



Princeton Community Needs Assessment 2025

Understanding the Experiences, Needs, and Priorities
of Princeton's Low- to Moderate-Income Residents and Older Adults

Commissioned by

Princeton Human Services Department

Center for Modern Aging Princeton (CMAP)

**Committee on Affordable Housing, Racial, Economic,
Social Equity and Services (CARES)**

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We hope these findings guide meaningful partnerships and collective action to help all residents thrive in Princeton.

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MISSION STATEMENT

The Princeton Human Services Department advocates for residents by delivering critical services, youth programs, and family support to help disadvantaged people overcome obstacles and thrive.

Center for Modern Aging Princeton (CMAP)

MISSION STATEMENT

CMAP is a community nonprofit organization that exists to help older adults thrive. We carry out this mission by offering support and guidance to older adults and their families, and by providing vital human connections, compassionate social services, dynamic lifelong learning, and meaningful volunteer opportunities that promote active, healthy, and engaged aging for adults aged fifty-five and above.

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EXECUTIVE SUMMARY

In 2025, Princeton's Human Services Department, the Committee on Affordable Housing, Racial, Economic, Social Equity and Services (CARES), and the Center for Modern Aging Princeton (CMAP) commissioned a community needs assessment to better understand the experiences of residents facing systemic barriers and to inform municipal planning and service provision. The assessment consisted of a comprehensive survey completed by 253 low-to-moderate income (LMI) residents who self-disclosed their income status as part of the survey. These respondents represented households comprising 521 adults and 280 children under 18. The assessment also drew on in-depth listening sessions with 17 community members, supplemented by 49 additional survey responses from non-LMI older adults to support age-friendly planning.

The current effort builds on the needs assessment of residents conducted in 2014, and of community partners in 2020 and 2022, and is intended to strengthen the local social safety net (the public, nonprofit, and faith-based organizations providing housing, health, food, legal, and employment support to LMI residents), improve coordination across service providers, and deepen Princeton's commitment to equity and inclusion for all residents. Findings are based on a purposive sample and are not statistically generalizable to Princeton's full population or subset of LMI households, but they offer meaningful insight into the needs and priorities of the community's most underrepresented residents.

Who Participated. Respondents were predominantly female, racially and ethnically diverse, and multigenerational, with a median age in the 45-to-54 range. Hispanic/Latino residents comprised the largest group (35%), followed by Black (26%) and White (17%) respondents. Nearly a third spoke Spanish at home, and approximately one-third of households reported a disability. Single-person households were the most common household type (38%).

Service Awareness, Need, and Access. One of the most notable findings is the gap between services that exist and those residents know about. Roughly half or more respondents were unaware of key resources including housing, rental, and utility assistance, and affordable medical care services. In terms of services needed, respondents most frequently cited food assistance (47%) and transportation assistance (35%). Among those who found it challenging to access services (22%), the most commonly cited barriers were not knowing where to find information (28%) and needing help with the application process (19%). Language barriers have declined substantially, suggesting that bilingual service delivery efforts may have helped.

Food and Nutrition Access. While severe food insecurity has declined since 2014, access to affordable, healthy food remains a pressing concern for residents. Forty-three percent of respondents worried about food running out, and 47% use some form of food assistance on an ongoing basis. Food insecurity is particularly acute among respondents under the age of 24. Residents expressed a preference for pantry models that offer choice and dignity, along with expanded delivery options for those without transportation.

Healthcare Access. Affordable healthcare remains a persistent challenge. Nearly 30% of respondents said they postponed or skipped medical or dental care due to cost, and 25% were unable to pay medical or dental bills in the past year. Survey data shows that when residents accumulated healthcare debt they could not pay, it was overwhelmingly driven by acute medical emergencies and hospital bills. Dental care was the most frequently skipped service. Approximately 50% of the households who skipped medical or dental care had either partial insurance or none. The community's heavy reliance on Medicaid and Medicare makes it

particularly sensitive to potential changes in federal eligibility requirements. Transportation to medical appointments was also cited as a barrier for 8% of respondents across age groups.

Housing Access. The majority of respondents were renters (84%), with nearly half living in subsidized or affordable housing. Residents described fragmented application processes, long waitlists, escalating fees, and the need for on-site social services support in housing developments. The gap between income levels and Princeton's cost of living also affects moderate-income households who are unable to secure housing they can afford.

Employment and Income. Overall, 16% of respondents indicated a need for job assistance in the past year. Among the 138 working-age respondents between 18 and 64 years old, 10% reported being unemployed and 12% were actively looking for work. Listening session participants and survey respondents highlighted bilingual job search support, employment assistance for older adults and individuals with disabilities, and financial literacy programming as important needs. The "cliff effect" (i.e. earning just enough to lose benefits but not enough to cover expenses) was a recurring theme among participants.

Legal and Safety. While legal needs affect a smaller proportion of respondents than housing or food insecurity, their consequences can be significant. Most respondents (60%) said they did not have any legal needs in the past year. For those who did, the most common legal need is help with landlord-tenant or eviction issues (6%), followed by public benefit appeals (4%) and immigration-related concerns (3%). Fewer than 15% of respondents reported experiencing robbery, assault, discrimination, bullying, or other safety incidents. Discrimination (5%) was the most commonly reported safety concern. Relationships with local police are broadly positive, with 64% of respondents reporting they feel comfortable interacting with officers. About 8% of respondents say they were uncomfortable interacting with local police.

Older Adults. The 162 LMI and non-LMI older adult respondents reported high awareness of visible community programs but identified transportation, exercise and fitness, and benefits navigation as their most pressing needs. Twenty-two percent said they experienced difficulty accessing services, with transportation being the most challenging. The biggest barrier to accessing services was not knowing where to find information (21% of older adults), particularly for transportation assistance, technology education, and benefits help. Other notable obstacles included needing application assistance (12%) and cost, transportation, or inconvenient hours (10%). Over half (66%) reported a disability, and 30% of LMI older adults skipped or delayed medical care due to cost.

Equity, Belonging, and Inclusion. Just over half of respondents (58%) report feeling connected to neighbors and community groups. Twenty-six percent of respondents lacked reliable internet access at home, creating barriers to services, employment, and civic participation that are increasingly available online. Respondents generally viewed Princeton as welcoming, though perceptions of inclusivity are lower for some groups. Approximately 60% percent said the community is welcoming for people with disabilities, 58% said the same for people over 55 years old, 54% for people with different cultural and religious identities, 52% said it is welcoming to LGBTQI+ individuals, and 44% felt the community is welcoming to immigrants and newcomers.

Looking Forward. The assessment points to several areas where targeted action could meaningfully improve resident wellbeing, including strengthening service navigation, visibility, and outreach, expanding mobile and satellite service delivery, improving transportation, investing in digital equity, strengthening belonging and social connection, and deepening coordination among municipal and community partners. Princeton benefits from strong institutional assets, an engaged service network, and a civic culture that residents value. The findings in this report are intended to support evidence-informed planning that builds on these strengths.

INTRODUCTION

Princeton is widely recognized for its economic resources, civic institutions, and engaged community networks. However, the experiences of some lower-income and older residents indicate ongoing challenges related to affordability, access to services, and system navigation. For them, daily life frequently involves navigating rising costs and constrained resources, balancing the need for assistance with uncertainty about where to obtain it, and sometimes reconciling a sense of belonging with the feeling that the community was not fully designed to accommodate them.

In 2025, Princeton’s Human Services Department, the Committee on Affordable Housing, Racial, Economic, Social Equity and Services, and the Center for Modern Aging Princeton (CMAP) commissioned a needs assessment to better understand the experiences of Princeton residents facing systemic barriers, and to inform municipal planning and service provision. It consisted of a comprehensive survey and in-depth listening sessions with Princeton community members. This assessment builds on the previous assessments of residents’ needs conducted in 2014 and of community partners in 2020 and 2022. It is intended to strengthen the local social safety net, improve coordination across service providers, and deepen Princeton’s commitment to equity and inclusion for all residents¹. Building on the 2014 survey, this assessment also placed a special focus on gathering input from older adults to inform the planning and service design efforts of the Age-Friendly Princeton 2.0 Task Force. The findings in this report draw on the voices of Princeton residents to help inform ongoing efforts to strengthen services, guide decision-making, and support those facing systemic challenges in the community.

What is a safety net? The local safety net refers to the network of public, nonprofit, and faith-based organizations operating at the community level that collectively provide social services, including housing, health, food, legal, and employment assistance, to low- and moderate-income residents.

Local Service Landscape and Purpose

New Jersey is a high-cost state where low- to moderate-income (LMI) households often face compounding challenges related to food insecurity, housing costs, and barriers to healthcare^{2,3}. Princeton, one of the more affluent municipalities in Mercer County, has a per capita income of \$87,301 compared with \$53,765 countywide⁴. Its median household income of approximately \$184,000 is nearly double the Mercer County median of roughly \$104,000. However, these aggregate figures obscure significant economic stratification within the municipality. Mercer County itself has a poverty rate of approximately 10%, and within Princeton, low- to moderate-income households face many of the same compounding pressures seen across the county and the state, including high housing costs, food insecurity, and barriers to affordable

¹ Princeton Department of Human Services. *Community Needs Assessment 2014*. Municipality of Princeton, 2014, www.princetonnj.gov/406/Community-Needs-Assessment.

² <https://censusreporter.org/profiles/06000US3402160900-princeton-mercer-county-nj/>

³ Ronollo, Katie, and Alexa McCullough. *Needs Assessment 2020: Mercer County*. Mercer County Human Services Advisory Council, 15 Jan. 2021

⁴ U.S. Census Bureau. "QuickFacts: Princeton, New Jersey." American Community Survey, 2019–2023 5-Year Estimates. U.S. Department of Commerce, 2024, www.census.gov/quickfacts/princetonnewjersey.

healthcare and childcare that are often intensified by the gap between their incomes and Princeton's cost of living.



To meet the diverse and intersecting needs of its residents, Princeton relies on a robust network of municipal initiatives, county-level administration, state and federal programs, and local non-profit partnerships. At the county level, entities like the Mercer County Board of Social Services provide critical financial and nutritional assistance by administering Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance, and Medicaid, while the Trenton/Mercer Continuum of Care coordinates housing and substance use treatments. Locally, Princeton

supplements these broader safety nets with direct municipal programs, such as Community Development Block Grant (CDBG)-funded free vision and dental care, technology access support, and emergency housing navigation, alongside targeted non-profit efforts from organizations that make up the Food Insecurity Task Force and Housing Stability Coalition. Together, this collaborative ecosystem forms a critical safety net bridging the gap between local vulnerabilities and statewide resources.

This needs assessment comes at a time of significant uncertainty surrounding federal and state policies that impact underserved communities. Recent federal legislative proposals affecting Medicaid and SNAP eligibility may create insecurity for communities that rely on these programs. These recent policy changes underscore the urgency of this needs assessment. The findings in this report, along with the policy recommendations that follow, are intended to help the municipality plan proactively, address gaps before they escalate into crises, and leverage the substantial local assets that Princeton already possesses. The findings presented in this report are based on a sample of 253 low- to moderate-income households, consisting of 521 adults and 280 children under 18. While this sample provides meaningful insight into the experiences and needs of LMI community members, results should be interpreted within the context of this specific population subset rather than Princeton's overall population.

Methods

Survey: The digital survey (Appendix A) was administered purposively in 12 languages to 253 Princeton residents with low- to moderate-income (LMI) from August to December 2025.

- The team began by engaging with the staff of local partnering organizations and residents to define key priorities, design and pilot the survey, and ensure the assessment reflected the needs of the community.
- The needs assessment survey was conducted using a purposive and place-based sampling approach designed to reach those who are traditionally underrepresented and minimize burden on community members. Using a community-centered approach, data collection was embedded with outreach and on-the-spot service delivery to meet residents where they live and work. A team comprised of Princeton Human Services staff, CMAP staff, CARES Committee members, and the lead researcher conducted outreach, administered surveys, and provided services in-person at a mix of locations in the municipality. These included subsidized and/or affordable housing developments, local partners such as Princeton Nursery School and Princeton Public Library, Princeton Human Services office, Princeton Health Department's pop-up vaccine clinic, faith-based organizations, food pantries, and neighborhood small businesses often frequented by underserved residents.
- Screening questions were used to confirm residency in the municipality, whether residents met the income thresholds for the survey, and whether they were 55 years and older for the age-friendly portion of the survey. For the purposes of this assessment, the income criteria to determine low- to moderate-income households were the New Jersey Council on Affordable Housing (COAH) 2025 regional income limits⁵. These income guidelines were used as the maximum annual income for households eligible for this study (very low to moderate income levels).
- The 2025 survey is not identical to the 2014 survey. The team kept questions intact where possible, but also made several updates, adapting, removing, and adding questions to align with Princeton's current context and municipal priorities. Therefore, direct comparisons may not be possible on all indicators, but emerging trends and themes have been highlighted wherever feasible.
- Residents who completed the survey received a \$15 gift card to McCaffrey's, Target, or ShopRite.

⁵New Jersey Housing and Mortgage Finance Agency. "UHAC 2025 Affordable Housing Regional Income Limits by Household Size." *Affordable Housing Professionals of New Jersey*, 5 May 2025, www.ahpnj.org/member_docs/UHAC_Income_Limits.pdf.

Listening Sessions: The team also organized and conducted listening sessions with 17 community members with diverse backgrounds, ages, and income levels. Residents who participated in the listening sessions received a \$20 gift card to McCaffrey’s, Target, or ShopRite.

Non-LMI Older Adults Addendum: In addition to the LMI respondents, we also gathered data from 49 older adults with higher incomes to inform the work of the Age-Friendly Princeton Task Force. For the bulk of the report, findings are based on responses from the LMI population, except as noted and discussed in Chapter 3.

Community Snapshot

The 2025 Community Needs Assessment (CNA) was administered to Princeton’s low- to moderate-income (LMI) community, to gather feedback from residents to better understand the specific challenges they face. While Princeton is generally characterized by high affluence, the survey data highlights how economic vulnerability is disproportionately concentrated among specific, often marginalized, demographic groups⁶.

The survey participants represent a diverse cross-section of Princeton's low- to moderate-income population. Of the 253 LMI respondents, most were predominantly female, racially and ethnically diverse, and multigenerational, spanning college-age adults to longstanding residents in their eighties and nineties. The majority of respondents were people of color, with Hispanic/Latino residents comprising the largest single group (35%), followed by non-Hispanic Black residents (26%) and non-Hispanic White residents (17%). Approximately 31% of respondents spoke Spanish at home, and smaller numbers spoke Haitian Creole (5%), Chinese/Mandarin (6%), French (5%), Russian (3%), and other languages, reflecting a community that is linguistically rich.

The median age of respondents was in the 45- to-54-year range, with the average age being 50 years old. A little over half (55%) were under 55 years old. About one-third reported disabilities within their household, including 18% who had mobility limitations, 13% with vision impairment, and 11% with mental health condition. Marital status data indicated that 32% of respondents had never married, 13% were widowed, 21% were married or in a civil union, and 15% were divorced. The average household size was between 2 to 3 people (2.58). Single-person households were the most common (38%), which is significant for service planning because single-person households face heightened vulnerability during a health crisis, job loss, or housing emergencies, with no other adult to share costs or provide informal care.

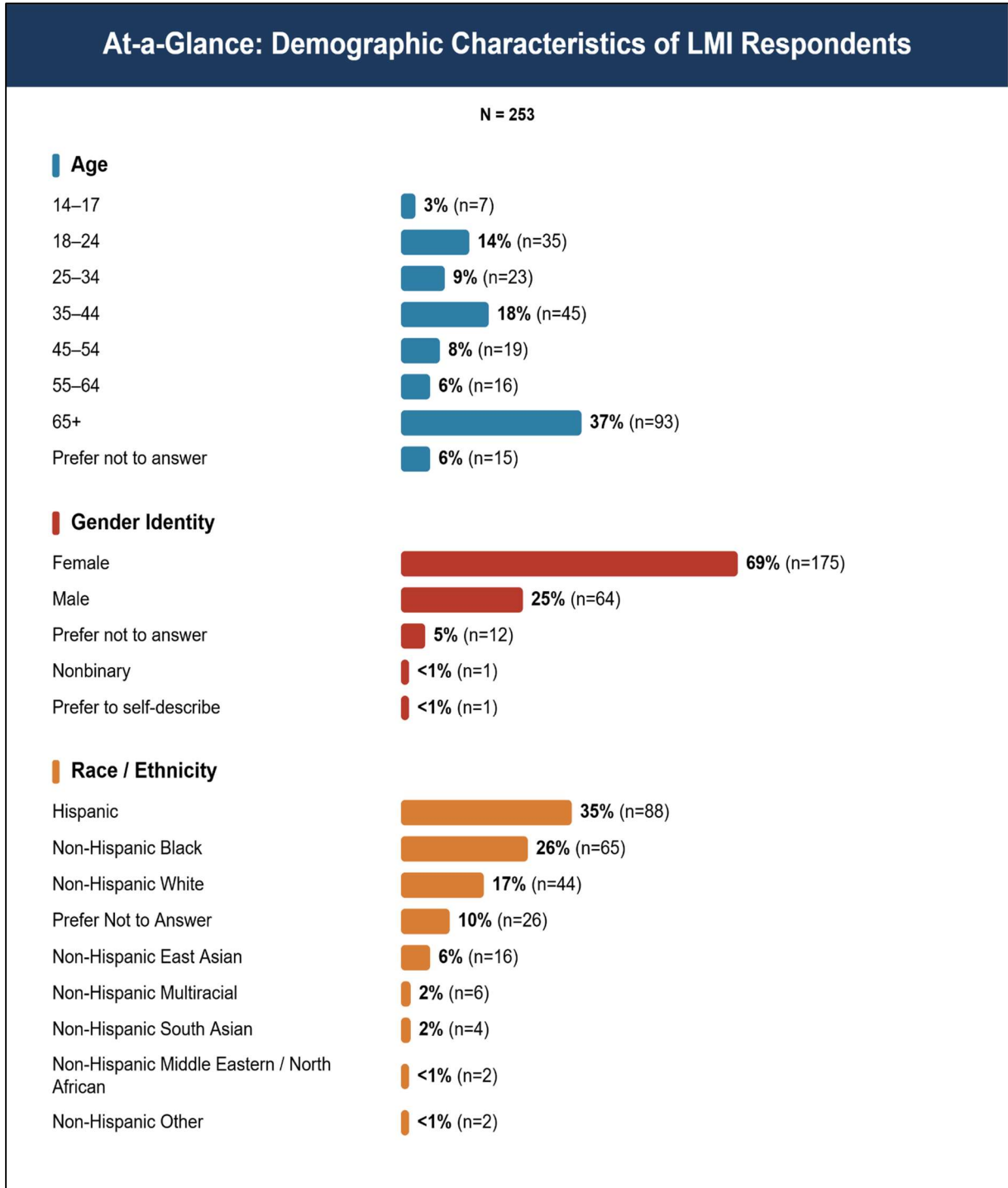
“yo solo me la paso de la cocina para el baño para la sala. Me siento bien poder compartiros...porque uno piensa como si uno no existiera. Uno se siente bien saber que hay alguien que nos escucha.”

“I just go from the kitchen to the bathroom to the living room. It feels good to be able to share our thoughts... Because sometimes you feel like you don't even exist. It feels good to know that there's someone who listens to us.

— **Listening session participant**, discussing her mental health needs as a mother of young kids, and her appreciation for being able to share her perspectives.

⁶ U.S. Census Bureau. "QuickFacts: Princeton, New Jersey." U.S. Department of Commerce, 2024, www.census.gov/quickfacts/princetonnewjersey

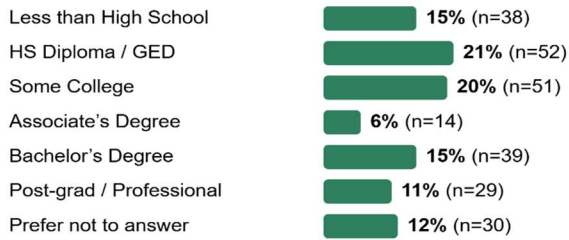
Overall, these data illustrate that the LMI respondents in Princeton are older and more racially and ethnically diverse than the total population of approximately 30,000 residents and navigate disproportionately higher rates of disability and lower formal educational attainment than the town averages. Recognizing these disparities provides essential context for understanding the profile of LMI households who might otherwise remain underserved.



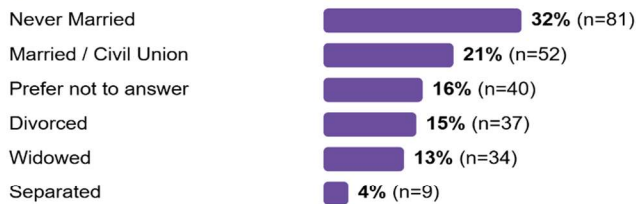
At-a-Glance: Demographic Characteristics (continued)

N = 253

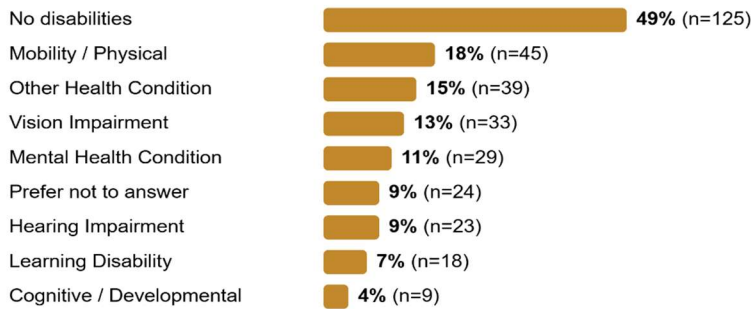
Highest Education Level



Marital Status

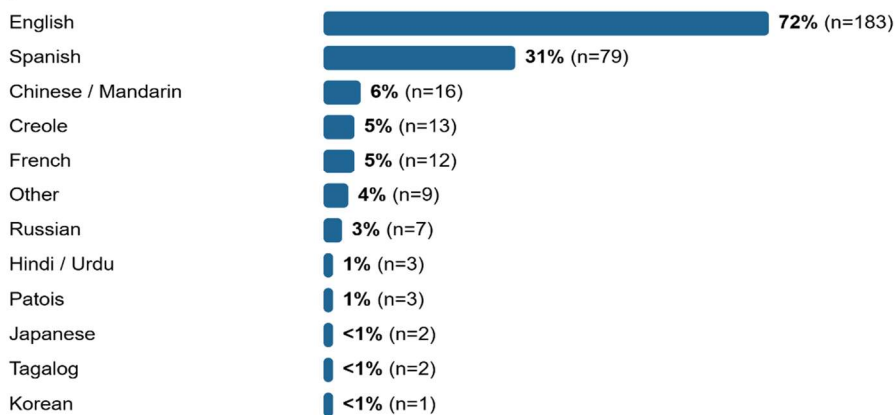


Disabilities in Household



† Respondents could select all that apply. Percentages may exceed 100%.

Languages Spoken at Home



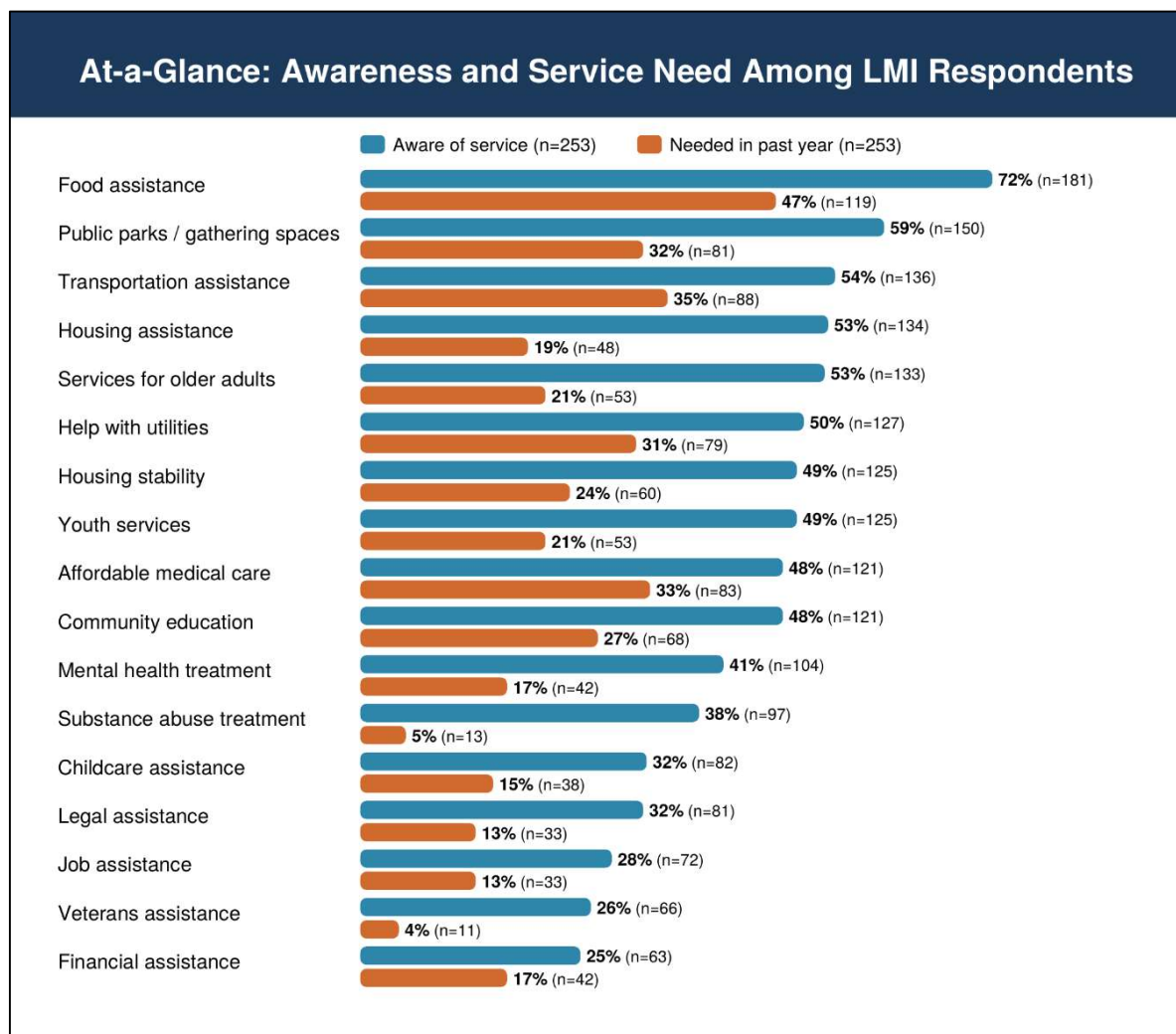
† Respondents could select all that apply. Percentages may exceed 100%.

1. OVERVIEW OF NEEDS

The needs assessment focused on understanding residents’ needs related to six determinants of wellbeing: food and nutrition, health and medical, housing stability, income and employment, legal and safety, and belonging and inclusion, as well as the needs of older adults. This chapter synthesizes the key patterns of awareness, expressed need for services, service access experience, and barriers, and situates these findings within a decade of change since Princeton's last comprehensive needs assessment in 2014.

1.1 Service Awareness and Need in the Past Year

One of the most notable findings of this assessment is the gap between the services that exist in Princeton and those of which LMI residents are aware. Survey and listening session data consistently reveal that roughly half of respondents were unaware of key municipal and community resources, including housing assistance



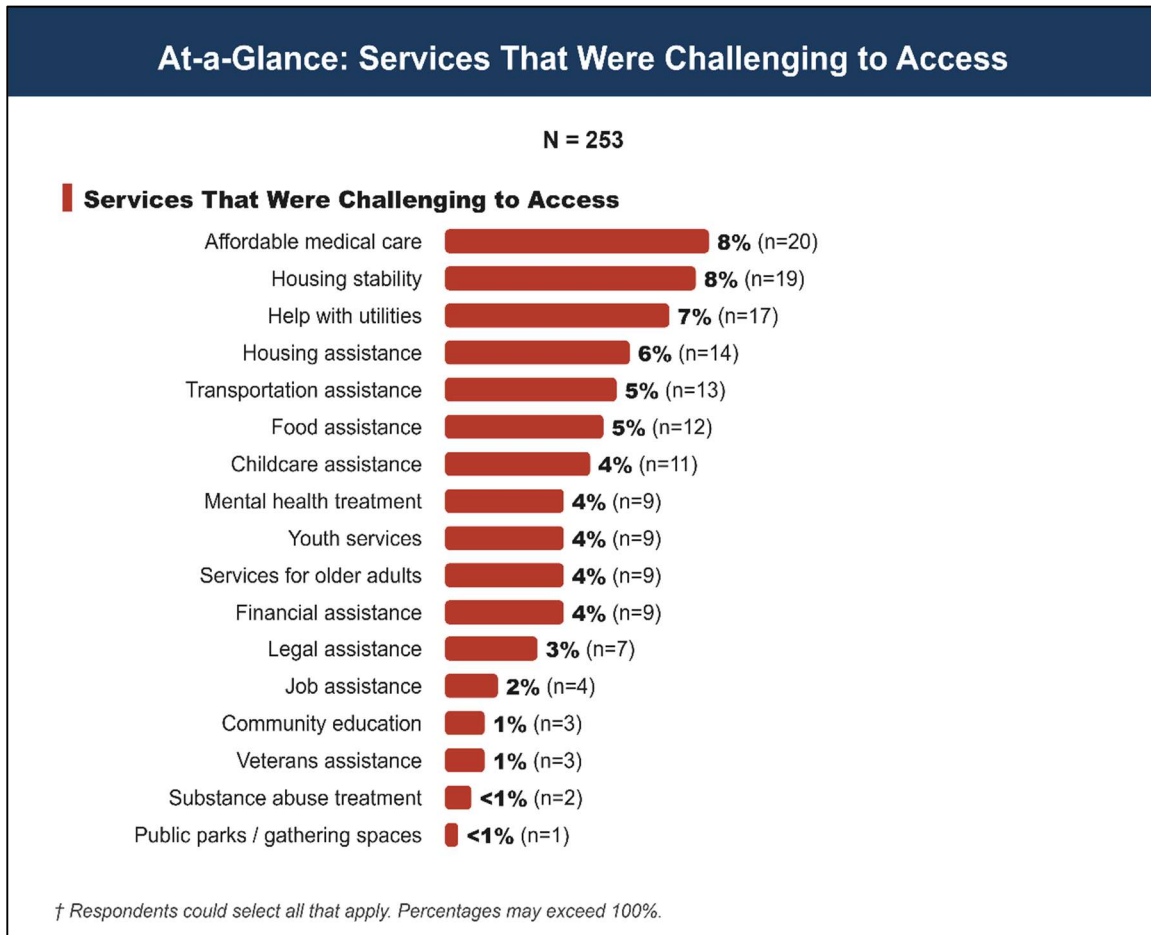
programs, rental assistance, utility help, and subsidized medical care. More than 60% of LMI respondents

were unaware of substance abuse treatment, childcare assistance, legal assistance, job assistance, veteran assistance, and financial assistance services. This "awareness gap" is not evenly distributed: Spanish-speaking residents, older adults, and those without reliable internet access showed the deepest gaps in service knowledge.

When asked which services they had needed in the last 12 months, LMI respondents reported demand across all domains. The need for food assistance (47%) and transportation assistance (35%) was highest. Overall, respondents' most prevalent needs were concentrated in economic stability (income support, housing), physical wellbeing (health and dental care, food), and connective infrastructure (transportation, internet). Conversely, few respondents identified a need for resources tailored to military-connected residents and support for substance use recovery.

1.2 Service Access and Barriers

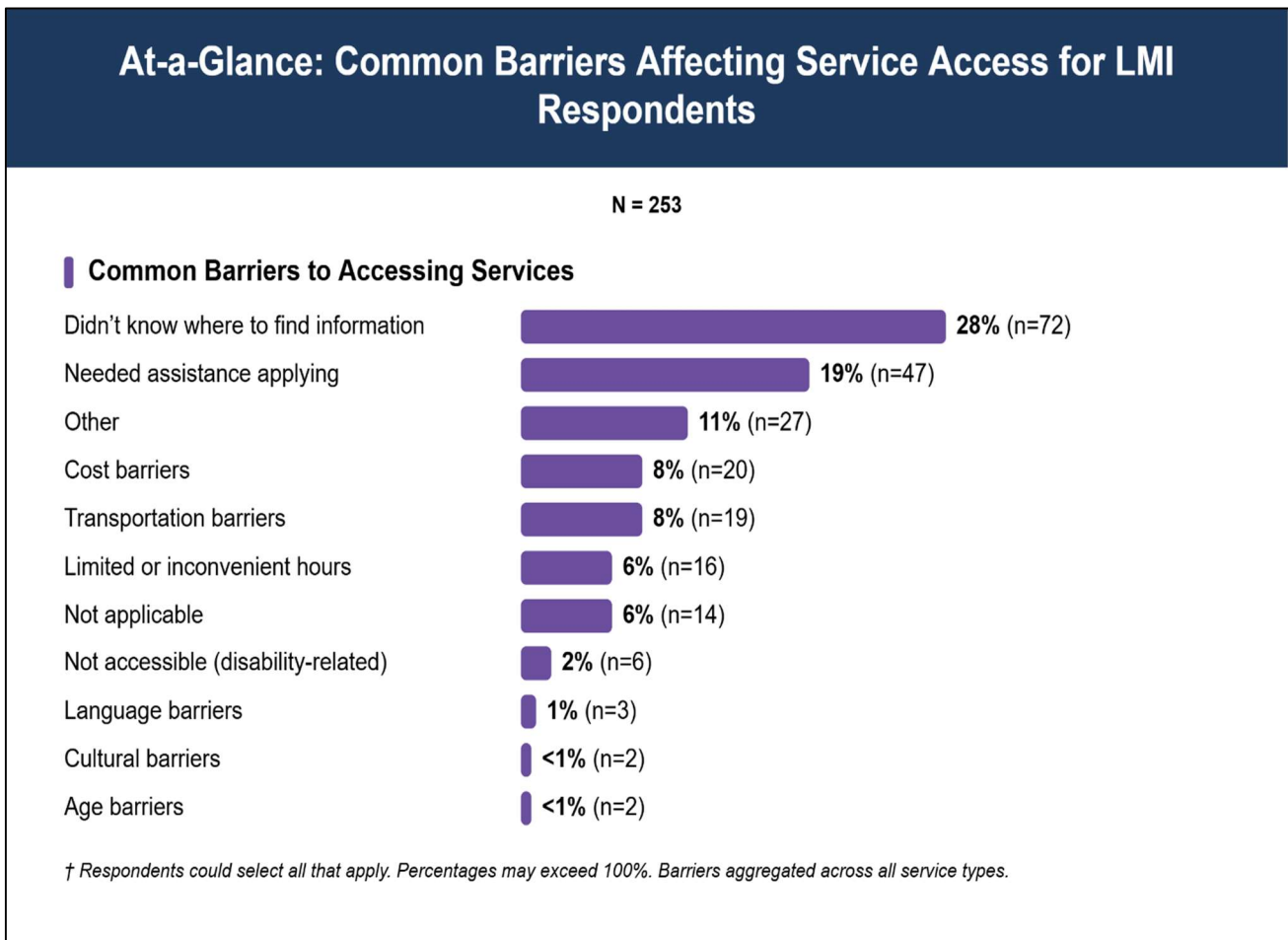
A subset of 56 residents or 22% of LMI respondents reported experiencing difficulties when trying to access the services they needed. Some services, although known by about 50% or more of LMI respondents, were hard to access due to cost, transportation, or complexity. Affordable health and housing services were identified by respondents as the most challenging to access. The services that posed the least difficulty for those who needed them were public parks, substance abuse treatment, and community education.



From the subset of survey respondents who indicated challenges in accessing services, the most frequently cited barriers primarily centered on information access and service navigation.

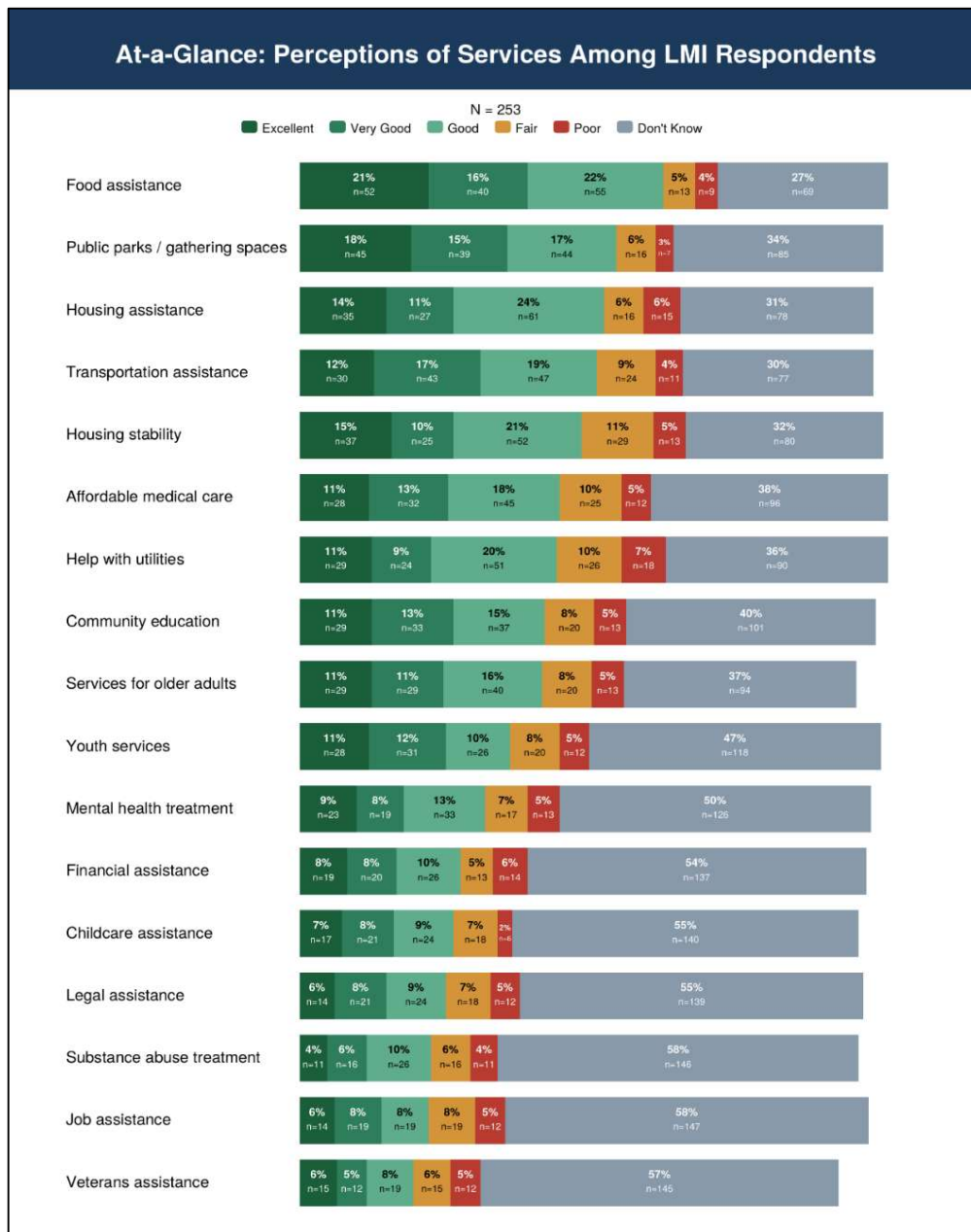
- **Information deficits:** About 28% of respondents stated that they did not know where to get information. It was the most common barrier cited for accessing help with utilities, affordable medical care, housing stability, and food assistance.
- **Application difficulties:** About 19% of respondents reported needing assistance applying for services such as utilities, affordable medical care, and housing stability programs
- **Cost:** Financial barriers were reported by 8% of respondents, particularly for affordable medical care and mental health services.
- **Transportation:** 8% of survey respondents identified transportation as a barrier for accessing medical care and utility assistance.

Respondents reported age, physical, or cultural barriers less frequently than informational or administrative challenges. Language barriers were also cited very rarely (e.g., one report for medical care and one for housing assistance), indicating that bilingual service delivery has reduced this challenge. Barriers related to access for those with disabilities, were also reported infrequently.



1.3 Community Perceptions

The needs assessment survey also asked respondents to rate the quality of existing services on a scale from Poor to Excellent, with the option to select 'don't know'. Most community programs were rated highly. The three services that received the most positive ratings overall (good, very good, or excellent) were food assistance, public parks and gathering spaces, and housing assistance, followed closely by transportation assistance, and housing stability. Help with utilities received the most unfavorable ratings (7% poor and 10% fair). As discussed earlier, these data point to a gap in awareness rather than satisfaction alone: for six services, more than half of respondents were unable to rate the service because they didn't know the service existed.



1.4 Evolving Community Needs

Princeton's Human Services Department last conducted a community needs assessment in 2014, surveying 204 households with low- to moderate-income across a mix of demographic groups. Comparing those data with the 2025 findings reveals shifts in the community's needs landscape with evidence of improvement, deeper challenges, and persistent structural conditions⁷. Building on the 2014 survey, this assessment placed a special focus on gathering input from older adults to inform municipal planning efforts and the work of the Age-Friendly Princeton Task Force 2.0. The team's outreach intentionally focused on reaching diverse and underserved residents, both under and over 55 years old. Accordingly, the 2025 respondents consist of more Hispanic or Latino households as well as a larger proportion of older adults than in 2014.

The 2025 assessment provides an updated understanding of the needs, priorities, and experiences of underserved residents, including older adults.

Key highlights:

- **Employment and Job Training:** In 2014, one of the most significant needs was employment assistance: Residents said they wanted "help finding a living wage job" (44%) and "job training" (39%), with 21% of the sample actively unemployed. In 2025, 10% of respondents between 18 and 64 years old reported being unemployed, and 16% indicated a need for job assistance in the past year.
- **Language as a Barrier:** In 2014, nearly one in four non-English speakers reported that services were harder to access due to a language barrier, particularly within the Hispanic/Latino community. In 2025, only 1% of respondents reported language barriers, a substantial decline from findings reported in 2014. This shift may indicate improved access to bilingual services and translated information across Princeton's service network.
- **Food Insecurity:** In 2014, 40% of respondents reported cutting the size of their meals or skipping meals due to lack of money, and 55% rated food assistance as extremely important to their household. By 2025, the proportion of respondents who cut or skipped meals dropped to 23%, a reduction of 17%. However, 43% of respondents in 2025 reported worrying that food would run out before they had money to buy more, and 47% used some form of food assistance (SNAP, food pantries, community kitchens, or free meal delivery) in the past year, compared with 35% who used food banks or pantries in 2014. This increase in food assistance utilization, alongside greater community investment, suggests that while food insecurity has declined in its most severe form, more residents are now relying on programmatic support to meet basic nutrition needs. In 2025, food assistance has the highest awareness of any service (72%) and the highest quality rating among the services included in the survey, reflecting a decade of investment in food assistance infrastructure and the growth of emergency assistance programs⁸.
- **Navigational Barriers:** While physical and language barriers have decreased, informational barriers have worsened. In 2025, the primary reasons residents said they cannot get help are that they "did not know where to get information" and "needed assistance applying" due to several factors such as limited awareness, complexity of the process, or lack of internet access.

Persistent Trends:

- **Affordable Medical Care:** This remains a chronic, critical vulnerability. In 2014, 34% of respondents saw medical care as a high need due to cost. Over a decade later, it remains difficult to access and is the third

⁷ The 2025 survey is not identical to the 2014 survey. See Methods section.

⁸ Municipality of Princeton Department of Health and Human Services. 2023 Consolidated Annual Performance Evaluation Report. Municipality of Princeton, Sept. 2024

most needed service overall (33%). Medical costs and debt were also the primary factors affecting residents' housing in 2025. Cost and transportation remain important barriers to receiving medical care.

- **Housing and Utilities:** In 2014, 31% of households struggled with mortgage/rental assistance and high housing costs. In 2025, housing stability and help with utilities remain significant needs (for 24% and 31% of respondents, respectively) and were reported to be the second and third most difficult services to access. LMI residents who participated in listening sessions confirmed that they consistently struggle to access affordable or subsidized housing and navigate the complex application processes required to secure housing and utility funds. Residents cited scarce units, income limits that don't include the near-poor, multi-year lottery waitlists, and eligibility rules that can shift mid-application and are often premised on already being in crisis, leaving even persistent applicants discouraged or shut out.

“Right now I have a shut-off notice for my PSE&G because I've prioritized food... I owe four-eighty. I don't have that. I don't know what I'm going to do. There's nobody that helps with utility bills.”

— **Listening session participant, working parent of 4**

2. NEEDS BY DOMAIN

To better understand residents' experiences and identify service gaps, this needs assessment examined several interconnected determinants of wellbeing: food and nutrition, health and medical care, housing, income and employment, legal matters and safety, and belonging and inclusion. These domains do not operate in isolation. A car that breaks down affects a medical appointment, which affects a work shift, which affects the ability to pay rent. This section describes findings for each of these domains and highlights trends and changes since 2014 where meaningful. Collectively, these findings reflect a community experiencing measurable hardship alongside demonstrated resilience.

2.1 Food and Nutrition Access

Hunger and food insecurity have declined in the past decade but worry persists. In 2014, 40% of respondents reported cutting the size of their meals or skipping meals due to lack of money. By 2025, that figure dropped to 23%, a reduction of 17 percentage points. The findings highlight the contribution of federal nutrition assistance programs (such as SNAP), state initiatives, and local food access programs in supporting residents experiencing food insecurity.

However, this progress should not be overstated. In 2025, 43% of respondents worried that food would run out before they had money to buy more. This level of food insecurity anxiety indicates that many households remain one financial shock away from going hungry. Nearly a quarter (23%) said they or a household member had cut the size of their meals or skipped meals due to lack of money, and 47% used some form of food assistance (SNAP, food pantries, community kitchens, or free meal delivery). Food insecurity was particularly acute among young people under 24. Among the 42 respondents under 24, more than half (57%) worried their food would run out before they had money to buy more, and about a third (29%) cut or skipped meals and used food assistance (SNAP, pantries, community kitchens).

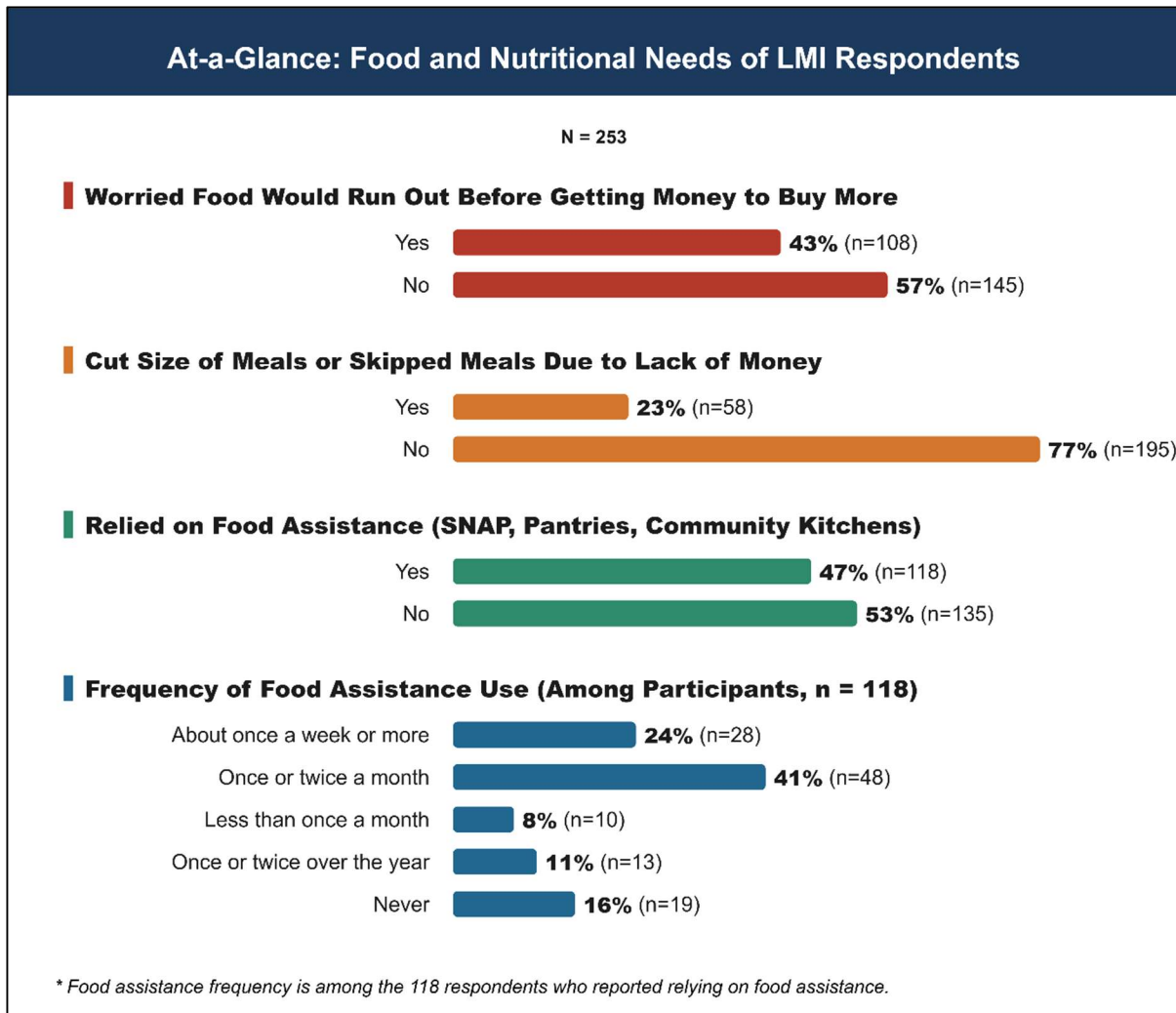
Meeting Food and Nutrition Needs

Princeton and Mercer County offer a robust network of food assistance programs designed to combat hunger and food insecurity for LMI households. These resources range from emergency food pantries providing shelf-stable items and fresh produce, to regular hot meal programs. Recognizing the diverse needs of the community, many organizations prioritize dignified access by offering flexible "shopping" models for groceries, as well as meal deliveries tailored for homebound seniors and individuals with disabilities. More details on specific resources can be found in the *Princeton Social Services Resource Directory*.

“Delivering produce bags to the children in school is a great way to support those without transportation or with the fear... in this political climate”

— **Survey respondent**

Residents in listening sessions and on the survey consistently requested more fresh produce, dietary accommodation for seniors with medical conditions and home delivery options. Many residents described a fundamental tension: food is available in town, but not at prices they can afford, and not always in forms that are accessible to those without transportation.



Among those who accessed food assistance, most (65%) did so on a monthly or weekly basis, indicating that food assistance is not a one-time buffer but an ongoing lifeline. Many respondents expressed gratitude for food assistance programs, highlighting the impact of initiatives like meal deliveries and produce bags for families. Respondents also highlighted the importance of delivery services for homebound residents and school-based food programs for children, channels that bypass certain transportation barriers and stigma.

Respondents who live in subsidized or affordable housing suggested that it would be useful to designate an area in the complex where individuals may drop off and pick up canned goods and non-perishable items to share with neighbors and friends.

The pantry model also received mixed reviews. Multiple listening session participants noted that they would appreciate it if local pantries could offer more variety, protein sources, and culturally relevant foods.

One Spanish-speaking participant suggested 'menos latas' (fewer cans) and more fresh produce. Respondents expressed strong enthusiasm for the "grocery store" model of pantries which allows clients to shop and choose their own food with dignity: "like a supermarket with low prices or free, to choose what we can cook". The potential reduction or elimination of SNAP benefits under H.R. 1 would directly worsen food insecurity among residents with already insufficient resources⁹.

"I work two jobs to support my family and I still can't afford food. I make too much money to get on food stamps."

— **Single mother of three, listening session**

2.2 Healthcare Access

Health insurance coverage has held steady or improved in the past decade. In 2014, 68% of survey respondents reported being covered by health insurance. In 2025, 64% reported their entire household was fully insured. However, nearly a quarter of respondents reported mixed coverage within their household, meaning at least one person lacked insurance, and 4% reported no household coverage at all. Among insured respondents, Medicaid/NJ FamilyCare (43%) and Medicare (42%) were the primary sources, with 23% insured by private insurance.

A significant share of insured residents in Princeton accessed coverage through Medicaid/NJ FamilyCare, meaning that changes to federal Medicaid eligibility criteria (such as those outlined in H.R. 1) would directly affect local coverage rates. Provisions that adjust eligibility thresholds or introduce new enrollment requirements for certain adult populations could alter who qualifies for coverage, including putting burden on residents to recertify more frequently and meet additional requirements and conditions. In New Jersey, where Medicaid expansion currently extends eligibility to populations such as children under 19 regardless of immigration status, shifts in federal policy may change the number of residents with active coverage at a time when local providers are reporting increased demand.

Meeting Health and Medical Needs

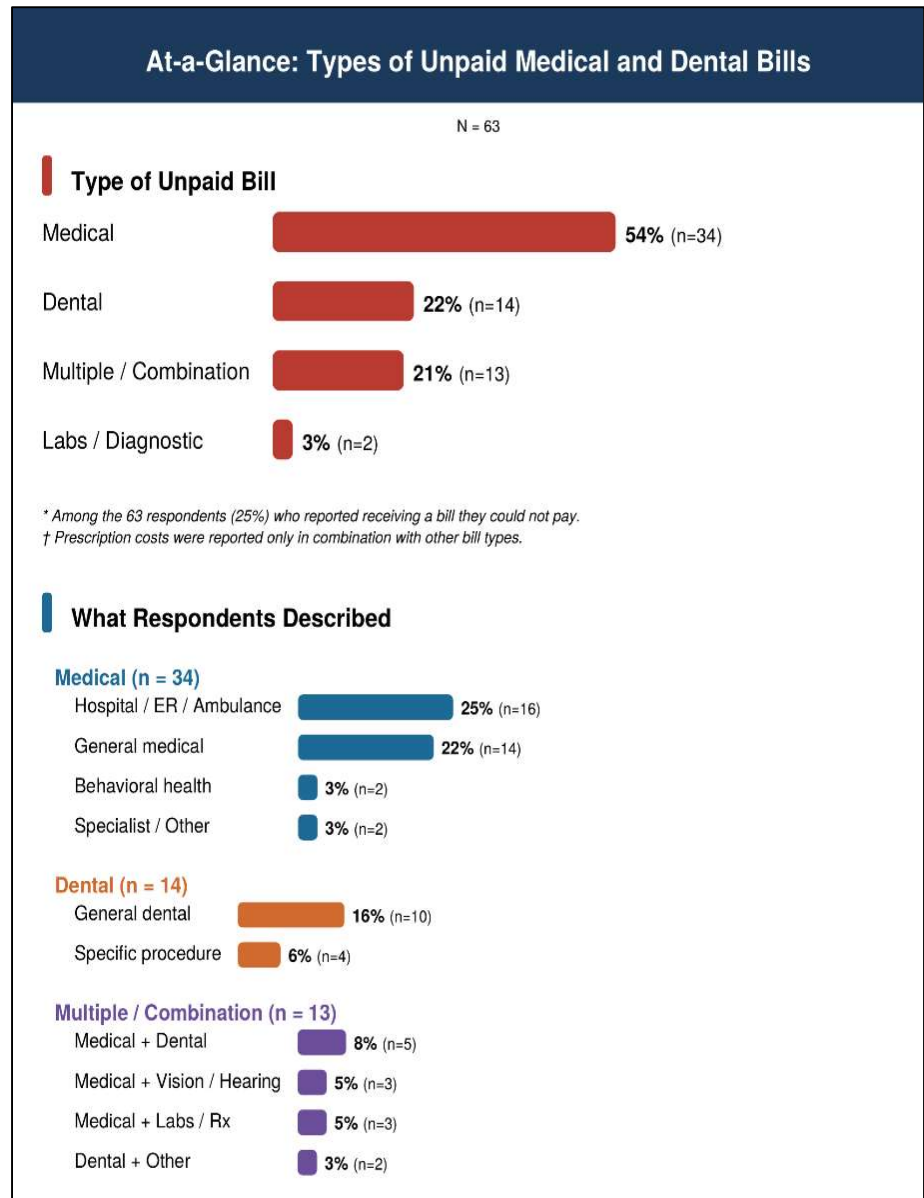
Access to affordable healthcare in the Princeton area is supported by a variety of clinics and municipal programs catering to uninsured and underinsured residents. Most clinics and health systems are regionally located in Mercer County, but one clinic is located within the municipality. These providers offer comprehensive primary care, specialized dental and vision programs, reproductive health services, and preventive care. Some providers utilize a sliding-scale fee structure based on household income to ensure that care remains accessible regardless of a patient's ability to pay. The Municipality of Princeton partners with community organizations to offer free vision and dental care programs for eligible low- to moderate-income residents. More details on specific resources can be found in the *Princeton Social Services Resource Directory* and the *Princeton Healthcare Roadmap*.

⁹ Congressional Budget Office. *Estimated Budgetary Effects of H.R. 1, One Big Beautiful Bill Act*. Congressional Budget Office, 2025, cbo.gov.

Despite coverage gains amongst the surveyed population, significant cost barriers remain. In 2014, 32% of respondents postponed medical care due to cost, and 47% postponed dental care for the same reason. The 2025 data show slight improvements but confirms that out-of-pocket costs, particularly for dental and specialty care, continue to burden LMI households. About 25% of respondents said they were unable to pay medical or dental bills in the past year, and almost 30% reported that they postponed or skipped a medical or dental visit. Approximately 50% of the households who skipped medical or dental care had either partial insurance or none. When residents accumulated healthcare debt they could not pay, it was overwhelmingly driven by acute medical emergencies and hospital bills:

- Medical:** Medical bills are the most frequent source of unpaid debt. Residents specifically cite large hospital bills (including one for \$18,000 and another for \$8,500 stemming from an emergency room visit with a \$5,000 deductible), ambulance fees, treatments for strokes, and behavioral or psychological counseling.
- Dental:** Dental debt is also prominent, with residents unable to pay for root canals, braces (which one parent noted required \$180 monthly out-of-pocket payments), and replacement crowns denied by insurance.
- Diagnostic Services:** A smaller number (3%) accumulated debt from lab work, blood tests, and COVID/flu tests not covered by insurance.

- Other Care:** A small number of residents report being unable to pay for vision care, hearing aids, or generalized "other" care.



Residents also reported on the types of care they had to skip due to cost. While medical bills drove the most debt, dental care was by far the most frequently *skipped* service when residents could not afford the upfront costs.

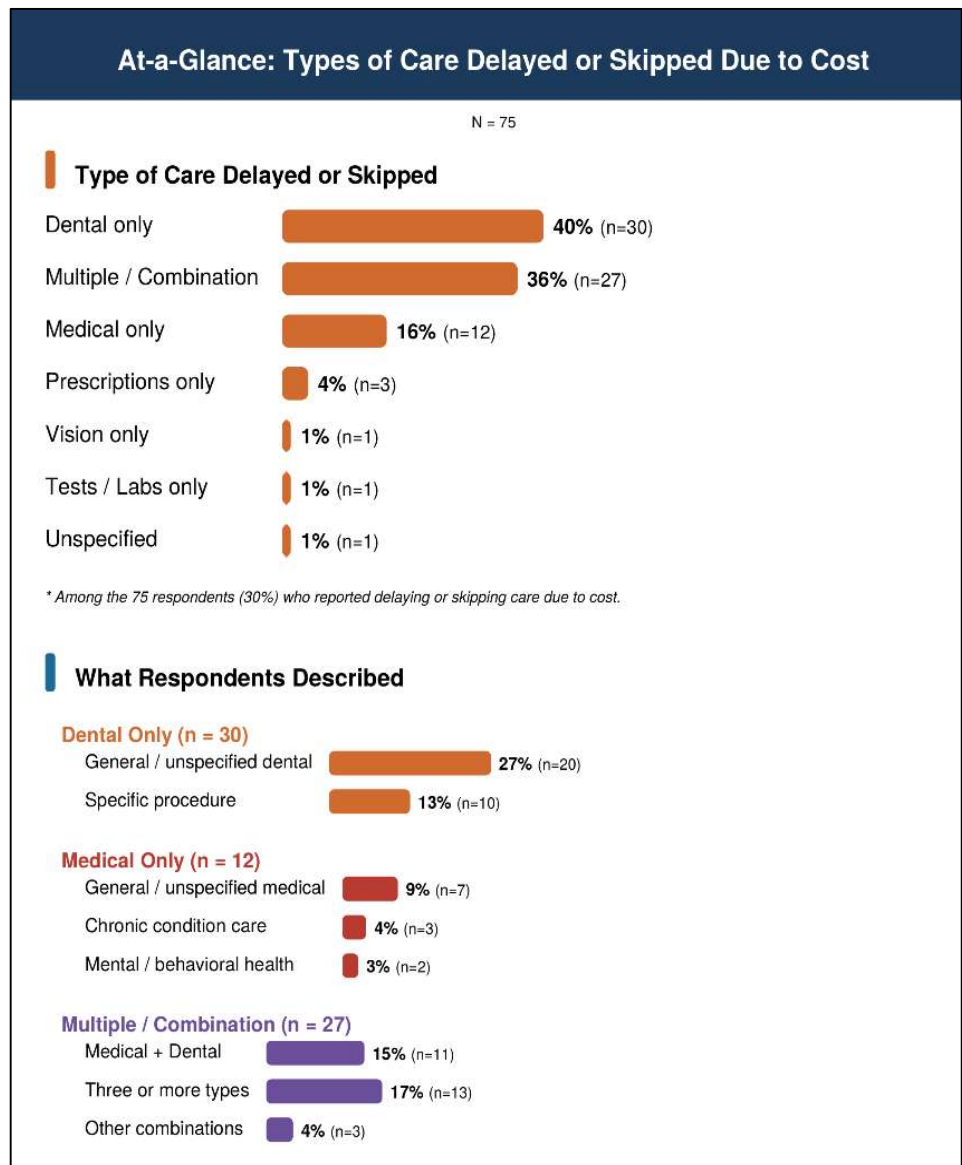
- Dental:** About 30% of those who skipped care, also postponed dental procedures. This included routine cleanings, fillings, root canals, and surgeries. As one respondent pointed out: *"insurance only covers cleaning and X-rays. Not extractions and procedures that improve my quality of life or functions"*.

- Medical:** Residents reported they skipped a wide variety of medical interventions, ranging from standard physicals and 18-month checkups for children, to specific acute needs like attention to stomach pain, heart pain, diabetes care, and mental health care.

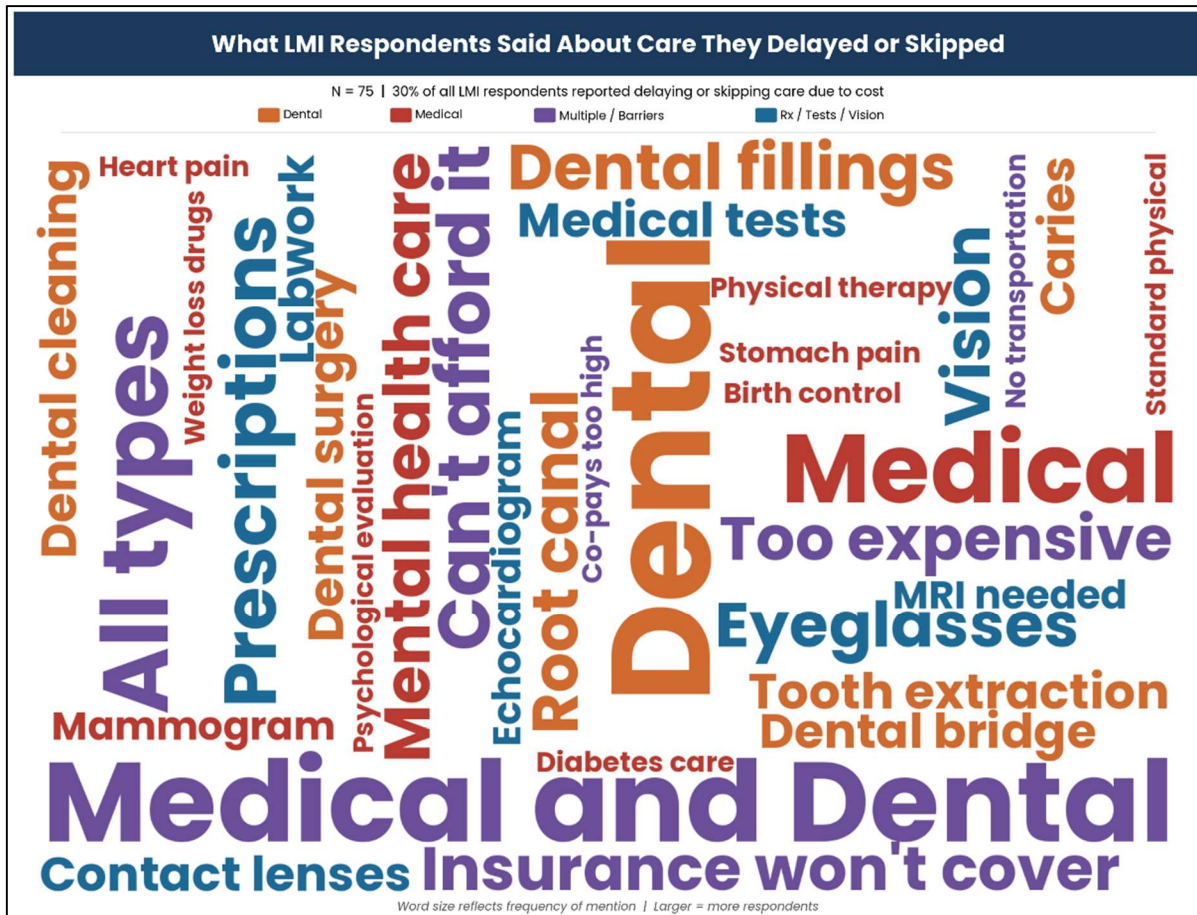
- Diagnostic Services and Prescriptions:** Residents also reported skipping vital diagnostic tests, including mammograms, echocardiograms, and medical scans, as well as abandoning medications like weight loss drugs, birth control shots, and general prescriptions due to high copays or out-of-pocket costs.

- Other Care:** Several residents said they skipped vision exams and did not pick up contact lenses or eyeglasses because they were too expensive

LMI residents shared the experience of needing to travel to facilities in Trenton or Hamilton, such as Henry J. Austin Health Center, to avoid high costs for routine care. In listening sessions and in survey responses, some respondents highlighted challenges accessing healthcare providers in the municipality who accept Medicaid or offer sliding-scale fees. While there is one health clinic in Princeton that accepts uninsured patients, numerous residents indicated having to travel outside Princeton to access care when they needed it. Transportation and geographic barriers can affect continuity of care and contribute to patterns observed across the region: according to the Greater Mercer Public Health Partnership's 2024 Community Health Needs Assessment, Medicaid beneficiaries in the area visit emergency rooms at higher rates than privately



session respondents requested increased mental health support, particularly for those with serious mental illness navigating employment and housing challenges.



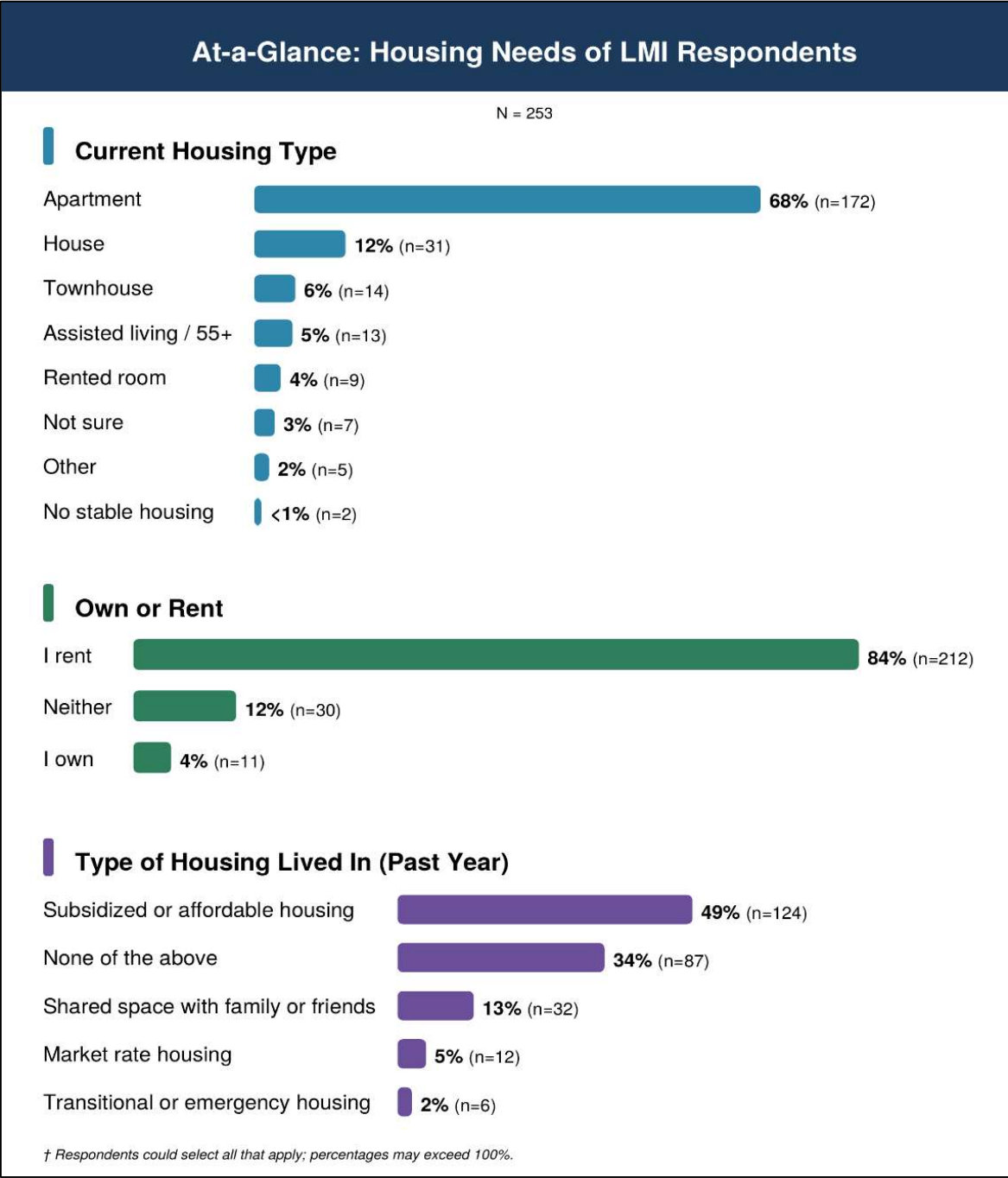
2.3 Housing Access

Access to affordable housing remains a pressing challenge for communities everywhere, and Princeton is no exception. Housing access determines where children go to school, how close residents are to jobs and services, and whether families can build stability or continue to face persistent vulnerabilities. Nearly every listening visit participant named housing costs, quality, or access as a top concern. Participants acknowledged Princeton's active affordable housing program and the presence of the Princeton Housing Authority as important resources. The community's commitment to expanding affordable housing availability and its track record of producing additional units represents a significant asset that merits sustained investment and expansion.

Meeting Housing Needs

Housing assistance in the Princeton area encompasses a broad continuum of care, from emergency shelter and homelessness prevention to long-term affordable and subsidized housing. Support networks exist to help vulnerable families navigate sudden crises, such as utility shutoffs and rental arrears, while also offering transitional or emergency housing and case management to help residents achieve long-term self-sufficiency and economic stability. More details on specific resources can be found in the Princeton Social Services Resource Directory.

The majority of 2025 needs assessment respondents were renters (84%), with only 4% owning their home. Nearly half (49%) of all respondents lived in subsidized or affordable housing, and 68% resided in apartments. Two residents reported having no stable housing and an additional seven were unsure about their housing status. While this is relatively low, it likely underrepresents the true extent of housing instability given the difficulty of reaching people without fixed addresses. Housing instability was most often a result of medical problems (11%), job loss or income reduction (8%), and inability to pay rent (8%). Eight respondents reported an eviction in the past year.



Challenges and suggested improvements:

- **Fragmented processes and long waits:**

Listening session participants said they faced substantial waiting times of "about a year and a half to two" years to be able to access affordable housing. These residents described their experience with application process, involving multiple steps, first filling out a common application online and then going to the Princeton Housing Authority office to complete separate paper forms for each property. The long waitlists ("las listade esperan son muy largas") and a lack of accessible information left some residents feeling stranded. Furthermore, according to respondents, emergency assistance protocols require residents to be in acute crisis before intervening.

"Sí, así que para mí fue traumático porque estaba trabajando duro y traía todos los papeles, haciendo llamadas de teléfono, pero al final no solucioné nada. Y yo tenía angustia, tenía angustia porque, ya sabes, sientes angustia y dices, ¿por qué? ¿Por qué siempre?"

"Yes, so like that for me it was traumatic because I was working hard and gathering all the paperwork, making phone calls, but in the end, I didn't accomplish anything. And I was anxious, I was anxious because, you know, you feel anxious and you say, "Why? Why always [me]?"

— **Listening session participant, working parent**

- **Rent increases and utility burdens:** One of the most commonly reported themes in the survey responses was the high cost of living, with listening session residents expressing frustration over unchecked rent hikes and ancillary housing costs like utilities. Utilities, specifically electricity and water, added a significant and unpredictable burden to monthly budgets. Residents requested rent stabilization measures such as capping yearly rent increases to "no more than 3% per year".

One resident noted that "increases over 5% put a burden on families especially when they happen every 6 months!". Multiple listening session participants described escalating fees such as parking, water, trash and technology fees, that erode the affordability of subsidized units.

"The affordable housing application process is fragmented. We must fill out different paperwork for each property with different eligibility requirements. And the credit score requirements are 680-700 even for properties that were not even really hundred percent livable. Some landlords said they require three months of rent upfront as security deposits."

— **Listening session participant, working parent of four**

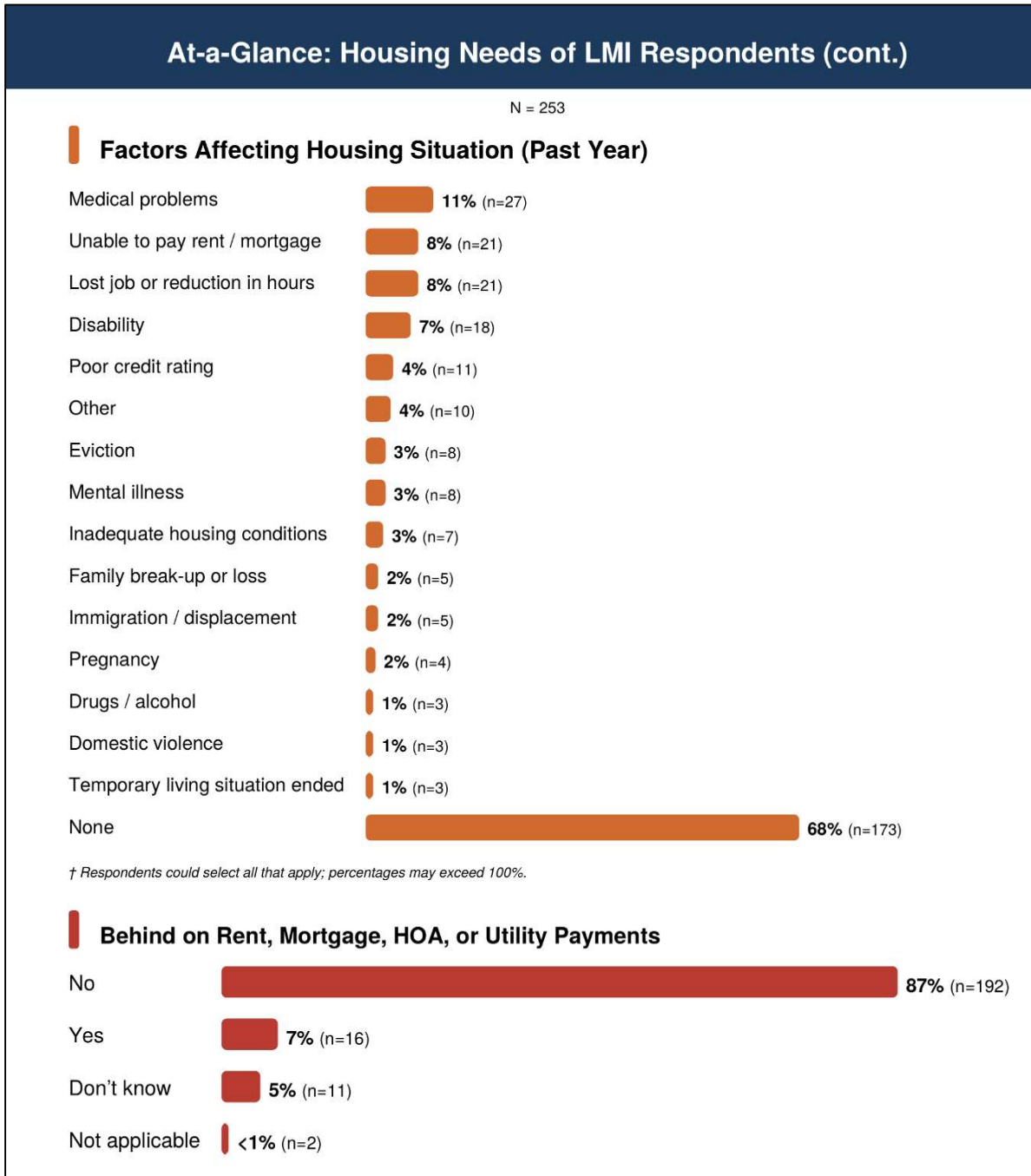
- **Limited on-site benefits and assistance navigation:**

In listening sessions, several residents described the value of having a trusted professional in the building who knew residents by name, understood their needs, and could connect them to services. These relationships appear to have eroded over time and residents said, in their experience, there is limited or no on-site presence of navigators or social workers in many housing developments. To bridge the information gap, one resident suggested having "the Princeton

"You have to [have] an eviction notice before receiving services. Adds humiliation to the already troubling times".

— **Survey respondent**

Human Services Department come once a month to tell residents what's going on and help fill out papers"



- **Substandard conditions:** A small number of residents in subsidized or affordable units reported unsafe environments, poor maintenance, pest issues, and a lack of basic respect for their privacy and dignity. Additionally, accessibility remains an issue for older adults and individuals with physical disabilities.

- **The missing middle:** While much of the focus is on low-income assistance, respondents in listening sessions and the survey pointed out that Princeton's housing market has become inaccessible even for moderate-income professionals. They highlighted that the cost of living is disproportionately high, placing severe housing cost burdens on residents with middle-class incomes, who often do not qualify for traditional safety net programs. To improve access, residents suggested making structural changes, such as calculating eligibility based on "take home" pay rather than "gross payment". In addition, respondents asked policymakers to "consider expanding affordable and workforce housing programs to include moderate-income residents" and introduce "incentives for developers to include reasonably priced units".

“Almost \$500 a month to [housing development] on top of my rent — parking, sewer, water, and trash. And they don't do it by how much you use; they do it by how many people are in your home. So where's the affordable housing aspect?”

— **Listening session participant, working parent**

2.4 Employment and Income

Princeton's LMI residents occupy a wide range of economic circumstances, from retirees on fixed incomes to working adults juggling multiple jobs, students navigating financial aid gaps, and adults with disabilities finding barriers to meaningful employment. However, they all share the experience of facing an increasing gap between what they earn and what it costs to meet their basic expenses.

Employment status was diverse: 38% were working for pay, 30% were retired, 13% were students, and 10% were unemployed, with an additional 12% actively looking for work. Major income sources included wages (46%), Social Security retirement (31%), Social Security Disability/SSI (16%), and pensions (9%). Twenty-two respondents (9%) reported having no income at all.

The ability to draw conclusions from 2025 income data is limited, as more than half of LMI respondents did not report their monthly income, preventing the findings from fully representing the respondent group. However, among the 108 residents who did report their income, data show that income levels, particularly for larger households, were insufficient to meet the demands of Princeton's high cost of living. The mean monthly income in 2025 was \$2368 (compared with \$1653 in 2014). The median monthly income was \$2000, with the lowest being \$550 and highest being \$6500.

As seen in 2014, the median monthly income for larger households in 2025 did not scale up sufficiently relative to the income of a single-person household. Larger families faced not only income shortfalls but also housing overcrowding, childcare cost burdens, and increased food insecurity that all compound and negatively impact family wellbeing.

Meeting Employment and Income Needs

Employment and income support programs are offered by Mercer County and focus on workforce readiness, job training, and breaking down barriers to career advancement. These services provide targeted help for youth entering the workforce, adults seeking career transitions or basic education, and individuals requiring specialized vocational accommodations. More details on specific resources can be found in the *Princeton Social Services Resource Directory*.

A recurring theme in listening sessions was the "cliff effect", which is the experience of earning just enough to be disqualified from public benefits while not earning enough to afford Princeton's cost of living. One participant worked two jobs, lived in subsidized housing, and still could not reliably feed her children because her income placed her above SNAP eligibility thresholds. This structural gap reflects a difference between how services are organized and how residents experience them, a dynamic that human service providers regularly observe in their work.

Financial literacy was highlighted as a growing need. Almost a quarter (22%) of respondents said they needed help improving their credit score and budgeting, and about 17% needed help with tax preparation. Several respondents, especially Spanish-speaking participants, expressed interest in job fairs and bilingual employment workshops. In listening sessions and on the survey, residents noted a lack of employment resources for adults 55 and older, and insufficient opportunities for adults with physical and developmental disabilities.

Feedback from LMI respondents regarding employment and income reveals a critical need for more accessible job search support and assistance for residents facing systemic barriers. They highlight several consistent themes:

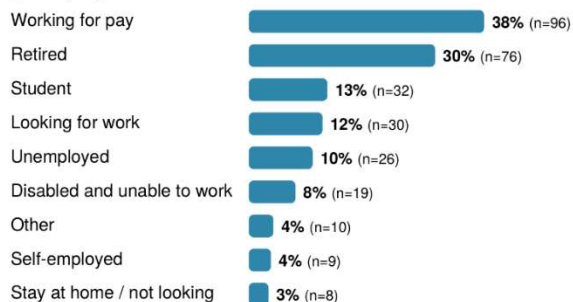
"Even though I earn around \$100K, the cost of living in Princeton makes it hard to keep up without steady career advancement. Programs that help residents find local, higher-paying jobs, or offer retraining in growing industries, would be very helpful. It's not just about employment — it's about sustainable living wages".

— Survey respondent

At-a-Glance: Income and Employment Needs of LMI Respondents

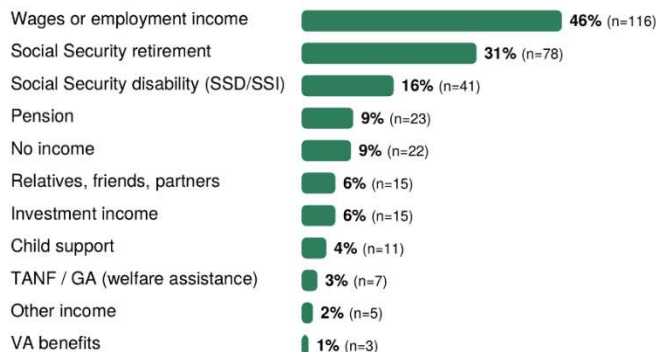
N = 253

Employment Situation



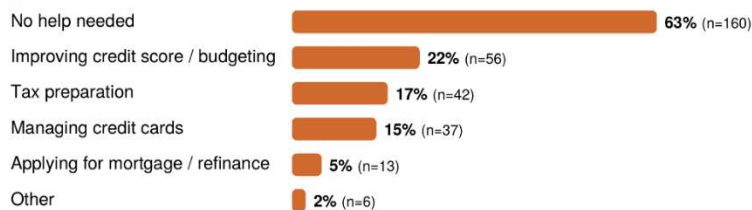
† Respondents could select all that apply; percentages may exceed 100%.

Sources of Household Income (Past Year)



† Respondents could select all that apply; percentages may exceed 100%.

Need Help with Financial Topics



† Respondents could select all that apply; percentages may exceed 100%.

- **Need for targeted job search support and events.** Residents requested more direct, community-based guidance on finding work. Multiple respondents suggested:
 - Hosting job fairs ("ferias de empleo") locally to connect residents with employers.
 - Help with guidance on who's hiring in the area and where to go to apply.
 - Resume writing assistance ("Ayuda para hacer un resumen laboral").
 - Employment workshops offered in both English and Spanish.
 - Increased visibility of municipal support, and to "raise more awareness that they offer job counseling."
 - Connecting residents to "employment that accepts those with little to no experience."
 - Providing funding or support for entrepreneurial residents interested in "starting [their] own business."
- **Tailored support for specific demographics.** Respondents noted a lack of employment assistance for populations facing specific barriers, such as older adults, retirees, and individuals with disabilities or mental illness.
 - Older Adults: Residents requested "help for 55+ finding jobs" and pointed out that "Retired people also need employment opportunities" and that existing resources are not helpful in this regard.
 - Disabilities and Mental Health: Several respondents advocated for people with disabilities to be given more opportunities, with one requesting the town "add some programs to help disabled people that are not seniors." Another noted that they felt there is "No job support for those with mental illness."

2.5 Legal and Safety

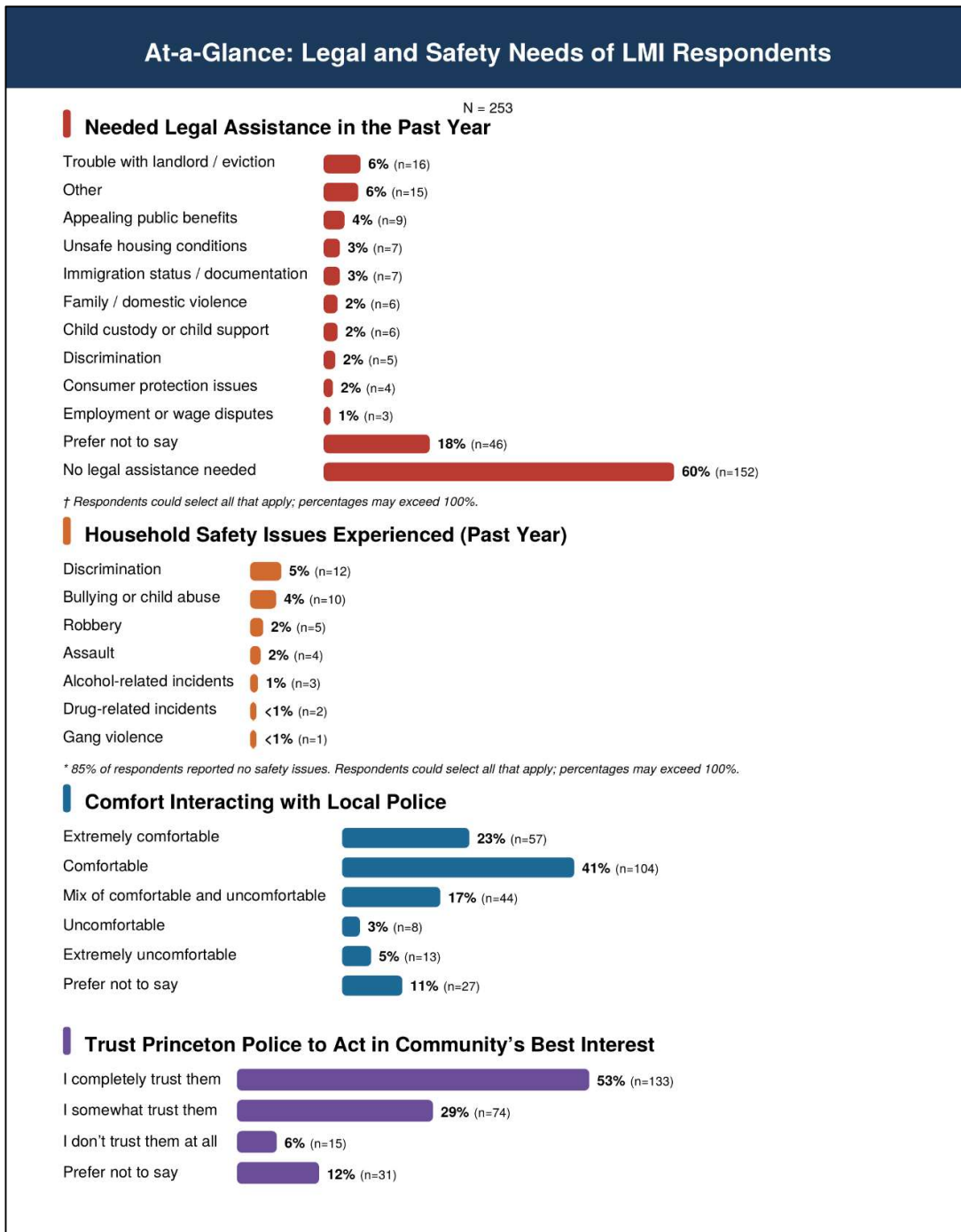
While legal needs affected a smaller proportion of LMI residents than housing or food insecurity, their consequences can be disproportionately serious. A single eviction proceeding, an unresolved immigration issue, or a wage dispute left unaddressed can cascade into loss of housing, employment, or family separation. The survey data reveal a community that was largely stable in terms of safety, with broadly positive relationships with local police, but with pockets of legal vulnerability.

A majority of respondents (60%) reported no legal assistance needs in the past year. However, six percent needed help with landlord-tenant or eviction issues (the most common legal need), four percent public benefit appeals, three percent needed help with immigration status, two percent domestic violence, two percent child custody, and one percent employment disputes. Several respondents (18%) declined to indicate whether they had a legal need.

Meeting Legal and Safety Needs

Residents navigating civil rights violations, immigration challenges, housing disputes, or consumer issues have access to several dedicated legal advocacy organizations in the region, including an Ask-a-Lawyer program and free citizenship classes at the Princeton Public Library. These entities provide free or low-cost legal representation, advice, and educational resources to ensure vulnerable populations, including seniors and individuals with disabilities, are not left without recourse or protection in the justice system. More details on specific resources can be found in the *Princeton Social Services Resource Directory*.

Fewer than 15% of respondents reported experiencing robbery, assault, discrimination, bullying, or other safety incidents. Discrimination (5%) was the most commonly reported safety concern. Relationships with local police were reported as generally positive. A majority of respondents (64%) said they felt comfortable or extremely comfortable interacting with Princeton police officers, and about half (53%) said they completely trust the police to act in the best interests of the community. This reflects a meaningful degree of institutional trust that can serve as a platform for community policing initiatives. Among the 8% who said they felt uncomfortable or very uncomfortable with the police, the majority (90%) were Black or Hispanic, which may reflect a need to continue to improve outreach and communication between local police and these communities.



Legal needs were also affected by the current political environment. Listening session participants described heightened fear of immigration enforcement as affecting their willingness to access services, go to food pantries, and engage with institutions. One survey respondent explicitly called for school-based food distribution as a safer, less visible channel for immigrant families. Residents' feedback reinforced the municipality's role in maintaining Princeton as a welcoming community, through policy, communication, and the practices of municipal staff, as critical to ensuring that fear does not create additional barriers for residents.

"I feel that it is very welcome here and very acceptable of all. And I just ... as you get into the town, you will feel that."
— **Listening session participant, older adult**

2.6 Equity, Belonging, and Inclusion

Belonging is not simply a feeling; rather, it is a social determinant of health and wellbeing¹¹. Research consistently shows that social connection reduces mortality risk, buffers against stress, and supports recovery from hardship.

Just over half of respondents (58%) agreed or strongly agreed that they feel connected to neighbors and local community groups in Princeton. In listening sessions, respondents highlighted the warmth of their long-term relationships with local community members, and the support and care of faith-based and municipal staff.

At the same time, 16% of respondents disagreed or strongly disagreed with feeling connected, and 26% were neutral. For those who feel disconnected, the barriers are real: language gaps (even though these have declined), transportation limitations, the sense that Princeton's intellectual and economic culture can be intimidating. As one LMI listening session participant put it: "Princeton is a hard town. You have so many really smart people here and it's very hard to relate to people that are like that."

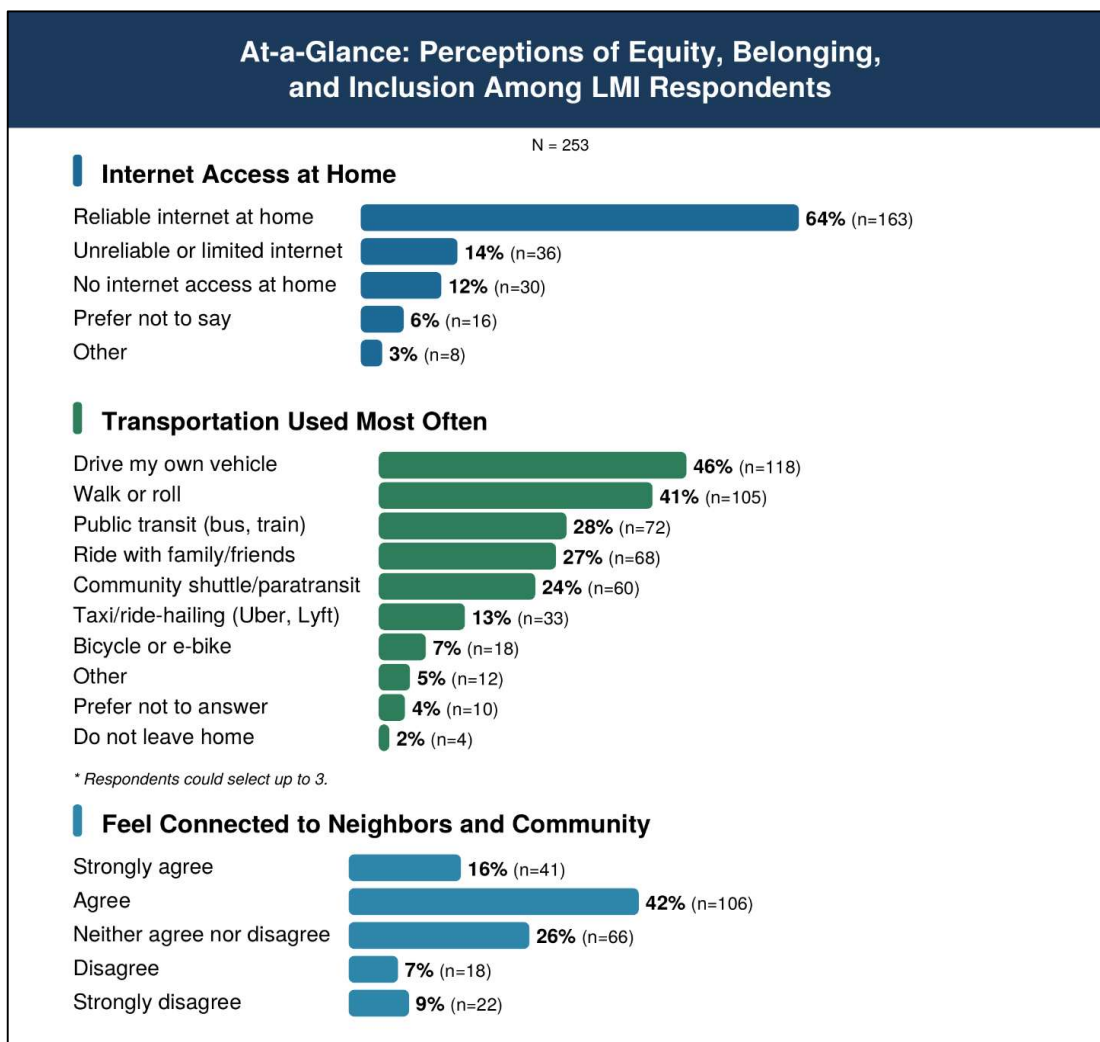
"Casi nunca tengo tiempo para hacer ejercicio. Sí, no tengo tiempo para socializar. No tengo amigos porque estoy tan ocupada con mi vida, así que, sí."
"I rarely have time to do any exercise. Yeah, I don't have time to socialize. I don't have friends because I'm so busy with my life, so, yeah"
— **Listening visit participant, parent of 4**

In a suburban context like Princeton, transportation is the connective tissue that determines access to both food and healthcare. Among the three most common modes of transportation that residents could select, 46% of respondents said they drive their own vehicle, 41% relied primarily on walking or rolling, 28% used public transit, and 24% depended on community shuttles or paratransit. The current public transit system remains insufficient for low-income residents who must travel to Trenton or Plainsboro for FQHC services or specialized medical care. While existing programs offer paratransit for those with disabilities, the general population relies on a system of local buses and non-emergency medical transportation (NEMT)¹². For a family dealing with an acute but non-emergency illness, limited schedules and delays can result in missed appointments and worsened health outcomes.

¹¹ Murthy, Vivek H. *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*. U.S. Department of Health and Human Services, Office of the Surgeon General, 2023, hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

¹² Medicaid and CHIP Payment and Access Commission (MACPAC). "Non-Emergency Medical Transportation." *Report to Congress on Medicaid and CHIP*, MACPAC, June 2020, macpac.gov/subtopic/non-emergency-medical-transportation.

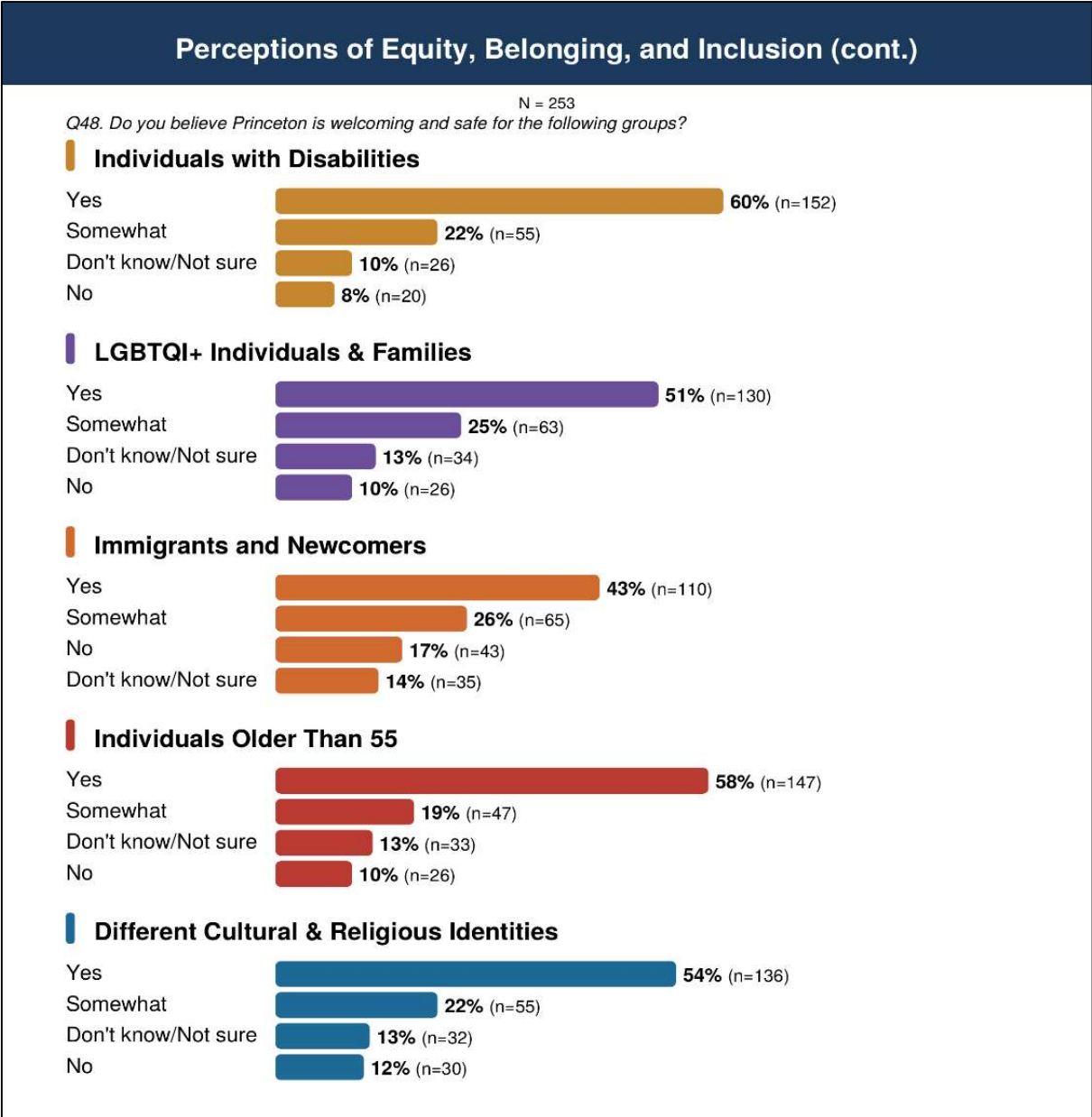
Internet access presents a significant equity gap: 12% of respondents had no internet access at home, and 14% report unreliable or limited access. Taken together, those are 26% of respondents who cannot fully participate in a digital society where services, job applications, telehealth, school communications, and civic engagement are increasingly available and accessible online. Among youth and young adults, this inequity increases. Among the 42 young people aged 14 to 24 who participated in the needs assessment survey, about a quarter (24%) said they have no internet at home. Another 10% reported unreliable access, meaning roughly a third of young respondents faced meaningful digital barriers. For a population that is navigating education, job applications, and service enrollment, this is a significant structural disadvantage. The digital divide has also emerged as a form of healthcare inequity. As providers increasingly rely on virtual platforms and patient portals for scheduling and telehealth, the 9% of Mercer County households that lacked a computer as of 2021 and the 36% of residents who speak a language other than English at home are at a distinct disadvantage.¹³ Access to healthcare now requires not just insurance, but technological literacy and reliable internet connectivity, which many households cannot consistently afford¹⁴.



¹³ Campos-Castillo, Celeste, and Steven Ewoodzie. "Racial and Ethnic Disparities in Self-Reported Telehealth Use During the COVID-19 Pandemic: A Secondary Analysis of a US Survey of Internet Users from Late March 2020." *Journal of the American Medical Informatics Association*, vol. 28, no. 1, 2021, pp. 119–125, doi:10.1093/jamia/ocaa169

¹⁴ Pew Research Center. Mobile Technology and Home Broadband 2021. Pew Research Center, 3 June 2021, [pewresearch.org/internet/2021/06/03/mobile-technology-and-home-broadband-2021](https://www.pewresearch.org/internet/2021/06/03/mobile-technology-and-home-broadband-2021)

Respondents were also asked whether Princeton is welcoming to various groups. Approximately 60% percent said the community is welcoming for people with disabilities, 58% said the same for people over 55 years old, 54% for people with different cultural and religious identities, 52% said it is welcoming to LGBTQI+ individuals, and 44% felt the community is welcoming to immigrants and newcomers.



3. NEEDS OF OLDER ADULTS

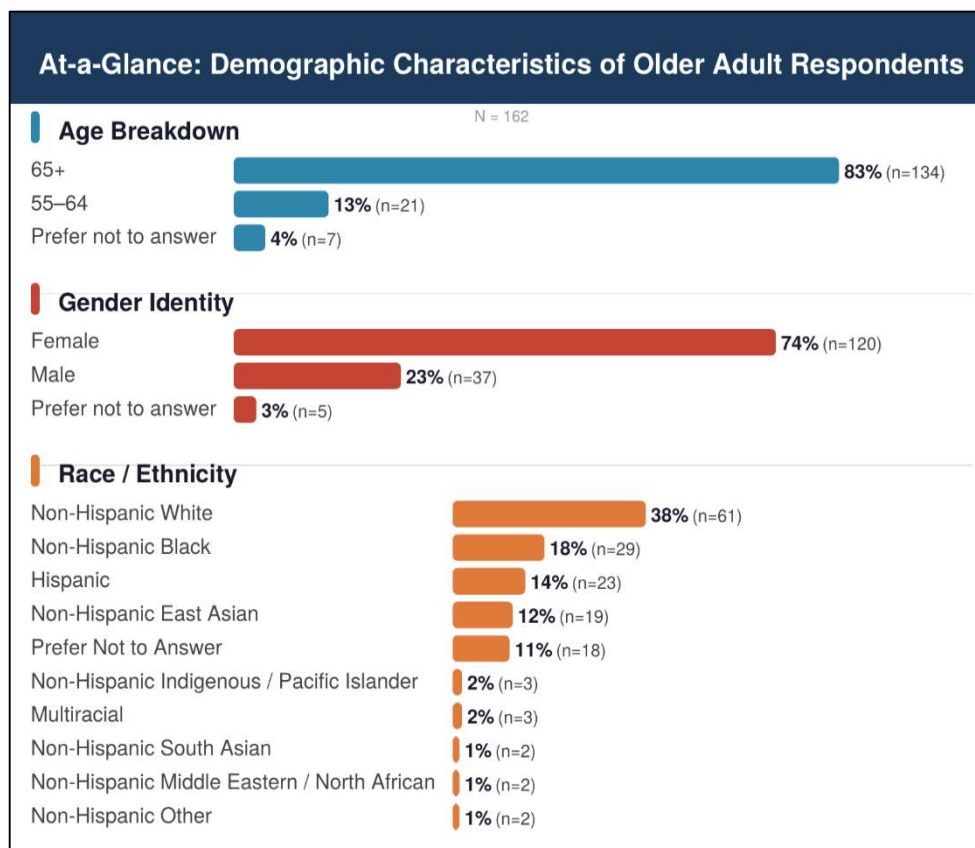
Princeton's older adult population, made up of residents aged 55 and older, represents one of the municipality's most diverse and rapidly growing demographic constituencies. This chapter synthesizes findings from the survey and listening sessions through the lens of the World Health Organization Age-Friendly Cities framework, an evidence-informed approach for assessing how well communities support older residents¹⁵.

3.1 A Portrait of Princeton's Older Residents

The needs assessment was completed by 162 older adult respondents, of whom 113 (70%) identified as low-to-moderate income (LMI) and 49 (30%) did not identify as LMI¹⁶. Women constituted 74% of respondents, consistent with national demographic patterns. About 28% of all respondents were widowed, 24% were married or in a civil union, and 22% were divorced. About 38% of older adults identified as Non-Hispanic White, 18% as Black or African American, 14% as Hispanic or Latino, and 12% as East Asian, with other backgrounds

including Indigenous or Pacific Islander, South Asian, Middle Eastern, and multiracial. While 77% spoke English at home, 14% spoke Spanish, 12% speak Chinese or Mandarin, and additional households speak Russian (6%), French (4%), and Creole (3%). These demographics inform service planning and outreach.

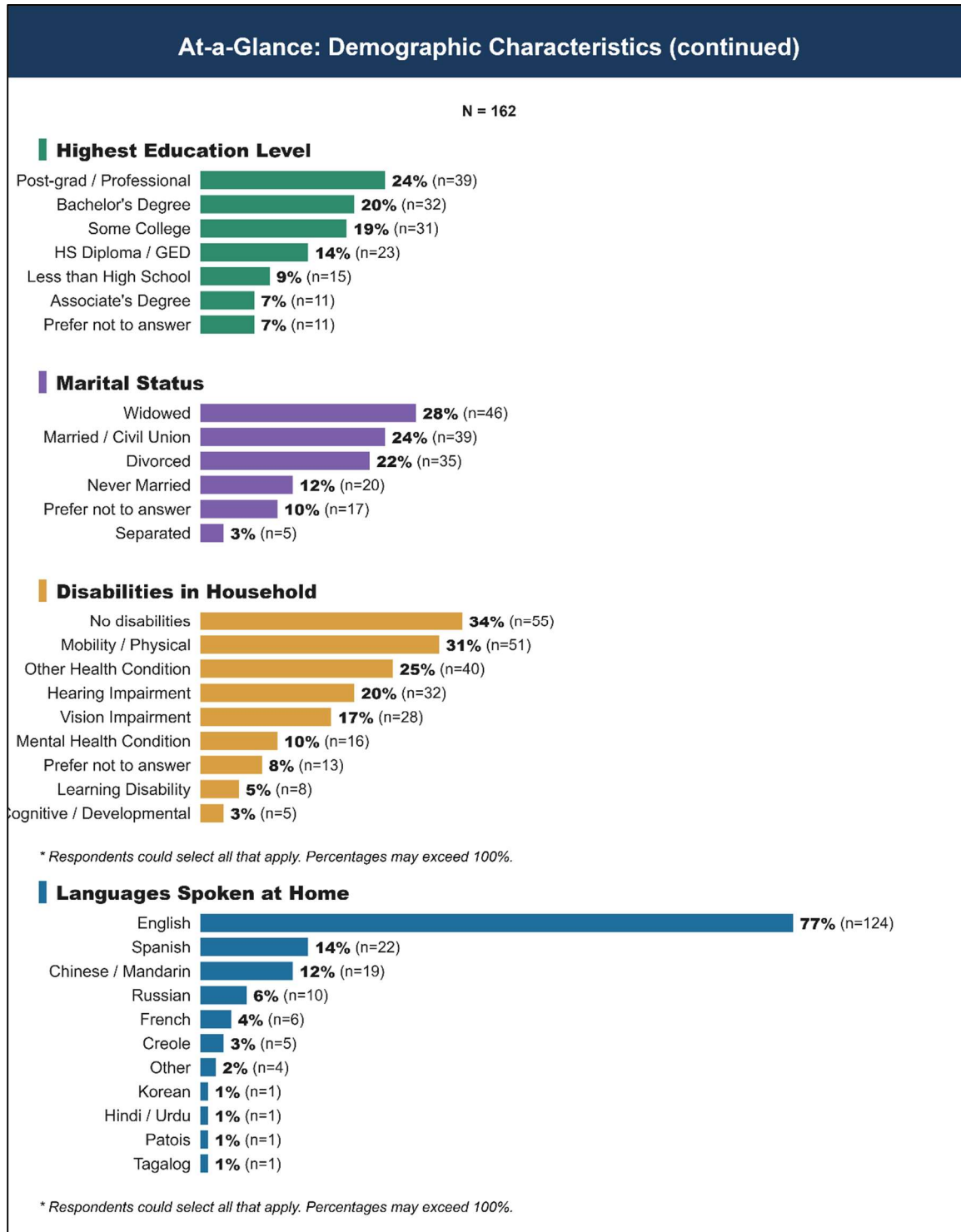
More than half (66%) of older adults indicated some form of disability, highlighting the importance of intentional service design and delivery. About a third reported mobility or physical disability, 20% a



¹⁵ World Health Organization. "Age-Friendly Cities Framework." WHO Global Network for Age-friendly Cities and Communities, 2007, extranet.who.int/agefriendlyworld/age-friendly-cities-framework/.

¹⁶New Jersey Housing and Mortgage Finance Agency. "UHAC 2025 Affordable Housing Regional Income Limits by Household Size." *Affordable Housing Professionals of New Jersey*, 5 May 2025, www.ahpnj.org/member_docs/UHAC_Income_Limits.pdf.

hearing impairment, 17% a vision impairment, 10% a mental health condition, and 25% another chronic health condition (arthritis, diabetes, cardiovascular disease). About 34% indicated no disability. For this population, physical access, medical stability, and adaptive supports are crucial elements of wellbeing.



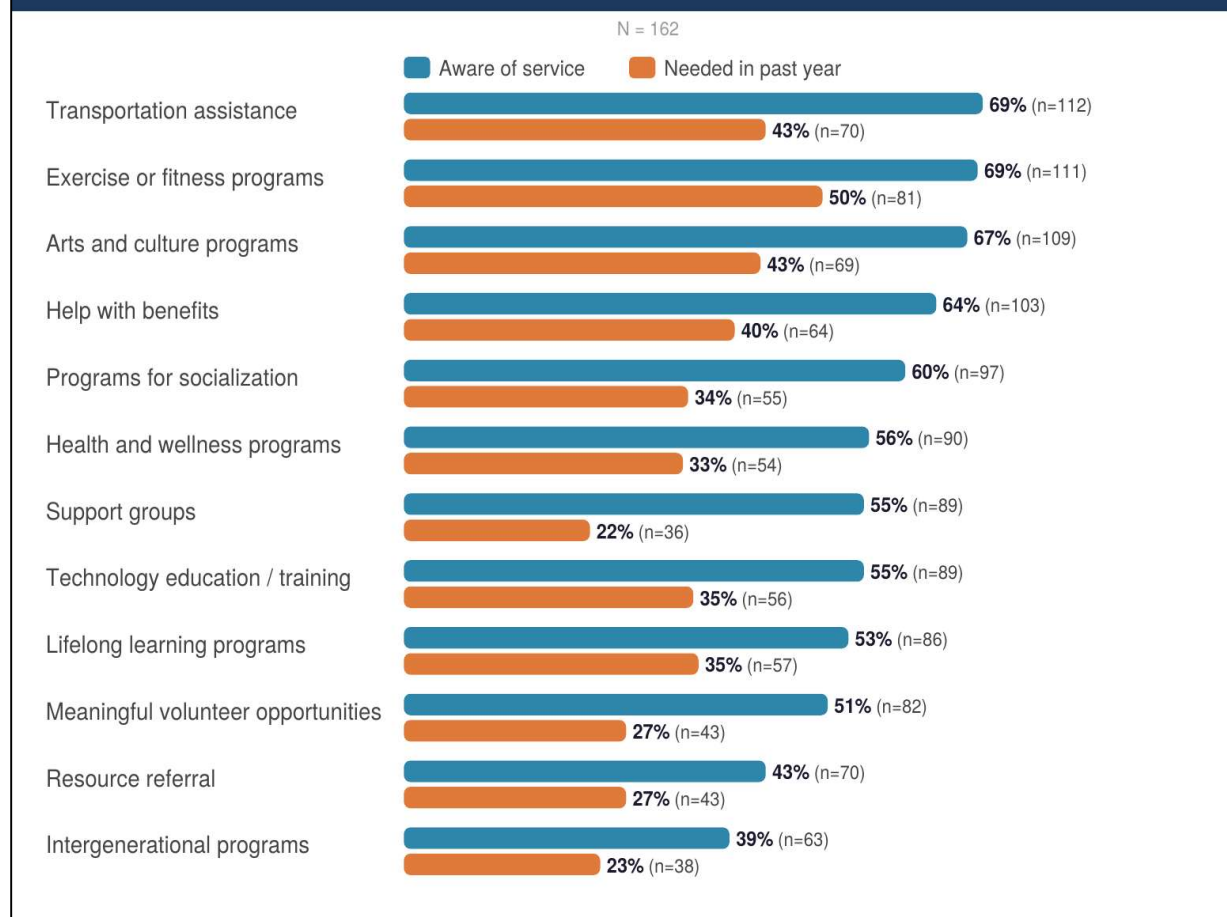
3.2 Service Needs and Barriers

Older adults in Princeton demonstrated strong awareness of visible, day-to-day community programs. Over two-thirds of respondents were aware of transportation assistance (69%) and exercise or fitness programs (69%), followed closely by arts and culture programs (67%) and help navigating benefits like Medicare, Social Security, and food assistance (64%). Awareness was notably lower for specialized services, with only 43% knowing about resource referral services and just 39% aware of intergenerational engagement programs.

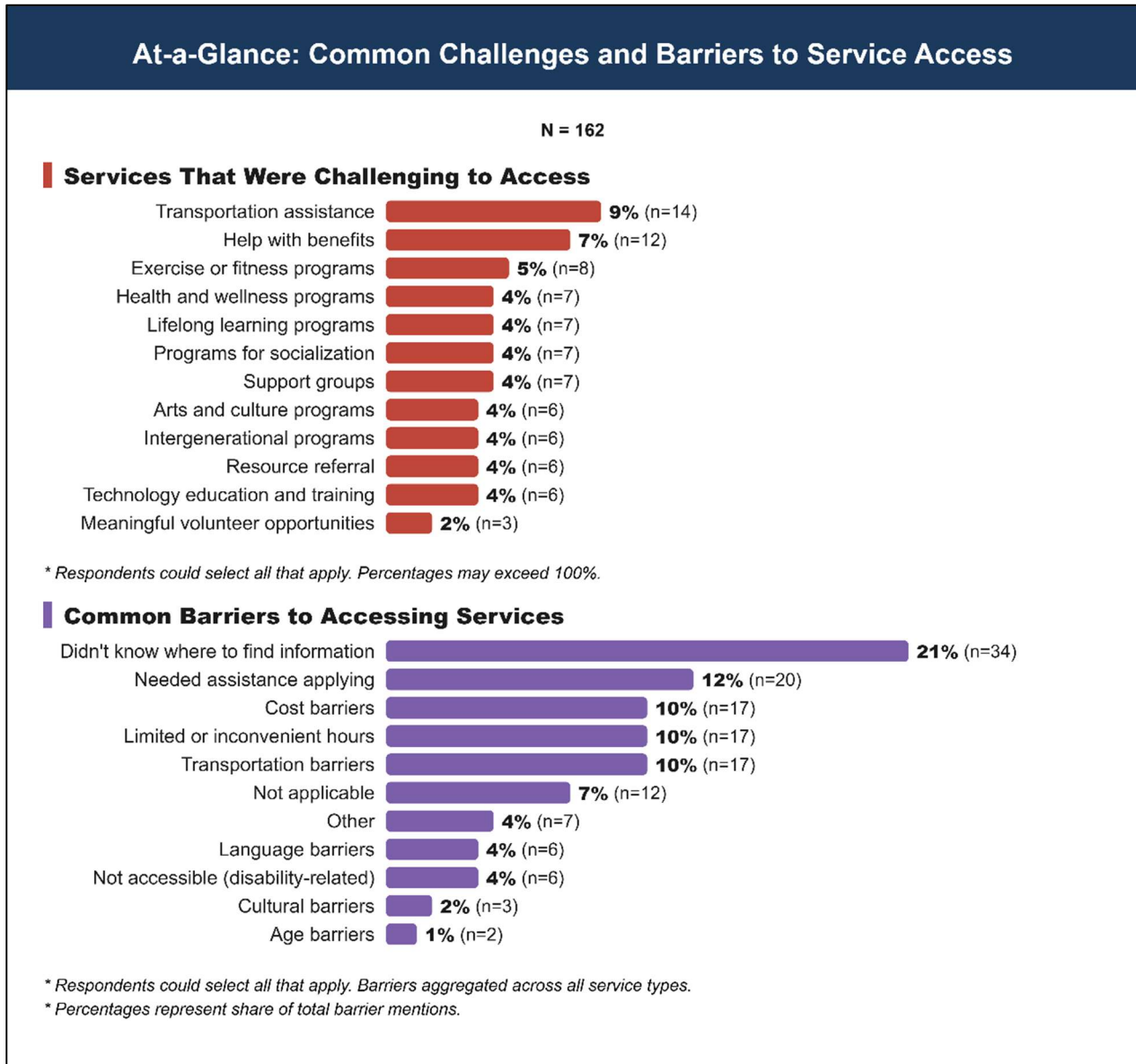
"If there's something going on that I have to be here (Center for Modern Aging Princeton) to meet the bus at say eight o'clock, I can't make it. I would have to walk 2.2 miles, which takes me over an hour. So then I would have to leave at six thirty in the morning to walk here."

— Listening session participant, LMI older adult

At-a-Glance: Awareness and Need for Services for Older Adults in Princeton



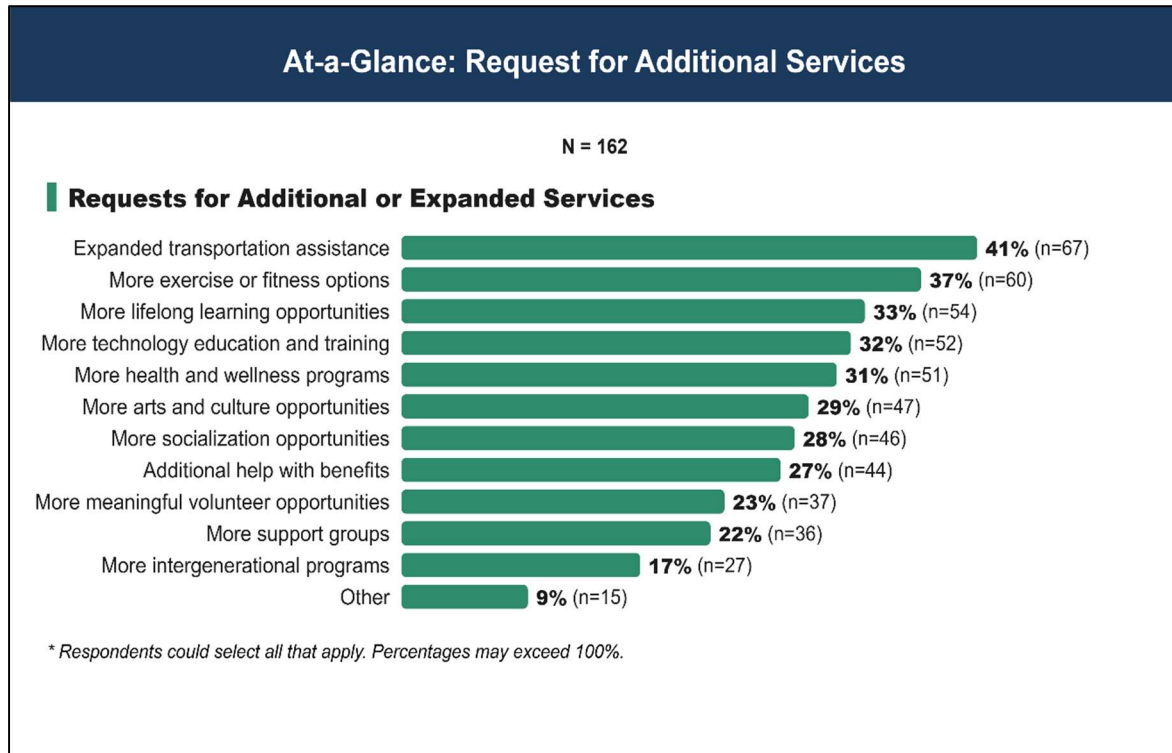
The services older adults needed over the past year closely align with their areas of highest awareness. Half of the respondents reported needing exercise or fitness programs. About 43% of older adults said they needed transportation assistance, 43% said they needed arts and culture programs, and 40% said they needed help with benefits in the past year. Support groups and intergenerational programs were needed by fewer than a quarter of respondents (22% and 23%, respectively).



While 78% of respondents did not report challenges accessing services they needed, about one in five older adults (22%) said they faced difficulty accessing needed services in the past year. Transportation assistance was the most challenging service to access for 9% of respondents. About 7% of respondents said they had difficulty getting help with navigating benefits such as Medicare, Social Security, and food assistance. Exercise or fitness programs were challenging to access for about 5% of the respondents. Less than 4% of respondents cited difficulty with accessing other services, including meaningful volunteer opportunities, arts and culture programs, resource referrals, intergenerational engagement, and technology education.

The most common barrier to accessing services was not knowing where to find information, cited by 21% of respondents, especially for transportation assistance, technology education, and benefits help. Other frequently cited obstacles included needing help applying for services cited by 12% of respondents, and cost, transportation challenges or limited or inconvenient hours reported by 10% of older adults. Less than 5% of respondents indicated language, cultural, or age barriers to accessing services for older adults.

Older adults also shared which programs and services they would like to see more of in the future. Transportation was the most requested service by 41% of the older adult respondents, followed by exercise and fitness options requested by 37% and more lifelong learning opportunities requested by 33% of respondents.



Transportation Gap

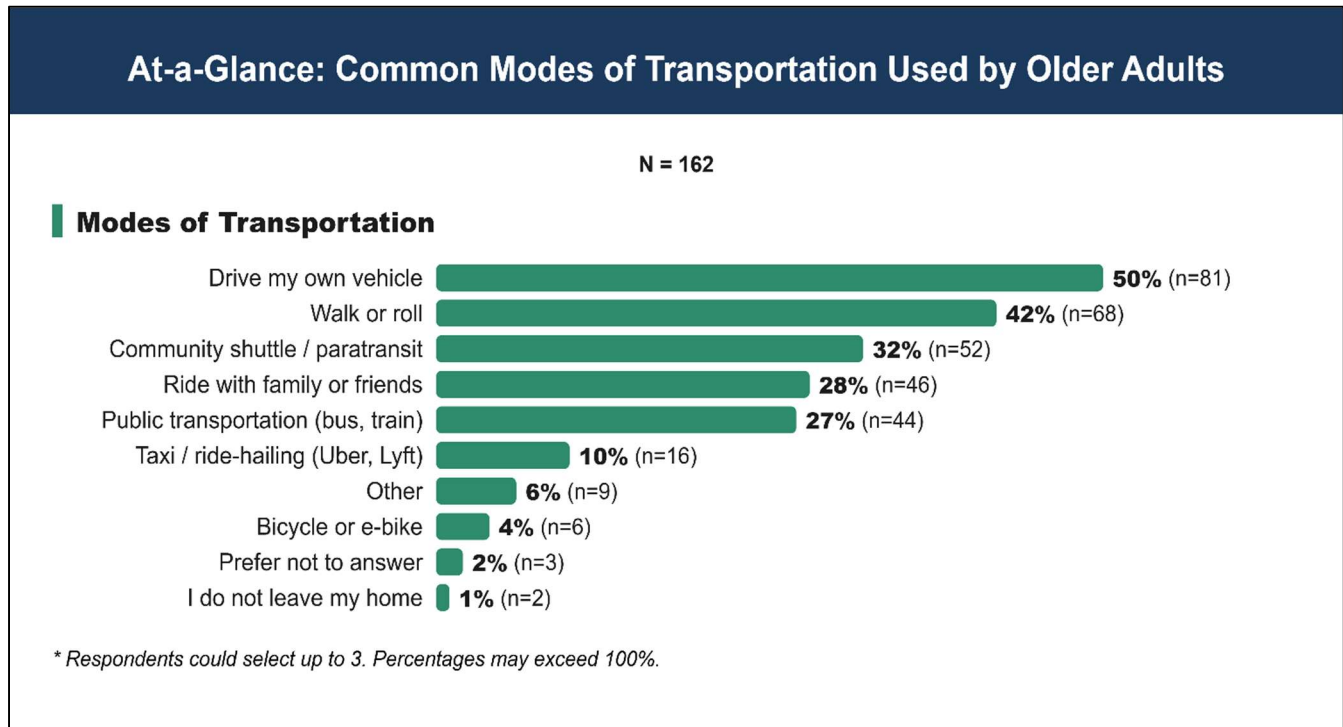
Nine percent of older adults reported difficulty accessing transportation assistance when they needed it in the past year. Several LMI older adults described having stopped driving at night and finding themselves dependent on a transportation service which requires advance booking, operates only 8am–5pm, and does not allow mid-route stops. A 90-year-old non-LMI participant described a driver declining to stop at the library on the way to her destination. Another resident pointed out that existing bus routes and times prevented her from being able to engage in necessary programs and services.

Transportation is the biggest thing. [Local service] needs two-day advance notice, which is not enough for us. We need 'day-of' transportation."

— Survey respondent

The data also reflects variation between the transportation use and experiences of LMI and non-LMI older adults. More LMI respondents reported using community shuttles (35%) or public transportation (35%) as their primary transportation mode for day-to-day living compared with their non-LMI peers: 10% of non-LMI

older adults said they relied on public transport and 25% on community shuttles. About 60% of the non-LMI respondents indicated they used their own vehicles compared with 46% of LMI older adults. During listening sessions, most non-LMI older participants indicated that they are shifting away from driving themselves. Older adult respondents across all income levels shared the need for same-day paratransit booking, evening and weekend service, multi-stop flexibility, free or subsidized shuttle service, and enforcement of pedestrian crosswalk laws near senior housing.



Health, Housing, and Economic Opportunity¹⁷

Half of all older adult respondents (50%) indicated that they needed exercise and fitness programs in the past year. A small number of respondents had difficulty accessing these services (5%), citing cost, scheduling, or geographic barriers to being able to use these programs. About 30% of LMI older adults said they skip or delay medical care due to high out-of-pocket costs. Across income levels, multiple listening session and survey respondents expressed a need for increased information about available health services, as well as mobile medical services that would be more easily accessible for those with transportation or mobility limitations. In listening sessions, non-LMI older adults also highlighted the lack of intermediate healthcare options for seniors facing urgent but non-critical health issues, which they said led to unnecessarily expensive and stressful hospital visits.

“It would be great if you had medical services or mental health services that came here like the dental [local health provider] so that my sons can actually use them. Something like a mobile van and is on site.”

— Survey respondent

¹⁷ Survey data on health, housing, employment, and income needs are from LMI older adult respondents.

Among LMI older adults, 84% said they rent their homes, and 77% said they live in subsidized or affordable housing. About 9% indicated they were behind on their rent, mortgage, homeowner's association (HOA), or utility payments. In listening sessions and open-ended responses on the survey, some LMI older residents described a challenging relationship with their property management authority. For example, two participants discussed closed door policies requiring appointments for in-person visits, phone calls that went unanswered, and one participant talked about a rent payment lost in a drop box that triggered eviction proceedings. Another participant said she missed the direct support and access to a social worker who had previously served her housing development five days a week. Listening session participants highlighted the challenges of limited mobility, literacy, or digital access that make it difficult to navigate paperwork and complex systems.

Nearly half or 46% of the LMI older adults were retired, while about 10% worked for pay and 9% were disabled and unable to work. Social Security retirement benefits were the most common income source for 44% of the LMI older adults, followed by Social Security disability/SSI (17%), pension income (14%), and wages (13%), with 2% reporting no income at all. About 55% respondents indicated they do not need financial literacy assistance, though 8% expressed needs around budgeting and credit improvement, 6% requested assistance with tax preparation, and 4% asked for help with credit card management.

*Food and Nutrition*¹⁸

Among the LMI older adults surveyed in Princeton, roughly 28% experienced worry about food running out and nearly 17% reported actually cutting or skipping meals due to insufficient funds, indicating a meaningful level of food insecurity in this population. Nearly half (49%) relied on food assistance programs like SNAP, food pantries, or community kitchens, and among those users, the vast majority (84%) accessed these services at least once or twice a month, with 40% doing so weekly or more. These patterns suggest that while most respondents are not at the most acute level of food insecurity, a substantial share depends heavily and regularly on community food resources to meet basic nutritional needs. This underscores the importance of sustaining and expanding accessible, consistent food assistance infrastructure, particularly frequent-access options like weekly pantries and delivery services rather than treating food support as an occasional or emergency intervention.

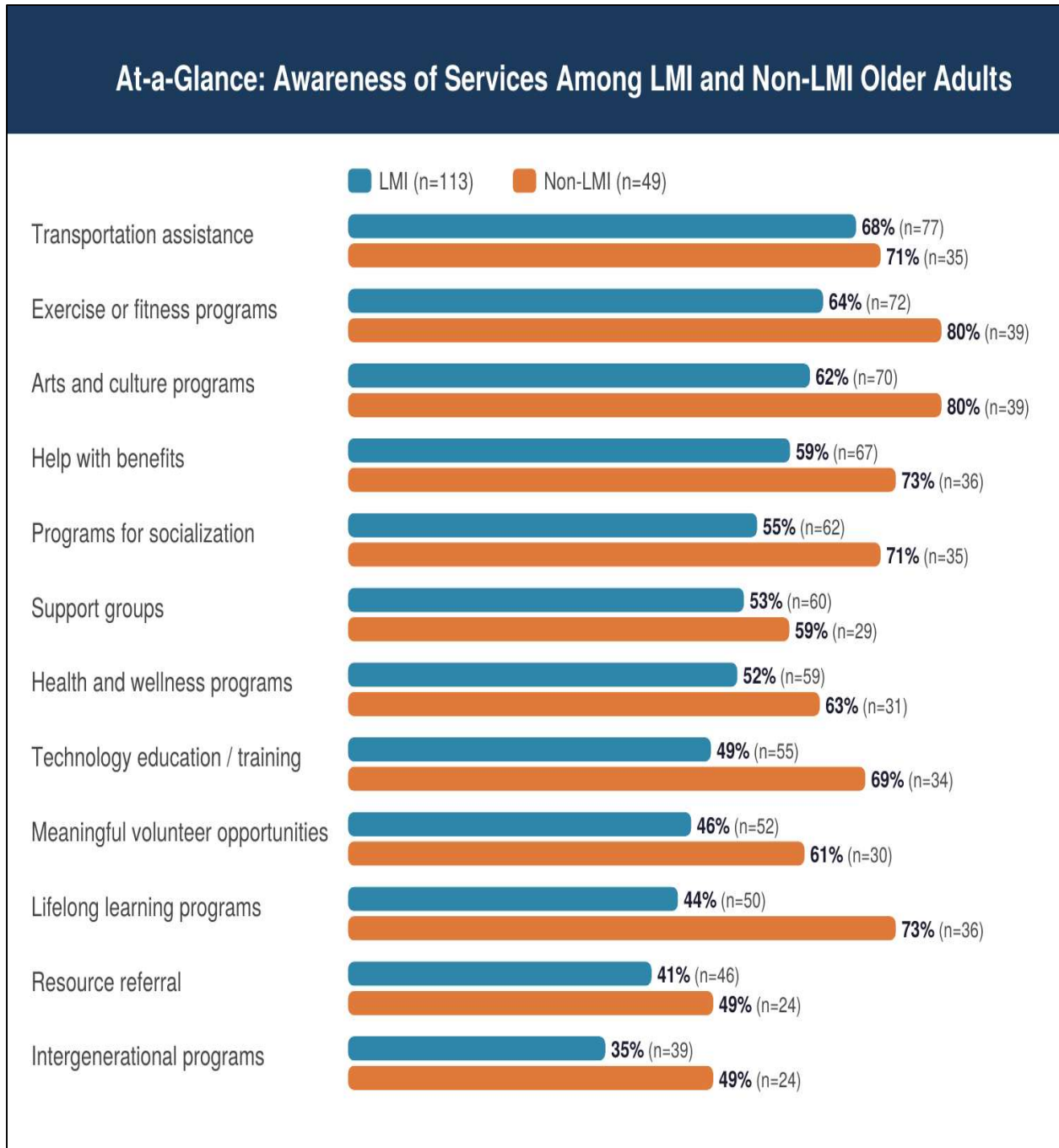
Awareness and Needs Based on Income

Non-LMI older adults reported higher awareness about existing services than LMI older adults across every service category, such as lifelong learning (73% non-LMI vs. 44% LMI), technology education (69% non-LMI vs. 49% LMI), resource referrals (49% non-LMI vs. 41% LMI), and arts and culture programs (80% non-LMI vs. 62% LMI). The gap in awareness was smaller for transportation assistance (71% non-LMI vs. 68% LMI) and support groups (59% non-LMI vs. 53% LMI) across the two groups.

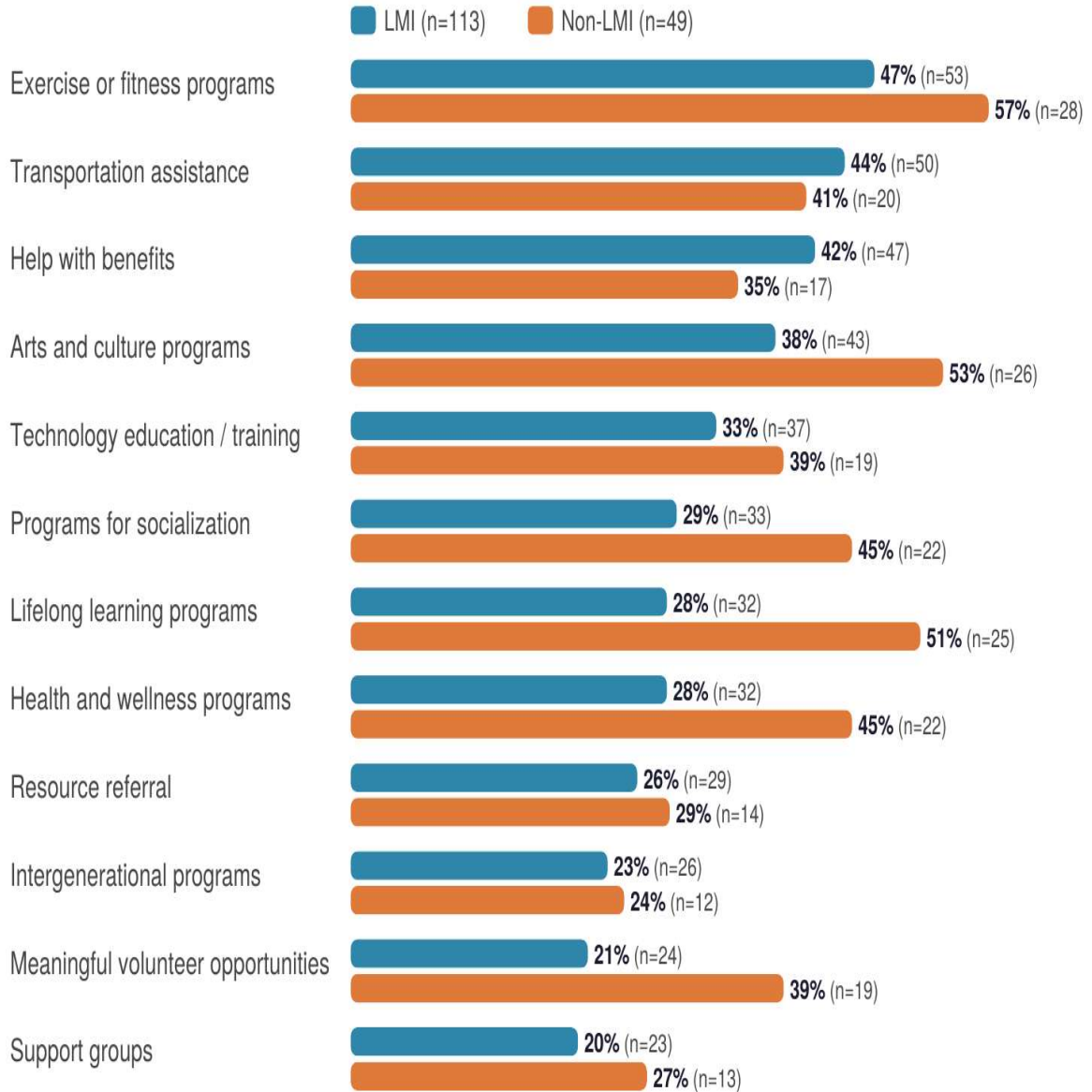
In terms of services needed in the past year, exercise and fitness programming, health and wellness, and social connection emerged as high-need areas across both income groups. More LMI older adults said they need help with benefits such as Medicare, Social Security, and food assistance (42% LMI vs. 35% non-LMI). Slightly more LMI compared with non-LMI older adults reported the need for transportation assistance (44% LMI vs. 41% non-LMI), while the need for intergenerational engagement programs was similar across both groups (23% LMI vs. 24% non-LMI). Non-LMI older adults reported higher need for most other services,

¹⁸ Survey data on food and nutrition needs are from LMI older adult respondents.

including lifelong learning, meaningful volunteer opportunities, health and wellness programs, and socialization programs.

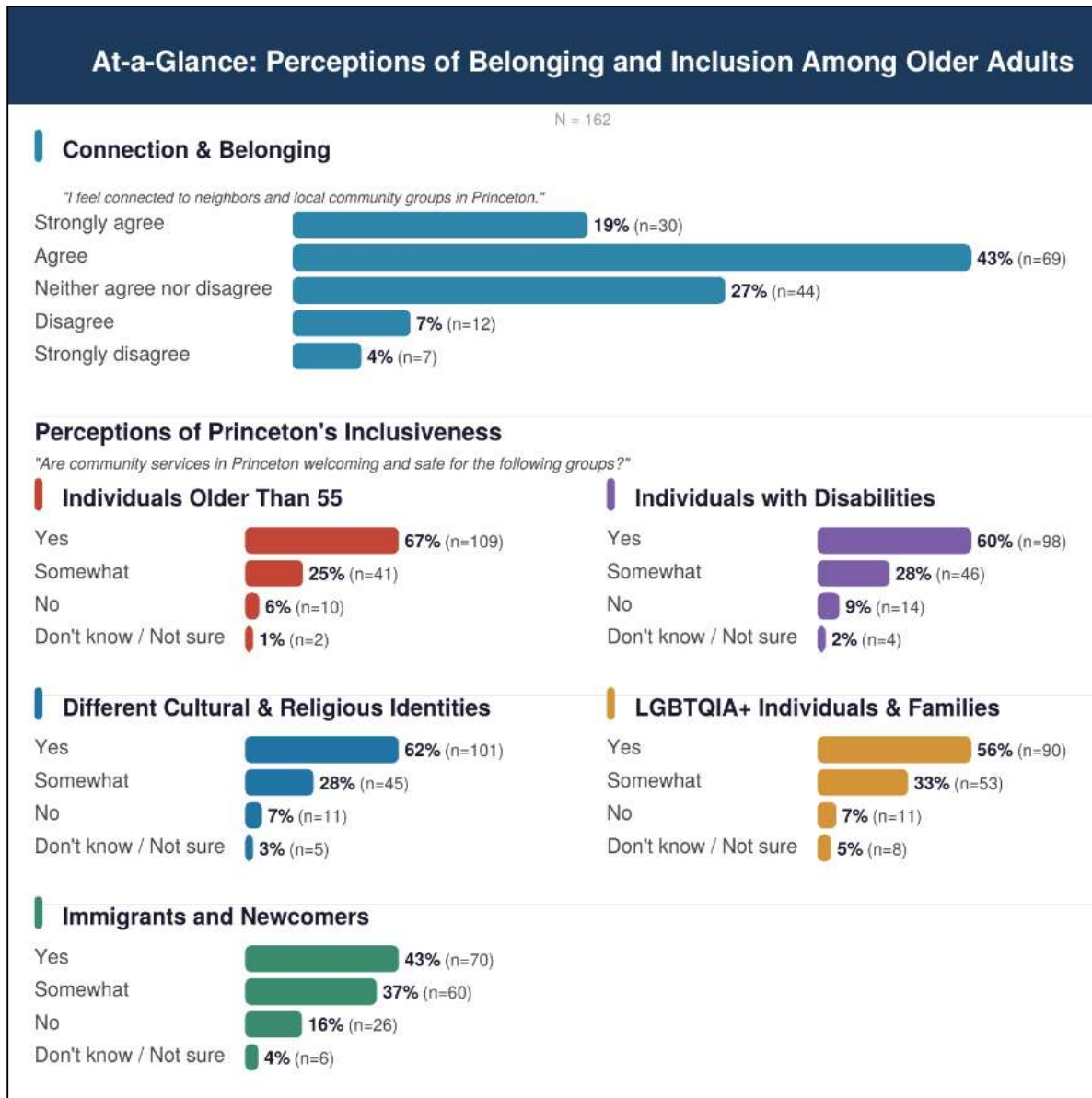


At-a-Glance: Need for Services Among LMI and Non-LMI Older Adults



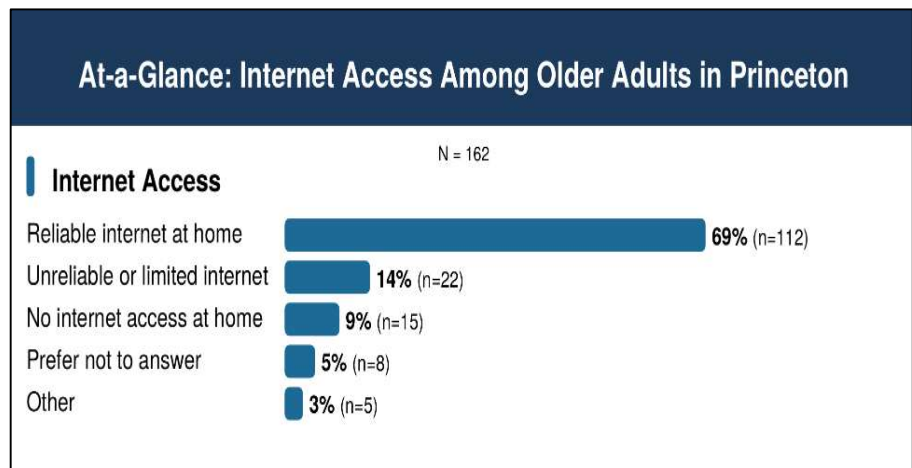
3.3. Engagement, Social Connection, and the Digital Divide Among Older Adults

Most older adult respondents agreed (43%) or strongly agreed (18%) that they feel connected to neighbors and local community groups, reflecting Princeton's active civic infrastructure. However, eleven percent disagreed or strongly disagreed. Social isolation among older adults is a growing national concern. Research finds that loneliness is associated with a 26 to 29% increase in mortality risk, comparable to smoking or obesity¹⁹.



¹⁹ Cigna Corporation. The Loneliness Epidemic Persists: A Post-Pandemic Look at the State of Loneliness among U.S. Adults. 2021

Technology presents both a barrier and an opportunity. About 32% of respondents said they need technological education, and nearly a quarter are without access to reliable internet (including 9 % with no home internet at all and 14% with unreliable or limited access). Across all income levels, access to or learning new technologies may be more challenging for seniors who contend with lack of reliable (or no) internet connection at home.



3.4 Princeton's Livability Profile

The WHO Age-Friendly Cities framework identifies eight interconnected domains that shape quality of life for older residents²⁰. The table below maps Princeton's 2025 older adult survey findings onto each domain, showing where the community is a strength, where significant gaps remain, and where barriers persist even amid programming assets.

WHO Age-Friendly Domain	Key Findings in Princeton
Housing	Nearly three quarters of older adults with lower incomes lived in subsidized or affordable housing and over 80% rented their homes. About 9% of LMI older adults said they were a month or more late on rent, mortgage, HOA, or utility payment.
Outdoor Spaces and Buildings	About 65% of LMI older adults said they were aware of public parks and spaces, and 32% said they needed to access them over the past year. There were no reported barriers to accessing parks and public spaces. Over forty percent of all older adults said they rely on walking or rolling to destinations. About 31% reported mobility disabilities across both LMI and non-LMI groups.
Transportation	Transportation assistance was the most requested expansion program (41%). Listening session and survey respondents cited challenges such as limited hours and routes that affect their access to healthcare, food, and social connection.
Communication and Information	Approximately 14% of older adults had unreliable internet and 9% had no home internet access, restricting their ability to use essential online services.

²⁰ World Health Organization. "Age-Friendly Cities Framework." WHO Global Network for Age-friendly Cities and Communities, 2007, extranet.who.int/agefriendlyworld/age-friendly-cities-framework/.

Community and Healthcare	About 30% of LMI older adults said they skip or delay medical care due to high out-of-pocket costs. Food insecurity was also significant among those with lower income. Across income levels, the most reported service need is for exercise and fitness programs.
Social Participation	About 34% of older adult respondents specifically cited a need for socialization programs in the past year, and 28% requested additional programs and opportunities for socialization in the future.
Civic Participation and Employment	Older adults indicated they need productive engagement, including 33% who said they needed lifelong learning and 27% needed volunteer opportunities.
Respect and Social Inclusion	About 67% older adults felt Princeton is welcoming and safe for those aged 55+, and individuals with different cultural and religious identities. However, perceptions about Princeton’s inclusivity for immigrants or newcomers and for LGBTQI+ individuals were less certain. About 38% of older respondents also felt neutral (27%) or disconnected (11%) from neighbors and local community groups,

Princeton’s existing assets, institutional infrastructure, and community commitment have made it a thriving Age-Friendly community. Addressing the needs identified in this assessment will continue to build, strengthen, and expand these assets, systems, and services to further improve livability for Princeton’s older adults and residents of all ages.

“I am able to participate in a lot of what Princeton has to offer. My concern is for older adults who are not aware of all that is offered in Princeton or those that are aware but cannot get to activities because they don't have transportation”
— Survey respondent

4. RECOMMENDATIONS

4.1 Community Strengths

Any accounting of Princeton's service landscape should begin with its considerable assets. Princeton benefits from a strong network of municipal departments, nonprofit organizations, community-based providers, faith communities, healthcare organizations, schools, institutional partners, and volunteers. Together, these organizations and individuals provide a broad range of support, including food assistance, housing and utility assistance, service navigation, community programming, transportation support, mentorship, and referrals.

The municipality has a steadfast human services infrastructure, with the Princeton Human Services Department frequently praised in listening sessions for its responsiveness, warmth, and ability to connect residents with resources across agencies. Residents describe being followed up on, guided through complex applications, and treated with dignity.

Community and faith-based organizations, schools, healthcare providers, Princeton Public Library, Princeton Police Department, Princeton University, CMAP, and other partners also play an important role in supporting individuals and families seeking assistance, information, and community connection. Princeton also benefits from an engaged network of residents and volunteers who contribute their time, skills, and lived experiences through food programs, youth activities, community events, outreach efforts, faith communities, boards and commissions, and support for older adults. These informal and formal networks form a strong foundation upon which future planning efforts can be built.

"Pues el transporte gratis está de maravilla. Nos estuvieron llamando a los que necesitaban lentes...hubo dentistas para sacarse dientes o hacerse limpieza gratis...esos programas me convienen. Los regalos de Navidad para los niños...eso es una alegría para ellos y para mí por el ahorro. La seguridad en Princeton es muy buena...yo nunca salgo, pero escucho que el transporte está muy bueno. Me gustaría vivir aquí porque hay seguridad y ayuda."

Well, the free transportation is wonderful. They were calling those of us who needed glasses...there were dentists available to extract teeth or do cleanings for free... those programs are so convenient for me. The Christmas gifts for the children...that's a joy for them and for me because of the savings. The safety in Princeton is very good... I never go out, but I hear that the transportation is very good... I like to live here because there is security and assistance.

— Listening session participant

4.2 Key Opportunities and Recommendations

The assessment identified several opportunities for targeted collaboration, outreach, and coordination to further strengthen Princeton's existing service network and improve the well-being of LMI residents. Guided by community input, the recommendations below build upon the findings presented throughout this report while recognizing that many needs, including housing, transportation, communication, digital access, caregiving, affordability, and social connection, are interconnected and affect residents across age groups and income levels.

Opportunity 1: Strengthen Community Coordination, Navigation, and Community Voice

One of the clearest findings of the assessment is that many residents often encounter challenges navigating available services and identifying where to begin when help is needed. Continued collaboration among Human Services, CMAP, schools, healthcare providers, Princeton Public Library, housing partners, food providers, youth-serving organizations, public safety entities, faith-based groups, and other community coalitions may help strengthen referral pathways, improve coordination, and reduce duplication of effort. These efforts could elevate mental health awareness, reduce stigma around seeking support, and connect residents to referral and service navigation in a more visible, accessible, and approachable way.

- Continue regular communication and coordination among service providers via the Housing Stability Coalition (HSC) and the Food Insecurity Task Force (FITF).
- Expand opportunities for navigation support, particularly for residents who may need assistance completing applications, scheduling appointments, gathering documentation, or following up on referrals.
- Leverage volunteers, and community navigators to complement existing service navigation efforts and help connect residents to available resources.
- Establish mechanisms for residents and community partners to share continuous feedback about emerging needs and service gaps.
- Support ongoing engagement between residents, CARES, community partners, and municipal departments to ensure that community experiences, service barriers, and emerging needs continue to inform planning, resource allocation, and awareness efforts.

Opportunity 2: Expand Outreach, Awareness, and Access to Services

Residents may be unaware of available support, unsure where to begin, or reluctant to seek help through formal systems. Princeton can strengthen outreach through recurring information sessions, neighborhood-based clinics, educational events, and on-site navigation in places residents already know and use.

- Host neighborhood-based clinics and on-site navigation at housing developments and community spaces with mobile and satellite health, dental, social services (e.g. MCBOS, Zufall, NJMVC Mobile Units)
- Continue information sessions, educational workshops, and outreach activities in trusted community settings.
- Continue partnering with schools, Princeton Public Library, CMAP, housing communities, community organizations, and faith-based institutions to share information and resources.
- Expand current social services directory into a centralized resource hub directory that is easy to navigate, multilingual, regularly updated, and available in both digital and print formats.
- Support volunteer-led outreach efforts, community ambassadors, and peer-to-peer resource sharing that help extend information into trusted community settings.
- Utilize outreach not just for service delivery but to build community through social connection and reduce isolation among residents.
- Sustain and expand a robust case management approach to support hands-on troubleshooting of barriers throughout the service process and across multiple sectors.

Opportunity 3: Improve Transportation Awareness and Coordination

Transportation barriers affect daily needs, healthcare access, employment, caregiving, and social participation. Princeton can make existing transportation options easier to understand while continuing coordinated, nonpartisan discussions with providers and decision-makers about documented service gaps.

- Explore bus stop kiosk solutions to centralize transportation information, including available transit services, schedules, routes, and eligibility requirements, improving visibility and access for residents
- Include transportation resources within community resource guides, outreach materials, and referral systems.
- Support ongoing enhancements by gathering specific resident feedback regarding transportation availability, accessibility, affordability, flexibility, and scheduling.
- Continue conversations among transportation providers, municipal departments, CMAP, and community organizations regarding documented transportation needs and opportunities for improvement.
- Explore opportunities for community-based and volunteer-supported approaches that complement existing transportation resources, where appropriate.

Opportunity 4: Promote Affordability

The assessment found that housing costs, healthcare expenses, food insecurity, digital access, transportation needs, and financial pressures are interconnected challenges that affect many residents. While these issues vary across households, findings suggest opportunities to strengthen supports that improve both short-term stability and long-term wellbeing.

- Expand practical financial education related to budgeting, credit, taxes, and household financial planning.
- Continue efforts that promote digital inclusion through technology access, affordable internet information, digital literacy support, and non-digital alternatives when appropriate.
- Continue promotion of Community Solar alongside Sustainable Princeton.
- Provide navigation and case management support for residents who need assistance completing applications, gathering documentation, or accessing multiple services.
- Strengthen awareness of affordable housing opportunities, eligibility requirements, tenant resources, and housing-related support.
- Explore housing, affordability, and economic mobility strategies that may benefit older adults, caregivers, missing middle households, and LMI residents seeking greater housing flexibility.
- Develop and expand broader workforce development, lifelong learning, mentorship programs, and Age-Friendly employment policies.

4.3 Implementation and Accountability

Implementation of these recommendations will depend on continued and deeper collaboration among municipal departments, community organizations, institutional partners, and residents. Many of the strengths identified throughout this assessment are rooted in partnerships, and future progress will likely rely on coordinated community efforts as well as opportunities for regular resident input.

Priority Area	Lead Organization
Service Coordination	Human Services Department, CMAP, community organizations, trained volunteers
Outreach and Awareness	Human Services Department, CARES, schools, Princeton Public Library, community organizations, community ambassadors and trained volunteers
Transportation and Mobility	Municipal Departments, CMAP, transportation providers, community partners
Housing, Affordability, and Economic Wellbeing	CARES, Human Services Department, Office of Affordable Housing, housing organizations, community partners
Community Engagement	Residents, volunteers, CARES, Municipal Departments, CMAP, faith communities, housing partners, community organizations

4.4 Limitations

This needs assessment reflects the insights and perspectives of low- to moderate-income residents and older adults who participated in the survey and listening sessions. Because the survey used purposive, place-based sampling to reach underrepresented groups, the findings are not statistically generalizable to all Princeton residents. The 2025 questionnaire also differs in several ways from the 2014 instrument, which limits the ability to make direct comparisons across all indicators. In addition, self-reported data may be subject to recall bias or underreporting, particularly on sensitive topics such as income, immigration, or health status. Finally, the findings represent a point in time and should be interpreted within the context of changing community, economic, and policy conditions. These limitations do not diminish the value of the data but provide important context for interpreting them.

4.5 Conclusion

The Princeton Community Needs Assessment 2025 highlights a community with both considerable strengths and ongoing challenges. Residents benefit from an engaged network of municipal departments, community organizations, institutional partners, and volunteers whose collective efforts contribute to Princeton's strong social support system. Yet, barriers related to awareness, affordability, housing, transportation, digital access, and service navigation continue to impact many households.

The findings presented in this report point to the importance of pairing service availability with stronger outreach, increased visibility and communication with community members, clearer pathways to assistance, and more sustained support for residents with specialized and complex needs. Ultimately, the assessment suggests that some of Princeton's greatest opportunities lie not only in expanding services, but also in making existing services easier to find, easier to understand, and easier to access. These findings are intended to inform future planning, strengthen coordination, and support continued community conversation. While needs will continue to evolve, Princeton's existing partnerships, community assets, and commitment to resident wellbeing provide a strong foundation for addressing future challenges. By continuing to build upon existing strengths, partnerships and civic engagement, Princeton can support a more connected, informed, and accessible community for residents of all incomes and ages.