



2026 Age-Friendly Community Needs Assessment

Montgomery County, Maryland

June 2026

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

A Message to Our Community

Montgomery County, June 2026

Montgomery County is already one of the best places in the country to grow older.

That is not a boast: it's what the data show. The AARP ([American Association of Retired Persons](#)) Livability Index ranks Montgomery County above the national average in 6 of its 7 sub-categories. In fact, AARP has ranked Montgomery County the second-best place in the country to live for older adults among communities of 500,000 or more. The county's parks are exceptional. Its health care access is among the strongest in Maryland. Its civic life is rich and active. These are real strengths built over decades by residents, organizations, and county government working together. As we consider the county's strengths and needs, we have to acknowledge: Montgomery County is also in the middle of a significant shift. About 327,000 residents are age 55 or older today, and that number is growing fast. The 75-and-older population is projected to grow nearly ten times faster than the rest of the county over the next five years. This is not a distant trend. It is already shaping what the county needs to offer.

Age-Friendly Montgomery exists to make sure the county is ready. We are a county-wide initiative that has been working since 2015 to make Montgomery County a Community for a Lifetime, a place where people can grow older in the community they call home, with the support and connections they need. As part of this initiative, we have spent the past year conducting an assessment to learn about the needs of the community and hear directly from you. We surveyed more than 2,000 residents. We held listening sessions across the county. We ran focus groups in four languages. We reviewed data from dozens of local, state, and national sources. And we worked with a Steering Committee to turn what we heard into a focused set of priorities for the next decade.

This report tells that story, in plain language. It celebrates what is working. It is honest about what needs attention and provides inspiration for the years ahead.

This report is for you.

Whether you are an older adult, a family member, a caregiver, a service provider, or a policy maker, this is your community and these are your findings. We hope you will read it, share it, and stay involved in what comes next.

What Is an Age-Friendly Community?

An age-friendly community is one that works well for people at every stage of life. It has safe streets you can walk on. Housing that adapts as needs change. Transportation that gets you where you need to go. Health care you can actually use. And the social connections, information, and opportunities that keep life meaningful.

The idea was developed by the World Health Organization in the mid-2000s and brought to the United States by AARP in 2012. Today, more than 1,000 communities across the country have joined the AARP Network of Age-Friendly States and Communities. Montgomery County joined in December 2015. Being age-friendly is not a one-time achievement, it is an ongoing commitment to listening, learning, and working together to make the community better for residents of all ages.

Age-Friendly Montgomery: Who We Are

Age-Friendly Montgomery is a county-wide initiative coordinated through the Department of Health and Human Services' Aging and Disability Services division. We are guided by an Age-Friendly Advisory Group, co-chaired by the Director of DHHS (Department of Health and Human Services) and the Director of Recreation and supported by ten domain workgroups that bring together county agencies, community organizations, and residents.

Our work also connects to a larger state effort. In January 2024, Governor Wes Moore signed an executive order establishing Longevity Ready Maryland, the state's first ten-year aging plan. Montgomery County's age-friendly work aligns with and contributes to that statewide commitment.

Our Ten Domains

Montgomery County organizes its age-friendly work around ten areas of community life, called domains, inspired by the AARP/WHO Age-Friendly framework. County leaders adapted some of the domain categories and added Elder Abuse Prevention and Senior Public Safety to reflect priorities that resulted from the original age-friendly process in 2015. Together, these

are the areas that most directly shape whether older adults can live with independence, connection, and dignity. We assessed all ten during this process.

Planning, Outdoor Spaces, and Buildings	Transportation and Mobility
Housing	Civic and Social Involvement
Communication and Outreach	Employment
Health and Wellness	Home and Community-Based Services
Elder Abuse Prevention ★	Senior Public Safety ★

★ Elder Abuse Prevention and Senior Public Safety are Montgomery County-specific domains, added during the 2015 age-friendly process to reflect priorities unique to this community.

How We Listened

Good planning starts with good listening. Over eight months, we gathered data from four sources, each designed to reach different people and answer different questions.



Secondary Data

We began by reviewing existing data from national, state, and local sources, including the U.S. Census, the AARP Livability Index, the Robert Wood Johnson Foundation's County Health Rankings, the CDC Social Vulnerability Index, and the Healthy Montgomery 2023 Community Health Needs Assessment. This gave us the data and numbers that everything else was measured against.

Community Survey

Between October 31, 2025 and January 12, 2026, we ran a county-wide survey open to all residents age 55 and older. It was available in eight languages: English, Spanish, Mandarin, Korean, French, Vietnamese, Farsi, and Amharic. We received 2,023 complete responses from residents across virtually every ZIP code. The survey was designed to capture experiences across all ten domains and to revisit key questions from 2015 to track change over a decade.

Listening Sessions

Five community listening sessions were held between December 1 and 11, 2025, reaching approximately 105 older adults in Bethesda, Damascus, Silver Spring, and online. Each session was facilitated to hear directly from older adults in their own words, going deeper on themes emerging from the survey.

Focus Groups

Ten targeted focus groups were conducted between February and April 2026, engaging 186 participants. Groups included Korean-speaking, Spanish-speaking, Japanese-speaking, African American, and LGBTQ+ older adults, as well as Upcounty residents and county staff who work directly with the community. Topics were shaped by what the survey and listening sessions had already surfaced.

Montgomery County at a Glance

Before sharing what needs attention, it is worth pausing on how much Montgomery County already has going for it. The data consistently show a county with genuine strengths: a highly educated population that is active in community life, a strong economy, outstanding parks, and health care access that leads the state.

A Strong and Growing Community

- **327,000+** residents age 55 or older, about 30% of the total county population.¹
- **Fastest-growing segment:** residents 60 and older, projected to grow more than twice as fast as younger residents through 2045.¹
- **Highly educated:** 59.8% of older adults hold a bachelor's degree or higher, compared to 39.4% statewide.²
- **Linguistically diverse:** more than 35% of residents age 60 and older speak a language other than English at home.²
- **Active community:** there are about 41 community organizations for every 10,000 residents, which is more than most places in the country.³ Among those who responded to our survey, 65% say they volunteer at least occasionally.⁴

The AARP Livability Index: How Montgomery County Compares

The AARP Livability Index is a national tool that measures how well a community supports people as they age. Montgomery County stands out as one of the strongest performers on this index, a reflection of the years of work that residents, organizations, and county government have invested together. The Index looks at seven areas of community life: health, transportation, neighborhood, engagement, environment, opportunity, and housing. Montgomery County scores above the national average in six of these areas, with housing landing right at the national average. Taken together, these results show a vibrant, welcoming

¹ Maryland Department of Planning, Population Projections, <https://planning.maryland.gov/MSDC/Pages/projection/projectionsbytopic.aspx>.

² U.S. Census Bureau, American Community Survey (ACS), 2024.

³ AARP Livability Index.

⁴ Age-Friendly Montgomery, 2026 Community Survey.

community that is already a wonderful place to grow older and is working to become even more age-friendly every year.

To explore Montgomery County's full results, visit the [AARP Livability Index](#).

What We Found Across the Domains

We looked at all ten of Montgomery County's age-friendly domains through this assessment. The table below shows what we found in each one across our four data sources, using the same set of labels. We used five simple labels: Asset (mostly positive), Mixed (both strengths and gaps), Gap (a concern that came up in more than one source), Strong Gap (a serious concern, or one that came up again and again), or Limited (did not come up much in that source).

Domain	Secondary Data	Community Survey	Listening Sessions	Focus Groups
Planning, Outdoor Spaces, and Buildings	Asset	Asset	Mixed	Mixed
Transportation and Mobility	Mixed	Mixed	Strong Gap	Strong Gap
Housing	Gap	Gap	Strong Gap	Strong Gap
Civic and Social Involvement	Asset	Asset	Gap	Gap
Communication and Outreach	Mixed	Mixed	Strong Gap	Strong Gap
Employment	Mixed	Mixed	Gap	Gap
Health and Wellness	Asset	Asset	Gap	Gap
Home and Community-Based Services	Mixed	Gap	Gap	Gap
Elder Abuse Prevention ★	Gap	Mixed	Strong Gap	Strong Gap
Senior Public Safety ★	Asset	Asset	Mixed	Mixed

Asset: mostly positive. Mixed: both strengths and gaps. Gap: a concern that came up in more than one source. Strong Gap: a serious concern, or one that came up again and again. Limited: did not come up much in that source.

Parks and public spaces, civic engagement, and overall health infrastructure are consistent assets across the data. Transportation, housing, elder abuse prevention, and communications emerged as the most persistent gaps. Home and community-based services showed a decline in satisfaction over the decade and drew strong concern across all community engagement sessions. Readers may notice that the listening sessions and focus groups tend to highlight more gaps than the secondary data or survey. This is expected. Secondary data measure whether resources exist; community conversations reveal whether people can find and use them. A county with strong infrastructure and services needs to ensure that residents have knowledge of and access to its amenities. The community voice is essential to understanding whether they do.

The findings in this report speak to all older adults living in Montgomery County. Aging touches everyone, and the county's age-friendly work is built around making this a better place to grow older for every resident. At the same time, the assessment found that certain residents face multiple challenges at once rather than just one. Geographic isolation, language barriers, economic pressure, and limited social connection do not always appear separately. For some older adults, they stack. The assessment was designed with that in mind. The focus group series specifically sought out residents less likely to show up in a general survey, and several sessions were conducted entirely in Spanish, Korean, and Japanese through partnerships with trusted community organizations. Seven groups emerged across the data as experiencing compounded need. Their experiences appear throughout the findings and priorities that follow.

- Upcounty and rural older adults, who pay full county taxes but have less access to transit, health care, and services
- Non-English-speaking and immigrant older adults, who face language barriers at nearly every point of contact with county systems
- Older adults facing economic insecurity, including those who earn too much to qualify for public programs but too little to afford private alternatives
- Older adults living alone, who face the risk of falls, social isolation, and driving cessation without a support network nearby
- Older adults with cognitive decline or dementia, and their caregivers, who navigate systems not designed for their needs, and whose caregivers carry their own distinct burden
- LGBTQ+ older adults, who face multiple disadvantages in housing, health care, and social support built up over a lifetime

- Black and African American older adults, whose experiences across safe housing, health care access, financial exploitation, and information access are documented through dedicated focus group sessions with the African American Health Program

When the Steering Committee looked at all of this together, they asked: where is the need greatest, and where can the county make a real difference? Five priorities rose to the top. Those priorities are described in the pages that follow.

Our Five Priority Focus Areas

After reviewing information about all ten domains, the Steering Committee identified 12 issues that came up repeatedly across data sources, locations in the county, and groups of people. They then participated in a survey where they rated each potential priority on three things: importance (how significant is this issue?), feasibility (how much can the county realistically do about it in this plan?), and criticality (how urgently do we need to take action?). Five priorities emerged.



These five priorities reflect where the community's voices were loudest, where the data were most consistent, and where county-level action can make the most meaningful difference. The pages that follow describe each priority in depth, including who is most affected and what community members suggested as directions for the work ahead.

A Note on These Priorities

These priorities are a starting point, not a finished action plan. The ideas and suggestions documented here come directly from community members. They will inform the development of a full Age-Friendly Action Plan, built through the Advisory Group, workgroups, county agencies, and community partners.

Priority 1

Social Vulnerability and Isolation

What the Data Show

Isolation was the single most consistently identified concern across the entire assessment. It came up 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 most pressing issue facing the older adults they serve. The county's AARP Livability Engagement score of 67 is above the national median, with 40.9 civic organizations per 10,000 people, and 65% of survey respondents report volunteering at least occasionally. These are real strengths. But the data also show that the county's existing social infrastructure reaches those who are already connected far better than those who are not.

Isolation in the home came up as a specific concern that does not get enough attention. Focus group participants described neighbors who had lived down the hall for over a decade and had never met, and limited structured ways for neighbors to connect in apartment buildings for older adults. The Meals on Wheels program was described as one of the few county services whose staff regularly encounter deeply isolated older adults, because drivers are sometimes the only regular human contact a client receives. Despite living in a group setting, many nursing home residents also report being lonely.

Hearing loss was raised unprompted across multiple sessions as a driver of social withdrawal that county systems have not yet fully addressed as a social issue. LGBTQ+ older adults face even higher risks: they are twice as likely to live alone as the general older adult population and four times less likely to have children. Focus group data described a pattern of “re-closeting,” when LGBTQ+ older adults do not feel comfortable expressing their identities in older adult living communities. For this group, isolation can be made worse by systems that were not designed with them in mind.

Who Is Most Affected

Older adults living alone, especially those with limited mobility or no nearby family. LGBTQ+ older adults. Residents of large apartment buildings for older adults in Silver Spring and East County. Adults with hearing loss or early cognitive decline. Caregivers. Non-English-speaking older adults, for whom many social connection opportunities are inaccessible by language.

And residents 80 and older, who are the county's fastest-growing age group and are more likely than others to fall into several of these categories at once.

What the Community Suggested

The following are suggestions raised by community members during the assessment process. They are offered for consideration as Age-Friendly Montgomery and community partners mobilize for action.

- Find and reach out to isolated older adults where they live, including through neighbors and peers who can check in regularly
- Create more social activities that work for people with hearing loss, limited mobility, or who speak languages other than English
- Work more closely with trusted community groups that already have relationships with people who are hardest to reach

Priority 2

Elder Abuse and Financial Exploitation

What the Data Show

Financial exploitation means someone taking, misusing, or withholding an older adult's money or property. It is one of the most common reasons for Adult Protective Services involvement in Montgomery County, and it is increasing. In FY2025, 32% of all APS (Adult Protective Services) investigations included a financial exploitation component, up from 22% in FY2015. Since 2015, the county's State's Attorney's Office has charged 400 elder abuse cases, and conducted 450 investigations. These numbers only count cases that were actually reported. County staff confirmed that family members and trusted individuals represent a significant share of exploitation incidents, and these are among the least likely to be reported.

Scam tactics have grown 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 tactics that change faster than their ability to recognize them. In the community survey, 60% of respondents reported feeling confident in their ability to avoid being exploited, and 35% of all respondents said they would like to learn more. The qualitative data suggest that confidence may be higher than the reality of the situation.

Fraud committed by contractors came up specifically and repeatedly. One focus group traced the founding of a community-led older adults organization directly to a contractor fraud incident. Participants created their own vetted contractor directory as a community-driven response to a gap that had not yet been addressed. The dissolution of that organization during COVID was described as a real setback. When exploitation does occur, the pathway to help is not always clear.

Who Is Most Affected

Older adults living alone are at a higher risk, especially when they have limited social networks to consult before acting on a suspicious communication. Those with cognitive decline may not recognize exploitation when it is occurring. Non-English-speaking and immigrant older adults face language barriers to both prevention education and consumer protection resources. Homeowners are disproportionately targeted by contractor fraud. Because family members

and trusted individuals represent a significant share of perpetrators, every older adult is potentially at risk and should have access to the knowledge and resources to recognize and respond to exploitation.

What the Community Suggested

The following are suggestions raised by community members during the assessment process. They are offered for consideration as Age-Friendly Montgomery and community partners mobilize for action.

- Expand multilingual prevention education that keeps pace with evolving scam tactics, including AI-enabled fraud
- Develop accessible reporting pathways and practical support for older adults who experience exploitation
- Strengthen protections for older adults, including trusted lists of vetted contractors and service providers

Priority 3

Information Access and Engagement

What the Data Show

Montgomery County has built a large network of services and programs for older adults. For many residents, those resources are not always easy to find. The county's AARP Livability Index broadband score shows 96.2% of residents have access to high-speed internet, one of the strongest rates in the country. But having access does not mean being able to get around online. The county website was described by some participants as difficult to navigate, even for people who are comfortable with technology, with participants describing being redirected to countywide results when searching for programs at a specific Senior Center.

For non-English-speaking older adults, the challenge is more basic. Focus group data from sessions held in Spanish, Korean, and Japanese described the same issue: county resources and service information are not always available in languages other than English, and older adults and their families are left to figure it out on their own. Korean focus group participants described older adults who depend on church networks for both transportation and information because county systems are not easily accessible in Korean. More than 35% of residents age 60 and older speak a language other than English at home, making this a widespread challenge, not a small one. The 311 system's English-first design, which requires callers to request a language line rather than being offered one at the start, was identified by participants as a barrier that could be addressed.

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. The information gap and the isolation gap reinforce each other.

Who Is Most Affected

Non-English-speaking and immigrant older adults, with specific and consistent evidence from Korean, Spanish, Mandarin, and Japanese-speaking listening sessions and focus groups. Isolated older adults without active social networks. Older adults with lower digital literacy. Upcounty residents who are geographically removed from in-person outreach. And residents who need information quickly, since programs in high demand often fill within minutes of being posted online.

What the Community Suggested

The following are suggestions raised by community members during the assessment process. They are offered for consideration as Age-Friendly Montgomery and community partners mobilize for action.

- Strengthen multilingual outreach and improve access to county information across languages, channels, and formats
- Invest in trusted community messenger models to reach older adults who are not connected online or through formal programs
- Create a centralized, easy-to-navigate resource for services for older adults available both online and in print

Priority 4

Navigation of Health Services

What the Data Show

By standard measures, Montgomery County is among the healthiest places in Maryland. The AARP Livability Health sub-score of 78 is the county's strongest category. The Robert Wood Johnson Foundation's County Health Rankings place it consistently 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 we asked about. These are real strengths. What they measure is the presence of services, not the experience of using them.

What participants described is a healthcare system where the burden of coordination often falls on the patient. Participants described a system where doctors and specialists often do not share information with each other, leaving patients to keep track of their own appointments, referrals, medications, and care plans. For many older adults, especially those dealing with memory loss, language barriers, or limited support at home, that is too much to manage alone. The Healthy Montgomery 2023 CHNA (Community Health Needs Assessment) 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 methods, makes the finding harder to dismiss.

Dental and mental health care were the most consistently cited specific access gaps. Dental costs are too high for many older adults on fixed incomes, with participants describing traveling long distances for care. Mental health services face both access barriers and cultural stigma, especially in communities where asking for help is not always easy to do. The Korean focus group documented a specific and acute gap: dementia care in a Korean-language context was described as very difficult to access, with participants recounting the case of an older adult who spoke English fluently for decades but, as dementia progressed, could only speak Korean and was placed in a facility where no one could communicate with her.

Where doctors are located adds to these challenges. Geriatric medicine physicians are concentrated near the DC border. Upcounty residents must travel substantial distances for routine care, and no county hospital system counts Poolesville or the surrounding agricultural reserve as within its service area. This means those residents may not be fully included in the community health planning 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 preventive care.

Who Is Most Affected

Upcounty and rural older adults facing geographic barriers to geriatric and specialty providers. Non-English-speaking older adults who encounter language barriers at every stage of navigation, from understanding a diagnosis to finding a provider who can communicate with them. Older adults managing multiple chronic conditions. Caregivers navigating the system on behalf of someone else, often without dedicated support of their own. And those who have experienced medical ageism and stopped going to the doctor unless they have to.

What the Community Suggested

The following are suggestions raised by community members during the assessment process. They are offered for consideration as Age-Friendly Montgomery and community partners mobilize for action.

- Develop or expand care coordination support so older adults are not navigating a fragmented system alone
- Improve access to affordable dental, mental health, and other services for older adults, with attention to cultural and linguistic accessibility
- Extend health service access to underserved areas through telehealth, transportation assistance, and other approaches
- Address medical ageism through community and provider education

Priority 5

Housing Access and Affordability

What the Data Show

Montgomery County is an expensive place to live. By most measures, it has always been. But for older adults on fixed incomes, the cost of staying in the community where they have built their lives has become a real and growing concern.

Housing affordability received the lowest ratings of any community characteristic in the 2025 community survey, essentially unchanged from ten years ago. The county's AARP Livability housing score is the only category where Montgomery County falls at or below the national average. Nearly a quarter of older adult residents spend more than a third of their household income on housing costs. Property taxes, Home Owners Association (HOA) fees, utilities, and insurance do not adjust to a fixed income. They rise year after year on the same amount. Participants reported the worry less as whether they can afford housing today, and more as whether they will still be able to stay in five or ten years.

A concern raised across all five listening sessions and more than half of the focus groups was what participants described as a middle-income gap. Some older adults reported earning too much to qualify for county assistance programs but not enough to comfortably pay for private alternatives. Some described being told they would need to sell their home to pay for care. Others expressed frustration at contributing to the community for decades and finding that support programs do not reach them.

Most older adults want to stay in their homes as they age. But 61% of community survey respondents said their home currently lacks basic accessibility features for people with mobility challenges. County programs that help pay for home modifications, such as ramps, grab bars, and wider doorways, were described by participants as difficult to navigate and burdened with long waiting lists. Finding a trustworthy contractor to do the work was raised as its own challenge, connected to the contractor fraud concerns described in Priority 2.

For older adults who need more support than home modifications can provide, participants reported limited options and long waits. Survey respondents and focus group participants described waiting three to five years for affordable housing for older adults. Upcounty residents reported particular difficulty finding assisted living and similar care options close to home,

describing a lack of those facilities in their communities and barriers they felt were tied to local zoning rules.

Who Is Most Affected

Older adults facing economic insecurity, including both lower-income residents and those in the middle who reported not qualifying for assistance but still struggling with costs. Renters, who described limited ability to modify their homes. Upcounty and rural older adults, who reported fewer nearby care options. Non-English-speaking and immigrant older adults, some of whom reported having no retirement income and described difficulty finding out what help might be available to them. And older adults who need home modifications but reported trouble finding programs or contractors they can trust.

What the Community Suggested

The following are suggestions raised by community members during the assessment process. They are offered for consideration as Age-Friendly Montgomery and community partners mobilize for action.

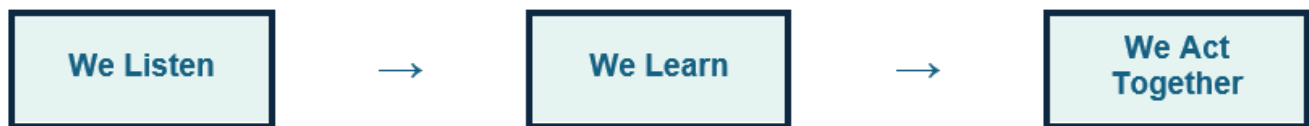
- Expand and simplify access to home modification programs, with shorter waitlists and clearer guidance on how to apply
- Develop a list of vetted contractors that older adults can trust for home repair and accessibility work
- Examine property tax relief programs to better reach long-term homeowners on fixed incomes
- Stay connected to county housing planning efforts and make sure older adult voices and data are part of those conversations
- Explore more housing options across the county, including in Upcounty communities where residents report difficulty finding care facilities nearby

What Comes Next

This is the beginning, not the end.

This report completes Montgomery County's first full age-friendly assessment cycle and sets the stage for the next phase of work. The five priority areas will now be developed into a full Age-Friendly Action Plan, with specific goals, strategies, timelines, and clear responsibilities. That work will happen through the Age-Friendly Advisory Group and its ten domain workgroups, in partnership with county agencies, community organizations, and residents. Progress will be tracked and reported publicly.

An Ongoing Partnership



And then we listen again. Making Montgomery County more age-friendly is a continuous partnership with the people who live here.

Thank You

This report is built from what you told us. Every survey response, every comment in a listening session, every story shared in a focus group made this possible. Montgomery County is fortunate to have a community that shows up, speaks honestly, and invests in making this a place where everyone can age well.

The full report, with data across all ten domains and complete appendices, is available for anyone who wants to go deeper: for grant applications, program planning, advocacy, or research.

Want to know more or get involved?

Contact Montgomery County Aging and Disability Services
240-777-1350 · montgomerycountymd.gov/senior