystem
Employment	Civic Participation and Employment	Longevity Ready Maryland, Epic Goal 2: Promote Economic Opportunity
Health and Wellness	Community and Health Services	Longevity Ready Maryland, Epic Goal 4: Optimize Health, Wellness, and Mobility
Home and Community-Based Services	Community and Health Services	Longevity Ready Maryland, Epic Goal 3: Prepare Marylanders to Afford Longevity

Domain	WHO/AARP Equivalent Domain	Related State Priority
Elder Abuse Prevention	No direct equivalent	Longevity Ready Maryland, Epic Goal 3: Prepare Marylanders to Afford Longevity
Senior Public Safety	No direct equivalent	Longevity Ready Maryland, Epic Goal 1: Build a Longevity Ecosystem

Note: Domains marked as "No direct equivalent" are Montgomery County-specific additions that fall outside the eight standard WHO/AARP Age-Friendly Communities domains.