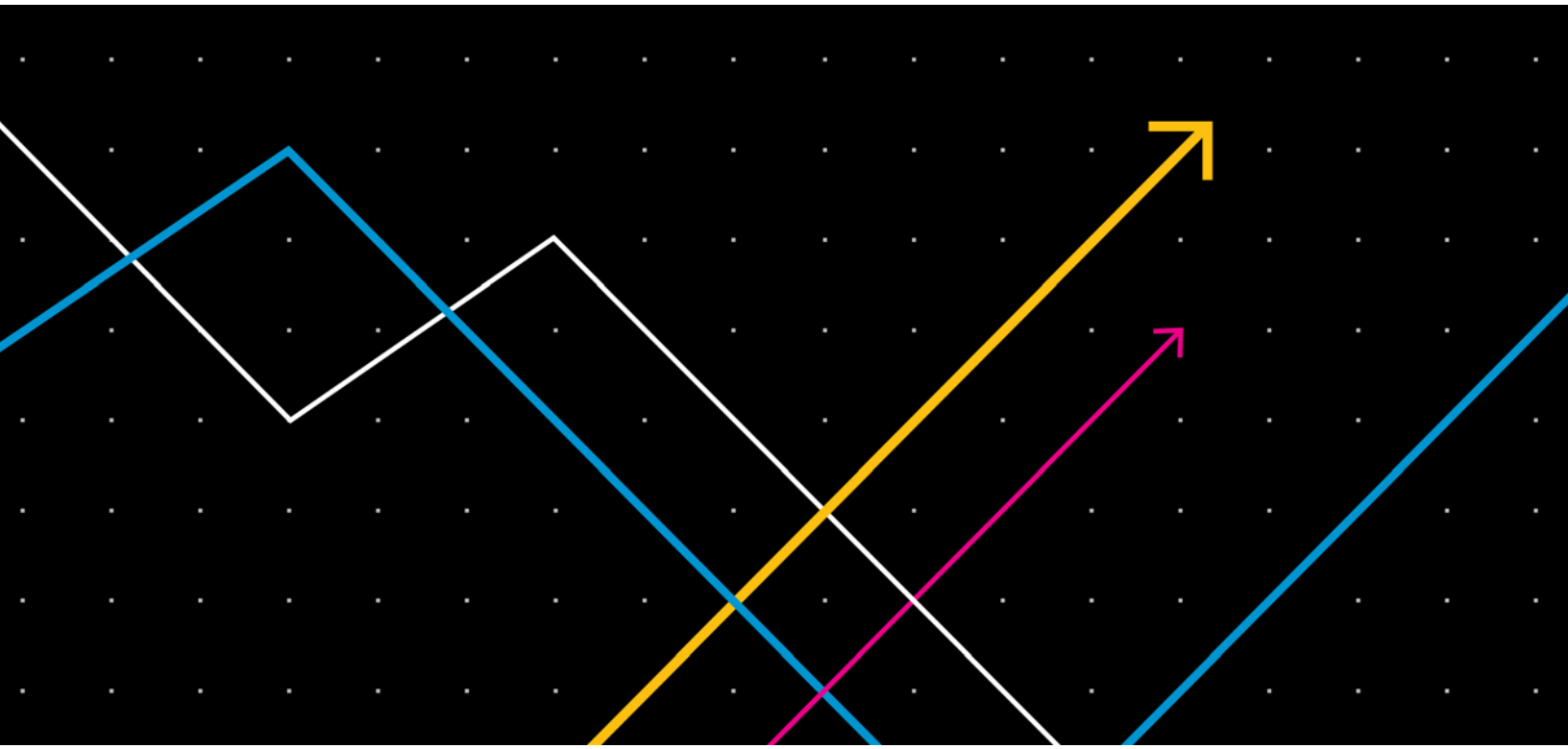


RESEARCH REPORT

Who Would Gain Coverage under Medicaid Expansion in North Carolina?

Michael Simpson and Ella Brett-Turner

November 2022

URBAN INSTITUTE

Robert Wood Johnson Foundation

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation (RWJF) is committed to improving health and health equity in the United States. In partnership with others, we are working to develop a Culture of Health rooted in equity, that provides every individual with a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have.

Contents

Acknowledgments v

Who Would Gain Coverage under Medicaid Expansion in North Carolina? 1

Introduction 1
Methods 2
Statewide Impacts of Medicaid Expansion 3
Impacts of Medicaid Expansion by Geographic Area 8
Charlotte Area 8
Winston-Salem Area 10
Greensboro Area 11
Durham/Chapel Hill Area 13
Raleigh Area 14
Western North Carolina Area 16
Southeastern North Carolina Area 17
Northeastern North Carolina Area 19
Conclusion 20

Notes 22

References 23

About the Authors 24

Statement of Independence 25

Acknowledgments

This report was funded by the Robert Wood Johnson Foundation. The views expressed do not necessarily reflect the views of the Foundation.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

The authors wish to thank Jessica Banthin and Matthew Buettgens for providing valuable feedback and Rachel Kenney for editorial assistance.

Who Would Gain Coverage under Medicaid Expansion in North Carolina?

Introduction

Under the Affordable Care Act (ACA), states have the option to expand Medicaid eligibility to nonelderly people with incomes up to 138 percent of the federal poverty level (FPL).[1] In North Carolina, 1 of the 12 states that has yet to expand Medicaid eligibility, some key stakeholders are considering adopting the policy. In an earlier report, *3.7 Million People Would Gain Health Coverage in 2023 If the Remaining 12 States Were to Expand Medicaid Eligibility* (Buettgens and Ramchandani 2022), Urban researchers estimated that full Medicaid expansion in North Carolina would decrease uninsurance by 346,000 people in 2023. In this report, we expand those results to show the characteristics of uninsured people in North Carolina under the ACA (excluding recent temporary legislative changes, which we discuss in more detail below), people who would gain health insurance coverage if Medicaid were fully expanded, and people remaining uninsured even with Medicaid expansion. These results add detail to results presented in Buettgens and Ramchandani (2022) and are presented for 2023. We show results for eight areas: Charlotte, Winston-Salem, Greensboro, Durham/Chapel Hill, Raleigh, and three rural regions (western, southeastern, and northeastern North Carolina).

At the time of writing, Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming have not expanded Medicaid. Among adults in these nonexpansion states, only parents with very low incomes can be eligible for Medicaid with full benefits.[2] Also, people with incomes below 100 percent of FPL are ineligible for Marketplace premium tax credits (PTCs).[3] Thus, in nonexpansion states, many uninsured adults with incomes below 100 percent of FPL generally have no affordable health insurance options, qualifying for neither Medicaid nor PTCs for purchasing Marketplace coverage. Additionally, people with incomes between 100 and 138 percent of FPL may be ineligible for subsidized coverage if they have an offer of employer-based coverage deemed affordable.[4] However, Medicaid has no such requirement for eligibility, so these people would gain eligibility for coverage if their states were to expand Medicaid.

Since the initial Medicaid expansion under the ACA, 14 states that did not initially expand have done so, either through legislative action or ballot initiatives. Some remaining nonexpansion states are

now considering Medicaid expansion, including North Carolina, Georgia, and South Dakota. In North Carolina, Medicaid expansion is an active topic of debate among legislators on both sides of the aisle. Separate expansion bills passed both the North Carolina House and Senate in 2022, but differences between the bills were not reconciled.[5]

About US Health Reform—Monitoring and Impact

With support from the Robert Wood Johnson Foundation, the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. Through the US Health Reform—Monitoring and Impact project, which began in May 2011, Urban researchers are using microsimulation modeling to project the cost and coverage implications of proposed health reforms, documenting the implementation of national and state health reforms, and providing technical assistance to states. More information and publications can be found at www.rwjf.org and www.urban.org.

Methods

We produced our estimates using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM), a detailed microsimulation model of the health care system designed to estimate the cost and coverage effects of proposed health care policy options (Buettgens and Banthin 2020). The model simulates household and employer decisions and models the way changes in one insurance market interact with changes in other markets. HIPSM is designed for quick-turnaround analyses of policy proposals. It can be rapidly adapted to analyze various new scenarios—from novel health insurance offerings and strategies for increasing affordability to state-specific proposals—and can describe the effects of a policy option over several years. Results from HIPSM simulations have been favorably compared with actual policy outcomes and other respected microsimulation models (Glied, Arora, and Solís-Román 2015).

Our estimates show how many North Carolinians would gain comprehensive health coverage under a full Medicaid expansion, compared with an ACA baseline that excludes recent temporary changes to PTCs. The earlier-mentioned report by Buettgens and Ramchandani estimated that full Medicaid expansion in North Carolina would decrease uninsurance by 346,000 people, reducing the uninsurance rate by 30 percent (from 12.5 to 8.7 percent), and would increase Medicaid coverage by 653,000 people.

In response to the COVID-19 pandemic, the American Rescue Plan Act increased the generosity and reach of the ACA's PTCs for 2021 and 2022; the recently passed Inflation Reduction Act extended the enhanced PTCs through 2025. Although these enhanced PTCs increase coverage somewhat while they are in effect, we exclude them from our baseline for several reasons: (1) the enhanced PTCs are temporary; (2) our results match and expand on the statewide estimates for North Carolina in Buettgens and Ramchandani (2022), which was published before passage of the Inflation Reduction Act; and (3) many people who have gained coverage through the enhanced PTCs have incomes too high to be eligible for Medicaid expansion. We estimate that about 124,000 people in North Carolina who could gain Medicaid eligibility under expansion have health coverage through the enhanced PTCs that they would not otherwise have under our ACA baseline. In addition, we assume that the COVID-19 public health emergency declared by the secretary of health and human services has expired and that coverage transitions following its expiration have already settled (Buettgens and Green 2022).

Statewide Impacts of Medicaid Expansion

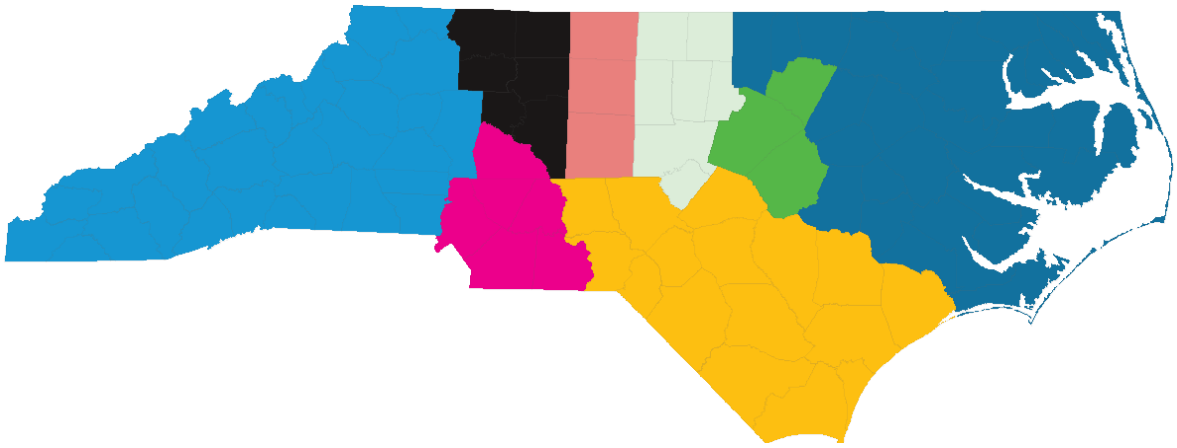
This section summarizes statewide changes in coverage under Medicaid expansion by characteristics such as race and ethnicity, age group, and educational attainment. A later section examines area-specific changes. The statewide results are as follows:

- Medicaid expansion would reduce uninsurance in North Carolina by 30 percent, or 346,000 people, but the reduction would vary across population groups and geographic areas. Table 1 shows the uninsurance rates and numbers of uninsured people in North Carolina by selected characteristics and geographic area both with and without Medicaid expansion in 2023. The table also shows the characteristics of those who would gain coverage under expansion.
- By race and ethnicity, the largest reduction in uninsurance under Medicaid expansion would occur among Black people;[6] their uninsurance rate would fall by about 6 percentage points, from 11.6 to 5.9 percent. Reductions in uninsurance would be smallest among White and Hispanic people, with both groups' rates falling by 3.3 percentage points. However, uninsurance rates for Hispanic people are much higher than such rates for other groups both with and without Medicaid expansion, in part because Medicaid and PTCs are unavailable to undocumented residents. Because Hispanic people have a higher uninsurance rate, their uninsurance rate would drop by 10 percent with expansion, whereas the rate for White people would fall by 34 percent.

- By age group, young adults ages 19 to 34 would have the greatest decrease in uninsurance rates; theirs would fall almost 8 percentage points from 23.5 to 15.6 percent. Compared with young adults, older adults have lower uninsurance rates even without expansion and would therefore have smaller gains in coverage under expansion. Children have lower uninsurance rates than adults both with and without Medicaid expansion and would see little change in uninsurance under expansion. Children in North Carolina from families with incomes up to 216 percent of FPL are already eligible for Medicaid or the Children's Health Insurance Program (Haley et al. 2020).
- The percentage-point reduction in uninsurance under Medicaid expansion would be slightly greater for men than for women: 4.0 versus 3.7 percentage points. However, women's uninsurance is lower without expansion (10.4 percent versus 14.6 percent for men), so their percent reduction in uninsurance would be greater.
- By level of educational attainment, uninsurance rates are highest for people with lower educational attainment; the largest reduction in uninsurance under Medicaid expansion would occur among people who did not complete high school, whose uninsurance rate would fall by more than 9 percentage points but would remain high at 34.0 percent. People with more education would see smaller overall decreases in uninsurance under expansion, but these reductions would represent a greater portion of the uninsured population.
- The vast majority, 94 percent, of people gaining coverage under expansion would be in families where everyone is a US citizen.
- Seventy-nine percent of currently uninsured North Carolinians are in working families, and a majority, 71 percent, is in a family with at least one full-time worker. Families with only a part-time worker have an uninsurance rate slightly higher than that for families with no workers (18.6 versus 17.3 percent). Under Medicaid expansion, the uninsurance rate for families with only a part-time worker would fall sharply to 7.7 percent, a nearly 60 percent reduction.
- The statewide uninsurance rate would fall from 12.5 to 8.7 percent under Medicaid expansion. By geographic area, uninsurance rates without Medicaid expansion range from 10.3 to 15.9 percent; with expansion, they would range from 7.4 to 11.5 percent.[7] Decreases in uninsurance under expansion would vary from 2.4 percentage points in the Raleigh area to 4.6 percentage points in the western area. Figure 1 shows North Carolina areas and their uninsurance rates with and without Medicaid expansion.

FIGURE 1

Uninsurance Rates with and without Medicaid Expansion in North Carolina, by Area, 2023



Charlotte area	Winston-Salem area	Greensboro area	Durham/Chapel Hill area
12.5%	*11.6%*	*11.4%*	*11.8%*
9.3%	7.6%	7.4%	8.9%

Raleigh area	Western NC	Southeastern NC	Northeastern NC
10.3%	*12.1%*	*15.9%*	*12.0%*
7.9%	7.5%	11.5%	7.7%

Top numbers (in italic) are the area uninsurance rates under permanent ACA law; bottom numbers are the uninsurance rates expected if North Carolina were to fully expand Medicaid.

URBAN INSTITUTE

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: ACA = Affordable Care Act. Estimates are based on permanent nongroup premium tax credits under the ACA; they exclude temporary enhanced premium tax credits under the Inflation Reduction Act.

TABLE 1

Impacts of Medicaid Expansion in North Carolina, by Selected Characteristics and Geographic Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	223	20	11.6	114	14	5.9	109	31
Hispanic	291	26	34.1	263	33	30.8	28	8
White	550	49	9.6	362	46	6.3	189	55
Other	70	6	12.2	49	6	8.6	21	6
Age group								
Birth to 18	65	6	2.5	65	8	2.5	*	**
19–34	526	46	23.5	349	44	15.6	177	51
35–54	436	38	14.6	307	39	10.3	129	37
55–64	107	9	8.2	68	9	5.2	39	11
Sex								
Male	656	58	14.6	477	60	10.6	179	52
Female	478	42	10.4	312	40	6.7	167	48
Education, people ages 19–64								
Less than high school	189	18	43.5	148	20	34.0	41	12
High school	393	37	23.1	243	34	14.3	150	44
Some college	296	28	14.8	188	26	9.4	108	31
College graduate	190	18	8.0	145	20	6.1	46	13
Subtotal	*1,069*	*100*	*16.4*	*724*	*100*	*11.1*	*345*	*100*
Citizenship status, family								
All citizens	824	73	10.0	499	63	6.1	325	94
Has undocumented immigrant(s)	278	24	44.7	269	34	43.3	9	3
Has legal immigrant(s), no undocumented	33	3	11.8	21	3	7.5	12	4
Working status, family								
No workers	233	21	17.3	120	15	8.9	113	33
Only part-time worker(s)	96	9	18.6	40	5	7.7	57	16
Full-time worker(s)	805	71	11.1	629	80	8.7	176	51

	Uninsured without Medicaid Expansion			With Medicaid Expansion				
				Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
North Carolina area								
Charlotte	197	17	12.5	146	19	9.3	50	15
Winston-Salem	82	7	11.6	54	7	7.6	29	8
Greensboro	83	7	11.4	54	7	7.4	30	9
Durham/Chapel Hill	79	7	11.8	60	8	8.9	19	6
Raleigh	119	11	10.3	91	12	7.9	28	8
Western	186	16	12.1	115	15	7.5	71	20
Southeastern	244	22	15.9	177	22	11.5	67	20
Northeastern	144	13	12.0	92	12	7.7	52	15
Total	**1,134**	**100**	**12.5**	**789**	**100**	**8.7**	**346**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. ** = less than 0.5 percent. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act; they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Impacts of Medicaid Expansion by Geographic Area

Uninsurance and the effect of Medicaid expansion on uninsurance vary both across and within North Carolina areas. Tables 2 through 9 show the uninsurance rates and number of uninsured people with and without Medicaid expansion in each of the eight North Carolina areas by selected characteristics. The tables also show the characteristics of those who would gain coverage under expansion.

Charlotte Area

Table 2 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Charlotte area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people, and those gaining coverage under Medicaid expansion, in the Charlotte area are less likely to be White (39 versus 49 percent of the uninsured population without Medicaid expansion; 46 versus 55 percent of those gaining coverage).
- Without Medicaid expansion, the Charlotte area has the second-highest uninsurance rate in the state (12.5 percent). It would still have the second-highest rate with expansion (9.3 percent).
- More women than men in this area would gain coverage under Medicaid expansion, despite there being fewer uninsured women without expansion.
- Among the uninsured population, the share in a family with a noncitizen member is larger in Charlotte than in North Carolina overall (37 versus 27 percent). Coverage gains from Medicaid expansion would be small for this group.

TABLE 2

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Charlotte, North Carolina, Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	46	24	12.1	26	18	6.8	20	41
Hispanic	62	31	34.1	58	39	31.8	4	8
White	77	39	8.4	53	37	5.9	23	46
Other	12	6	11.2	9	6	8.8	2	5
Age group								
Birth to 18	15	8	3.3	15	10	3.2	*	1
19–34	83	42	21.5	59	40	15.2	24	48
35–54	82	42	15.2	61	42	11.3	21	42
55–64	16	8	8.6	11	8	6.1	5	9
Sex								
Male	109	56	14.1	85	58	11.0	24	48
Female	87	44	10.9	61	42	7.6	26	52
Education, people ages 19–64								
Less than HS	31	17	51.5	26	20	44.0	5	9
HS	65	36	25.8	44	34	17.6	21	41
Some college	48	26	15.9	31	23	10.1	17	35
College graduate	38	21	7.5	30	23	6.0	7	15
Subtotal	*181*	*100*	*16.3*	*131*	*100*	*11.8*	*50*	*99*
Citizenship status, family								
All citizens	125	63	9.1	78	53	5.7	47	93
Noncitizen(s) in family	72	37	33.9	69	47	32.2	4	7
Working status, family								
No workers	39	20	21.7	21	14	11.8	18	36
Only part-time worker(s)	17	9	20.4	9	6	10.4	8	17
Full-time worker(s)	140	71	10.7	116	80	8.9	24	48
Total	**197**	**100**	**12.5**	**146**	**100**	**9.3**	**50**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Charlotte, North Carolina, area is ACA rating region 4. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Winston-Salem Area

Table 3 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Winston-Salem area. Key takeaways are as follows:

- Compared with the statewide uninsured population, the uninsured population in the Winston-Salem area is somewhat older. Fifty-four percent of the nonelderly uninsured population in the area is ages 35 and older; the statewide share is 48 percent.
- Compared with the statewide adult uninsured population, the adult uninsured population in the area has somewhat lower levels of education: the area share with no more than a high school education is 59 percent, compared with 54 percent statewide.
- Without Medicaid expansion, the Winston-Salem area's uninsurance rate (11.6 percent) is somewhat below the state average, and it would remain below the state average with expansion (7.6 percent).

TABLE 3

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Winston-Salem, North Carolina, Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	14	17	12.9	6	11	5.2	8	29
Hispanic	23	28	31.2	20	37	27.1	3	10
White	43	52	8.5	26	49	5.3	16	57
Other	2	3	10.8	1	2	6.2	1	3
Age group								
Birth to 18	5	6	2.3	5	8	2.3	*	**
19–34	33	40	21.2	19	36	12.3	14	48
35–54	36	43	14.9	24	44	9.9	12	42
55–64	9	11	8.0	6	11	5.5	3	10
Sex								
Male	44	54	12.7	29	54	8.3	15	54
Female	38	46	10.6	25	46	6.9	13	46
Education, people ages 19–64								
Less than HS	20	25	44.3	15	31	34.2	4	16
HS	26	34	18.3	14	29	9.8	12	43
Some college	21	27	13.4	12	24	7.8	9	30
College graduate	11	15	6.8	8	16	4.8	3	12
Subtotal	*78*	*100*	*15.3*	*49*	*100*	*9.7*	*29*	*100*

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Citizenship status, family								
All citizens	60	72	9.3	33	62	5.2	27	92
Noncitizen(s) in family	23	28	33.7	20	38	30.4	2	8
Working status, family								
No workers	18	22	16.3	9	17	8.0	9	32
Only part-time worker(s)	7	9	20.1	3	5	7.6	4	15
Full-time worker(s)	57	69	10.2	42	78	7.5	15	52
Total	**82**	**100**	**11.6**	**54**	**100**	**7.6**	**29**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.
Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Winston-Salem, North Carolina, area is ACA rating region 6. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Greensboro Area

Table 4 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Greensboro area. Key takeaways are as follows:

- The Greensboro area's uninsurance rate with expansion would be the lowest in North Carolina at 7.4 percent.
- More than half of uninsured Black people (57 percent) in the Greensboro area would gain coverage under Medicaid expansion.

TABLE 4

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Greensboro, North Carolina, Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	19	23	10.4	8	15	4.5	11	36
Hispanic	19	23	31.6	17	32	29.0	2	5
White	39	47	8.8	24	44	5.3	15	52
Other	6	8	14.7	5	9	10.4	2	6
Age group								
Birth to 18	3	3	1.4	3	5	1.4	*	**
19–34	38	46	21.5	24	44	13.3	15	49
35–54	33	40	13.8	22	41	9.1	11	38
55–64	9	11	8.2	5	10	4.8	4	12
Sex								
Male	46	55	12.9	30	56	8.4	16	55
Female	37	45	10.0	24	44	6.4	13	45
Education, people ages 19–64								
Less than HS	13	17	40.3	10	19	29.8	3	12
HS	32	40	21.2	19	37	12.4	13	45
Some college	20	25	12.4	12	24	7.6	8	27
College graduate	15	18	8.2	10	19	5.4	5	17
Subtotal	*80*	*100*	*15.2*	*51*	*100*	*9.6*	*30*	*100*
Citizenship status, family								
All citizens	58	70	9.0	32	59	4.9	26	89
Noncitizen(s) in family	25	30	31.2	22	41	27.2	3	11
Working status, family								
No workers	20	24	17.5	9	17	7.9	11	38
Only part-time worker(s)	8	10	19.9	3	5	6.8	5	18
Full-time worker(s)	55	66	9.6	42	78	7.3	13	45
Total	**83**	**100**	**11.4**	**54**	**100**	**7.4**	**30**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Greensboro, North Carolina, area is ACA rating region 7. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Durham/Chapel Hill Area

Table 5 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Durham/Chapel Hill area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the Durham/Chapel Hill area are more likely to be Hispanic (39 versus 26 percent) and less likely to be White (33 versus 49 percent). The area has the highest share of uninsured Hispanic people and the lowest share of uninsured White people in the state.
- Forty-two percent of the uninsured population in the Durham/Chapel Hill area is in a family with a noncitizen member, compared with 27 percent of the statewide uninsured population. Because many people in this group are ineligible for Medicaid expansion, the area would have a relatively small decrease in uninsurance with expansion of 2.9 percentage points, or 24 percent, which is the second-smallest decrease among North Carolina areas.
- The share of adults with less than a high school education is larger in the Durham/Chapel Hill area than it is statewide (27 versus 18 percent), but the share with some college education or more is similar to the statewide share (44 percent versus 46 percent).

TABLE 5

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Durham/Chapel Hill, North Carolina, Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	17	21	10.6	9	15	5.6	8	41
Hispanic	31	39	35.1	29	48	32.8	2	11
White	26	33	6.9	18	30	4.8	8	41
Other	6	7	11.3	4	7	8.3	1	8
Age group								
Birth to 18	6	8	3.3	6	10	3.3	*	**
19–34	37	47	19.9	26	44	14.2	11	55
35–54	28	36	13.4	22	37	10.6	6	31
55–64	8	10	8.3	5	8	5.4	3	14
Sex								
Male	43	54	13.3	33	56	10.3	10	50
Female	36	46	10.4	27	44	7.6	10	50

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Education, people ages 19–64								
Less than HS	20	27	52.9	17	32	46.8	2	12
HS	21	29	21.9	14	26	14.3	7	38
Some college	17	23	13.3	11	20	8.7	6	30
College graduate	16	21	6.8	12	22	5.1	4	20
Subtotal	*73*	*100*	*14.9*	*54*	*100*	*11.0*	*19*	*100*
Citizenship status, family								
All citizens	46	58	8.0	28	47	4.9	18	92
Noncitizen(s) in family	33	42	32.7	32	53	31.2	2	8
Working status, family								
No workers	17	21	17.6	10	18	10.9	6	33
Only part-time worker(s)	7	9	17.1	3	6	8.1	4	20
Full-time worker(s)	55	70	10.3	46	77	8.6	9	47
Total	**79**	**100**	**11.8**	**60**	**100**	**8.9**	**19**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.
Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Durham/Chapel Hill, North Carolina, area is ACA rating region 11. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Raleigh Area

Table 6 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Raleigh area. Key takeaways are as follows:

- The Raleigh area has the lowest uninsurance rate in North Carolina without Medicaid expansion (10.3 percent), and its reduction in uninsurance from Medicaid expansion would be the smallest of any North Carolina area.
- Compared with the statewide uninsured population, uninsured people in the Raleigh area are more likely to be Hispanic (35 versus 26 percent) and less likely to be White (39 versus 49 percent).

- Again compared with the statewide uninsured population, uninsured people in Raleigh are more likely to be in a family with a noncitizen member (41 versus 27 percent), which contributes to the relatively small decline in uninsurance for the area.

TABLE 6

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Raleigh, North Carolina, Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	21	18	9.5	13	14	5.7	8	30
Hispanic	42	35	34.9	39	42	32.0	3	12
White	46	39	6.4	32	35	4.4	15	52
Other	10	8	10.5	8	9	8.9	2	6
Age group								
Birth to 18	10	8	2.9	10	11	2.9	*	**
19–34	53	44	19.1	37	41	13.5	15	55
35–54	47	39	11.7	37	41	9.3	9	33
55–64	10	8	7.4	7	7	5.0	3	12
Sex								
Male	69	58	12.1	54	59	9.5	15	53
Female	51	42	8.6	37	41	6.4	13	47
Education, people ages 19–64								
Less than HS	25	23	60.6	21	26	52.4	3	12
HS	32	29	24.1	21	26	16.0	11	39
Some college	26	24	13.6	18	22	9.3	8	30
College graduate	26	24	5.9	21	25	4.6	5	19
Subtotal	*109*	*100*	*13.5*	*82*	*100*	*10.0*	*28*	*100*
Citizenship status, family								
All citizens	70	59	7.0	44	49	4.4	26	92
Noncitizen(s) in family	49	41	32.1	47	51	30.7	2	8
Working status, family								
No workers	22	18	20.0	13	14	11.9	9	31
Only part-time worker(s)	9	8	17.3	5	6	9.6	4	14
Full-time worker(s)	89	74	8.9	73	80	7.4	15	54
Total	**119**	**100**	**10.3**	**91**	**100**	**7.9**	**28**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.
Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Raleigh area is ACA rating region 13. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Western North Carolina Area

Table 7 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the western North Carolina area. Key takeaways are as follows:

- Under Medicaid expansion, the western area would have the largest decrease in uninsurance of any North Carolina area. More than 38 percent of the uninsured population would gain coverage, and the uninsurance rate would fall by 4.6 percentage points to 7.5 percent, the second-lowest uninsurance rate in the state under expansion.
- Compared with the statewide uninsured population, uninsured people in the western North Carolina area are more likely to be White (67 versus 49 percent) and less likely to be Black (9 versus 20 percent).
- More men than women in this area would gain coverage under expansion, decreasing the gap in uninsurance rates by sex from about 3.5 to 2.7 percentage points.
- Compared with the statewide uninsured population, uninsured people in the area are more likely to be in a family where everyone is a US citizen (80 versus 73 percent).

TABLE 7

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Western North Carolina Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	16	9	13.4	8	7	6.8	8	11
Hispanic	37	20	36.1	32	28	31.7	5	6
White	124	67	10.0	70	61	5.6	55	77
Other	9	5	12.6	5	4	7.1	4	5
Age group								
Birth to 18	9	5	2.3	9	8	2.3	*	**
19–34	79	43	22.8	44	38	12.6	35	50
35–54	76	41	14.6	49	43	9.4	27	38
55–64	22	12	8.3	13	11	5.0	9	12
Sex								
Male	106	57	13.8	67	59	8.8	38	54
Female	80	43	10.3	48	41	6.2	32	46

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Education, people ages 19–64								
Less than HS	26	15	33.4	18	17	23.0	8	12
HS	72	41	21.5	40	38	12.0	32	45
Some college	49	28	13.2	27	26	7.3	22	31
College graduate	29	16	8.4	20	19	5.8	9	12
Subtotal	*176*	*100*	*15.7*	*106*	*100*	*9.4*	*71*	*100*
Citizenship status, family								
All citizens	149	80	10.3	80	70	5.6	68	97
Noncitizen(s) in family	37	20	38.5	35	30	36.0	2	3
Working status, family								
No workers	39	21	15.1	18	16	7.1	20	29
Only part-time worker(s)	17	9	17.0	6	5	5.6	11	16
Full-time worker(s)	130	70	11.0	91	79	7.7	39	55
Total	**186**	**100**	**12.1**	**115**	**100**	**7.5**	**71**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.
Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The western North Carolina area consists of ACA rating regions 1, 2, 3, and 5. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Southeastern North Carolina Area

Table 8 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the southeastern North Carolina area. Key takeaways are as follows:

- Southeastern North Carolina's uninsurance rate is the highest in the state without Medicaid expansion (15.9 percent), and it would remain the highest with expansion (11.5 percent).
- Compared with the statewide uninsured population, uninsured people in the southeastern area are more likely to be in a family where everyone is a US citizen (83 versus 73 percent).
- The southeastern area's uninsured population is younger than the statewide uninsured population; forty percent of uninsured people in the area are ages 35 and older, compared with 48 percent statewide.

- Without Medicaid expansion, the gap between the uninsurance rate for men and women is greater in the southeastern area than it is statewide (9.2 versus 4.3 percentage points); in the southeastern area, 20.5 percent of men are uninsured, while only 11.3 percent of women lack coverage. Slightly more men than women in the area would gain coverage under Medicaid expansion, but the gap would remain large at 8.8 percentage points.

TABLE 8

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Southeastern North Carolina Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	49	20	13.3	27	15	7.4	22	32
Hispanic	51	21	33.9	44	25	29.5	7	10
White	126	52	14.3	94	53	10.6	33	48
Other	19	8	13.6	12	7	9.0	6	10
Age group								
Birth to 18	10	4	2.3	10	6	2.3	*	**
19–34	135	55	32.1	98	55	23.2	37	55
35–54	80	33	17.5	57	32	12.5	23	33
55–64	19	8	8.8	11	6	5.3	8	11
Sex								
Male	157	64	20.5	122	69	15.9	35	52
Female	87	36	11.3	55	31	7.1	32	48
Education, people ages 19–64								
Less than HS	34	15	44.8	26	15	34.0	8	12
HS	87	37	26.9	58	35	17.9	29	43
Some college	74	32	19.1	51	31	13.2	23	34
College graduate	39	17	12.7	32	19	10.3	7	11
Subtotal	*234*	*100*	*21.4*	*167*	*100*	*15.2*	*67*	*100*
Citizenship status, family								
All citizens	202	83	14.1	138	78	9.6	64	95
Noncitizen(s) in family	43	17	39.2	39	22	36.1	3	5
Working status, family								
No workers	45	18	16.7	23	13	8.6	22	32
Only part-time worker(s)	19	8	20.8	7	4	8.3	11	17
Full-time worker(s)	181	74	15.3	146	83	12.4	35	51
Total	**244**	**100**	**15.9**	**177**	**100**	**11.5**	**67**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The southeastern North Carolina area consists of ACA rating regions 8, 9, and 15. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Northeastern North Carolina Area

Table 9 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the northeastern North Carolina area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the northeastern area are more likely to be Black (29 versus 20 percent) and less likely to be Hispanic (19 versus 26 percent).
- Fifty-seven percent of Black people in the area who are uninsured without Medicaid expansion would gain coverage with expansion. The uninsurance rate for the area's Black population would fall from 10.7 to 4.6 percent.
- In this area, the share of the uninsured population in a family with a noncitizen member is below the statewide average (20 versus 27 percent).

TABLE 9

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Northeastern North Carolina Area, 2023

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	41	29	10.7	18	19	4.6	23	45
Hispanic	27	19	34.3	25	27	31.1	3	5
White	69	48	10.2	45	49	6.7	24	46
Other	6	4	12.2	4	4	8.2	2	4
Age group								
Birth to 18	7	5	2.2	7	8	2.2	*	**
19–34	67	47	23.9	41	45	14.7	26	50
35–54	54	38	14.3	34	37	9.0	20	39
55–64	14	10	7.4	9	10	4.6	5	10
Sex								
Male	82	57	14.0	57	62	9.7	26	49
Female	62	43	10.1	35	38	5.8	26	51

	Without Medicaid Expansion			With Medicaid Expansion				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Education, people ages 19–64								
Less than HS	20	15	31.8	14	16	21.3	7	13
HS	58	42	21.8	32	38	12.3	25	49
Some college	41	30	13.3	26	30	8.3	15	30
College graduate	17	13	7.8	13	15	5.8	4	9
Subtotal	*136*	*100*	*15.9*	*85*	*100*	*9.9*	*52*	*100*
Citizenship status, family								
All citizens	115	80	10.3	65	71	5.9	49	95
Noncitizen(s) in family	29	20	36.4	27	29	33.3	2	5
Working status, family								
No workers	33	23	15.5	16	17	7.5	17	33
Only part-time worker(s)	13	9	16.3	4	5	5.6	8	16
Full-time worker(s)	98	68	10.8	72	78	8.0	26	51
Total	**144**	**100**	**12.0**	**92**	**100**	**7.7**	**52**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.
Notes: * = fewer than 500 people. ** = less than 0.5 percent. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The northeastern North Carolina area consists of ACA rating regions 10, 12, 14, and 16. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Conclusion

Increasing coverage through Medicaid expansion would have significant benefits for North Carolina. Health coverage saves lives; at least two studies have found that health coverage under the ACA decreased mortality, and one found a statistically significant reduction in mortality in expansion states compared with nonexpansion states (Goldin, Lurie, and McCubbin 2019; Miller, Johnson, and Wherry 2019). In addition, expansion increases the financial security of those gaining health coverage; two studies found that Medicaid expansion improved financial security measures, such as credit scores, while reducing financial insecurity measures, such as medical debt collection balances (Caswell and Waidmann 2019; Hu et al. 2016). Expansion also improves hospital finances; studies have shown this is achieved through lowered uncompensated care costs (Blavin 2017; Dranove, Garthwaite, and Ody

2017). Finally, expansion improves state economies; a study in Montana found Medicaid expansion led to an additional $600 million circulating in the state's economy each year, supporting 5,900 to 7,500 jobs and $350 to $385 million in personal income (Ward and Bridge 2019).

If North Carolina were to fully expand Medicaid under the ACA, uninsurance would fall by 3.8 percentage points—equal to 346,000, or 30 percent, fewer people without coverage. North Carolina would go from having the 9th-highest uninsurance rate of all states to the 24th highest. The Winston-Salem, Greensboro, and three rural areas would all have reductions in uninsurance of more than 4 percentage points, meaning around one-third of people without health insurance in those areas would gain coverage.

Notes

[1] The Supreme Court's 2012 decision in *National Federation of Independent Business v. Sebelius* effectively made the ACA's Medicaid expansion voluntary for states.

[2] Adults in nonexpansion states may be eligible for limited benefit programs. For example, pregnant women with low incomes can qualify for certain benefits during pregnancy. In addition, Wisconsin extended eligibility to adults with incomes up to 100 percent of FPL in 2014 without accepting the ACA's Medicaid expansion.

[3] Legal immigrants ineligible for Medicaid because they have resided in the US fewer than five years are eligible for Marketplace coverage with PTCs even if their incomes are below 100 percent of FPL. Some evidence also shows that some nonimmigrants with incomes below 100 percent of FPL are enrolled in Marketplace coverage with tax credits—particularly with the enhanced tax credits under the American Rescue Plan Act—largely because income is particularly volatile for workers with low incomes, who are protected from having to repay tax credits if their annual incomes end up below 100 percent of FPL (Buettgens and Banthin 2022).

[4] The Biden administration has issued a draft change to administrative guidance that would limit the number of people disqualified in this way. This issue is often called the "family glitch" (Buettgens and Banthin 2021).

[5] Jade Little and Adam Searling, "Bipartisan Medicaid Expansion Efforts in North Carolina: How Politicians Formally Opposed to Expansion Are Framing Their New Support," *Say Ahhh!* (blog), Georgetown University Health Policy Institute, Center for Children and Families, September 8, 2022, https://ccf.georgetown.edu/2022/09/08/bipartisan-medicaid-expansion-efforts-in-north-carolina-how-politicians-formerly-opposed-to-expansion-are-framing-their-new-support/.

[6] The racial and ethnic categories used in this analysis (Black, Hispanic, White, and "other") are based on the American Community Survey, the data on which HIPSM is built. People in the "other" category identified as American Indian, Asian/Pacific Islander, or multiple races in the survey. Black and White people are not categorized as Hispanic. People who identified as Hispanic and as Black, White, or any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they also identified as Hispanic. We acknowledge this language may not reflect how people describe themselves. We remain committed to employing respectful and inclusive language.

[7] The Charlotte area is ACA rating region 4; the Winston-Salem area is ACA ration region 6; the Greensboro area is ACA rating region 7; the Durham/Chapel Hill area is ACA rating region 11; the Raleigh area is ACA rating region 13; the western area consists of ACA rating regions 1, 2, 3, and 5; the southeastern area consists of ACA rating regions 8, 9, and 15; and the northeastern area consists of ACA rating regions 10, 12, 14, and 16.

References

Blavin, Frederic. 2017. *How Has the ACA Changed Finances for Different Types of Hospitals? Updated Insights from 2015 Cost Report Data*. Washington, DC: Urban Institute.

Buettgens, Matthew, and Jessica Banthin. 2020. *The Health Insurance Policy Simulation Model for 2020: Current-Law Baseline and Methodology*. Washington, DC: Urban Institute.

———. 2021. "Changing the 'Family Glitch' Would Make Health Coverage More Affordable for Many Families." Washington, DC: Urban Institute.

———. 2022. "Estimating Health Coverage in 2023: An Update to the Health Insurance Policy Simulation Model Methodology." Washington, DC: Urban Institute.

Buettgens, Matthew, and Andrew Green. 2022. "What Will Happen to Medicaid Enrollees' Health Coverage after the Public Health Emergency?" Washington, DC: Urban Institute.

Buettgens, Matthew, and Urmi Ramchandani. 2022. *3.7 Million People Would Gain Health Coverage in 2023 If the Remaining 12 States Were to Expand Medicaid Eligibility*. Washington, DC: Urban Institute.

Caswell, Kyle J., and Timothy A. Waidmann. 2019. "The Affordable Care Act Medicaid Expansions and Personal Finance." *Medical Care Research and Review* 76 (5): 538–71. https://doi.org/10.1177/1077558717725164.

Dranove, David, Craig Garthwaite, and Christopher Ody. 2017. "The Impact of the ACA's Medicaid Expansion on Hospitals' Uncompensated Care Burden and the Potential Effects of Repeal." New York: Commonwealth Fund.

Glied, Sherry A., Anupama Arora, and Claudia Solís-Román. 2015. "The CBO's Crystal Ball: How Well Did It Forecast the Effects of the Affordable Care Act?" New York: Commonwealth Fund.

Goldin, Jacob, Ithai Z. Lurie, and Janet McCubbin. 2019. "Health Insurance and Mortality: Experimental Evidence from Taxpayer Outreach." NBER Working Paper 26533. Cambridge, MA: National Bureau of Economic Research.

Haley, Jennifer M., Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. 2020. "Progress in Children's Coverage Continued to Stall Out in 2018: Trends in Children's Uninsurance and Medicaid/CHIP Participation." Washington, DC: Urban Institute.

Hu, Luojia, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong. 2016. "The Effect of the Patient Protection and Affordable Care Act Medicaid Expansion on Financial Well-Being." NBER Working Paper 22170. Cambridge, MA: National Bureau of Economic Research.

Miller, Sarah, Norman Johnson, and Laura R. Wherry. 2019. "Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data." NBER Working Paper 26081. Cambridge, MA: National Bureau of Economic Research.

Ward, Bryce, and Brandon Bridge. 2019. *The Economic Impact of Medicaid Expansion in Montana: Updated Findings.* Missoula, MT: University of Montana, Bureau of Business and Economic Research.

About the Authors

Michael Simpson is a principal research associate in the Urban Institute's Health Policy Center with 25 years of experience developing economic models and using survey and administrative data. His current work focuses on using Urban's Health Insurance Policy Simulation Model to project health insurance coverage and spending both in the baseline and under policy alternatives. Before joining Urban, Simpson developed the Congressional Budget Office's long-term dynamic microsimulation model. He analyzed numerous policy reform proposals, investigated differences between various projections of Social Security finances and benefits, quantified the importance of Monte Carlo variation in model results, and created multiple methods to demonstrate uncertainty in projections.

Ella Brett-Turner is a quantitative research assistant in the Health Policy Center. She works primarily on the Health Insurance Policy Simulation Model, which models the impact of health reform implementation on coverage and costs. Brett-Turner holds a BA in applied mathematics from Brown University.

Statement of Independence

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.

500 L'Enfant Plaza SW
Washington, DC 20024

www.urban.org