

RESEARCH REPORT

# Medical Debt in New York State and Its Unequal Burden across Communities

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# Contents

<b>Acknowledgments</b>	<b>iv</b>
<b>Executive Summary</b>	<b>v</b>
<b>Medical Debt in New York State and Its Unequal Burden across Communities</b>	<b>1</b>
Results: Medical Debt in New York State	3
Results: Multivariate Model	17
Policy Implications	20
Conclusion	26
<b>Appendix A: Data, Methods, and Limitations</b>	<b>27</b>
Data	27
Analysis	29
Limitations	31
<b>Appendix B: Regional Profiles</b>	<b>32</b>
Capital District	32
Central New York	36
Finger Lakes	39
Long Island	42
Mid-Hudson	45
Mohawk Valley	48
New York City	51
North Country	60
Southern Tier	63
Western New York	66
<b>Appendix C: Tables and Figures</b>	<b>70</b>
<b>Notes</b>	<b>107</b>
<b>References</b>	<b>109</b>
<b>About the Authors</b>	<b>111</b>
<b>Statement of Independence</b>	<b>113</b>

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# Executive Summary

**Patients who are unable to pay their medical bills often incur medical debt that health care providers seek to collect. The burden of medical debt can intensify a person's financial challenges; affect their access to health care, credit, employment, housing, and food; and worsen their health.**

In New York State, approximately 6 percent of consumers had medical debt in collections on their credit reports in February 2022. However, the relatively low statewide average conceals variation across regions and communities, including disparities by race and ethnicity, income, and other demographic characteristics. This report examines the geographic distribution of medical debt in collections in New York State, providing a detailed picture of its unequal impacts on local communities and residents.

Our analysis draws on February 2022 data from a representative random sample of deidentified credit records for more than 600,000 consumers ages 18 and older in New York State from one of the national credit reporting agencies. We estimate the share of consumers with medical debt on their credit reports and the amounts owed. Because the credit bureau data does not contain demographic information for consumers except for their ages, we use information on the demographic and socioeconomic characteristics of consumers' communities—defined based on zip codes of residence—as a proxy for examining the disproportionate burden of medical debt on marginalized groups.

We assess how the prevalence and amounts of medical debt differ based on these community characteristics, both statewide and in each of the state's 10 economic regions and their constituent counties. We also examine variation in the prevalence of medical debt at the community level.

Our key findings include the following:

- The share of New York State consumers with medical debt varied widely across regions and communities.
  - » Communities with high rates of medical debt were concentrated in the Central New York, Mohawk Valley, North Country, and Southern Tier regions, whereas communities in Long Island and New York City tended to have low rates of medical debt.
  - » The share of New York State consumers with medical debt ranged from 3.2 percent or less in communities with the lowest levels of medical debt to between 9.7 percent and 37.6 percent in communities with the highest levels of medical debt.

- Within each region, the burden of medical debt generally fell most heavily on communities of color and communities with greater economic challenges.
  - » In most regions, communities with a majority of residents who are people of color had higher rates of medical debt than communities with residents who are predominantly white.
  - » In all regions, communities with lower median household incomes had higher rates of medical debt than communities with higher incomes. The prevalence of medical debt was also higher in communities where more residents were uninsured.
- Nearly half of consumers with medical debt owed \$500 or more and therefore may still have medical debt on their credit reports following a change in credit reporting practices that took effect in April 2023.
  - » Of consumers with medical debt, 48 percent owed \$500 or more, including nearly one in three (30 percent) who owed \$1,000 or more and about one in eight (13 percent) who owed \$2,000 or more.
  - » In communities with the lowest incomes, more than half of consumers with medical debt owed \$500 or more.
- Communities with the highest prevalence of medical debt faced additional challenges in confronting greater health care needs with fewer resources.
  - » High-debt communities were more rural, had higher rates of disability, and had lower rates of educational attainment and employment than communities with the lowest prevalence of medical debt.
- Even after accounting for differences in local demographic and health characteristics observed in the data, living in certain regions was associated with a greater risk of having medical debt.
  - » Many counties with high rates of medical debt have also been hotspots for hospital lawsuits against patients over unpaid medical bills (Dunker and Benjamin 2022).

These findings can inform state initiatives to protect consumers from medical debt by demonstrating where such reforms are likely to have the greatest impact. The evidence presented in this report suggests the following strategies have the potential to reduce racial, economic, and regional inequities in health and financial well-being by mitigating the risk and impact of medical debt:

- Expanding health insurance coverage and lowering deductibles and other cost-sharing requirements would decrease the risk of incurring medical debt.
- Strengthening requirements for hospitals to provide financial assistance could complement health insurance reforms to reduce medical debt prevalence.
- Changes in credit reporting would lower the number of consumers with medical debt on their credit files and improve credit scores. These changes may also require new strategies for monitoring trends in medical debt and understanding potential provider and consumer responses to prevent unintended consequences.
- Additional consumer protections that place limits on extraordinary collection actions taken by health care providers can mitigate financial impacts for people who have already incurred medical debt.
- Further analysis is needed to understand the individual, community, and health system factors that explain the disproportionate risk of medical debt in certain regions.

The unequal burden of medical debt across communities in New York State exacerbates health and economic disparities. State policies to protect residents from medical debt can advance progress toward the goal of a more affordable and equitable health care system that promotes the health, well-being, and economic security of all New York residents.





# Medical Debt in New York State and Its Unequal Burden across Communities

Each year, millions of patients receive medical bills they cannot afford to pay when faced with the complexity and high costs of the US health care system (Cohen and Cha 2023). These bills frequently result in medical debt that health care providers seek to collect. Unlike most other forms of debt, medical debt is often unpredictable and unavoidable, saddling patients with a financial burden as they recover from illness or injury. Health insurance coverage can lower the risk of incurring medical debt (Caswell and Waidmann 2017; Finkelstein et al. 2012; Himmelstein et al. 2022; Kluender et al. 2021) but may fail to offer sufficient protection because of high deductibles, other cost-sharing requirements, or gaps in covered benefits (Karpman and Long 2015; Rabin et al. 2020).

When medical bills remain overdue for an extended period, health care providers typically refer them to third-party collection agencies, which may in turn furnish information on these debts to the nation's three major credit reporting agencies (CFPB 2014; Kirsch and Eswaramoorthy 2023). In February 2022, about one in eight US consumers with a credit record, or approximately 13 percent, had medical debt in collections on their credit reports.<sup>1</sup> The Consumer Financial Protection Bureau (CFPB) found that medical debt in collections constituted 58 percent of all debt-collection items on consumer credit reports and totaled \$88 billion in 2021 (CFPB 2022). Though recent changes announced by the national credit bureaus in April 2023 will remove most medical debt collections (i.e., specific items under \$500) from credit reports, this will not reduce the underlying debt that patients owe to providers.<sup>2</sup>

The impacts of medical debt can ripple across every aspect of patients' lives, affecting their health, financial stability, and access to health care, credit, employment, housing, and food. Adults with medical debt are more likely to forgo needed health care because of cost concerns, and many are denied care from providers they owe (Lopes et al. 2022; Rabin et al. 2020). Moreover, medical debt is associated with a greater risk of food insecurity, eviction and foreclosure, and bankruptcy (Dobkin et al. 2018; Gross and Notowidigdo 2011; Himmelstein et al. 2009; Himmelstein et al. 2022). People who owe large debts often have elevated levels of stress, which can worsen their physical and mental health (Richardson, Elliot, and Roberts 2013; Sweet et al. 2013).

The credit and legal consequences for overdue medical bills can intensify a person’s financial challenges. Damaged credit can make it difficult to get loans and insurance and to find jobs and housing, since many employers and landlords review credit reports when conducting background checks.<sup>3</sup> Health care providers may also sue patients over unpaid bills, opening the door to aggressive collection practices, including placing liens on primary residences and garnishing wages (Benjamin and Dunker 2021; Dunker and Benjamin 2020, 2022). Because the burden of medical debt falls disproportionately on marginalized groups—including people of color and people with low incomes, disabilities, or poor health—these impacts exacerbate health disparities and economic inequality (Karpman, Martinchek, and Braga 2022; Lopes et al. 2022).<sup>4</sup>

This report examines the geographic distribution of medical debt in collections (hereafter referred to as “medical debt”) in New York State using February 2022 data from a representative random sample of deidentified credit records from one of the national credit reporting agencies. We estimate the share of consumers with medical debt on their credit reports—including medical debt that was sent to a third-party collector or assigned to a creditor’s internal collections department—and the amounts owed, both statewide and in each of the state’s 10 economic regions and their constituent counties.<sup>5</sup> We also estimate the shares of consumers with medical debt across communities, which are defined based on zip codes of residence. We further assess disparities within the state and each region in the prevalence and amounts of medical debt based on the demographic and socioeconomic characteristics of consumers’ communities, including race/ethnicity, income, and health insurance coverage.

The next section of the report examines the geographic variation in medical debt across communities and regions of New York State. We then highlight results from a multivariate analysis to disentangle community- and county-level characteristics that are associated with medical debt. We conclude with a discussion of implications of the study findings for state policy decisions. The appendices of the report provide a detailed description of our data and methodology, additional tables and figures, and a series of in-depth profiles showing where medical debt is concentrated within each region, including the extent to which areas with high rates of medical debt have also been hotspots for hospital debt collection lawsuits against patients (Dunker and Benjamin 2022). This focus is highly pertinent as nearly three in four nonelderly adults with past-due medical debt report owing at least some of that debt to hospitals (Karpman 2023). A forthcoming set of supplemental tables will examine the prevalence of medical debt at other levels of geography, such as state legislative districts, Congressional districts, metropolitan areas, and large cities.

# Results: Medical Debt in New York State

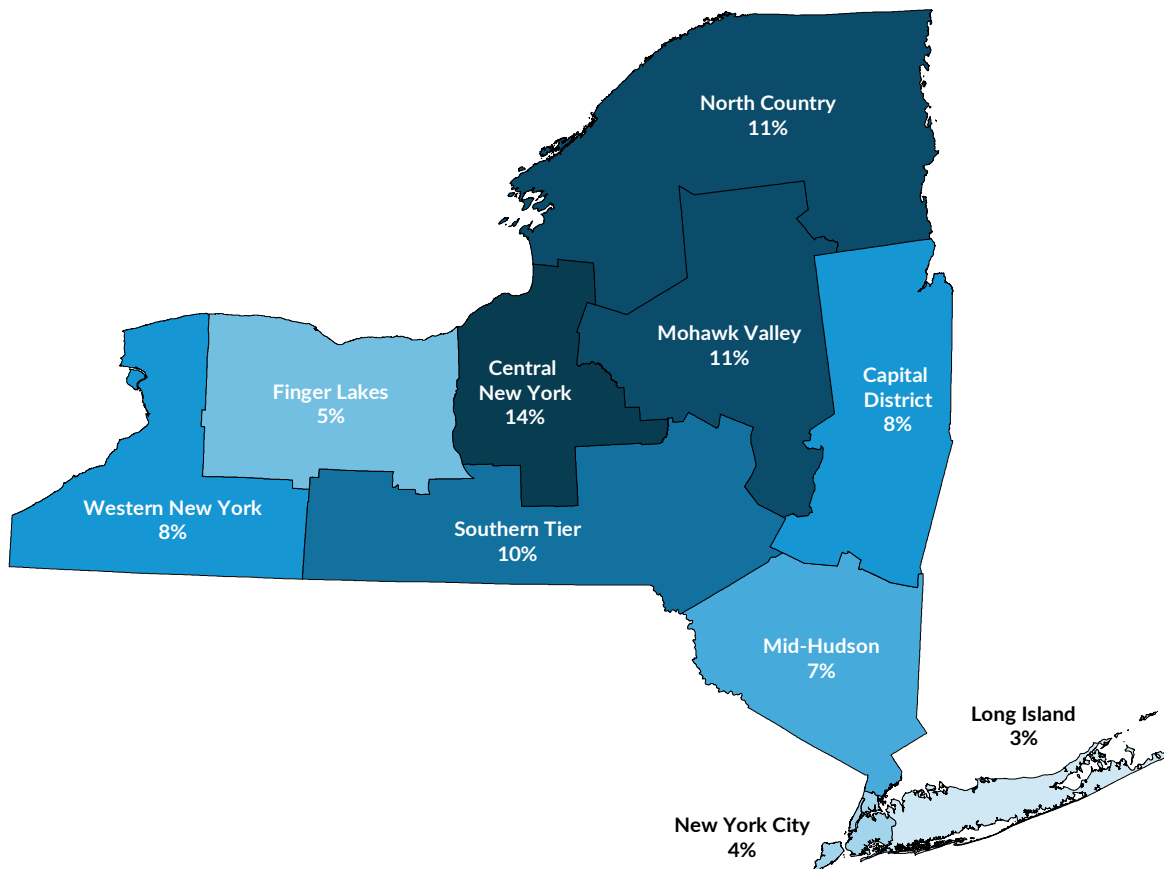
## **The share of New York State consumers with medical debt varied widely across regions and communities.**

In February 2022, approximately 6 percent of New York State consumers with a credit record had medical debt on their credit reports, representing approximately 740,000 adults in the state (Karpman et al. 2023). Though less than half of the national average (6 percent versus 13 percent nationwide), this estimate understates the actual level of medical debt among New York residents,<sup>6</sup> since not all medical debt is reported to credit bureaus and it is not always possible to identify the source of debt collections on credit reports. For instance, we cannot determine whether unpaid credit card accounts include debt incurred because of medical expenses. Additionally, taking a snapshot of the share of consumers with medical debt at a moment in time does not capture the dynamic risks of incurring debt over longer periods, as surveys suggest larger shares of adults have medical bills that are past due or that they are paying over time (Karpman and Caswell 2017; Lopes et al. 2022).

The relatively low statewide average in New York also conceals substantial variation across regions and communities. Figure 1 shows the share of consumers with medical debt in the state's 10 economic regions, each of which represents clusters of counties. The regions with the lowest rates of medical debt were Long Island (3 percent) and New York City (4 percent). The region with the highest rate was Central New York, where about 1 in 7 consumers (14 percent) had medical debt on their credit reports. Approximately 1 in 10 consumers had medical debt in the Mohawk Valley (11 percent), North Country (11 percent), and Southern Tier (10 percent) regions.

FIGURE 1

Share of Consumers with Medical Debt in Collections in New York State, by Region, February 2022



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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions.

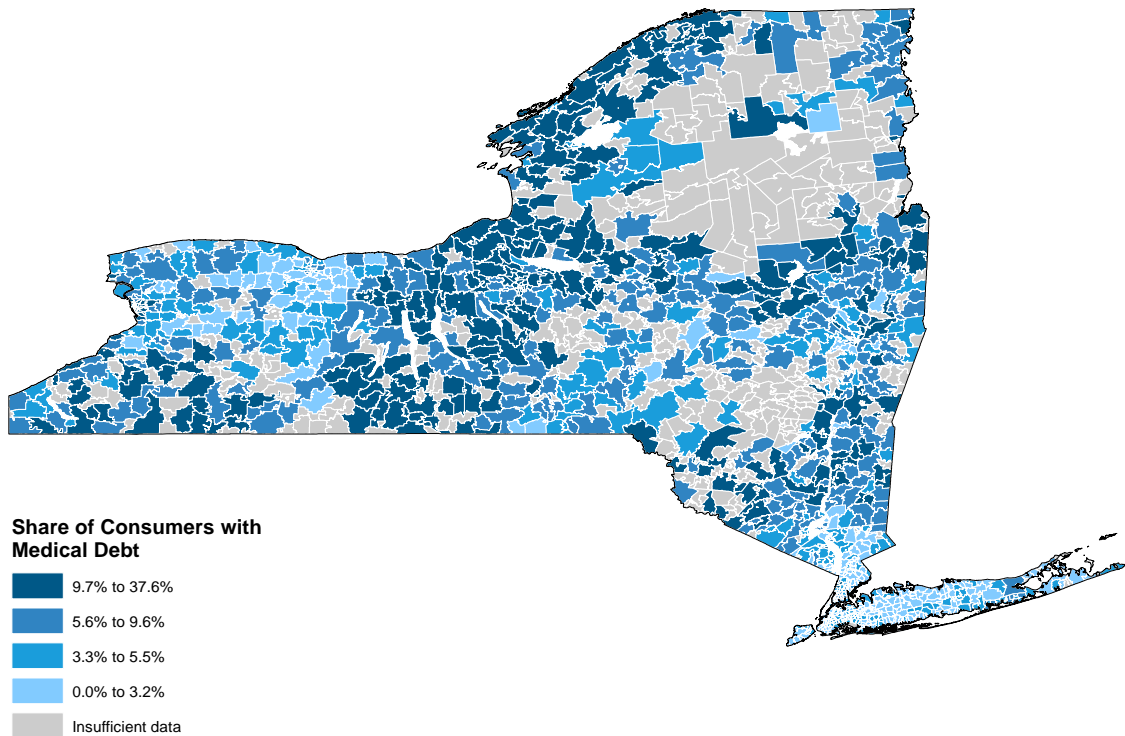
Relative to the statewide average, regions with a higher prevalence of medical debt were more rural and tended to have lower educational attainment, average household incomes, and employment rates and higher shares of nonelderly adults with disabilities (see Appendix C table 1). They were predominantly composed of non-Hispanic white residents and US-born citizens compared with the rest of the state. However, racial and ethnic disparities in medical debt were found in most regions, as discussed below.

Within regions, the prevalence of medical debt varied widely across communities. Figure 2 shows the share of consumers with medical debt across New York's zip code tabulation areas (ZCTAs), a geographic unit representing communities based on the US Postal Service's zip code service areas

(hereafter referred to as “communities”). Our data provided a sufficient sample size to estimate the prevalence of medical debt in 1,134 of the state’s 1,754 populated communities, and the communities in our sample represent 98 percent of the state’s population.

We define low-debt communities as those in the lowest quartile of the distribution of medical debt prevalence across the state and high-debt communities as those in the highest quartile. Among the 282 high-debt communities, the share of consumers with medical debt was between 9.7 percent and 37.6 percent. In contrast, the share of consumers with medical debt in the 284 low-debt communities was 3.2 percent or less.

**FIGURE 2**  
**Share of Consumers with Medical Debt in Collections in Communities of New York State, February 2022**



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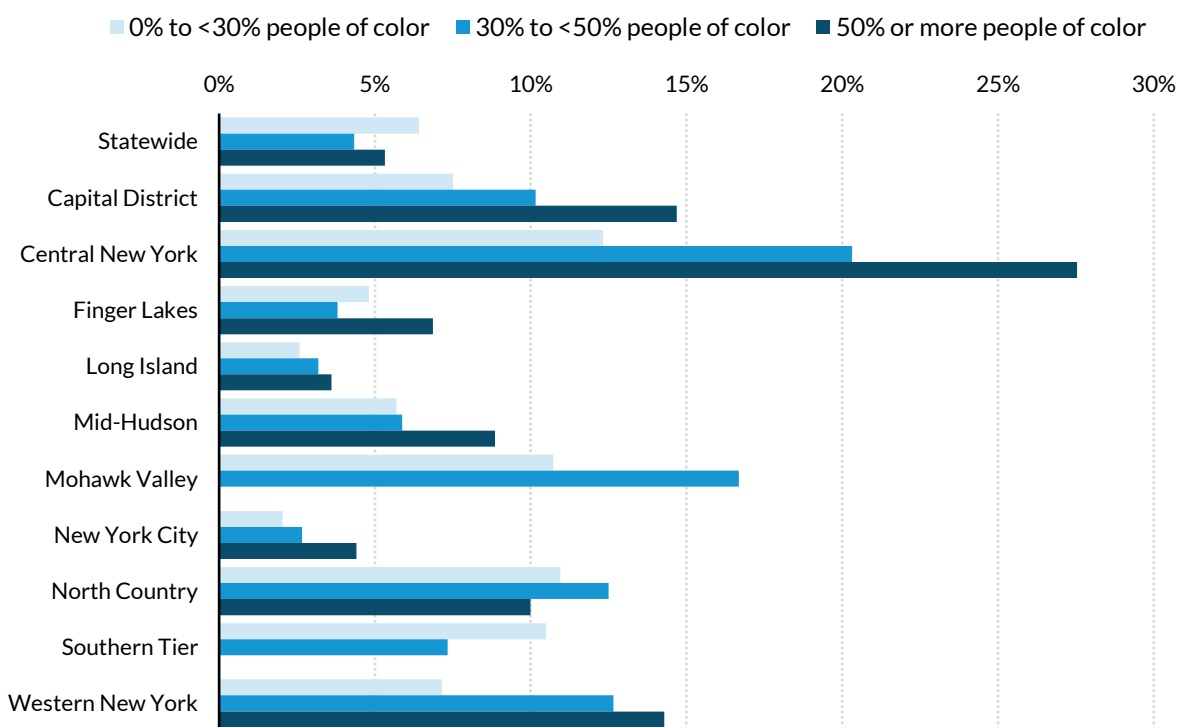
**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

**Within each region, the burden of medical debt generally fell most heavily on communities of color and communities with greater economic challenges.**

Figure 3 highlights racial and ethnic disparities in medical debt at the region level. Communities of color had higher rates of medical debt than predominantly white communities within most economic regions, revealing a pattern that was not observed at the state level.

**FIGURE 3**  
**Share of Consumers with Medical Debt in Collections in New York State, by Racial/Ethnic Composition of Communities, Statewide and by Region, February 2022**



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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. No communities in the Mohawk Valley and Southern Tier regions had 50 percent or more residents who were people of color.

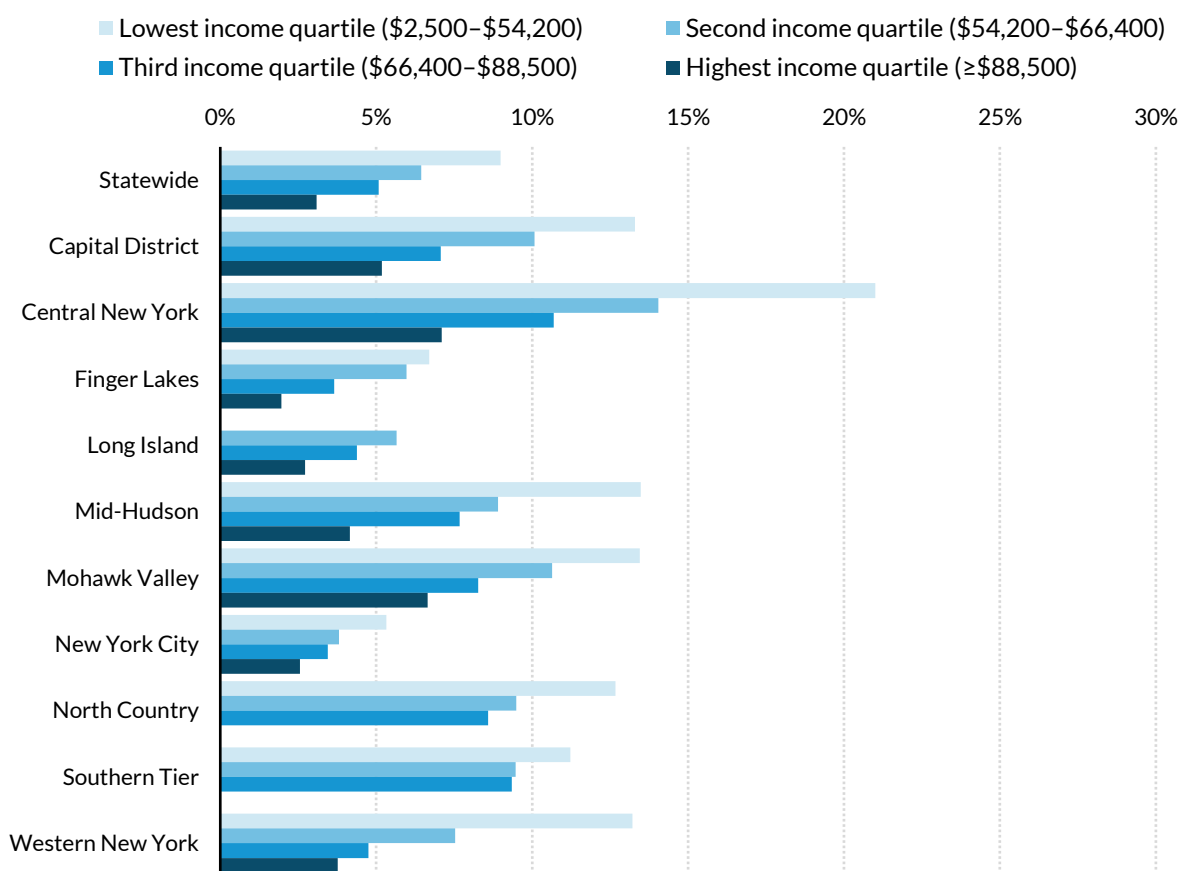
The starkest racial/ethnic disparity in rates of medical debt can be seen in Central New York, where more than one in four (28 percent) consumers in communities of color (i.e., where 50 percent or more of the population consists of people of color) had medical debt compared to 12 percent of consumers in predominantly white communities (i.e., where fewer than 30 percent of residents are people of color). Similar patterns in the prevalence of medical debt based on the racial and ethnic composition of communities, albeit with varying differences in magnitudes, are observed in the Capital District, Finger Lakes, Long Island, Mid-Hudson, Mohawk Valley, New York City, and Western New York regions. In two regions—Mohawk Valley and Southern Tier—there are no communities where over 50 percent of the population consists of people of color. In the Mohawk Valley region, communities with between 30 percent and 50 percent of residents who are people of color had higher rates of medical debt than predominantly white communities; the reverse was true in the Southern Tier region.

We also found wide racial/ethnic disparities in many counties with larger populations. Counties in which the share of residents with medical debt in communities of color was more than twice as high as the share in predominantly white communities included Albany (14 percent versus 6 percent), Dutchess (19 percent versus 8 percent), Erie (14 percent versus 6 percent), Monroe (7 percent versus 3 percent), New York (Manhattan) (4 percent versus 2 percent), Onondaga (28 percent versus 10 percent), Schenectady (19 percent versus 6 percent), and Westchester (7 percent versus 2 percent; Appendix C table 3).

Figure 4 shows that lower median household income in communities is associated with higher rates of medical debt both statewide and within each region. Statewide, consumers in the lowest-income communities—those with a median household income of less than \$54,200—were three times more likely to have medical debt than consumers in the highest-income communities (with median household income above \$88,500). Overall, 9 percent of consumers in the lowest-income communities had medical debt compared with only 3 percent of consumers in the highest-income communities, 5 percent in the second-highest, and 6 percent in the third-highest-income communities. This same relationship between medical debt and community-income quartile was observed in each region.

FIGURE 4

Share of Consumers with Medical Debt in Collections in New York State, by Median Household Income of Communities, Statewide and by Region, February 2022



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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

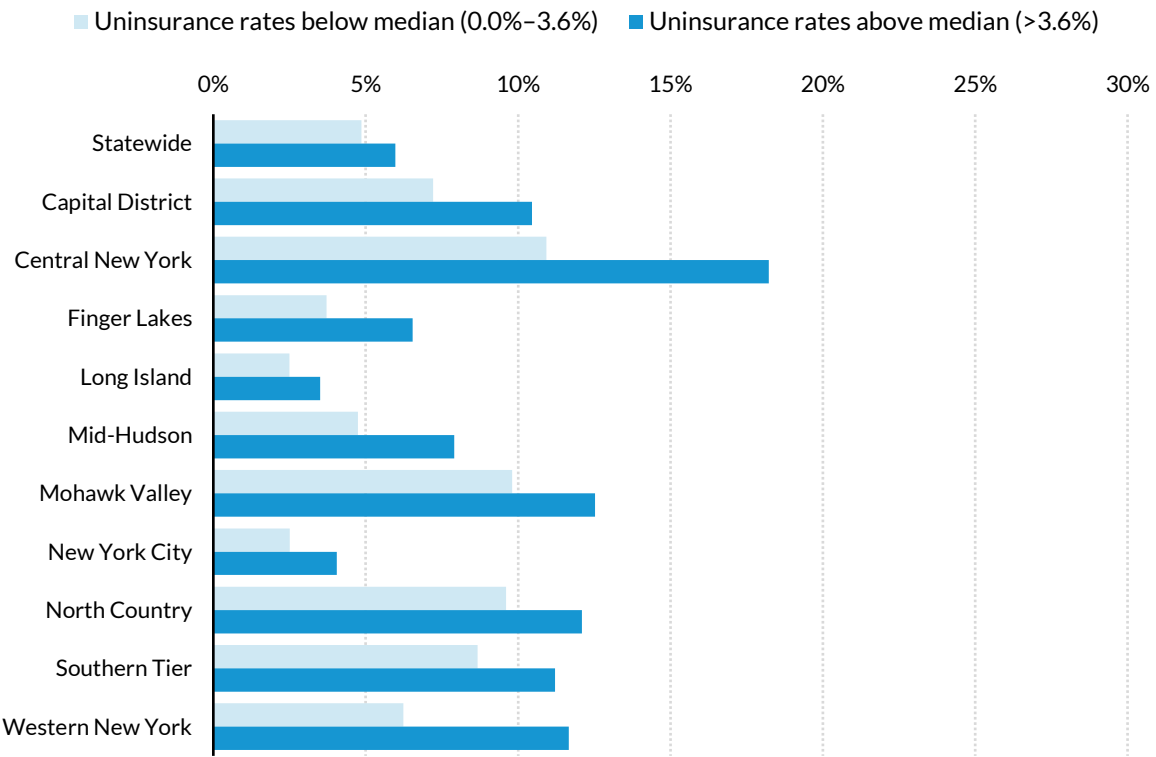
**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Median household incomes for communities are rounded to the nearest \$100. Point estimates are suppressed for sample sizes below 100.

Figure 5 shows that living in a community with a higher uninsurance rate is also associated with a higher rate of medical debt. Statewide, the difference in medical debt between lower and higher uninsurance communities is small; around 6 percent of consumers in communities with an uninsurance rate above the statewide median had medical debt compared to 5 percent in the communities with uninsurance rates below the median. However, larger disparities between lower and higher insurance communities are observed within regions, with the largest absolute differences in Central New York (7



percentage points) and Western New York (5 percentage points). While differences in medical debt based on health insurance coverage exist, these differences would likely be greater if not for New York State's high rate of health insurance coverage relative to other states, particularly states that have not expanded Medicaid (Conway and Branch 2022).

**FIGURE 5**  
**Share of Consumers with Medical Debt in Collections in New York State, by Community Uninsurance Rates, Statewide and by Region, February 2022**



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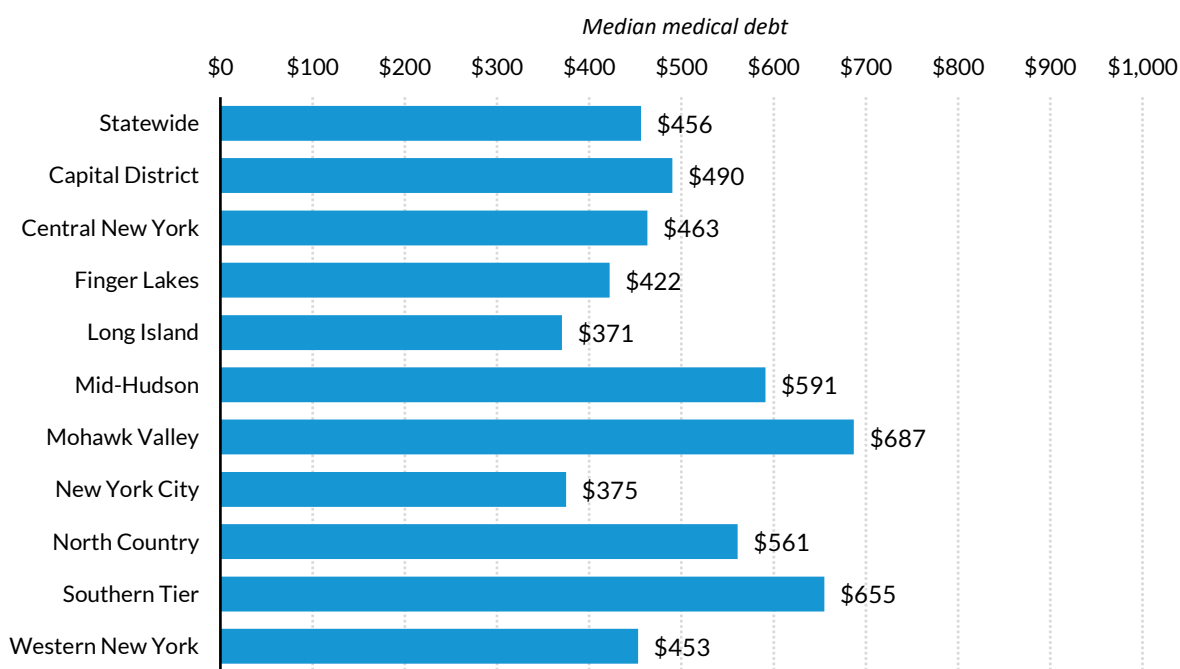
**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Uninsurance rates are for residents of all ages in the civilian noninstitutionalized population.

**Nearly half of New York State consumers with medical debt owed \$500 or more, including 30 percent of consumers with medical debt who owed \$1,000 or more.**

Among consumers with any medical debt, the median amount of debt was \$456 (figure 6). This amount was highest in four regions in which the prevalence of medical debt was above the statewide average: Mohawk Valley (\$687), Southern Tier (\$655), Mid-Hudson (\$591), and North Country (\$561). The median amount of medical debt was lowest in three regions with rates of medical debt below the statewide average: Long Island (\$371), New York City (\$375), and Finger Lakes (\$422). These results suggest that in regions where people are more likely to have any medical debt, those individuals are also generally more likely to incur larger amounts of debt.

**FIGURE 6**  
**Median Medical Debt Among Consumers with Any Medical Debt in Collections in New York State, Statewide and by Region, February 2022**



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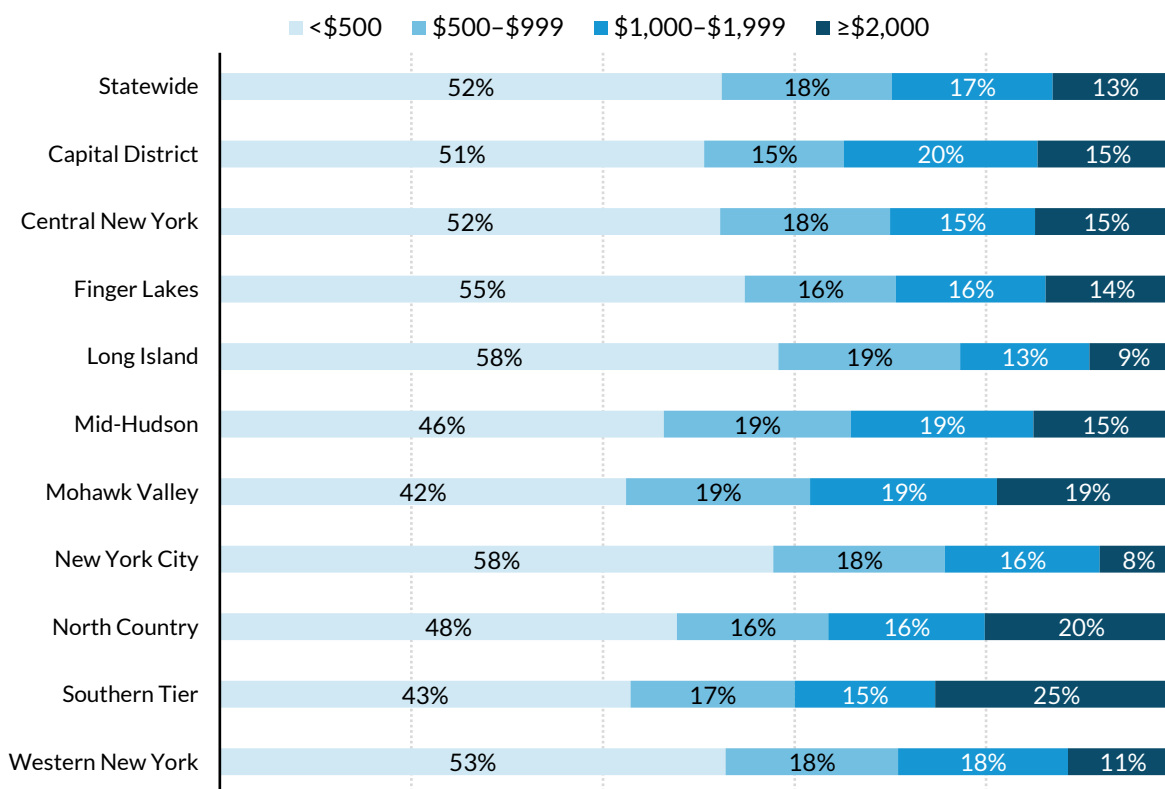
Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions.

Nearly half (48 percent) of consumers with medical debt owed \$500 or more, and 52 percent owed less than \$500 (figure 7). This threshold is significant because of a recent change in credit reporting

practices; on April 11, 2023, the three major national credit reporting agencies announced the removal of all medical debt collection tradelines with a balance under \$500 from consumer credit reports. Consumers with total medical debt collection balances below \$500 will therefore have all this debt removed from their credit files, and some consumers with total balances above this amount will benefit from the reporting change if they have one or more account balances below \$500.

**FIGURE 7**  
**Amount of Medical Debt Among Consumers with Any Medical Debt in Collections in New York State, Statewide and by Region, February 2022**



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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions.

However, even though nearly three-quarters of consumers with medical debt nationally will have at least some of this debt removed from their credit reports, about half will continue to have medical debt appear on their credit reports (Brown and Wilson 2023). The persistence of medical debt on credit reports is especially likely for those who owe larger total amounts. Nearly one in three consumers in

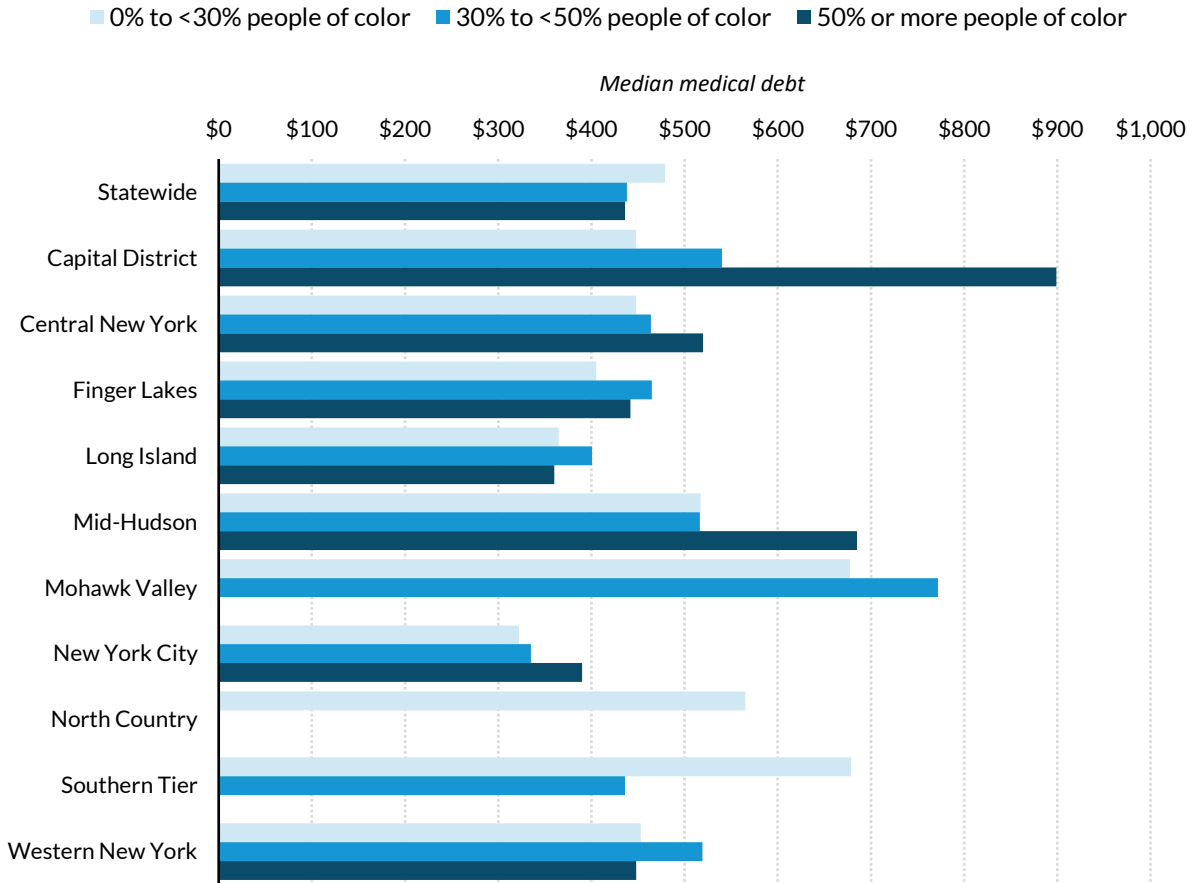
New York State (30 percent) with medical debt owed a total balance of \$1,000 or more, including more than one in eight (13 percent) who owed \$2,000 or more. In two regions of the state, roughly 4 in 10 consumers (38 percent in Mohawk Valley and 40 percent in Southern Tier) with medical debt had total balances of at least \$1,000.

It is also important to note that the change in credit reporting practices does not alter the underlying debt that consumers owe to health care providers. These providers and the third-party collection agencies with which they contract can still file civil lawsuits against patients and take other actions to collect payment for past-due medical bills.

Just as there were disparities in the prevalence of medical debt based on the racial/ethnic composition and income of communities within regions, we also found differences by community characteristics in median debt amounts among consumers with medical debt. For instance, the median debt amount in communities of color in the Capital District region was \$899, about twice the median amount in predominantly white communities (\$448; figure 8).

FIGURE 8

**Median Medical Debt Among Consumers with Any Medical Debt in Collections in New York State, by Racial/Ethnic Composition of Communities, Statewide and by Region, February 2022**



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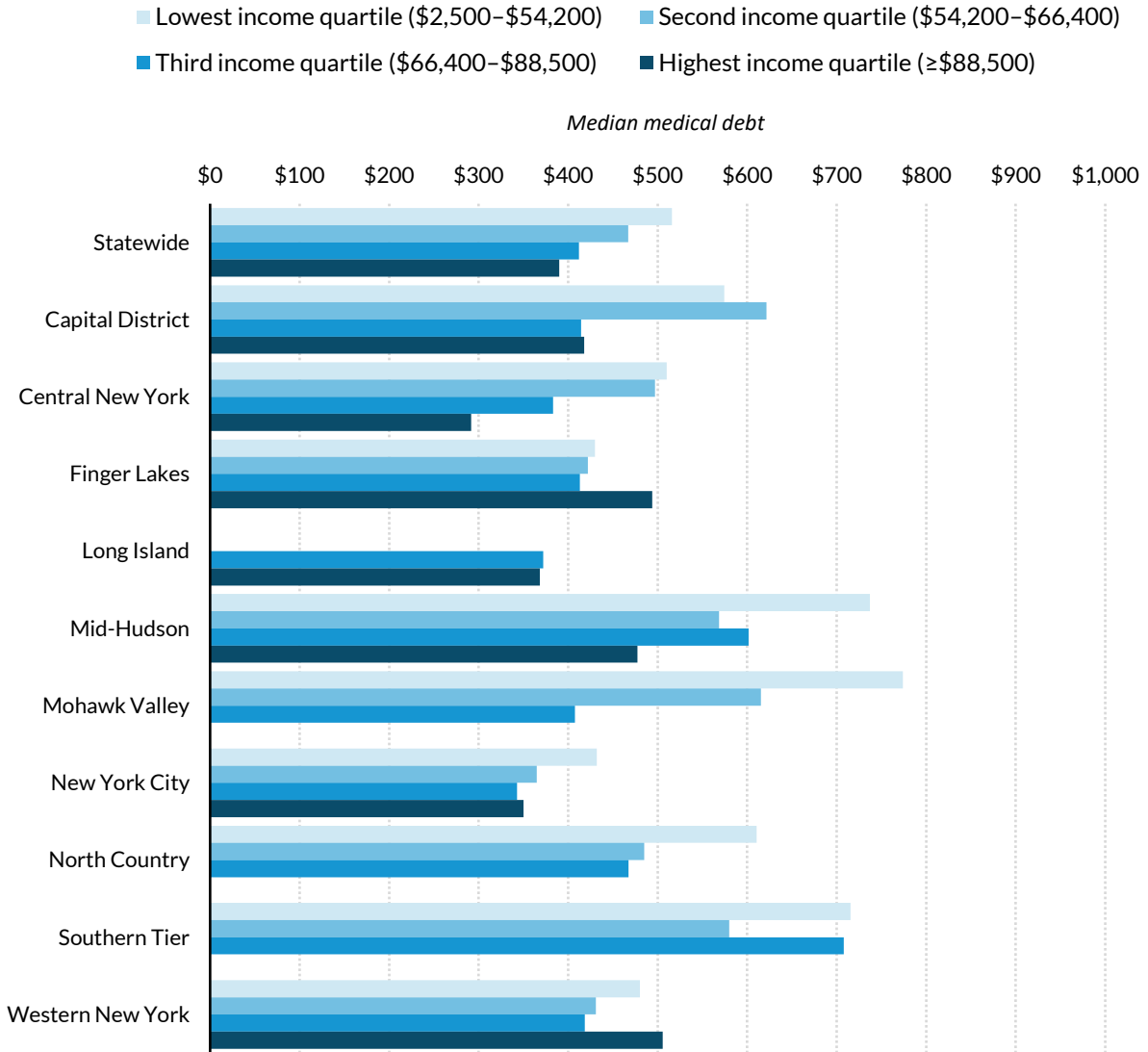
**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. No communities in the Mohawk Valley and Southern Tier regions had 50 percent or more residents who were people of color. Point estimates are suppressed for sample sizes below 100.

Median medical debt was also highest in communities with the lowest incomes—where more than half of consumers with medical debt owed \$500 or more, with a median of \$516—compared with a median of \$390 in communities with the highest incomes (figure 9). In some regions, these income disparities were wider. For instance, the lowest-income communities in the Mid-Hudson region had a median debt amount of \$737, compared with \$478 in the region's highest-income communities. In all

regions, median debts were larger in communities with higher uninsurance rates (see Appendix C figure 1), possibly reflecting the greater likelihood that uninsured residents will be responsible for paying the full amount of health care provider charges out of pocket.

**FIGURE 9**  
**Median Medical Debt Among Consumers with Any Medical Debt in Collections in New York State, by Median Household Income of Communities, Statewide and By Region, February 2022**



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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Median household incomes for communities are rounded to the nearest \$100. Point estimates are suppressed for sample sizes below 100.

These findings are consistent with CFPB projections which find that, nationally, consumers who have all medical debt removed from their credit reports because of the reporting change are more likely to live in neighborhoods that are majority white and higher income (Nathe and Sandler 2022).

### **High-debt communities faced additional challenges in confronting greater health care needs with fewer resources.**

Table 1 compares the average characteristics of communities across the four quartiles of medical debt. Overall, the data suggest high-debt communities were more rural and faced greater economic and health challenges. High-debt communities had a population density of 210 residents per square mile, compared with 1,930 residents per square mile in low-debt communities. Residents of high-debt communities also tended to have relatively lower levels of educational attainment, income, and employment. For instance, one in four adults ages 25 and older in high-debt communities (25 percent) had attained a bachelor's degree, compared with about one in two adults in low-debt communities (51 percent). The average household income of high-debt communities was less than half that of low-debt communities (\$72,079 versus \$146,895). And the employment-to-population ratio for adults ages 25 to 54—an age group referred to as prime-age workers—was about 7 percentage points lower for high-debt communities than for low-debt communities (75 percent versus 82 percent).

Relative to low-debt communities, high-debt communities also had higher shares of adults ages 18 to 64 with disabilities (8 percent versus 4 percent) and nonelderly residents insured with Medicaid or other public coverage (29 percent versus 17 percent), suggesting residents in high-debt communities faced greater health challenges, health care needs, and limitations on their ability to work.

In both low-debt and high-debt communities, most residents were non-Hispanic white (63 percent and 71 percent), whereas communities in the two middle quartiles of medical debt prevalence had larger shares of residents who are people of color. As noted above, however, statewide patterns conceal racial and ethnic disparities in medical debt within most regions. More than 9 in 10 residents of high-debt communities (92 percent) were US-born citizens, a higher share than in communities with a lower prevalence of medical debt. Communities with the largest immigrant populations are concentrated in New York City, a region that had low rates of medical debt even in many communities with low incomes.

TABLE 1

**Characteristics of Communities in New York State, by Prevalence of Medical Debt in Collections across Communities, February 2022**

	Lowest debt quartile	Second debt quartile	Third debt quartile	Highest debt quartile
Number of communities with sufficient data for medical debt estimates	284	283	285	282
Total population of communities with sufficient data	6,380,573	6,084,110	3,971,743	2,628,486
Share of adults with medical debt among all communities	2%	4%	7%	15%
Range of medical debt prevalence across communities	0% to 3.2%	3.3% to 5.5%	5.6% to 9.6%	9.7% to 37.6%
Median medical debt among consumers with any medical debt	\$357	\$390	\$436	\$580
<b>Race/ethnicity</b>				
Asian, non-Hispanic	13%	9%	3%	3%
Black, non-Hispanic	6%	23%	16%	11%
Hispanic	15%	24%	26%	10%
White, non-Hispanic	63%	40%	51%	71%
Additional races, non-Hispanic	3%	3%	3%	4%
<b>Nativity and citizenship status</b>				
US born	74%	71%	81%	92%
Naturalized citizen	16%	17%	10%	4%
Not a citizen	10%	12%	9%	4%
<b>Highest level of educational attainment (ages 25 and older)</b>				
High school degree or less	29%	41%	45%	44%
Some college or associate's degree	19%	24%	28%	31%
Bachelor's degree or more	51%	35%	28%	25%
<b>Family income as a percent of FPL</b>				
Below 100% FPL	9%	14%	18%	17%
100–299% FPL	22%	30%	34%	36%
300–499% FPL	20%	24%	23%	24%
500% FPL or more	49%	33%	25%	23%
<b>Average household income</b>	<b>\$146,895</b>	<b>\$95,912</b>	<b>\$77,737</b>	<b>\$72,079</b>
<b>Employment-to-population ratio (ages 25–54)</b>	<b>82%</b>	<b>78%</b>	<b>76%</b>	<b>75%</b>
<b>Health insurance coverage (ages 0–64)</b>				
Uninsured	5%	7%	7%	6%
Private coverage	75%	63%	56%	59%
Public coverage	17%	25%	31%	29%
Both private and public coverage	3%	4%	6%	6%



	Lowest debt quartile	Second debt quartile	Third debt quartile	Highest debt quartile
Share with a disability (ages 18–64)	4%	6%	7%	8%
Population density (number of people/square mile of land area)	1,930	940	362	210

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Prevalence of medical debt in collections is based on the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Communities with sufficient data for medical debt estimates refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. Quartiles of medical debt prevalence are based on the prevalence of medical debt across all communities in the state. Additional races includes those who identify as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, more than one race, or some other race. FPL is federal poverty level. Private coverage includes employer sponsored insurance, direct purchase, TRICARE/military coverage, and combinations of multiple types of private coverage. Public coverage includes Medicare, Medicaid, VA coverage, and combinations of multiple types of public coverage.

## Results: Multivariate Model

The previous section provided a comprehensive assessment of medical debt in New York State and how it varied across regions and community characteristics. Here, we use a multivariate linear regression model, which simultaneously accounts for differences in local demographic, socioeconomic, and health characteristics observed in the data, to disentangle the associations between consumers' medical debt and each local area characteristic and to assess the extent to which community characteristics explain regional variation in medical debt. Even after accounting for differences in local demographic, socioeconomic, and health characteristics observed in the data, we find that living in certain regions was associated with a greater risk of having medical debt.

### Approach

The primary outcome of the model is an indicator for whether the consumer had medical debt. The model controls for several demographic and socioeconomic characteristics, including individual-level indicators for the person's age; community-level controls for racial/ethnic composition, population density, employment-to-population ratio, average household income, and uninsurance rates; and indicators for each economic region.

In addition, the model includes two measures to control for regional differences in the use of health care services. First, we control for the share of 18- to 64-year-olds with disabilities at the community

level. Second, we control for emergency room visits per Medicare beneficiary at the county level.<sup>7</sup> This measure among the Original Medicare (i.e., fee-for-service) population serves as a proxy for the county's health status and its propensity to use hospital care as a whole.

Additional details on the data and methods can be found in Appendix A.

## Findings

Key findings from the regression models are described below. These estimated associations are consistent with the descriptive results in the prior section and estimates from a prior study that assessed which county characteristics predict medical debt across the US (Blavin, Braga, and Gangopadhyaya 2022). Therefore, these results confirm the correlations between medical debt and each community characteristic.

- Communities with a greater share of non-Hispanic Black and other or multiple-race populations had higher rates of medical debt relative to communities with a greater share of non-Hispanic white residents, even after controlling for other community characteristics such as income, insurance status, and health factors (table 2). This is consistent with past work showing that Black people are more likely to have past-due medical debt (Blavin, Braga, and Gangopadhyaya 2022; CFPB 2022; Karpman, Martinchek, and Braga 2022). We also find that communities with a higher share of Hispanic people had lower rates of medical debt than non-Hispanic white communities, holding other factors constant.
- People living in communities with a higher share of uninsured people were also significantly more likely to have medical debt, even after controlling for other community characteristics. This relationship is consistent with the descriptive correlations and prior causal evidence that health insurance expansions are associated with reductions in medical debt and total collection balances (Caswell and Waidmann 2017; Hu et al. 2018).
- Communities with lower average incomes and lower employment-to-population ratios had higher rates of medical debt. This result is not surprising because nonworkers and families with less income are less likely to have the means to pay their medical bills on time.
- Higher community disability rates and higher number of emergency room visits per Medicare beneficiary at the county level were associated with a higher share of residents with medical debt. For instance, a 10 percentage-point increase in the share of nonelderly adults in the community with a disability was associated with a 4.2 percentage-point increase in medical debt.
- Young adults ages 18–24 were least likely to have medical debt, holding other factors constant. Relative to 18- to 24-year-olds, adults in most older age groups were 2 to 3 percentage points more likely to have medical debt. Lower rates of medical debt among young adults may be

related to their lower average health care needs as well as their greater access to health insurance coverage relative to the next oldest age groups (Batty, Gibbs, and Ippolito 2018).<sup>8</sup> For instance, 18-year-olds in New York can qualify for no-cost or low-cost coverage under Medicaid or the Children’s Health Insurance Program (CHIP) if their family incomes are below 405 percent of the federal poverty level (FPL).<sup>9</sup> Under the Affordable Care Act, dependent children can also remain covered by their parents’ health insurance plans until they reach age 26. While those ages 65 or older are more likely to have medical debt than those ages 18–24, they are less likely to have medical debt than adults in other age groups, likely because of their nearly universal eligibility for Medicare (Caswell and Goddeeris 2020).

- Even after accounting for these differences in community demographic and health characteristics, we still find that living in certain economic regions was associated with a higher likelihood of medical debt. However, it is important to note that the characteristics in this model only explain a small portion of the differences in medical debt across individuals in New York State, as measured by the R-squared. Much of the unexplained variation in the model can be attributable to the lack of individual-level controls (besides age) available in the credit bureau data. In other words, individual age and community characteristics alone can only explain a small share of the likelihood that an individual consumer will have medical debt. Further research is needed to understand additional individual, community, and health system factors that may explain differences in medical debt across regions.

**TABLE 2**  
**Association Between Consumer Age and Community and County Characteristics with Medical Debt in Collections in New York State, February 2022**

	Coefficient
<b>Consumer age (reference: ages 18 to 24)</b>	
25 to 34	0.030***
35 to 44	0.030***
45 to 54	0.029***
55 to 64	0.022***
65 and older	0.007***
Age not reported	0.025***
<b>Community racial/ethnic composition (reference: share non-Hispanic white)</b>	
Share non-Hispanic Black	0.012**
Share non-Hispanic American Indian/Alaska Native	0.062
Share non-Hispanic Asian or Pacific Islander	-0.013
Share Hispanic	-0.022***
Share non-Hispanic other/multiple races	0.114**
<b>Additional community demographic and socioeconomic characteristics</b>	
Employment-to-population ratio (ages 25 to 54)	-0.045**

	<b>Coefficient</b>
Log average household income	-0.018***
Uninsurance rate (ages 0 to 64)	0.128***
Share with a disability (ages 18 to 64)	0.418***
Population per square mile of land area (in millions)	0.073**
<b>County health characteristics</b>	
Emergency room visits per Medicare fee-for-service beneficiary	0.044**
<b>Region (reference: Long Island)</b>	
Capital District	0.029***
Central New York	0.084***
Finger Lakes	-0.021***
Mid-Hudson	0.024***
Mohawk Valley	0.043***
New York City	-0.015***
North Country	0.033***
Southern Tier	0.033***
Western New York	0.019***
<b>Constant</b>	0.215***
Observations	612,265
R-squared	0.026

**Source:** Urban Institute credit bureau data from February 2022, 2016–2020 American Community Survey 5-year estimates, and Centers for Medicare and Medicaid Services Multiple Chronic Conditions Database.

**Notes:** Age refers to the consumer age in the credit bureau data. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas.

\*\*\* p<0.01, \*\* p<0.05, \* p<0.10

## Policy Implications

The share of New York State consumers with medical debt is below the national average, but this share varies widely across communities and regions of the state. Within regions, the burden of medical debt is greatest in communities with a higher share of residents who are people of color and communities with lower household incomes and employment rates, higher rates of disability, and limited access to health insurance coverage. Nearly half of consumers with medical debt owe \$500 or more, and almost one-third owe \$1,000 or more, suggesting many will continue to have medical debt appear on their credit reports even after the change in reporting practices that took effect in April 2023. Below, we discuss the policy implications that emerge from our study findings, including recent and proposed state efforts to protect patients from medical debt.

## **Expanding health insurance coverage and lowering deductibles and other cost-sharing requirements would reduce the risk of medical debt.**

In every region of the state, communities with higher shares of residents who were uninsured also had higher shares of consumers with medical debt. Prior research provides strong evidence that expansions of Medicaid have reduced medical debt and other measures of financial distress by extending access to coverage for the uninsured (Blavin, Braga, and Gangopadhyaya 2022; Caswell and Waidmann 2017; Hu et al. 2018; Finkelstein et al. 2012; Gross and Notowidigdo 2011). Even though New York has already expanded Medicaid, further efforts to increase access to and take-up of coverage could offer new protection against medical debt for the remaining population without health insurance.

In recent years, state policymakers have enacted or proposed new policies to increase the number of residents with coverage. For instance, in 2021, the state eliminated premiums for its Essential Plan, a Basic Health Program established under the Affordable Care Act that offers coverage with no deductibles and low copayments to people with incomes below 200 percent of FPL who do not qualify for Medicaid or Child Health Plus, the state's CHIP program.<sup>10</sup> The state budget for fiscal year 2023 also eliminated Child Health Plus premiums for households with incomes of up to 222 percent of FPL.<sup>11</sup> A state waiver application would increase access to coverage by raising the income threshold at which residents can qualify for Essential Plan coverage to 250 percent of FPL, enabling more people to benefit from the plan's lower out-of-pocket costs.<sup>12</sup> Other policy changes under consideration would expand coverage to groups that historically have been excluded from public programs. These include proposals for using state funds to expand Medicaid and/or Essential Plan eligibility to undocumented immigrants.<sup>13</sup>

At the federal level, the Inflation Reduction Act extended an expansion of health insurance marketplace premium subsidies through the end of 2025. A state premium-assistance program for qualified health plans sold through the New York State of Health marketplace could further lower premium costs for families with incomes above the Essential Plan and Child Health Plus eligibility thresholds and reduce the number of uninsured (Benjamin, Dunker, and Orecki 2022). Enhanced outreach and enrollment assistance can help more consumers learn about and apply for low-cost coverage. Other states are testing new automatic-enrollment strategies that could reduce the rate at which people churn on and off of coverage by creating smoother transitions between Medicaid and marketplace coverage.<sup>14</sup>

Though health insurance coverage is a key protective factor, it does not always provide sufficient protection against medical debt because of gaps in covered services and deductibles, copayments, and

other cost-sharing requirements. For example, in high-debt communities, only 6 percent of the population under age 65 did not have health insurance on average, but 15 percent of consumers had medical debt (table 1). The risk of incurring medical debt is also not limited to people with incomes below or near the poverty level. Even in communities in the highest quartile of median household income (i.e., above \$88,500), 3 percent of consumers had medical debt, and this share was as high as 7 percent in some regions (figure 4). Our findings suggest that providing additional cost-sharing subsidies to people with lower incomes will be the most effective strategy for reducing the burden of medical debt; however, expanding financial assistance for people with moderate incomes is also important.

### **Strengthening requirements for hospitals to provide financial assistance could complement health insurance reforms to reduce the prevalence of medical debt.**

National data show that nearly three in four adults ages 18 to 64 with past-due medical debt in 2022 reported owing at least some of that debt to hospitals, suggesting that expanding access to hospital financial assistance can make a significant impact in mitigating debt burdens (Karpman 2023).

All hospitals in New York State that are nonprofit entities must provide financial assistance to patients in order to maintain their tax-exempt status under federal law, and hospitals must meet additional state requirements to receive funding from the state's Indigent Care Pool. The Affordable Care Act requires nonprofit hospitals to have written financial assistance policies for all emergency and medically necessary care provided by the facilities and prohibits hospitals from engaging in extraordinary collection actions (ECAs, which include reporting past-due debt to credit bureaus, filing civil lawsuits, or garnishing wages or bank accounts) without making reasonable efforts to determine whether patients qualify for charity care. The state's 2006 Hospital Financial Assistance Law imposes further regulations, including a requirement that hospitals must offer financial assistance on a sliding scale to uninsured patients with incomes below 300 percent of FPL and restrictions on burdensome documentation requirements for applicants (Dunker and Tracy 2023). The availability of financial assistance should offer an additional layer of protection to people who are most at risk of medical debt. For instance, more than half (52 percent) of residents in high-debt communities had family incomes below 300 percent of FPL, compared with less than one-third (31 percent) of residents in low-debt communities (table 1).

However, gaps in both statute and enforcement of federal and state rules expose many consumers to medical debt and ECAs, including those who were likely eligible for but did not receive financial assistance (Dunker and Tracy 2023; Karpman 2023).<sup>15</sup> Statewide, 9 percent of consumers in

communities in the bottom quartile of median household income (i.e., median income below \$54,200—about 400 percent of FPL for a single person and just below 250 percent of FPL for a family of three) had medical debt. This share was 21 percent in communities in the bottom income quartile in Central New York and 13 percent in the Capital District, Mid-Hudson, Mohawk Valley, North Country, and Western New York regions. These findings suggest some patients who should qualify for hospital charity care are not receiving it or that the discounts they receive are insufficient to help them pay the total amount of their medical bills. Enforcing and expanding required financial assistance from hospitals and the providers that practice within them and streamlining the process of applying for assistance could reduce the burden of medical debt. The state’s fiscal year 2024 budget takes a step in this direction by requiring hospitals to adopt a uniform application for financial assistance developed by the state health department.

### **Changes in credit reporting would reduce the number of consumers with medical debt on their credit files and improve credit scores.**

Nearly half of consumers (48 percent) who had medical debt on their credit reports in February 2022 had total balances of \$500 or more. Many of these consumers will continue to have medical debt appear on their credit reports even after a recent change in credit reporting practices. In April 2023, the three major credit reporting agencies announced the removal of all unpaid medical debt in collections with a balance of less than \$500 from credit reports. This followed a previous change in July 2022 that removed paid medical collections and extended the period before unpaid medical collections could appear on credit reports from 6 months to one year. Though some consumers in New York State with total collection balances above \$500 will see a portion of medical debt dropped from their credit records (i.e., if they have any individual balances below \$500), others may not benefit from this change, particularly the 30 percent of consumers with medical debt whose total medical collection balances are \$1,000 or more.

Policies that would go further by removing all medical debt from credit reports have been proposed at both the state and federal levels.<sup>16</sup> For instance, in 2023, the New York State legislature passed a bill, now being considered by the governor, that would prohibit health care providers and the collection entities with which they contract from furnishing information about medical debt to consumer reporting agencies and prohibit those agencies from reporting or maintaining such information on a consumer’s file. One rationale for this change is that medical collections are less predictive than non-medical collections in determining a consumer’s credit risk, since medical debt may reflect difficulties

navigating complex billing and reimbursement processes rather than a person's creditworthiness (Brevoort and Kambara 2014; CFPB 2014).

The removal of medical debt could improve credit scores, particularly those relying on older scoring models that place more weight on medical debt relative to newer models (CFPB 2022). A recent study found that the average consumer experiences a meaningful increase in their credit scores and credit availability when medical debt is removed from their credit report, with larger gains among those who had medical debt balances over \$500 (Brown and Wilson 2023). Removing medical debt may also enhance the ability of some people to find jobs and housing to the extent adverse credit reports served as a barrier.

**Changes in credit reporting may also require new strategies for monitoring trends in medical debt and understanding potential provider and consumer responses to prevent unintended consequences.**

Recent and proposed changes to the inclusion of medical debt on credit reports will not affect the underlying debt that consumers owe to providers. As a smaller portion of the total amount of medical debt held by consumers remains visible in the credit bureau data, new strategies may be needed for monitoring the prevalence of medical debt in the state, variation across communities, and disparities by race, ethnicity, and income. Federal and state surveys of households present one important method for estimating the share of the population with medical debt. Court records will also continue offering insight on the extent to which health care providers are filing civil lawsuits against patients over unpaid bills (Dunker and Benjamin 2020). Information from hospitals, other health care providers, and third-party collection agencies could provide an additional source of data, and several states have developed processes for collecting this information (Robertson, Rukavina, and Fuse Brown 2022).

Since removing medical debt from credit reports limits the tools that providers have for collecting payment, it will also be important to safeguard against unintended consequences for access to care and consumer and provider finances by anticipating and monitoring how both groups respond to these changes. For instance, patients' ability to receive and afford needed care may depend on whether providers increasingly require payment at the point of service or use more aggressive collection practices rather than offering additional financial assistance to patients who are unable to pay. These questions underscore the need for further research to examine state and local trends in health care access and affordability and patient and provider experiences.



## **Other consumer protections can mitigate financial impacts for people who have already incurred medical debt.**

Restrictions on furnishing information to credit reporting agencies represent one approach to limiting ECAs in order to mitigate the impact of medical debt after people have incurred it. Other ECAs include selling medical debt to a third party (i.e., a debt buyer), denying medically necessary care due to nonpayment, or initiating legal processes that may result in property liens and foreclosures, wage garnishment, bank account seizure, and writs of body attachment or other actions that can cause a person's arrest.<sup>17</sup> State legislation passed in November 2022 will offer new protections for consumers who have already incurred medical debt by prohibiting hospitals and health care professionals from garnishing their wages or placing liens on their primary residences over unpaid medical bills. States have also taken steps to limit ECAs until a pending appeal of a health insurance decision is resolved (Robertson, Rukavina, and Fuse Brown 2022; Wu, Bosco, and Kuehnhoff 2019).

## **Additional analysis is needed to understand the individual, community, and health system factors that explain the disproportionate burden of medical debt in certain regions.**

The variation in medical debt across communities that we observed partially reflects differences in community-level demographic and socioeconomic characteristics. However, consumers in some regions faced a greater risk of medical debt, even after controlling for these differences, suggesting that individual factors that we cannot observe (except for age) and other community characteristics not included in our analysis played a role in explaining regional differences in medical debt. For instance, communities in the New York City and Long Island regions had low rates of medical debt, even in communities where large shares of residents had incomes below FPL or lacked insurance. In contrast, Central New York remained an outlier for its high prevalence of medical debt across communities. Many of the counties in New York where a large percentage of consumers had medical debt have also been hotspots for hospital lawsuits against patients over unpaid medical bills (Dunker and Benjamin 2022).

These findings suggest other unobserved factors—either at the individual, community, or health system level—may contribute to local differences in medical debt and merit further inquiry. For instance, we are unable to measure and control for individual health status, propensity to use health care, health insurance generosity, and household savings. These factors can play a significant role in determining the likelihood of having medical debt.

In addition, if hospitals and other health care providers in some regions offer limited financial assistance to patients or employ more aggressive collection practices, including furnishing information on past-due medical debt to credit reporting agencies, consumers in these regions may be more likely to incur medical debt and have it appear on their credit reports. Increased scrutiny of health system practices in regions with disproportionate rates of medical debt and ECAs can promote local system change and identify the need for new policy solutions (Paturzo et al. 2021).

## Conclusion

The unequal burden of medical debt across communities in New York State exacerbates health and economic disparities by race, ethnicity, income, and region. Consumers who incur medical debt likely face the most serious health and financial consequences, but the challenges they face also have spillover effects on their families and communities. State policies to protect residents from medical debt can further progress toward the goal of a more affordable and equitable health care system that promotes the health, well-being, and economic security of all New York residents.

# Appendix A: Data, Methods, and Limitations

## Data

### Credit Bureau Data

Our primary data source is February 2022 credit bureau data, which include a 4 percent nationally representative random sample of deidentified, consumer-level records from one of the major national credit reporting agencies. Our sample includes more than 600,000 consumers ages 18 and older with a credit record in New York State. All records were stripped of personally identifiable information. The credit bureau data contain the amount of consumer medical debt held in collections, including debt held by external collection agencies and as internal collections and charge-offs. The data also contain consumer age and geographic identifiers, including zip code and county of residence. We matched consumer zip codes of residence to zip code tabulation areas (ZCTAs), a set of non-overlapping geographic units that approximate the zip codes used for mail delivery and that come closest to representing the geographic boundaries of communities. There are 1,794 ZCTAs in New York State, including 1,754 populated ZCTAs, with populations ranging from under 100 to over 108,000, and a median population of about 3,000 residents.<sup>18</sup> Throughout this report, we refer to these ZCTAs as communities.

### American Community Survey Data

With the exception of age, we do not observe demographic and socioeconomic characteristics of individual consumers in the credit bureau data. We instead draw on 2016–2020 American Community Survey (ACS) five-year estimates to examine the demographic and socioeconomic makeup of consumers' communities by matching ZCTA-level ACS estimates to consumers' zip codes of residence. The ACS is a nationally representative survey conducted annually by the Census Bureau that collects social, economic, housing, and demographic data on the US household population. Pooled five-year average estimates for small geographic areas are available in a series of data tables published by the

Census Bureau.<sup>19</sup> We group communities based on their ZCTA-level characteristics, including the following:

- **Racial and ethnic composition.** We estimate the share of community residents who are people of color, defined as those who identify as Hispanic or Latino, or who are not Hispanic or Latino and identify as American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, or more than one race or some other race, excluding those who identify as non-Hispanic and white alone.
- **Median household income.** We divide communities into quartiles based on the median household income of communities across the state.
- **Health insurance coverage.** We identify whether communities have uninsurance rates that are below or above the median uninsurance rate of communities across the state.

Additional characteristics in our analysis include family income as a percentage of the federal poverty level, nativity and citizenship status, educational attainment of adults ages 25 and older, employment-to-population ratio of adults ages 25 to 54, disability status of adults ages 18 to 64 (including vision, hearing, cognitive, ambulatory, self-care, or independent living difficulties), and population density, defined as the number of people per square mile of land area (scaled to be in millions for the multivariate analysis). We also estimate average household income based on the aggregate income for the community divided by the total number of households. These characteristics are measured at the community, county, region, and state levels.

When we match community-level ACS data to the credit bureau data for New York, we drop 199 credit records that are missing ZCTAs because the zip code for that record does not match a zip code in the US or the zip code for the record is not associated with a ZCTA. We drop an additional 277 credit records with zip codes that are matched to one of the 40 unpopulated ZCTAs in New York. Six ZCTAs for PO Boxes in New York are not matched to credit record zip codes.

## **Centers for Medicare and Medicaid Services (CMS) Multiple Chronic Conditions Database**

We use data from the CMS Multiple Chronic Conditions dataset to obtain data on emergency room visits per Medicare fee-for-service beneficiary at the county level in our multivariate analysis. The Multiple Chronic Conditions data provide state and county information on the number of chronic conditions among Original Medicare beneficiaries. It also includes information on condition prevalence, utilization of care, and spending organized by the four categories of chronic condition counts.<sup>20</sup>

# Analysis

## Aggregating to Larger Geographic Units

We aggregate the community-level data to larger geographic units using consumer county of residence, which is available for 98 percent of consumers in our sample. For consumers with missing county of residence, we use the Missouri Census Data Center's Geocorr (geographic correspondence engine) application.<sup>21</sup> This tool can be used to estimate relationships between two or more geographic areas in the US, including the portion of a ZCTA's population in counties and other geographic areas.<sup>22</sup> We assign ZCTAs to the county in which a plurality of the ZCTA population resides. We also manually match eight ZCTAs that were not assigned to a county in Geocorr because they are PO Box zip codes that do not appear in the MABLE database Geocorr uses to build its lists of correlations between geographies. We exclude 40 unpopulated ZCTAs from our analysis. Finally, we group counties based on the 10 economic regions defined by the Office of the State Comptroller.<sup>23</sup>

## Descriptive Analyses of Medical Debt

We estimate the share of consumers in New York State with medical debt, overall and in each community, county, and region. We also estimate median medical debt among those with any medical debt in collections and the share with medical debt amounts below \$500, \$500 to \$999, \$1,000 to \$1,999, and \$2,000 or more. We present medical debt estimates for groups of communities in each area (state, region, and/or county) based on the community characteristics described above (i.e., race/ethnicity, median household income, and lack of health insurance).

We divide communities into quartiles based on the prevalence of medical debt across all communities in the state and compare the average characteristics of low-debt and high-debt communities. Estimates of the medical debt quartile for communities are suppressed for sample sizes below 50. Our data provide a sufficient sample size to estimate the prevalence of medical debt (as a range) in 1,134 of the state's 1,754 populated communities. Communities with fewer than 50 consumers in our data account for 35 percent of the communities in New York State, but only about 2 percent of the state's population. In addition, we suppress point estimates for all geographic areas if sample sizes are below 100 due to the imprecision of those estimates.

## Hotspots for Hospital Medical Debt Lawsuits Against Patients

For each regional profile in the appendix, we assess whether counties with a high prevalence of medical debt were also hotspots for hospital medical debt litigation against patients. The information on litigation hotspots is drawn from work conducted by the Community Service Society (CSS) of New York (Dunker and Benjamin 2020, 2022). CSS researchers developed a database of civil lawsuits filed by hospitals against patients in New York State between 2015 and 2020 and identified geographic litigation hotspots based on the number of lawsuits per 10,000 residents in each county. For this study, 20 counties are categorized as hotspots for hospital lawsuits against patients based on information in a CSS report on hospital lawsuits resulting in wage garnishment (Dunker and Benjamin 2022). Each of these counties had more than 50 lawsuits per 10,000 residents between 2015 and 2020 and collectively accounted for more than 80 percent of lawsuits filed in the state during that period.

## Multivariate Analysis

We estimate a linear probability model, in which the primary outcome is an indicator for whether the consumer had medical debt. The model controls for several demographic and socioeconomic characteristics, including indicators for each economic region; individual-level indicators for the person's age (under 25, 25–34, 35–44, 45–54, 55–64, 65 and older, and age not reported); and community-level controls for racial/ethnic composition (Hispanic and non-Hispanic Black, Asian and Pacific Islander, American Indian/Alaska Native, other or multiple races, and white), population density, employment-to-population ratio among 25- to 54-year-old adults, average household income (log-transformed), and the share of the nonelderly population that is uninsured.

In addition, the model includes two measures to control for regional differences in the use of health care services. First, we control for the share of 18- to 64-year-olds with disabilities at the community level. The ACS disability measure captures the presence of any one of the following six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Second, we also control for emergency room visits per Medicare beneficiary at the county level using the Centers for Medicare and Medicaid Services (CMS) Multiple Chronic Conditions dataset.<sup>24</sup> This measure among the Original Medicare (i.e., fee-for-service) population serves as a proxy for the county's health status and propensity to use hospital care as a whole. We cluster standard errors at the community level.

## Limitations

The credit bureau data have some limitations. First, these data exclude adults in New York State who do not have a credit record. At the national level, 11 percent of adults are estimated to be “credit invisible,” with young adults, older adults, and people of color disproportionately represented in this group (Brevoort, Grimm, and Kambara 2015). A 2018 report estimated that nearly 15 percent of adults in New York State do not have a credit record and credit score (Hamdani et al. 2018). Second, the credit bureau data do not contain demographic or socioeconomic characteristics such as race and ethnicity, income, or health insurance coverage for individual consumers. To address this limitation, we examine medical debt based on the demographic and socioeconomic characteristics of the communities where consumers live.

The credit bureau data also underestimate the prevalence of medical debt because providers do not always furnish information on medical collections to the credit bureaus and because it is not always possible to determine the industry source of collections tradelines (e.g., if a consumer pays medical bills with a credit card and is then unable to pay their credit card balance).

Further, though the credit bureau data contain records for more than 600,000 consumers in New York, the number of consumers varies widely across ZCTAs. We protect the privacy of consumers by reporting medical debt prevalence for communities within ranges (i.e., by quartile across all communities in the state) rather than point estimates. Though we suppress all estimates for communities with fewer than 50 consumers and point estimates for any geographic area with fewer than 100 consumers, the level of sampling error varies based on the number of consumers within each geographic area.

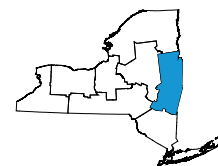
# Appendix B: Regional Profiles

This section contains profiles of medical debt in each of New York State's 10 economic regions (see figure 1). For each region, we highlight the share of consumers with medical debt across counties, the location of high-debt communities, and disparities by communities' racial/ethnic composition, median household income, and uninsurance rates. General trends from earlier sections of the report are borne out in these profiles, where we see an even more granular picture of the disparities and disproportionate burdens of medical debt. For instance:

- The estimated share of consumers with medical debt across counties ranges from 3 percent in Nassau County to 27 percent in Chemung County.
- All or nearly all communities in certain counties of the Central New York, North Country, and Southern Tier regions were high-debt communities (i.e., in the highest quartile of medical debt for communities across the state).
- None of the high-debt communities were located in Long Island and New York City, despite economic differences across communities within those regions.

We also focus on the prevalence of medical debt in counties found to be hotspots for hospital lawsuits to collect medical debt from patients, based on the number of lawsuits filed per capita (Dunker and Benjamin 2020, 2022). Most but not all of these hotspots had high rates of medical debt.

## Capital District



### Variation in Medical Debt across Counties

Overall, 8 percent of consumers in the Capital District region had medical debt on their credit reports (table A1). This share was highest in Washington County (11 percent), Columbia County (10 percent), and Greene County (10 percent), and lowest in Saratoga County (7 percent) and Albany County (8 percent). In counties that have been hotspots for hospital lawsuits against patients, between 8 and 9 percent of residents had medical debt.



TABLE A1

**Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Capital District Region, Overall and by County, February 2022**

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Capital District Region</b>	<b>8%</b>	<b>\$490</b>	<b>49%</b>	<b>105</b>	<b>37</b>
Albany County*	8%	\$530	51%	24	8
Columbia County	10%	\$584	54%	10	3
Greene County	10%	\$486	50%	8	3
Rensselaer County*	9%	\$668	56%	18	4
Saratoga County	7%	\$400	43%	18	6
Schenectady County	9%	\$435	48%	11	4
Warren County*	9%	\$539	52%	6	3
Washington County	11%	\$401	46%	10	6

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state.

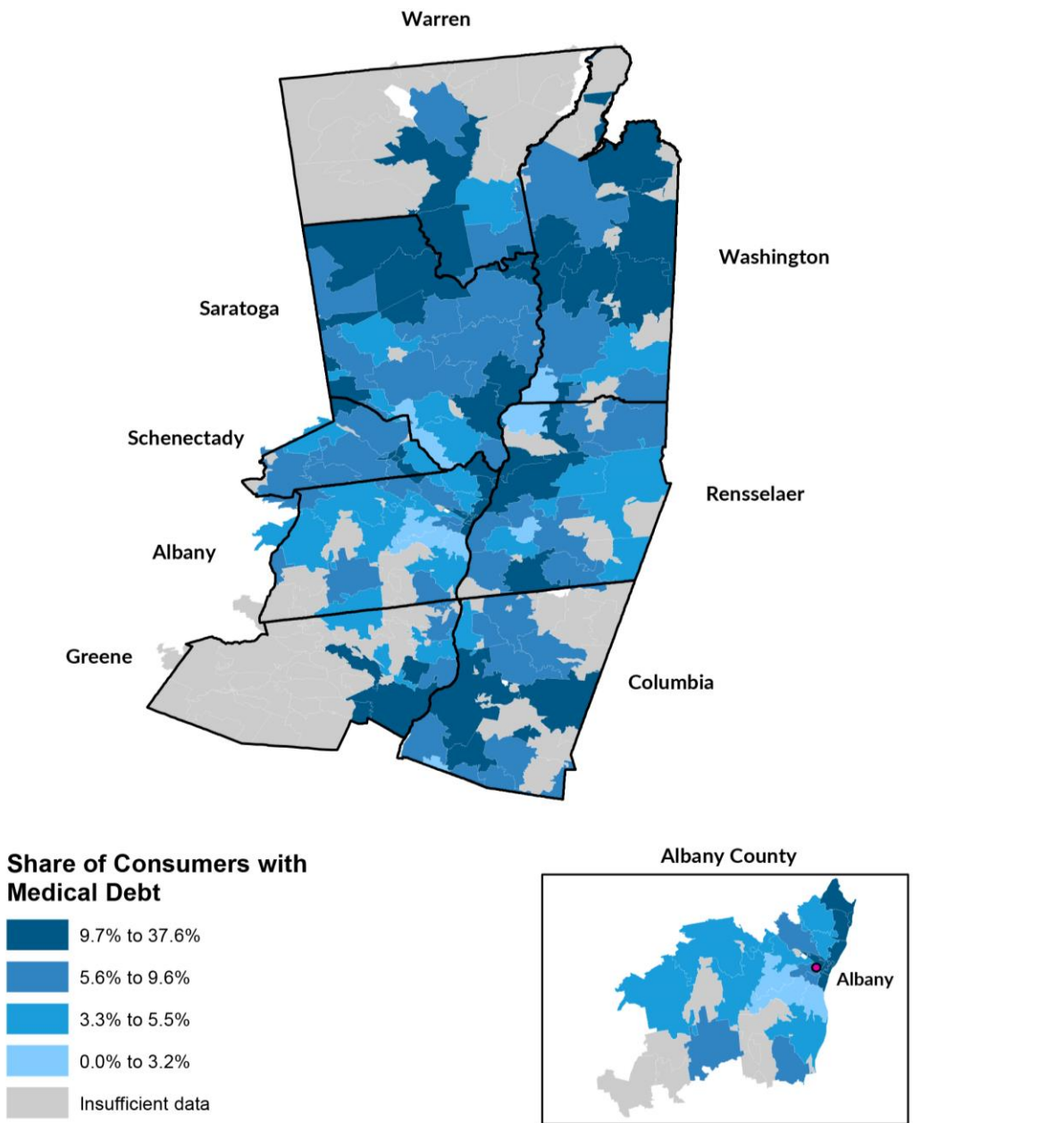
\* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

## Location of High-Debt Communities

Of the 105 communities in the region with sufficient data, 37 communities (about one in three) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-debt communities were found in all eight counties in the region. The high-debt communities with relatively large populations for the region included communities in and around Albany, Schenectady, Hudson Falls, and Glens Falls (figure A1).

FIGURE A1

Share of Consumers with Medical Debt in Collections across Communities of the Capital District Region, February 2022



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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

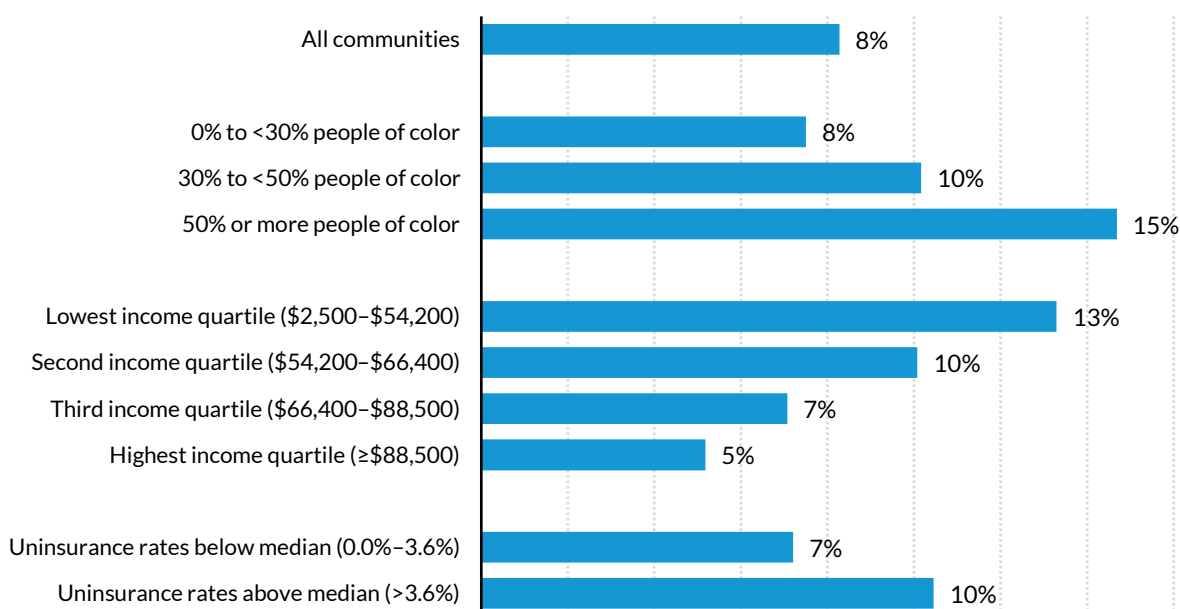
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was nearly twice that of predominantly white communities (15 percent versus 8 percent; figure A2). The rate of medical debt in the lowest-income communities was more than twice as high as the rate in the highest-income communities (13 percent versus 5 percent). Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (10 percent versus 7 percent).

FIGURE A2

Share of Consumers with Medical Debt in Collections in the Capital District Region, by Selected Community Characteristics, February 2022

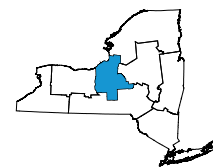


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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population.

# Central New York



## Variation in Medical Debt across Counties

Overall, 14 percent of consumers in the Central New York region had medical debt on their credit reports (table B1). This share was highest in Oswego (19 percent) and Onondaga Counties (14 percent) and lowest in Cayuga and Cortland Counties (12 percent). Four of the region’s five counties have been hotspots for hospital lawsuits against patients, and between 12 and 14 percent of residents of these counties had medical debt.

**TABLE B1**  
**Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Central New York Region, Overall and by County, February 2022**

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Central New York Region</b>	<b>14%</b>	<b>\$463</b>	<b>48%</b>	<b>79</b>	<b>58</b>
Cayuga County*	12%	\$448	49%	10	6
Cortland County*	12%	\$458	49%	5	3
Madison County*	13%	\$368	41%	10	7
Onondaga County*	14%	\$449	47%	38	26
Oswego County	19%	\$527	52%	16	16

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state.

\* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

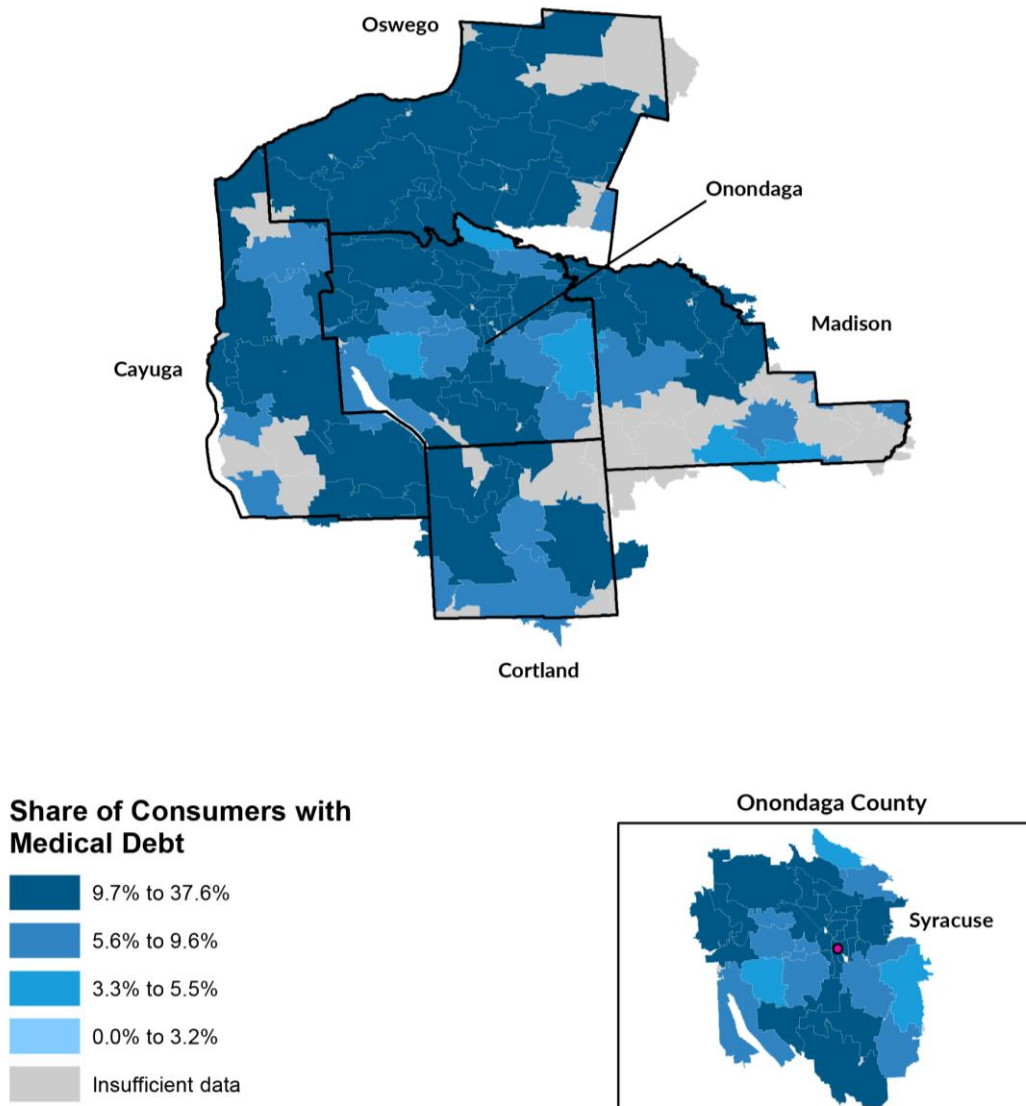
## Location of High-Debt Communities

Of the 79 communities in the region with sufficient data, 58 communities (nearly three in four) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). In each county, the majority of communities were high-debt, including all 16 communities in which a majority of

residents lived in Oswego County. The high-debt communities with relatively large populations for the region included those in and around Syracuse, Cortland, and Oswego (figure B1).

**FIGURE B1**

**Share of Consumers with Medical Debt in Collections across Communities of the Central New York Region, February 2022**



URBAN INSTITUTE

Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

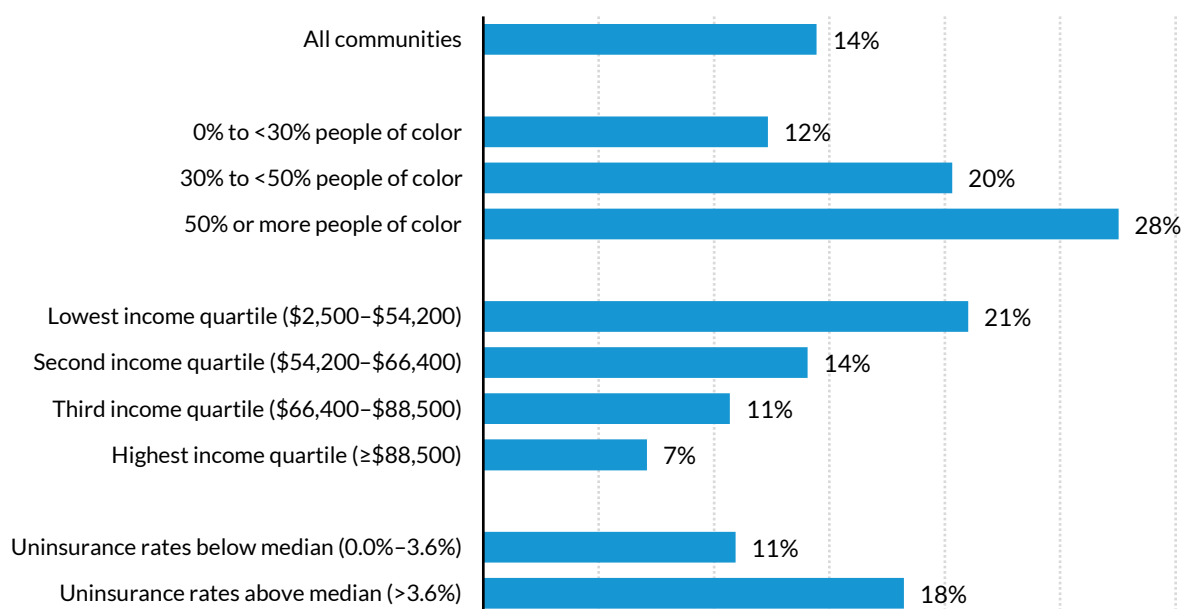
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was over twice that of predominantly white communities (28 percent versus 12 percent; figure B2). The rate of medical debt in the lowest-income communities was three times as high as the rate in the highest-income communities (21 percent versus 7 percent). Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (18 percent versus 11 percent).

FIGURE B2

Share of Consumers with Medical Debt in Collections in the Central New York Region, by Selected Community Characteristics, February 2022

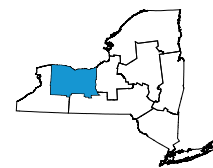


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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population.

# Finger Lakes



## Variation in Medical Debt across Counties

Overall, 5 percent of consumers in the Finger Lakes region had medical debt on their credit reports (table C1). This share was highest in Seneca County (15 percent), Ontario County (8 percent), and Yates County (8 percent), and lowest in Livingston, Monroe, and Wyoming Counties (4 percent). None of the counties in the Finger Lakes region have been hotspots for hospital lawsuits against patients.

TABLE C1

**Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Finger Lakes Region, Overall and by County, February 2022**

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Finger Lakes Region</b>	5%	\$422	45%	108	14
Genesee County	6%			9	0
Livingston County	4%			11	0
Monroe County	4%	\$414	43%	38	0
Ontario County	8%	\$456	48%	12	4
Orleans County	6%			6	0
Seneca County	15%	\$494	49%	5	4
Wayne County	7%	\$492	50%	14	4
Wyoming County	4%			10	1
Yates County	8%			3	1

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state. Blank cells indicate point estimates are suppressed for sample sizes below 100.

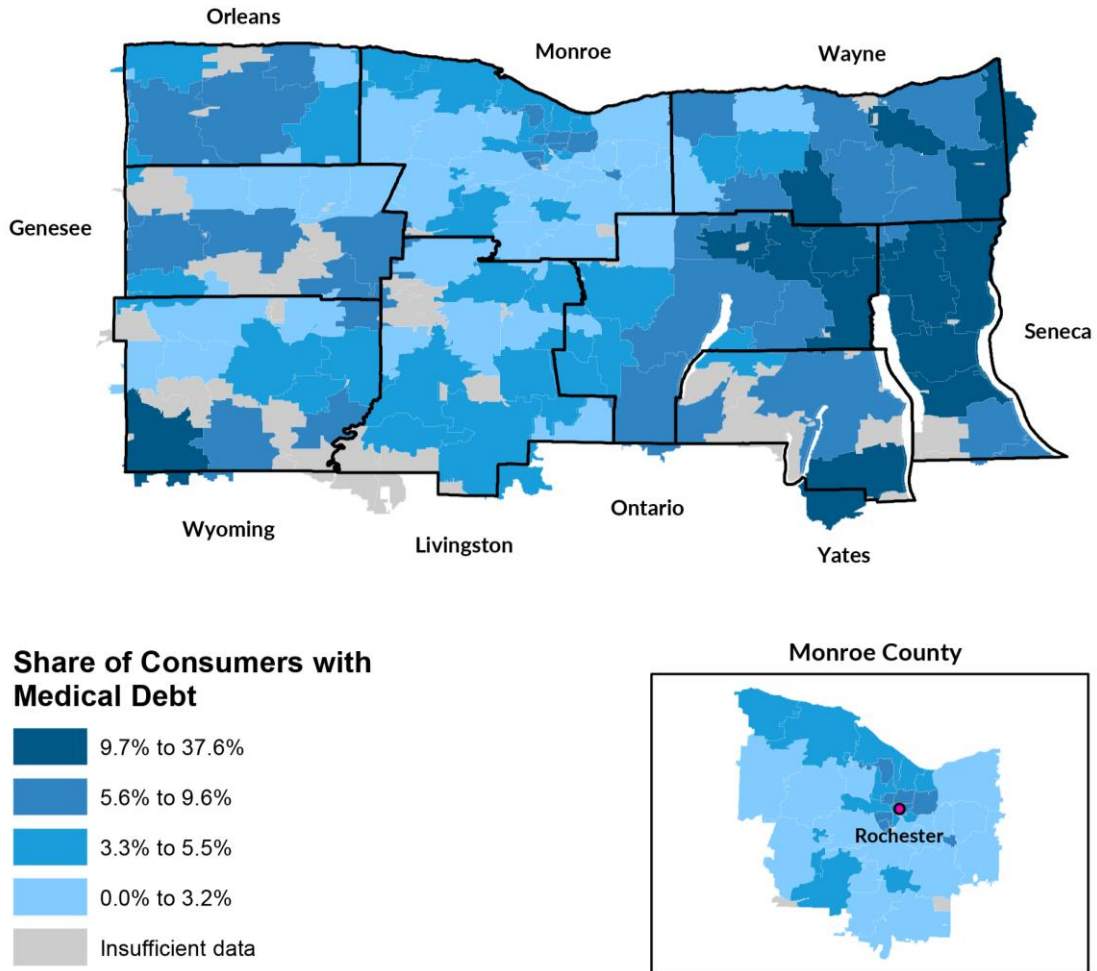
## Location of High-Debt Communities

Of the 108 communities in the region with sufficient data, 14 communities (about one in eight) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-

debt communities were found in five of the nine counties in the region. The high-debt communities with relatively large populations for the region included communities around Seneca Lake (figure C1).

**FIGURE C1**

**Share of Consumers with Medical Debt in Collections across Communities of the Finger Lakes Region, February 2022**



URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

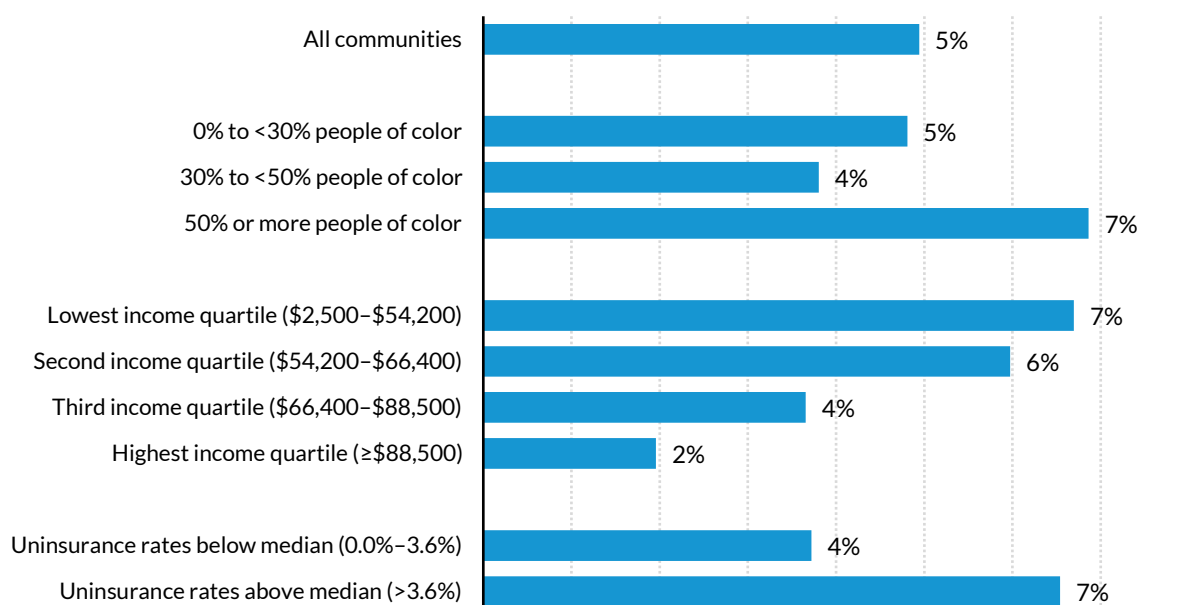


## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was higher than that of predominantly white communities (7 percent versus 5 percent; figure C2). The rate of medical debt in the lowest-income communities was nearly four times as high as the rate in the highest-income communities (7 percent versus 2 percent). Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (7 percent versus 4 percent).

FIGURE C2

Share of Consumers with Medical Debt in Collections in the Finger Lakes Region, by Selected Community Characteristics, February 2022

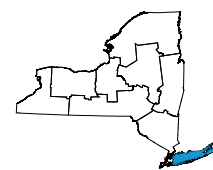


URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population.

# Long Island



## Variation in Medical Debt across Counties

Overall, 3 percent of consumers in the Long Island region had medical debt on their credit reports (table D1). This share was the same in both Nassau and Suffolk Counties, both of which have been hotspots for hospital lawsuits against patients.

TABLE D1

Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Long Island Region, Overall and by County, February 2022

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities	Communities in third debt quartile
Long Island Region	3%	\$371	42%	155	0	12
Nassau County*	3%	\$325	38%	64	0	2
Suffolk County*	3%	\$416	45%	91	0	10

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

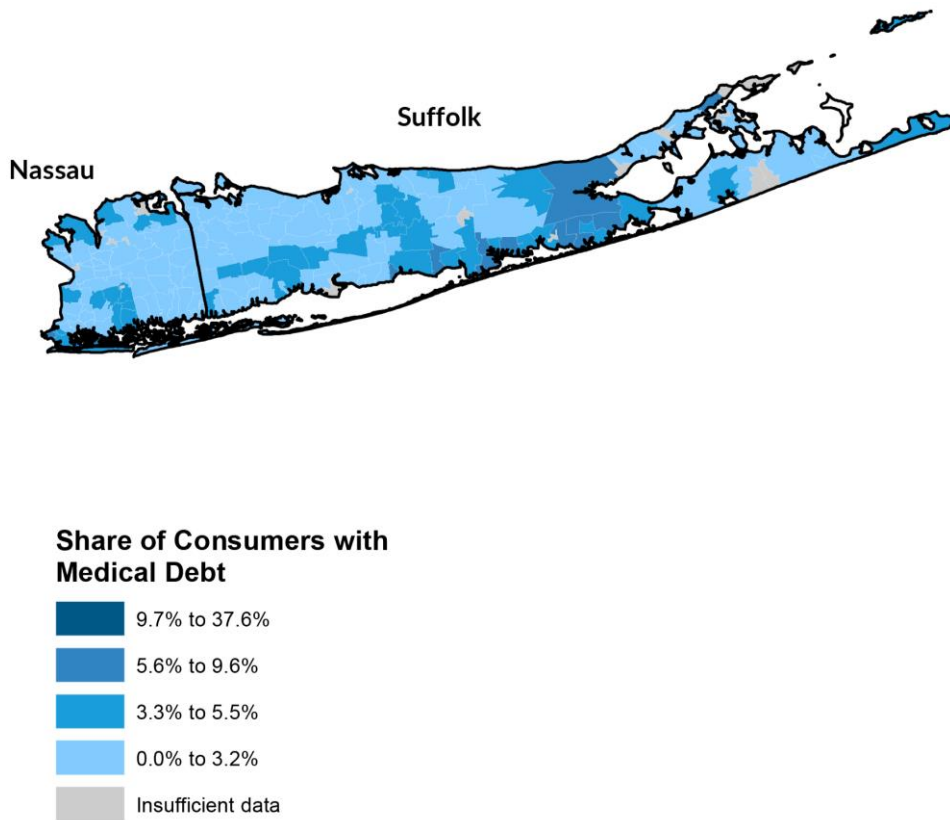
**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state; the number of communities in the third debt quartile is also shown. \* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

## Location of High-Debt Communities

Of the 155 communities in the region with sufficient data, none were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). Yet, there was some geographic variation. Communities with relatively large populations for the region that were in the third quartile of medical debt were concentrated in and around Riverhead, Mastic, and Mastic Beach (figure D1).

FIGURE D1

Share of Consumers with Medical Debt in Collections across Communities of the Long Island Region, February 2022



URBAN INSTITUTE

Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

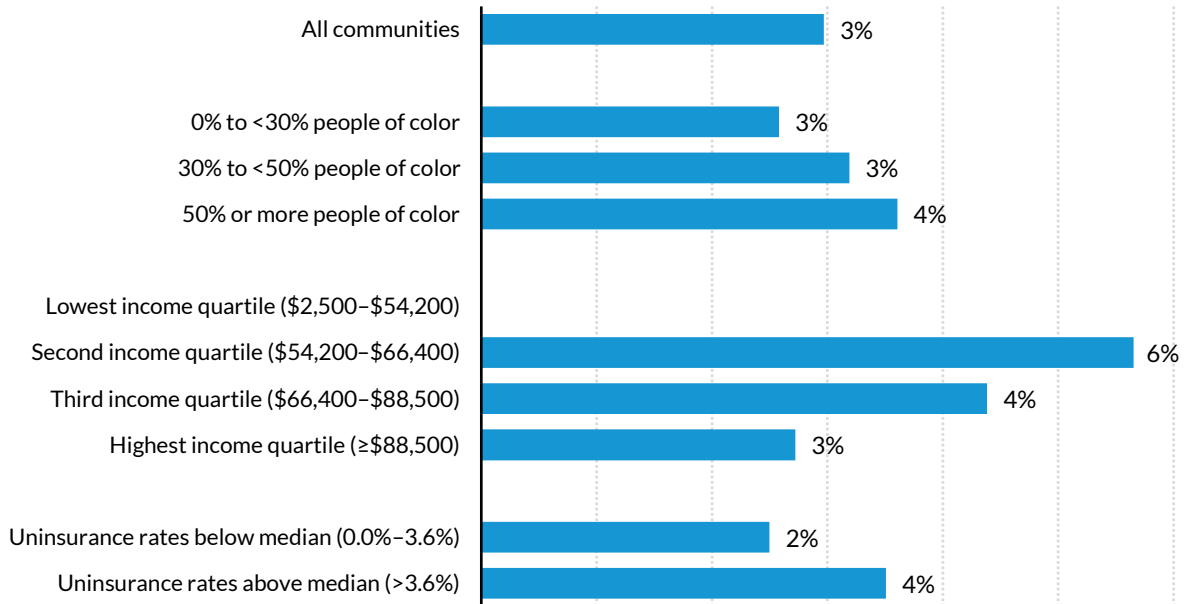
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was slightly higher than that of predominantly white communities (4 percent versus 3 percent; figure D2). The rate of medical debt in the highest income communities was lower than communities in the second and third quartile of median household income (3 percent versus 6 percent and 4 percent). While there are some communities in Long Island in the lowest income quartile, the sample size is too low for estimation. Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (4 percent versus 2 percent).

FIGURE D2

Share of Consumers with Medical Debt in Collections in the Long Island Region, by Selected Community Characteristics, February 2022

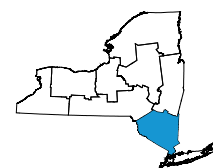


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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population. Point estimates are suppressed for sample sizes below 100.

# Mid-Hudson



## Variation in Medical Debt across Counties

Overall, 7 percent of consumers in the Mid-Hudson region had medical debt on their credit reports (table E1). This share was highest in Sullivan County (13 percent), Ulster County (10 percent), and Dutchess County (10 percent), and lowest in Rockland County (4 percent) and Westchester County (5 percent). None of the counties in the Mid-Hudson region were hotspots for hospital lawsuits against patients.

TABLE E1

Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Mid-Hudson Region, Overall and by County, February 2022

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Mid-Hudson Region</b>	7%	\$591	54%	186	40
Dutchess County	10%	\$548	53%	26	11
Orange County	9%	\$640	55%	31	7
Putnam County	6%	\$543	52%	8	0
Rockland County	4%	\$533	51%	24	1
Sullivan County	13%	\$894	59%	15	10
Ulster County	10%	\$471	48%	21	9
Westchester County	5%	\$615	55%	61	2

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state.

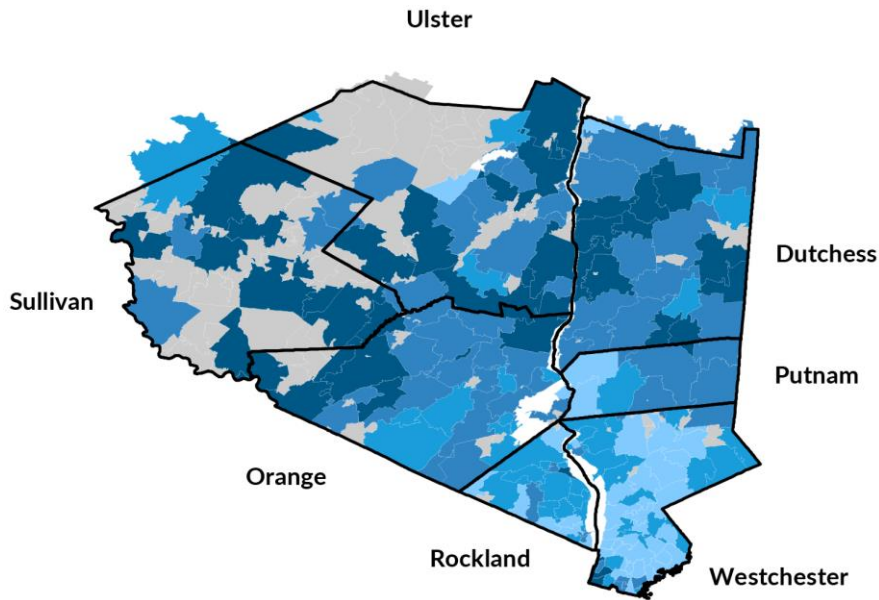
## Location of High-Debt Communities

Of the 186 communities in the region with sufficient data, 40 communities (about one in five) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-debt communities were found in six of the seven counties in the region. The high-debt communities with

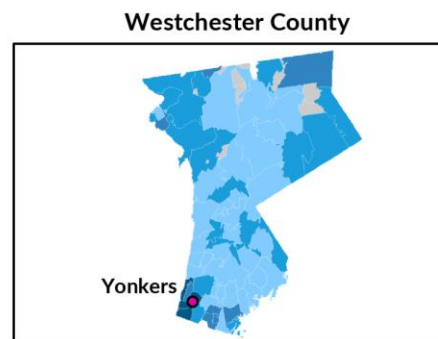
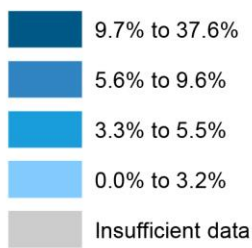
relatively large populations for the region included communities in and around Yonkers, Poughkeepsie, and other communities along the Hudson River (figure E1).

**FIGURE E1**

**Share of Consumers with Medical Debt in Collections across Communities of the Mid-Hudson Region, February 2022**



**Share of Consumers with Medical Debt**



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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022.

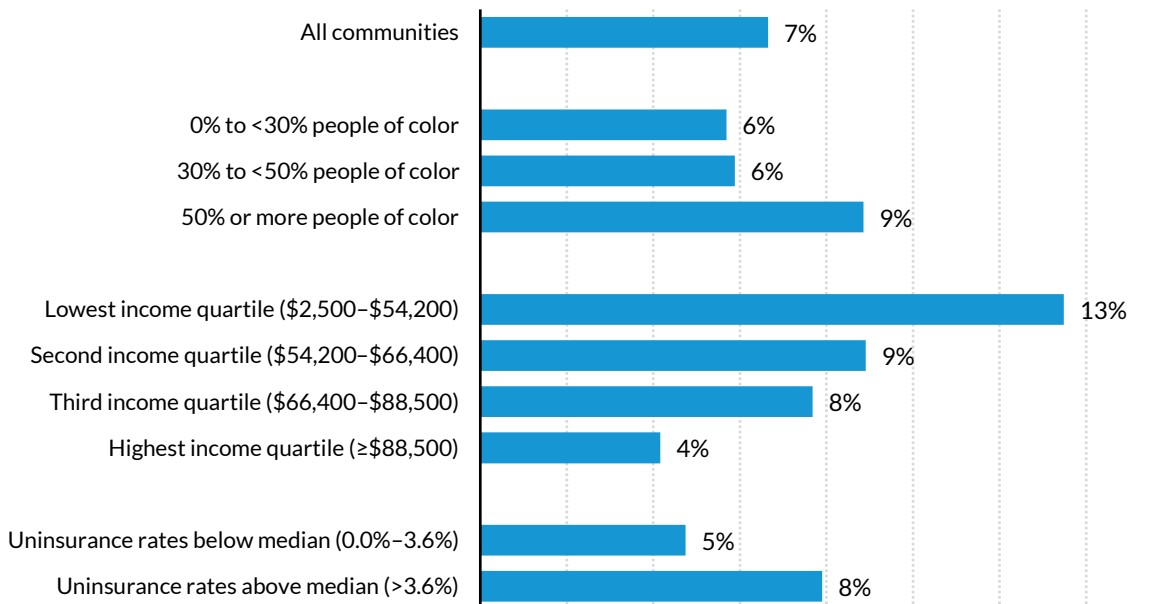
**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was higher than that of predominantly white communities (9 percent versus 6 percent; figure E2). The rate of medical debt in the lowest-income communities was over three times as high as the rate in the highest-income communities (13 percent versus 4 percent). Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (8 percent versus 5 percent).

FIGURE E2

Share of Consumers with Medical Debt in Collections in the Mid-Hudson Region, by Selected Community Characteristics, February 2022

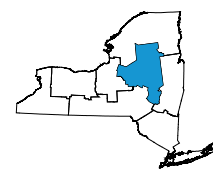


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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population.

# Mohawk Valley



## Variation in Medical Debt across Counties

Overall, 11 percent of consumers in the Mohawk Valley region had medical debt on their credit reports (table F1). This share was highest in Montgomery County (13 percent), Oneida County (12 percent), and Fulton County (12 percent), and lowest in Hamilton County (3 percent) and Schoharie County (6 percent). In counties that have been hotspots for hospital lawsuits against patients, between 9 and 13 percent of residents had medical debt.

TABLE F1

Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Mohawk Valley Region, Overall and by County, February 2022

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Mohawk Valley Region</b>	<b>11%</b>	<b>\$687</b>	<b>58%</b>	<b>54</b>	<b>22</b>
Fulton County*	12%	\$753	61%	5	4
Hamilton County	3%			0	0
Herkimer County*	9%	\$670	59%	10	2
Montgomery County*	13%	\$813	67%	8	5
Oneida County*	12%	\$645	55%	25	11
Schoharie County	6%			6	0

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state. Blank cells indicate point estimates are suppressed for sample sizes below 100. \* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

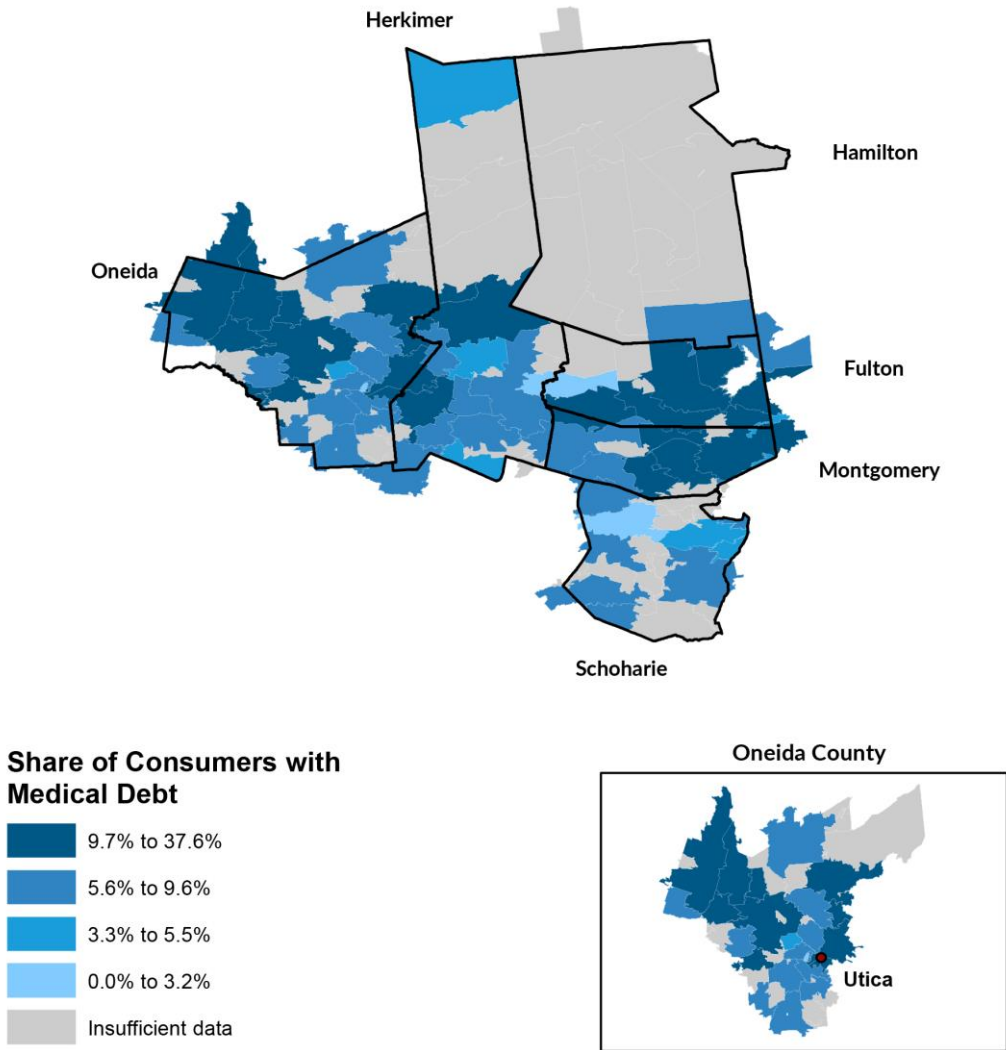
## Location of High-Debt Communities

Of the 54 communities in the region with sufficient data, 22 communities (about four in ten) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-debt communities were found in four of the six counties in the region. The high-debt communities with



relatively large populations for the region included communities in and around Utica, Rome, and areas of Fulton and Montgomery Counties (figure F1).

**FIGURE F1**  
**Share of Consumers with Medical Debt in Collections across Communities of the Mohawk Valley Region, February 2022**



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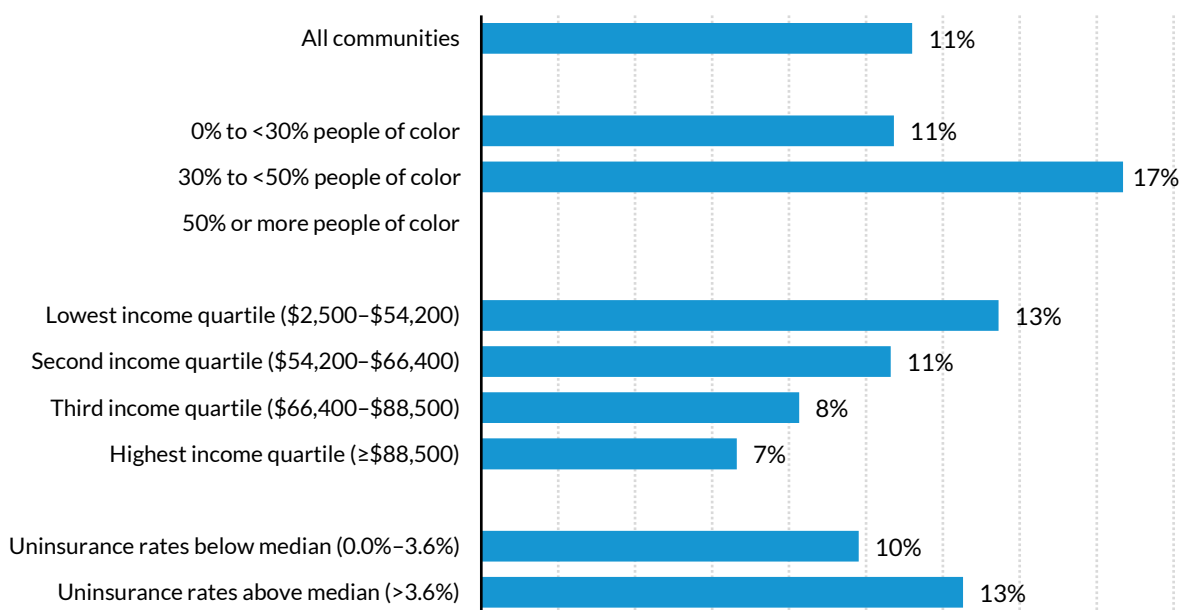
**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022.  
**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities where 30 percent to less than 50 percent of residents are people of color was higher than that of predominantly white communities where less than 30 percent of residents were people of color (17 percent versus 11 percent; figure F2). There were no communities in the region in which 50 percent or more residents were people of color. The rate of medical debt in the lowest-income communities was nearly twice as high as the rate in the highest-income communities (13 percent versus 7 percent). Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (13 percent versus 10 percent).

FIGURE F2

### Share of Consumers with Medical Debt in Collections in the Mohawk Valley Region, by Selected Community Characteristics, February 2022



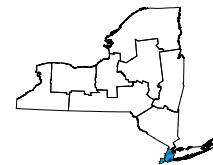
URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median

uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population. There were no communities in the Mohawk Valley region where 50% or more residents were people of color.

## New York City



### Variation in Medical Debt across Counties

Overall, 4 percent of consumers in the New York City region had medical debt on their credit reports (table G1). This share was highest in the Bronx (6 percent) and Queens (4 percent). Brooklyn, Staten Island, and Manhattan had similar shares of consumers with medical debt (3 percent). None of the counties in the New York City region have been hotspots for hospital lawsuits against patients.

**TABLE G1**

**Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the New York City Region, Overall and by County, February 2022**

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities	Communities in third debt quartile
<b>New York City region</b>	4%	\$375	42%	179	0	23
Bronx County	6%	\$440	46%	25	0	15
Kings County	3%	\$381	44%	37	0	3
New York County	3%	\$355	40%	45	0	0
Queens County	4%	\$350	39%	60	0	5
Richmond County	3%	\$343	40%	12	0	0

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state; the number of communities in the third debt quartile is also shown.

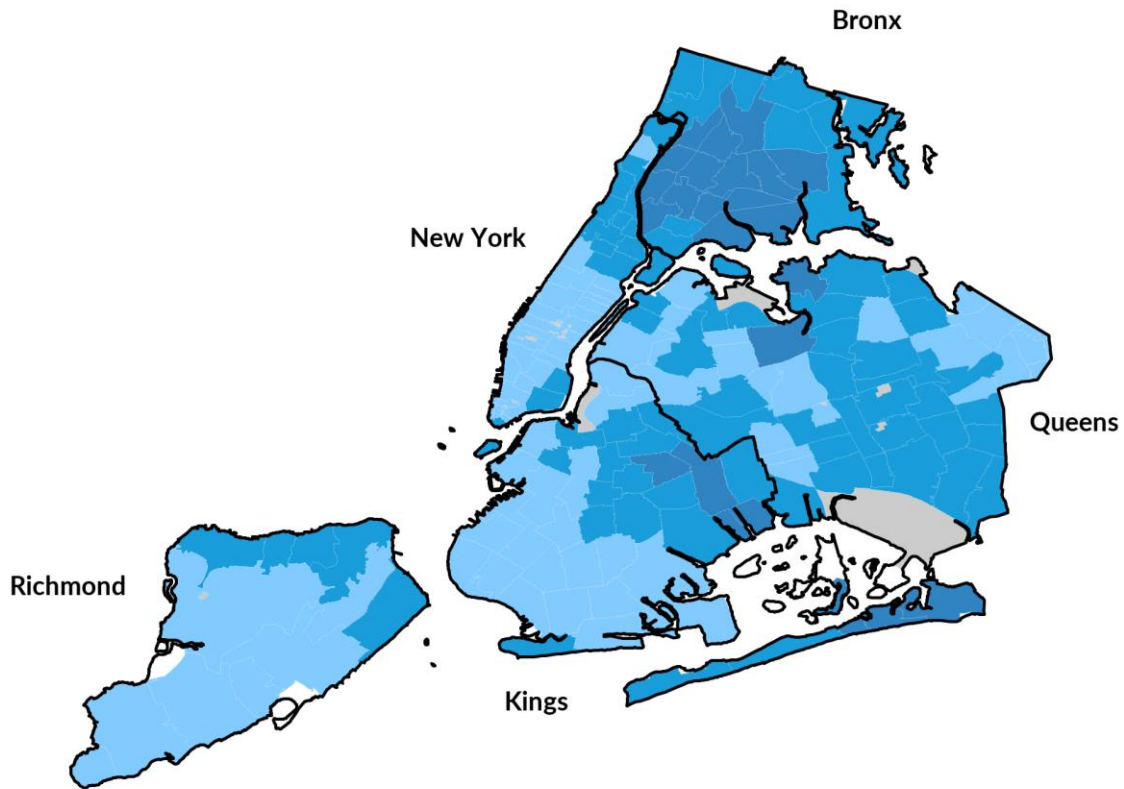
### Location of High-Debt Communities

Of the 179 communities in the region with sufficient data, none were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). Relatively higher-debt communities

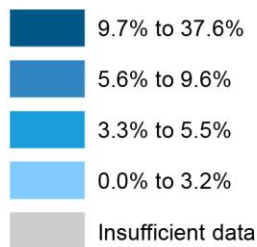
(those in the third quartile of medical debt prevalence for communities across the state) were located in central and southern portions of the Bronx, the East New York, Bedford-Stuyvesant, and Brownsville neighborhoods of Brooklyn, and the Corona, Rockaway, Flushing, and Jackson Heights neighborhoods of Queens. Figures G1-1 through G1-5 show the share of consumers with medical debt across communities of New York City's five boroughs.

FIGURE G1

Share of Consumers with Medical Debt in Collections across Communities of the New York City Region, February 2022



Share of Consumers with Medical Debt



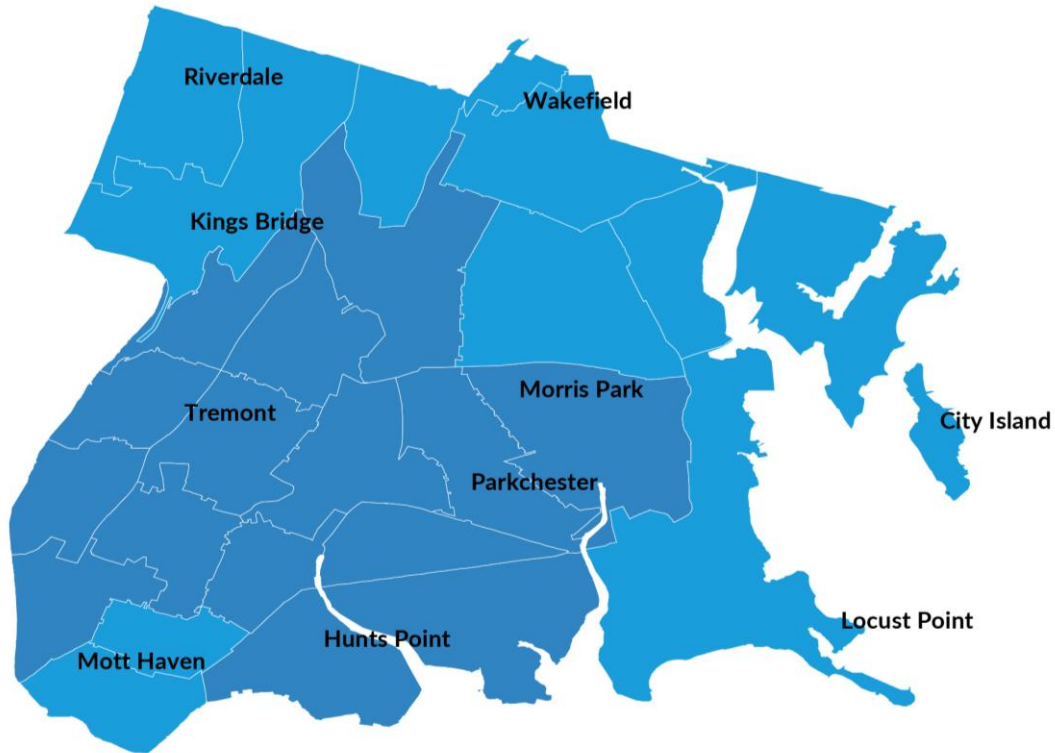
URBAN INSTITUTE

Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

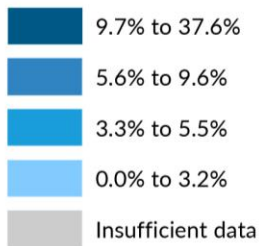
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

FIGURE G1-1

Share of Consumers with Medical Debt in Collections across Communities of Bronx County, February 2022



Share of Consumers with Medical Debt



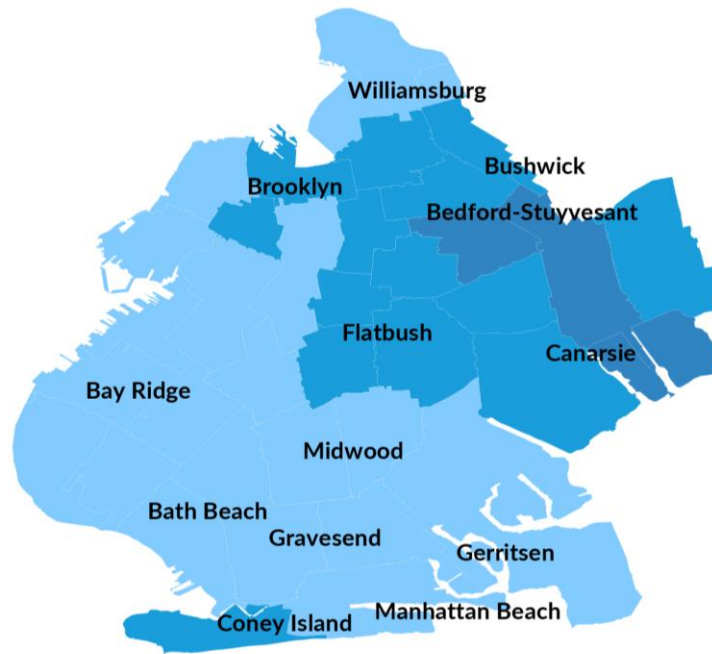
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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

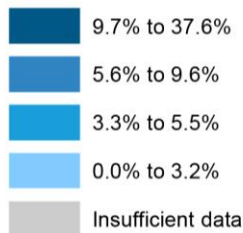
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

FIGURE G1-2

Share of Consumers with Medical Debt in Collections across Communities of Kings County, February 2022



**Share of Consumers with Medical Debt**



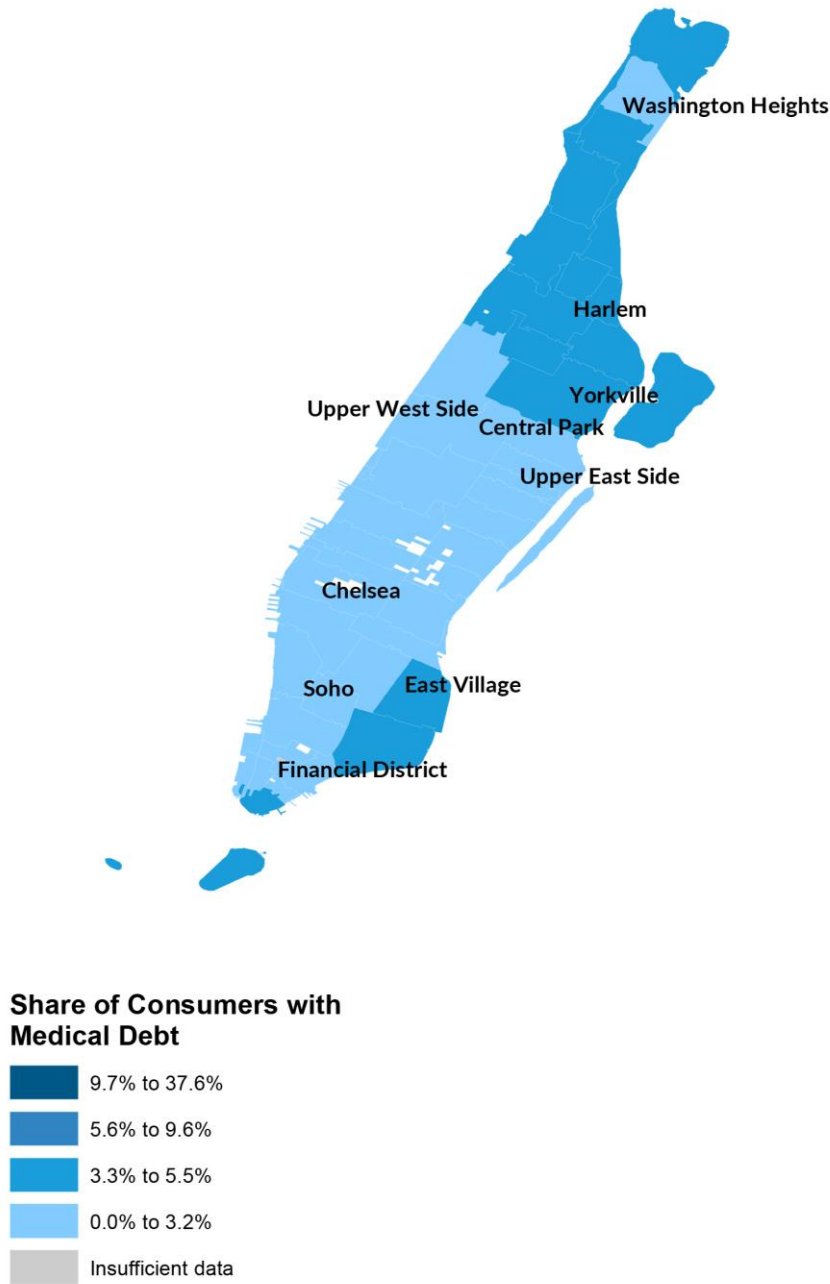
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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

FIGURE G1-3

Share of Consumers with Medical Debt in Collections across Communities of New York County, February 2022



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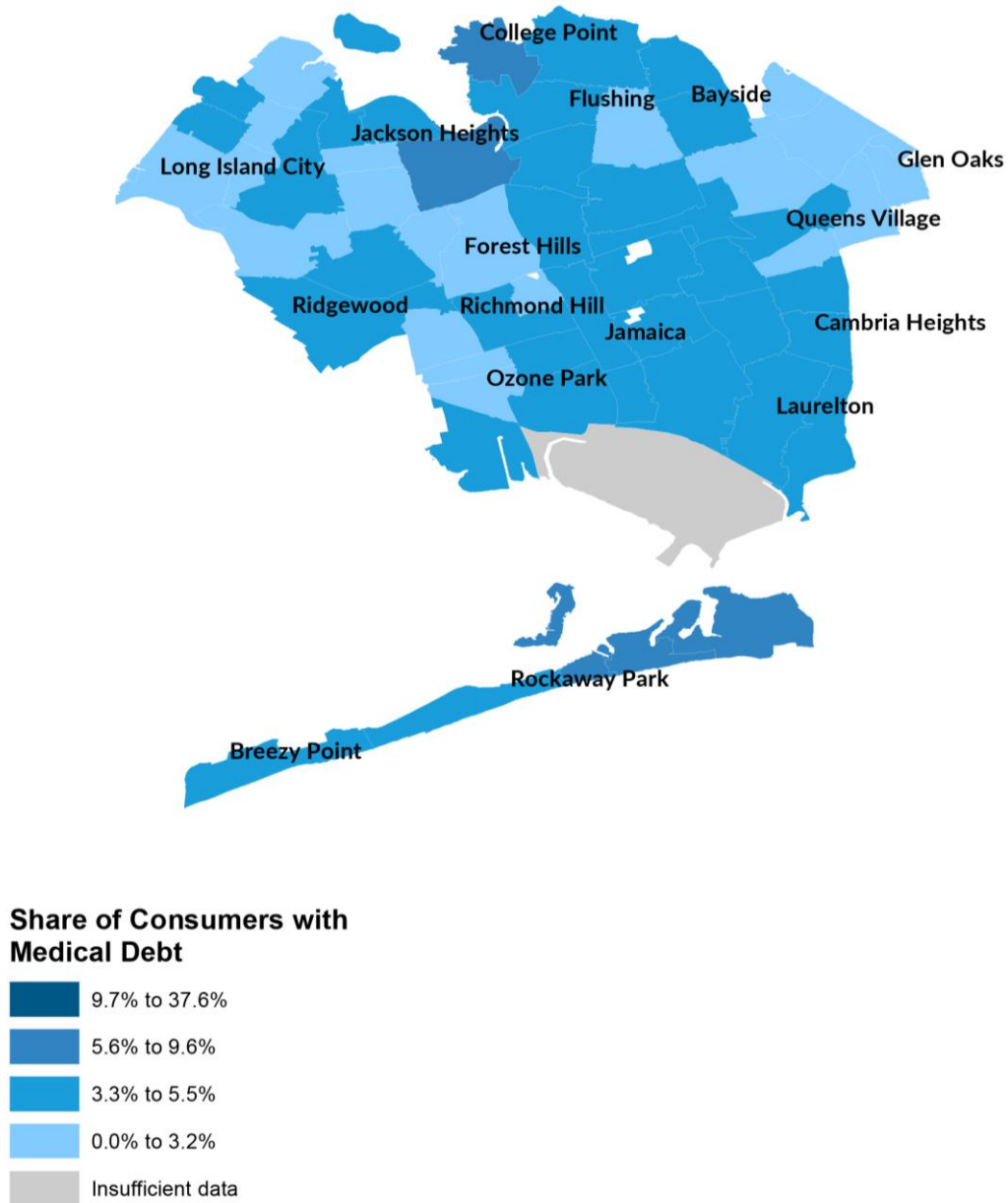
Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.



FIGURE G1-4

Share of Consumers with Medical Debt in Collections across Communities of Queens County, February 2022



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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

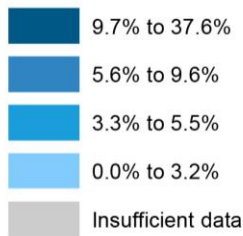
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

FIGURE G1-5

Share of Consumers with Medical Debt in Collections across Communities of Richmond County, February 2022



### Share of Consumers with Medical Debt



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Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

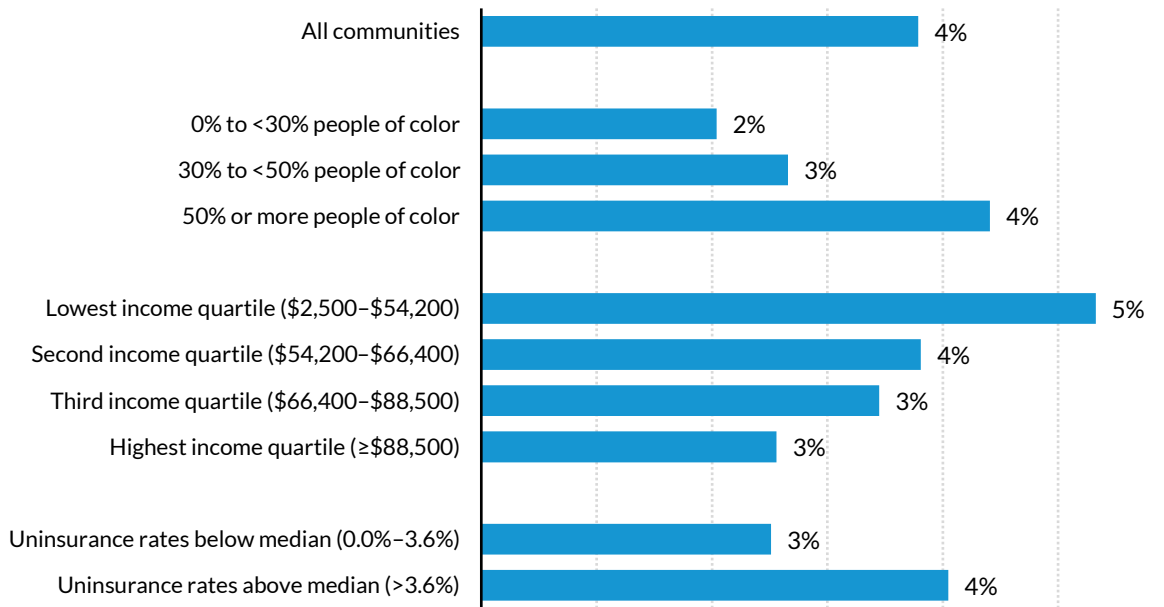
Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was higher than that of predominantly white communities (4 percent versus 2 percent; figure G2). The rate of medical debt in

the lowest-income communities was higher than the rate in the highest-income communities (5 percent versus 3 percent). Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (4 percent versus 3 percent).

**FIGURE G2**  
**Share of Consumers with Medical Debt in Collections in the New York City Region, by Selected Community Characteristics, February 2022**

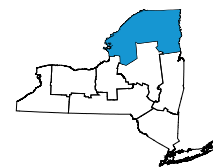


URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population.

# North Country



## Variation in Medical Debt across Counties

Overall, 11 percent of consumers in the North Country region had medical debt on their credit reports (table H1). This share was highest in Jefferson County (14 percent), St. Lawrence County (14 percent), Lewis County (9 percent), and Franklin County (9 percent), and lowest in Essex County (5 percent) and Clinton County (7 percent). Jefferson County has been a hotspot in the region for hospital lawsuits against patients.

TABLE H1

Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the North Country Region, Overall and by County, February 2022

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>North Country Region</b>	<b>11%</b>	<b>\$561</b>	<b>52%</b>	<b>70</b>	<b>36</b>
Clinton County	7%	\$250	32%	13	1
Essex County	5%			7	1
Franklin County	9%	\$320	45%	8	3
Jefferson County*	14%	\$672	56%	20	15
Lewis County	9%			6	2
St. Lawrence County	14%	\$777	60%	16	14

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state. Blank cells indicate point estimates are suppressed for sample sizes below 100. \* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

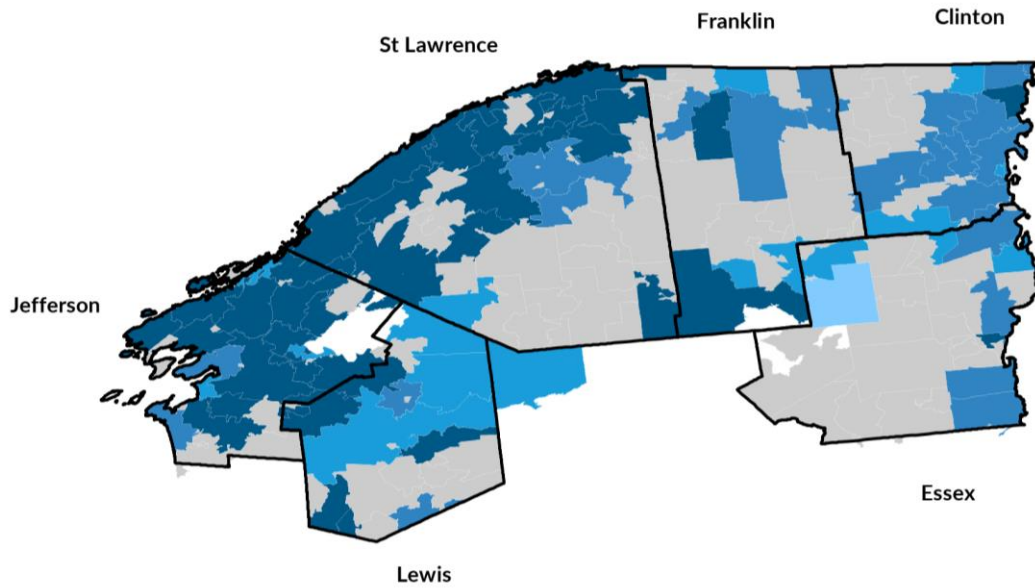
## Location of High-Debt Communities

Of the 70 communities in the region with sufficient data, 36 communities (about half) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-debt

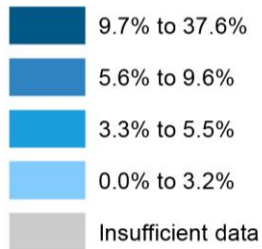
communities were found in all 6 counties in the region, including 15 of 20 communities of Jefferson County and 14 of 16 communities in St. Lawrence County. High-debt communities with relatively large populations for the region were located in and around Massena and Watertown (figure H1).

**FIGURE H1**

**Share of Consumers with Medical Debt in Collections across Communities of the North Country Region, February 2022**



**Share of Consumers with Medical Debt**



URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022.

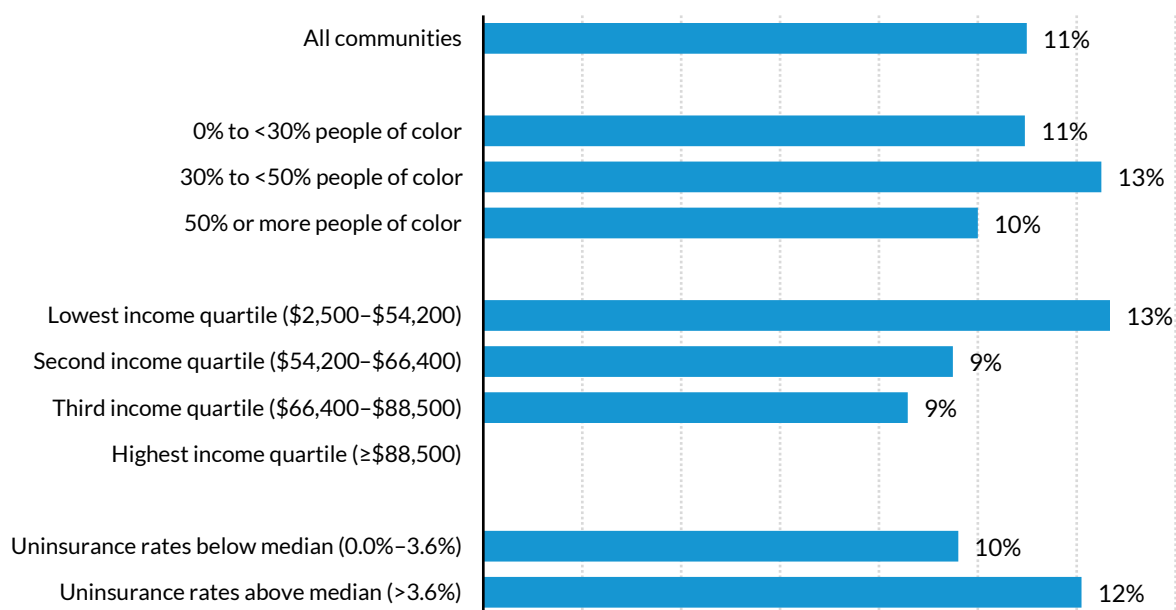
**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was slightly lower than that of predominantly white communities (10 percent versus 11 percent; figure H2). The rate of medical debt in the lowest-income communities was higher than the rate in communities in the second and third quartiles of median household income (13 percent versus 9 percent). While there are some communities in the North Country region in the highest income quartile, the sample size is too low for estimation. Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (12 percent versus 10 percent).

FIGURE H2

Share of Consumers with Medical Debt in Collections in the North Country Region, by Selected Community Characteristics, February 2022



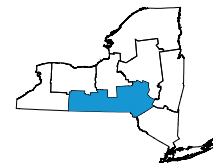
URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median

uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population. Point estimates are suppressed for sample sizes below 100.

## Southern Tier



### Variation in Medical Debt across Counties

Overall, 10 percent of consumers in the Southern Tier region had medical debt on their credit reports (table I1). This share was highest in Chemung County (27 percent), Schuyler County (15 percent), and Steuben County (14 percent), and lowest in Otsego County (5 percent), Broome County (5 percent), and Delaware County (5 percent). In counties that have been hotspots for hospital lawsuits against patients, between 5 and 27 percent of residents had medical debt.

TABLE I1

Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Southern Tier Region, Overall and by County, February 2022

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Southern Tier Region</b>	<b>10%</b>	<b>\$655</b>	<b>57%</b>	<b>85</b>	<b>33</b>
Broome County*	5%	\$504	51%	16	1
Chemung County*	27%	\$989	65%	9	9
Chenango County*	6%			9	0
Delaware County	5%			6	1
Otsego County*	5%			10	0
Schuyler County	15%			4	4
Steuben County*	14%	\$797	60%	14	9
Tioga County	9%	\$754	59%	9	4
Tompkins County	8%	\$510	51%	8	5

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers. Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold. High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state. Blank cells indicate point estimates are suppressed for sample sizes below 100. \* Indicates the county was a hospital lawsuit

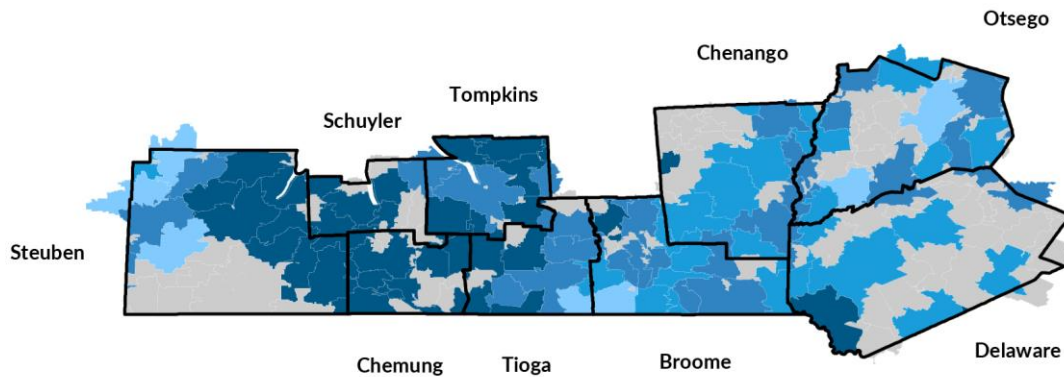
hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

## Location of High-Debt Communities

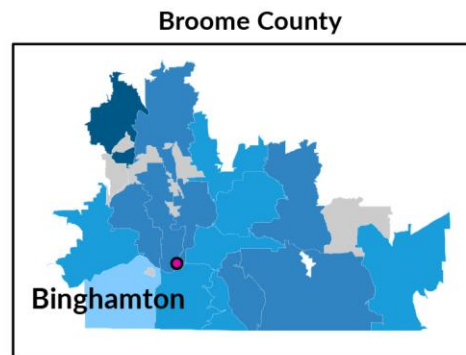
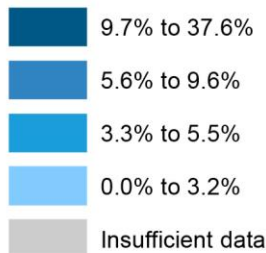
Of the 85 communities in the region with sufficient data, 33 communities (nearly four in 10) were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-debt communities were found in 7 of the 9 counties in the region, including all communities in Chemung County and Schuyler County. High-debt communities with relatively large populations for the region were located in or around Elmira (figure I1).

FIGURE I1

Share of Consumers with Medical Debt in Collections across Communities of the Southern Tier Region, February 2022



### Share of Consumers with Medical Debt



URBAN INSTITUTE

Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.



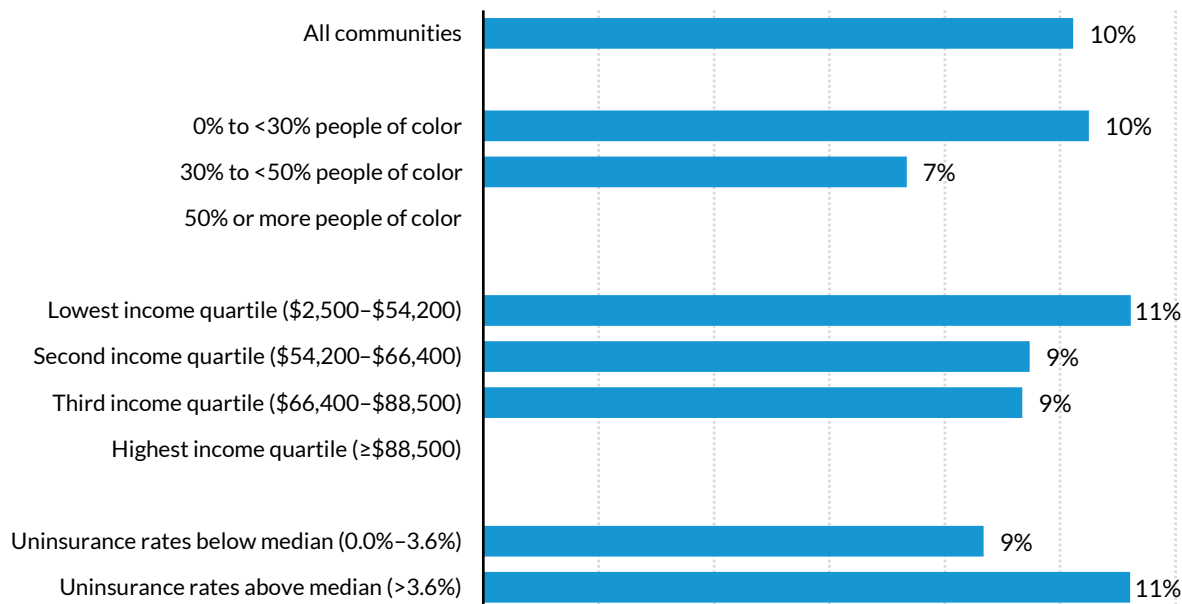
**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

## **Disparities in Medical Debt by Community Characteristics**

The share of consumers with medical debt in communities where between 30 percent and 50 percent of residents are people of color was lower than that of predominantly white communities where less than 30 percent of residents are people of color (7 percent versus 10 percent; figure I2). There were no communities in the region in which 50 percent or more residents were people of color. The rate of medical debt in the lowest-income communities was higher than the rate in communities in the second and third quartiles of median household income (11 percent versus 9 percent). While there are some communities in the Southern Tier region in the highest income quartile, the sample size is too low for estimation. Communities with uninsurance rates above the state median had higher shares of residents with medical debt than communities with uninsurance rates below the median (11 percent versus 9 percent).

FIGURE I2

Share of Consumers with Medical Debt in Collections in the Southern Tier Region, by Selected Community Characteristics, February 2022

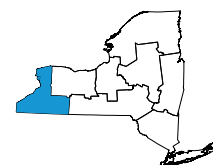


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**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population. There were no communities in the Southern Tier region where 50% or more residents were people of color. Point estimates are suppressed for sample sizes below 100.

## Western New York



### Variation in Medical Debt across Counties

Overall, 8 percent of consumers in the Western New York region had medical debt on their credit reports (table J1). This share was highest in Cattaraugus County (13 percent) and Chautauqua County

(11 percent). Allegany County, Erie County, and Niagara County all had similar shares of consumers with medical debt (8 percent). Chautauqua County has been a hotspot for hospital lawsuits against patients.

**TABLE J1**

**Share of Consumers with Medical Debt in Collections and Median Debt Amounts in the Western New York Region, Overall and by County, February 2022**

	Share with medical debt	Median medical debt	Share with medical debt $\geq$ \$500	Communities with sufficient data	High-debt communities
<b>Western New York Region</b>	<b>8%</b>	<b>\$453</b>	<b>47%</b>	<b>113</b>	<b>42</b>
Allegany County	8%	\$425	42%	9	3
Cattaraugus County	13%	\$630	57%	14	10
Chautauqua County*	11%	\$380	42%	20	8
Erie County	8%	\$450	46%	55	18
Niagara County	8%	\$565	52%	15	3

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of all consumers with credit bureau records in the region or county who have medical debt in collections. Median medical debt and share with medical debt  $\geq$ \$500 are estimated among consumers with medical debt. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Communities with sufficient data refer to those with 50 or more consumers.

Estimated ranges of the share of consumers with medical debt in each community are suppressed below this sample size threshold.

High-debt communities are those in the highest quartile of medical debt prevalence for communities across the state.

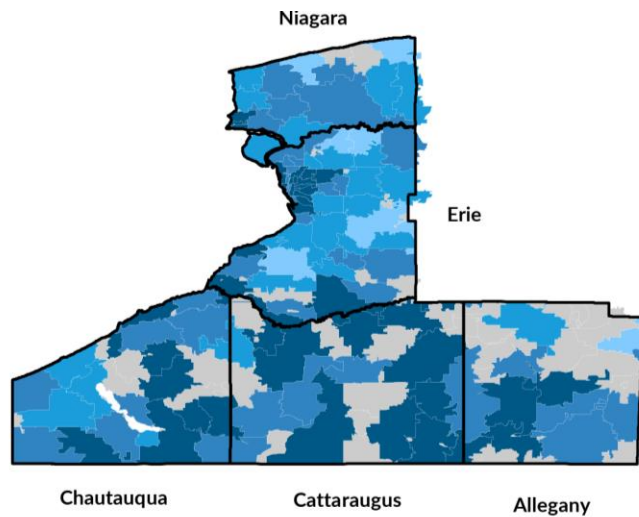
\* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022); see the methods section for further details.

## Location of High-Debt Communities

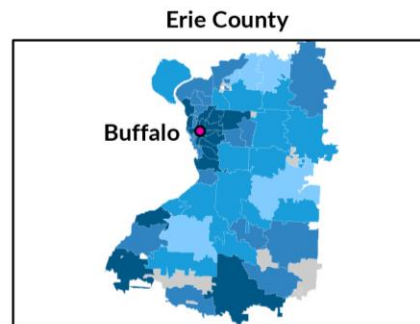
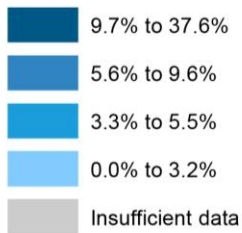
Of the 113 communities in the region with sufficient data, 42 communities were in the highest quartile of medical debt prevalence for communities across the state (i.e., high-debt). High-debt communities were found in all 5 counties in the region. High-debt communities with relatively large populations for the region included communities in and around Buffalo and Niagara Falls (figure J1).

FIGURE J1

Share of Consumers with Medical Debt in Collections Across Communities of the Western New York Region, February 2022



Share of Consumers with Medical Debt



URBAN INSTITUTE

Source: Authors' tabulations of Urban Institute credit bureau data from February 2022.

Notes: Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

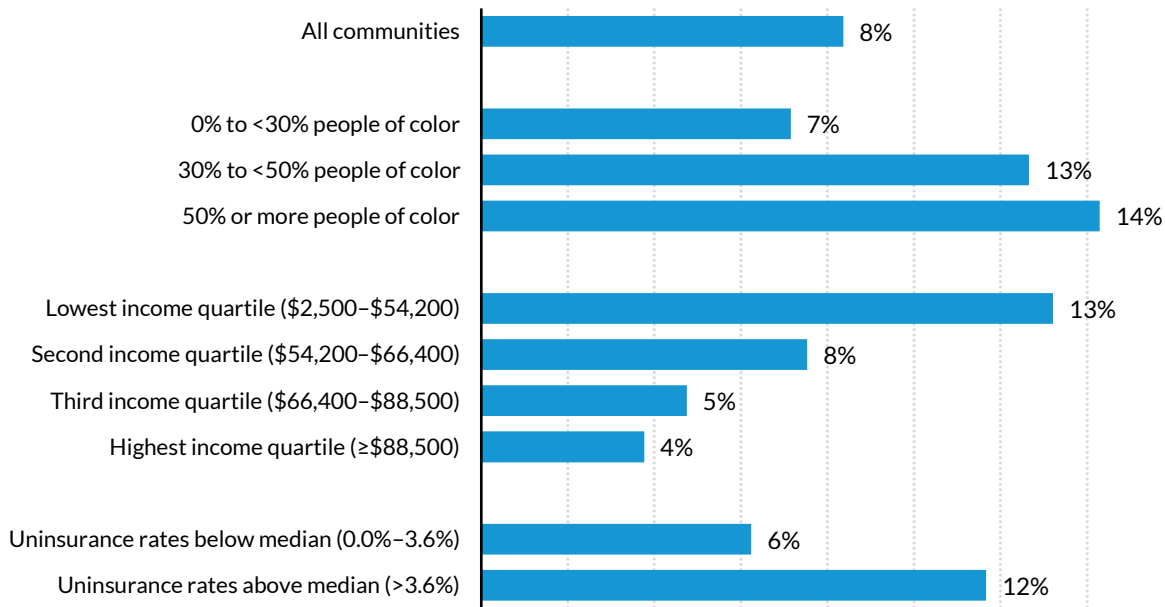
## Disparities in Medical Debt by Community Characteristics

The share of consumers with medical debt in communities of color was higher than that of predominantly white communities (14 percent versus 7 percent; figure J2). The rate of medical debt in the lowest-income communities was over three times higher than the rate in the highest-income

communities (13 percent versus 4 percent). Communities with uninsurance rates above the state median had twice the share of residents with medical debt as communities with uninsurance rates below the median (12 percent versus 6 percent).

FIGURE J2

**Share of Consumers with Medical Debt in Collections in the Western New York Region, by Selected Community Characteristics, February 2022**



URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. Median household income quartiles are based on the median household income in communities across the state and are rounded to the nearest \$100. Uninsurance rate categories are based on the median uninsurance rate in communities across the state and are for residents of all ages in the civilian noninstitutionalized population. Point estimates are suppressed for sample sizes below 100.

# Appendix C: Tables and Figures

TABLE C-1

Characteristics of Communities in New York State, Overall and by Region, February 2022

	Statewide	Capital District	Central New York	Finger Lakes	Long Island	Mid-Hudson	Mohawk Valley	New York City	North Country	Southern Tier	Western New York
Number of populated communities	1,754	202	116	149	176	293	115	182	168	180	173
Total population of communities	19,514,719	1,078,579	776,227	1,204,745	2,843,082	2,324,375	431,075	8,373,516	413,156	690,075	1,379,889
<b>Race/ethnicity</b>											
Asian	8%	4%	3%	3%	7%	5%	2%	14%	1%	3%	3%
Black	14%	7%	7%	10%	9%	11%	4%	21%	4%	3%	10%
Hispanic	19%	5%	4%	7%	18%	20%	6%	29%	4%	4%	5%
White	55%	81%	83%	77%	63%	62%	85%	32%	87%	87%	79%
Additional races	3%	4%	4%	3%	2%	3%	3%	4%	3%	3%	3%
<b>Nativity and citizenship status</b>											
US born	78%	92%	94%	94%	81%	82%	95%	64%	96%	94%	94%
Naturalized citizen	13%	4%	3%	4%	12%	11%	3%	21%	2%	3%	3%
Not a citizen	9%	3%	2%	3%	7%	8%	2%	15%	2%	3%	3%
<b>Highest level of educational attainment (ages 25+)</b>											

	Statewide	Capital District	Central New York	Finger Lakes	Long Island	Mid-Hudson	Mohawk Valley	New York City	North Country	Southern Tier	Western New York
High school degree or less	38%	35%	39%	36%	33%	34%	44%	41%	47%	41%	38%
Some college or associate's degree	24%	28%	31%	30%	25%	25%	32%	20%	30%	29%	31%
Bachelor's degree or more	37%	37%	31%	34%	42%	41%	24%	39%	23%	30%	31%
<b>Family income as a percent of FPL</b>											
<100% FPL	14%	10%	14%	13%	6%	10%	14%	17%	15%	15%	14%
100-299% FPL	29%	28%	32%	32%	19%	24%	35%	31%	37%	35%	32%
300-499% FPL	23%	26%	26%	26%	22%	21%	26%	20%	27%	26%	26%
≥500% FPL	35%	37%	28%	29%	53%	44%	24%	31%	22%	24%	27%
<b>Average household income</b>	\$105,282	\$91,625	\$80,517	\$81,342	\$145,460	\$128,117	\$73,427	\$106,987	\$71,079	\$73,497	\$76,542
<b>Employment-to-population ratio (ages 25-54)</b>	79%	82%	79%	80%	82%	79%	76%	78%	69%	77%	79%
<b>Health insurance coverage (ages 0-64)</b>											
Uninsured	6%	4%	4%	5%	5%	6%	5%	8%	6%	5%	4%
Private	65%	72%	68%	68%	79%	70%	62%	58%	63%	65%	66%
Public	24%	19%	22%	22%	13%	20%	28%	30%	24%	25%	24%
Both private and public	4%	4%	6%	5%	4%	4%	5%	4%	6%	5%	5%
<b>Share with a disability (ages 18-64)</b>	6%	6%	7%	7%	4%	5%	7%	5%	8%	8%	7%

	Statewide	Capital District	Central New York	Finger Lakes	Long Island	Mid-Hudson	Mohawk Valley	New York City	North Country	Southern Tier	Western New York
Population density (people per square mile)	417	215	215	256	2,408	508	73	28,808	44	97	280

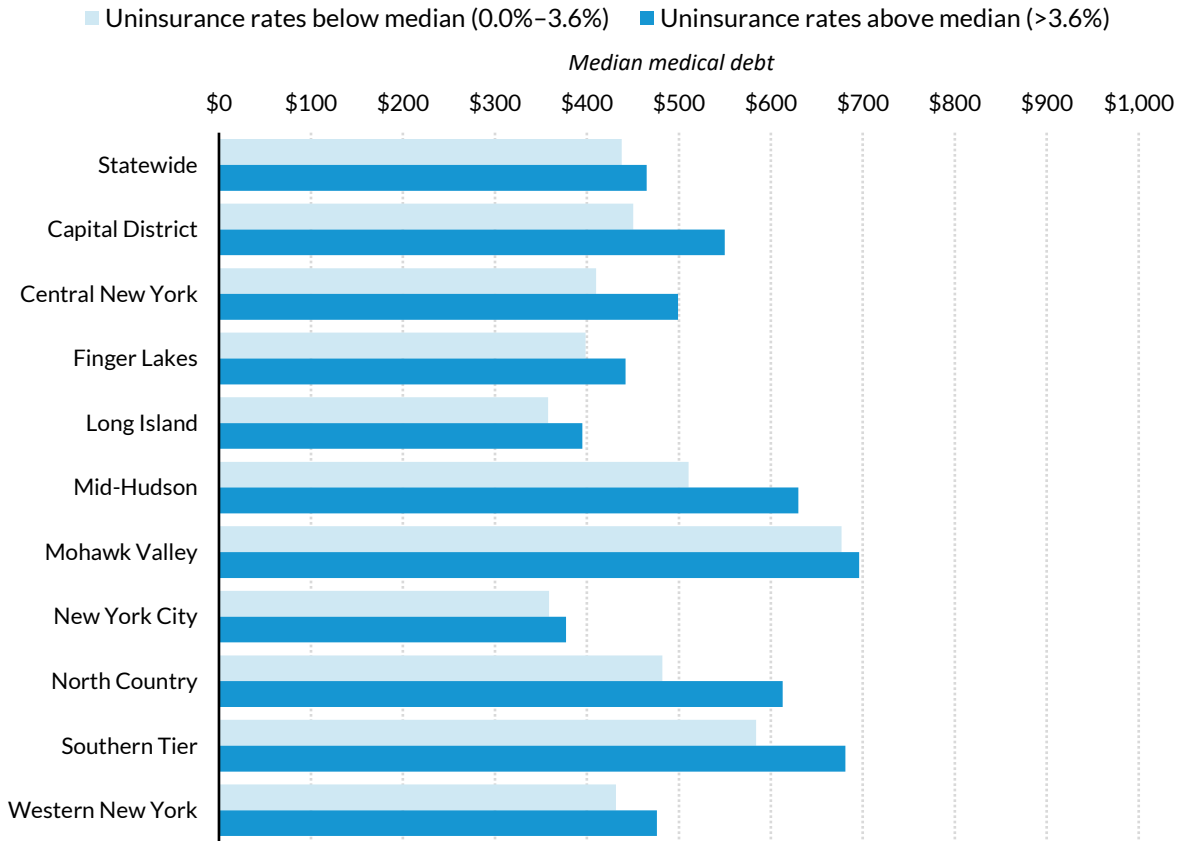
**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Asian, Black, white, and additional races refer to individuals who are not Hispanic. Additional races includes those who identify as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, more than one race, or some other race. FPL is federal poverty level. Private coverage includes employer sponsored insurance, direct purchase, TRICARE/military coverage, and combinations of multiple types of private coverage. Public coverage includes Medicare, Medicaid, VA coverage, and combinations of multiple types of public coverage. Population density indicates number of people per square mile of land.



FIGURE C-1

**Median Medical Debt Among Consumers with Any Medical Debt in Collections in New York State, by Community Uninsurance Rates, Statewide and by Region, 2022**



URBAN INSTITUTE

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Uninsurance rates are for residents of all ages in the civilian noninstitutionalized population.

TABLE C-2

**Share of Consumers with Medical Debt in Collections across Communities in New York State, by Region, February 2022**

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
Capital District	12009	7,690	3.3% to 5.5%
Capital District	12015	3,347	5.6% to 9.6%
Capital District	12018	7,112	5.6% to 9.6%
Capital District	12019	14,244	3.3% to 5.5%
Capital District	12020	33,235	5.6% to 9.6%
Capital District	12023	2,376	3.3% to 5.5%
Capital District	12027	3,996	0% to 3.2%
Capital District	12033	8,152	5.6% to 9.6%
Capital District	12037	4,489	5.6% to 9.6%
Capital District	12047	21,453	9.7% to 37.6%
Capital District	12051	6,769	3.3% to 5.5%
Capital District	12052	1,921	3.3% to 5.5%
Capital District	12053	4,611	5.6% to 9.6%
Capital District	12054	16,948	0% to 3.2%
Capital District	12056	2,543	5.6% to 9.6%
Capital District	12057	2,176	5.6% to 9.6%
Capital District	12061	9,725	3.3% to 5.5%
Capital District	12062	1,601	5.6% to 9.6%
Capital District	12065	42,432	3.3% to 5.5%
Capital District	12074	2,957	5.6% to 9.6%
Capital District	12075	2,530	5.6% to 9.6%
Capital District	12077	6,488	0% to 3.2%
Capital District	12083	3,830	3.3% to 5.5%
Capital District	12084	4,806	3.3% to 5.5%
Capital District	12090	5,931	5.6% to 9.6%
Capital District	12094	2,260	5.6% to 9.6%
Capital District	12106	2,299	5.6% to 9.6%
Capital District	12110	21,223	3.3% to 5.5%
Capital District	12118	16,467	9.7% to 37.6%
Capital District	12123	5,120	9.7% to 37.6%
Capital District	12137	1,993	3.3% to 5.5%
Capital District	12138	3,156	3.3% to 5.5%
Capital District	12140	1,681	3.3% to 5.5%
Capital District	12143	5,032	5.6% to 9.6%
Capital District	12144	20,604	5.6% to 9.6%
Capital District	12148	4,143	0% to 3.2%

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
Capital District	12154	3,249	0% to 3.2%
Capital District	12158	6,550	3.3% to 5.5%
Capital District	12159	7,971	0% to 3.2%
Capital District	12168	1,993	3.3% to 5.5%
Capital District	12170	5,034	9.7% to 37.6%
Capital District	12173	2,139	3.3% to 5.5%
Capital District	12180	53,181	9.7% to 37.6%
Capital District	12182	13,886	9.7% to 37.6%
Capital District	12183	2,647	9.7% to 37.6%
Capital District	12184	6,762	5.6% to 9.6%
Capital District	12185	2,007	9.7% to 37.6%
Capital District	12186	6,190	3.3% to 5.5%
Capital District	12188	11,774	5.6% to 9.6%
Capital District	12189	17,945	9.7% to 37.6%
Capital District	12192	1,778	5.6% to 9.6%
Capital District	12193	1,888	5.6% to 9.6%
Capital District	12196	4,072	0% to 3.2%
Capital District	12198	7,119	5.6% to 9.6%
Capital District	12202	7,753	9.7% to 37.6%
Capital District	12203	30,837	3.3% to 5.5%
Capital District	12204	7,497	9.7% to 37.6%
Capital District	12205	26,039	5.6% to 9.6%
Capital District	12206	15,537	9.7% to 37.6%
Capital District	12207	2,264	9.7% to 37.6%
Capital District	12208	20,517	5.6% to 9.6%
Capital District	12209	10,237	5.6% to 9.6%
Capital District	12210	11,057	9.7% to 37.6%
Capital District	12211	11,227	3.3% to 5.5%
Capital District	12302	27,665	5.6% to 9.6%
Capital District	12303	29,416	5.6% to 9.6%
Capital District	12304	20,929	9.7% to 37.6%
Capital District	12305	6,246	9.7% to 37.6%
Capital District	12306	26,934	5.6% to 9.6%
Capital District	12307	7,219	9.7% to 37.6%
Capital District	12308	14,038	9.7% to 37.6%
Capital District	12309	30,992	3.3% to 5.5%
Capital District	12413	3,290	9.7% to 37.6%
Capital District	12414	9,726	9.7% to 37.6%
Capital District	12451	1,425	3.3% to 5.5%

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
Capital District	12463	1,700	9.7% to 37.6%
Capital District	12502	1,224	5.6% to 9.6%
Capital District	12523	1,810	9.7% to 37.6%
Capital District	12526	3,530	5.6% to 9.6%
Capital District	12529	1,919	9.7% to 37.6%
Capital District	12534	17,814	9.7% to 37.6%
Capital District	12801	14,330	9.7% to 37.6%
Capital District	12803	8,317	9.7% to 37.6%
Capital District	12804	26,112	5.6% to 9.6%
Capital District	12809	3,751	9.7% to 37.6%
Capital District	12816	4,642	3.3% to 5.5%
Capital District	12817	2,243	5.6% to 9.6%
Capital District	12822	5,962	9.7% to 37.6%
Capital District	12827	3,455	5.6% to 9.6%
Capital District	12828	9,690	9.7% to 37.6%
Capital District	12831	17,389	5.6% to 9.6%
Capital District	12832	6,500	9.7% to 37.6%
Capital District	12833	4,544	5.6% to 9.6%
Capital District	12834	6,101	5.6% to 9.6%
Capital District	12835	2,530	9.7% to 37.6%
Capital District	12839	13,011	9.7% to 37.6%
Capital District	12845	4,610	3.3% to 5.5%
Capital District	12846	3,248	9.7% to 37.6%
Capital District	12850	2,866	3.3% to 5.5%
Capital District	12859	2,425	9.7% to 37.6%
Capital District	12865	3,470	9.7% to 37.6%
Capital District	12866	38,732	5.6% to 9.6%
Capital District	12871	4,361	5.6% to 9.6%
Capital District	12885	4,437	9.7% to 37.6%
Capital District	12887	4,857	9.7% to 37.6%
Central New York	13021	37,528	9.7% to 37.6%
Central New York	13027	33,937	9.7% to 37.6%
Central New York	13029	7,360	3.3% to 5.5%
Central New York	13030	3,470	9.7% to 37.6%
Central New York	13031	15,484	5.6% to 9.6%
Central New York	13032	12,522	9.7% to 37.6%
Central New York	13033	3,807	5.6% to 9.6%
Central New York	13034	1,925	9.7% to 37.6%
Central New York	13035	8,707	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Central New York	13036	9,632	9.7% to 37.6%
Central New York	13037	9,775	9.7% to 37.6%
Central New York	13039	17,078	5.6% to 9.6%
Central New York	13040	2,370	9.7% to 37.6%
Central New York	13041	11,808	9.7% to 37.6%
Central New York	13044	2,742	9.7% to 37.6%
Central New York	13045	28,975	9.7% to 37.6%
Central New York	13057	13,126	9.7% to 37.6%
Central New York	13060	3,050	9.7% to 37.6%
Central New York	13063	1,827	5.6% to 9.6%
Central New York	13066	12,443	5.6% to 9.6%
Central New York	13069	24,111	9.7% to 37.6%
Central New York	13074	4,230	9.7% to 37.6%
Central New York	13076	2,037	9.7% to 37.6%
Central New York	13077	6,462	9.7% to 37.6%
Central New York	13078	10,940	5.6% to 9.6%
Central New York	13080	3,227	9.7% to 37.6%
Central New York	13081	1,203	5.6% to 9.6%
Central New York	13082	4,201	9.7% to 37.6%
Central New York	13083	2,027	9.7% to 37.6%
Central New York	13084	3,814	9.7% to 37.6%
Central New York	13088	20,926	9.7% to 37.6%
Central New York	13090	29,017	9.7% to 37.6%
Central New York	13092	2,484	9.7% to 37.6%
Central New York	13101	2,448	5.6% to 9.6%
Central New York	13104	16,038	3.3% to 5.5%
Central New York	13108	6,193	3.3% to 5.5%
Central New York	13110	2,198	9.7% to 37.6%
Central New York	13112	1,683	9.7% to 37.6%
Central New York	13114	6,594	9.7% to 37.6%
Central New York	13116	3,447	9.7% to 37.6%
Central New York	13118	6,130	9.7% to 37.6%
Central New York	13120	2,092	9.7% to 37.6%
Central New York	13126	35,369	9.7% to 37.6%
Central New York	13131	3,317	9.7% to 37.6%
Central New York	13132	3,557	9.7% to 37.6%
Central New York	13135	5,939	9.7% to 37.6%
Central New York	13140	4,534	9.7% to 37.6%
Central New York	13142	6,486	9.7% to 37.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Central New York	13145	1,410	9.7% to 37.6%
Central New York	13152	7,841	5.6% to 9.6%
Central New York	13156	1,757	9.7% to 37.6%
Central New York	13159	5,303	9.7% to 37.6%
Central New York	13160	2,242	5.6% to 9.6%
Central New York	13164	2,607	5.6% to 9.6%
Central New York	13166	5,465	5.6% to 9.6%
Central New York	13167	2,756	9.7% to 37.6%
Central New York	13202	6,943	9.7% to 37.6%
Central New York	13203	16,876	9.7% to 37.6%
Central New York	13204	19,264	9.7% to 37.6%
Central New York	13205	16,746	9.7% to 37.6%
Central New York	13206	16,837	9.7% to 37.6%
Central New York	13207	12,552	9.7% to 37.6%
Central New York	13208	22,560	9.7% to 37.6%
Central New York	13209	12,364	9.7% to 37.6%
Central New York	13210	27,172	9.7% to 37.6%
Central New York	13211	6,117	9.7% to 37.6%
Central New York	13212	21,557	9.7% to 37.6%
Central New York	13214	8,392	9.7% to 37.6%
Central New York	13215	14,306	5.6% to 9.6%
Central New York	13219	14,819	5.6% to 9.6%
Central New York	13224	8,486	9.7% to 37.6%
Central New York	13302	1,483	9.7% to 37.6%
Central New York	13332	2,823	3.3% to 5.5%
Central New York	13346	6,225	5.6% to 9.6%
Central New York	13408	3,584	9.7% to 37.6%
Central New York	13409	2,255	9.7% to 37.6%
Central New York	13421	13,230	9.7% to 37.6%
Central New York	13493	2,318	9.7% to 37.6%
Central New York	13803	4,131	5.6% to 9.6%
Finger Lakes	13143	2,300	9.7% to 37.6%
Finger Lakes	13146	2,433	9.7% to 37.6%
Finger Lakes	13148	10,648	9.7% to 37.6%
Finger Lakes	13165	9,905	9.7% to 37.6%
Finger Lakes	14009	5,625	9.7% to 37.6%
Finger Lakes	14011	8,864	0% to 3.2%
Finger Lakes	14020	22,060	5.6% to 9.6%
Finger Lakes	14024	1,408	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Finger Lakes	14036	5,588	5.6% to 9.6%
Finger Lakes	14040	1,719	3.3% to 5.5%
Finger Lakes	14058	2,160	0% to 3.2%
Finger Lakes	14098	3,028	3.3% to 5.5%
Finger Lakes	14103	10,448	5.6% to 9.6%
Finger Lakes	14125	3,514	0% to 3.2%
Finger Lakes	14145	1,456	0% to 3.2%
Finger Lakes	14167	1,788	0% to 3.2%
Finger Lakes	14411	13,671	5.6% to 9.6%
Finger Lakes	14414	6,797	3.3% to 5.5%
Finger Lakes	14416	3,611	0% to 3.2%
Finger Lakes	14420	21,124	0% to 3.2%
Finger Lakes	14422	2,074	0% to 3.2%
Finger Lakes	14423	4,479	0% to 3.2%
Finger Lakes	14424	28,055	5.6% to 9.6%
Finger Lakes	14425	12,230	5.6% to 9.6%
Finger Lakes	14427	2,073	5.6% to 9.6%
Finger Lakes	14428	7,278	0% to 3.2%
Finger Lakes	14432	5,277	9.7% to 37.6%
Finger Lakes	14433	3,920	5.6% to 9.6%
Finger Lakes	14435	2,327	3.3% to 5.5%
Finger Lakes	14437	11,274	3.3% to 5.5%
Finger Lakes	14445	7,761	5.6% to 9.6%
Finger Lakes	14450	42,513	0% to 3.2%
Finger Lakes	14454	11,237	0% to 3.2%
Finger Lakes	14456	19,539	9.7% to 37.6%
Finger Lakes	14464	7,419	3.3% to 5.5%
Finger Lakes	14466	1,526	3.3% to 5.5%
Finger Lakes	14467	9,909	3.3% to 5.5%
Finger Lakes	14468	17,994	3.3% to 5.5%
Finger Lakes	14469	5,646	3.3% to 5.5%
Finger Lakes	14470	7,331	3.3% to 5.5%
Finger Lakes	14471	2,385	3.3% to 5.5%
Finger Lakes	14472	9,271	0% to 3.2%
Finger Lakes	14476	2,270	0% to 3.2%
Finger Lakes	14477	1,460	5.6% to 9.6%
Finger Lakes	14481	1,906	0% to 3.2%
Finger Lakes	14482	8,230	5.6% to 9.6%
Finger Lakes	14485	3,976	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Finger Lakes	14487	5,997	0% to 3.2%
Finger Lakes	14489	7,065	5.6% to 9.6%
Finger Lakes	14502	10,551	0% to 3.2%
Finger Lakes	14505	5,277	3.3% to 5.5%
Finger Lakes	14510	4,571	3.3% to 5.5%
Finger Lakes	14512	4,542	5.6% to 9.6%
Finger Lakes	14513	13,749	9.7% to 37.6%
Finger Lakes	14514	6,293	3.3% to 5.5%
Finger Lakes	14516	2,338	9.7% to 37.6%
Finger Lakes	14517	2,846	3.3% to 5.5%
Finger Lakes	14519	11,537	5.6% to 9.6%
Finger Lakes	14521	3,077	9.7% to 37.6%
Finger Lakes	14522	9,559	5.6% to 9.6%
Finger Lakes	14525	2,524	5.6% to 9.6%
Finger Lakes	14526	19,001	0% to 3.2%
Finger Lakes	14527	12,835	5.6% to 9.6%
Finger Lakes	14530	5,500	3.3% to 5.5%
Finger Lakes	14532	3,998	9.7% to 37.6%
Finger Lakes	14534	31,975	0% to 3.2%
Finger Lakes	14541	4,584	9.7% to 37.6%
Finger Lakes	14543	3,145	0% to 3.2%
Finger Lakes	14544	2,280	3.3% to 5.5%
Finger Lakes	14546	4,614	3.3% to 5.5%
Finger Lakes	14548	4,132	9.7% to 37.6%
Finger Lakes	14550	1,256	3.3% to 5.5%
Finger Lakes	14551	5,392	5.6% to 9.6%
Finger Lakes	14559	18,584	0% to 3.2%
Finger Lakes	14560	2,320	3.3% to 5.5%
Finger Lakes	14561	2,815	5.6% to 9.6%
Finger Lakes	14564	15,359	0% to 3.2%
Finger Lakes	14568	6,241	3.3% to 5.5%
Finger Lakes	14569	5,910	3.3% to 5.5%
Finger Lakes	14580	53,593	0% to 3.2%
Finger Lakes	14586	11,848	0% to 3.2%
Finger Lakes	14589	7,502	0% to 3.2%
Finger Lakes	14590	5,420	5.6% to 9.6%
Finger Lakes	14591	1,556	0% to 3.2%
Finger Lakes	14604	2,536	3.3% to 5.5%
Finger Lakes	14605	11,457	5.6% to 9.6%



Region	Zip code tabulation area	Population	Share of consumers with medical debt
Finger Lakes	14606	27,711	3.3% to 5.5%
Finger Lakes	14607	16,880	3.3% to 5.5%
Finger Lakes	14608	11,260	3.3% to 5.5%
Finger Lakes	14609	40,081	5.6% to 9.6%
Finger Lakes	14610	13,373	0% to 3.2%
Finger Lakes	14611	17,429	5.6% to 9.6%
Finger Lakes	14612	34,316	3.3% to 5.5%
Finger Lakes	14613	15,375	5.6% to 9.6%
Finger Lakes	14615	16,812	3.3% to 5.5%
Finger Lakes	14616	26,935	5.6% to 9.6%
Finger Lakes	14617	21,985	3.3% to 5.5%
Finger Lakes	14618	23,252	0% to 3.2%
Finger Lakes	14619	13,788	5.6% to 9.6%
Finger Lakes	14620	23,912	0% to 3.2%
Finger Lakes	14621	33,757	5.6% to 9.6%
Finger Lakes	14622	12,906	3.3% to 5.5%
Finger Lakes	14623	24,720	0% to 3.2%
Finger Lakes	14624	37,873	0% to 3.2%
Finger Lakes	14625	10,051	0% to 3.2%
Finger Lakes	14626	29,941	0% to 3.2%
Finger Lakes	14837	5,947	9.7% to 37.6%
Finger Lakes	14847	2,375	5.6% to 9.6%
Long Island	11001	26,542	0% to 3.2%
Long Island	11003	44,712	3.3% to 5.5%
Long Island	11010	25,318	0% to 3.2%
Long Island	11020	6,325	0% to 3.2%
Long Island	11021	18,181	0% to 3.2%
Long Island	11023	9,479	0% to 3.2%
Long Island	11024	7,869	3.3% to 5.5%
Long Island	11030	18,450	0% to 3.2%
Long Island	11040	41,523	0% to 3.2%
Long Island	11050	30,699	3.3% to 5.5%
Long Island	11096	8,155	5.6% to 9.6%
Long Island	11501	19,675	0% to 3.2%
Long Island	11507	7,051	0% to 3.2%
Long Island	11509	1,790	0% to 3.2%
Long Island	11510	33,949	3.3% to 5.5%
Long Island	11514	4,644	0% to 3.2%
Long Island	11516	7,476	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Long Island	11518	9,819	0% to 3.2%
Long Island	11520	43,451	3.3% to 5.5%
Long Island	11530	27,669	0% to 3.2%
Long Island	11542	27,666	3.3% to 5.5%
Long Island	11545	12,686	0% to 3.2%
Long Island	11550	57,073	3.3% to 5.5%
Long Island	11552	25,169	3.3% to 5.5%
Long Island	11553	26,938	3.3% to 5.5%
Long Island	11554	37,992	0% to 3.2%
Long Island	11557	7,950	0% to 3.2%
Long Island	11558	8,435	5.6% to 9.6%
Long Island	11559	8,265	3.3% to 5.5%
Long Island	11560	6,850	0% to 3.2%
Long Island	11561	37,759	3.3% to 5.5%
Long Island	11563	21,537	0% to 3.2%
Long Island	11565	8,921	0% to 3.2%
Long Island	11566	33,626	0% to 3.2%
Long Island	11568	4,470	0% to 3.2%
Long Island	11569	1,175	0% to 3.2%
Long Island	11570	27,240	0% to 3.2%
Long Island	11572	28,673	0% to 3.2%
Long Island	11575	16,799	3.3% to 5.5%
Long Island	11576	12,606	0% to 3.2%
Long Island	11577	12,120	0% to 3.2%
Long Island	11579	5,183	0% to 3.2%
Long Island	11580	41,930	0% to 3.2%
Long Island	11581	21,847	0% to 3.2%
Long Island	11590	47,468	0% to 3.2%
Long Island	11596	10,276	0% to 3.2%
Long Island	11598	13,977	0% to 3.2%
Long Island	11701	27,264	3.3% to 5.5%
Long Island	11702	13,963	0% to 3.2%
Long Island	11703	16,820	0% to 3.2%
Long Island	11704	39,960	0% to 3.2%
Long Island	11705	8,033	0% to 3.2%
Long Island	11706	67,484	3.3% to 5.5%
Long Island	11709	6,720	0% to 3.2%
Long Island	11710	35,473	0% to 3.2%
Long Island	11713	8,247	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Long Island	11714	22,769	0% to 3.2%
Long Island	11715	4,287	5.6% to 9.6%
Long Island	11716	9,748	0% to 3.2%
Long Island	11717	62,888	3.3% to 5.5%
Long Island	11718	3,070	0% to 3.2%
Long Island	11719	3,209	3.3% to 5.5%
Long Island	11720	28,773	0% to 3.2%
Long Island	11721	6,258	0% to 3.2%
Long Island	11722	34,139	3.3% to 5.5%
Long Island	11724	3,089	0% to 3.2%
Long Island	11725	29,229	0% to 3.2%
Long Island	11726	21,012	0% to 3.2%
Long Island	11727	29,262	3.3% to 5.5%
Long Island	11729	25,597	3.3% to 5.5%
Long Island	11730	13,335	0% to 3.2%
Long Island	11731	30,951	0% to 3.2%
Long Island	11732	3,505	0% to 3.2%
Long Island	11733	17,000	0% to 3.2%
Long Island	11735	33,299	0% to 3.2%
Long Island	11738	19,364	3.3% to 5.5%
Long Island	11740	9,321	0% to 3.2%
Long Island	11741	26,245	0% to 3.2%
Long Island	11742	11,968	0% to 3.2%
Long Island	11743	42,636	0% to 3.2%
Long Island	11746	66,518	0% to 3.2%
Long Island	11747	18,795	0% to 3.2%
Long Island	11749	3,315	0% to 3.2%
Long Island	11751	13,399	0% to 3.2%
Long Island	11752	8,821	0% to 3.2%
Long Island	11753	13,092	0% to 3.2%
Long Island	11754	17,861	0% to 3.2%
Long Island	11755	12,514	0% to 3.2%
Long Island	11756	42,856	0% to 3.2%
Long Island	11757	44,130	0% to 3.2%
Long Island	11758	53,034	0% to 3.2%
Long Island	11762	22,263	0% to 3.2%
Long Island	11763	28,769	3.3% to 5.5%
Long Island	11764	13,633	0% to 3.2%
Long Island	11766	11,018	0% to 3.2%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Long Island	11767	15,051	0% to 3.2%
Long Island	11768	20,903	0% to 3.2%
Long Island	11769	8,299	0% to 3.2%
Long Island	11771	9,517	3.3% to 5.5%
Long Island	11772	46,311	3.3% to 5.5%
Long Island	11776	23,578	3.3% to 5.5%
Long Island	11777	9,156	0% to 3.2%
Long Island	11778	11,855	3.3% to 5.5%
Long Island	11779	38,091	3.3% to 5.5%
Long Island	11780	15,934	0% to 3.2%
Long Island	11782	15,057	0% to 3.2%
Long Island	11783	21,285	0% to 3.2%
Long Island	11784	25,014	3.3% to 5.5%
Long Island	11786	6,225	0% to 3.2%
Long Island	11787	33,837	0% to 3.2%
Long Island	11788	16,693	0% to 3.2%
Long Island	11789	7,496	3.3% to 5.5%
Long Island	11790	16,099	0% to 3.2%
Long Island	11791	25,776	0% to 3.2%
Long Island	11792	8,413	0% to 3.2%
Long Island	11793	30,601	0% to 3.2%
Long Island	11795	25,062	0% to 3.2%
Long Island	11796	4,112	0% to 3.2%
Long Island	11797	8,998	0% to 3.2%
Long Island	11798	15,636	3.3% to 5.5%
Long Island	11801	40,179	0% to 3.2%
Long Island	11803	29,208	0% to 3.2%
Long Island	11804	4,639	0% to 3.2%
Long Island	11901	28,760	5.6% to 9.6%
Long Island	11930	618	0% to 3.2%
Long Island	11931	84	3.3% to 5.5%
Long Island	11932	1,099	0% to 3.2%
Long Island	11933	6,475	3.3% to 5.5%
Long Island	11934	7,357	5.6% to 9.6%
Long Island	11935	3,008	0% to 3.2%
Long Island	11937	16,672	0% to 3.2%
Long Island	11940	4,963	3.3% to 5.5%
Long Island	11941	1,770	3.3% to 5.5%
Long Island	11942	5,053	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Long Island	11944	4,144	5.6% to 9.6%
Long Island	11946	15,058	3.3% to 5.5%
Long Island	11949	13,457	0% to 3.2%
Long Island	11950	16,130	5.6% to 9.6%
Long Island	11951	14,756	5.6% to 9.6%
Long Island	11952	5,031	0% to 3.2%
Long Island	11953	14,301	0% to 3.2%
Long Island	11954	3,563	3.3% to 5.5%
Long Island	11955	3,149	3.3% to 5.5%
Long Island	11959	571	3.3% to 5.5%
Long Island	11960	721	3.3% to 5.5%
Long Island	11961	13,701	0% to 3.2%
Long Island	11963	6,966	0% to 3.2%
Long Island	11964	2,287	0% to 3.2%
Long Island	11967	29,130	3.3% to 5.5%
Long Island	11968	10,778	0% to 3.2%
Long Island	11971	6,073	0% to 3.2%
Long Island	11976	1,847	3.3% to 5.5%
Long Island	11977	2,629	5.6% to 9.6%
Long Island	11978	2,981	5.6% to 9.6%
Long Island	11980	5,966	0% to 3.2%
Mid-Hudson	10502	5,351	0% to 3.2%
Mid-Hudson	10504	8,053	0% to 3.2%
Mid-Hudson	10506	5,555	3.3% to 5.5%
Mid-Hudson	10507	7,152	0% to 3.2%
Mid-Hudson	10509	20,230	5.6% to 9.6%
Mid-Hudson	10510	10,300	0% to 3.2%
Mid-Hudson	10511	2,300	0% to 3.2%
Mid-Hudson	10512	24,619	5.6% to 9.6%
Mid-Hudson	10514	12,543	0% to 3.2%
Mid-Hudson	10516	5,449	0% to 3.2%
Mid-Hudson	10520	12,885	3.3% to 5.5%
Mid-Hudson	10522	11,052	0% to 3.2%
Mid-Hudson	10523	9,415	3.3% to 5.5%
Mid-Hudson	10524	4,317	0% to 3.2%
Mid-Hudson	10526	1,860	0% to 3.2%
Mid-Hudson	10528	13,395	0% to 3.2%
Mid-Hudson	10530	12,925	0% to 3.2%
Mid-Hudson	10532	4,739	0% to 3.2%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Mid-Hudson	10533	7,463	0% to 3.2%
Mid-Hudson	10536	11,002	0% to 3.2%
Mid-Hudson	10537	2,769	0% to 3.2%
Mid-Hudson	10538	16,151	0% to 3.2%
Mid-Hudson	10541	26,678	5.6% to 9.6%
Mid-Hudson	10543	20,999	0% to 3.2%
Mid-Hudson	10547	8,034	3.3% to 5.5%
Mid-Hudson	10548	4,087	5.6% to 9.6%
Mid-Hudson	10549	16,121	0% to 3.2%
Mid-Hudson	10550	36,382	5.6% to 9.6%
Mid-Hudson	10552	21,342	5.6% to 9.6%
Mid-Hudson	10553	9,747	5.6% to 9.6%
Mid-Hudson	10560	4,814	5.6% to 9.6%
Mid-Hudson	10562	31,847	3.3% to 5.5%
Mid-Hudson	10566	24,111	3.3% to 5.5%
Mid-Hudson	10567	20,094	3.3% to 5.5%
Mid-Hudson	10570	12,780	3.3% to 5.5%
Mid-Hudson	10573	38,749	3.3% to 5.5%
Mid-Hudson	10576	5,036	3.3% to 5.5%
Mid-Hudson	10577	6,387	0% to 3.2%
Mid-Hudson	10579	8,250	3.3% to 5.5%
Mid-Hudson	10580	17,185	0% to 3.2%
Mid-Hudson	10583	41,087	0% to 3.2%
Mid-Hudson	10588	3,102	5.6% to 9.6%
Mid-Hudson	10589	8,080	3.3% to 5.5%
Mid-Hudson	10590	7,208	3.3% to 5.5%
Mid-Hudson	10591	23,059	0% to 3.2%
Mid-Hudson	10594	5,587	0% to 3.2%
Mid-Hudson	10595	8,439	0% to 3.2%
Mid-Hudson	10596	1,051	3.3% to 5.5%
Mid-Hudson	10598	28,708	0% to 3.2%
Mid-Hudson	10601	10,256	3.3% to 5.5%
Mid-Hudson	10603	18,862	0% to 3.2%
Mid-Hudson	10604	11,132	3.3% to 5.5%
Mid-Hudson	10605	19,849	0% to 3.2%
Mid-Hudson	10606	16,199	3.3% to 5.5%
Mid-Hudson	10607	7,162	3.3% to 5.5%
Mid-Hudson	10701	61,367	9.7% to 37.6%
Mid-Hudson	10703	22,636	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Mid-Hudson	10704	31,110	3.3% to 5.5%
Mid-Hudson	10705	39,848	9.7% to 37.6%
Mid-Hudson	10706	8,622	0% to 3.2%
Mid-Hudson	10707	9,713	0% to 3.2%
Mid-Hudson	10708	22,212	0% to 3.2%
Mid-Hudson	10709	9,369	0% to 3.2%
Mid-Hudson	10710	25,104	3.3% to 5.5%
Mid-Hudson	10801	40,445	5.6% to 9.6%
Mid-Hudson	10803	12,492	0% to 3.2%
Mid-Hudson	10804	14,365	0% to 3.2%
Mid-Hudson	10805	21,331	3.3% to 5.5%
Mid-Hudson	10901	23,860	3.3% to 5.5%
Mid-Hudson	10913	5,294	0% to 3.2%
Mid-Hudson	10916	4,582	5.6% to 9.6%
Mid-Hudson	10917	1,650	3.3% to 5.5%
Mid-Hudson	10918	12,286	3.3% to 5.5%
Mid-Hudson	10920	8,919	3.3% to 5.5%
Mid-Hudson	10921	3,812	3.3% to 5.5%
Mid-Hudson	10923	7,753	5.6% to 9.6%
Mid-Hudson	10924	13,538	5.6% to 9.6%
Mid-Hudson	10925	3,886	5.6% to 9.6%
Mid-Hudson	10926	3,482	3.3% to 5.5%
Mid-Hudson	10927	12,076	9.7% to 37.6%
Mid-Hudson	10928	4,132	5.6% to 9.6%
Mid-Hudson	10930	9,789	5.6% to 9.6%
Mid-Hudson	10940	49,430	9.7% to 37.6%
Mid-Hudson	10941	13,384	5.6% to 9.6%
Mid-Hudson	10950	53,013	5.6% to 9.6%
Mid-Hudson	10952	43,374	0% to 3.2%
Mid-Hudson	10954	25,870	3.3% to 5.5%
Mid-Hudson	10956	30,697	3.3% to 5.5%
Mid-Hudson	10958	3,236	9.7% to 37.6%
Mid-Hudson	10960	15,757	3.3% to 5.5%
Mid-Hudson	10962	5,927	0% to 3.2%
Mid-Hudson	10963	4,367	9.7% to 37.6%
Mid-Hudson	10964	1,506	0% to 3.2%
Mid-Hudson	10965	15,493	0% to 3.2%
Mid-Hudson	10968	2,466	5.6% to 9.6%
Mid-Hudson	10970	10,433	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Mid-Hudson	10973	2,510	5.6% to 9.6%
Mid-Hudson	10974	3,189	0% to 3.2%
Mid-Hudson	10976	2,300	5.6% to 9.6%
Mid-Hudson	10977	64,677	5.6% to 9.6%
Mid-Hudson	10980	13,923	3.3% to 5.5%
Mid-Hudson	10983	5,597	3.3% to 5.5%
Mid-Hudson	10984	2,661	3.3% to 5.5%
Mid-Hudson	10986	1,836	0% to 3.2%
Mid-Hudson	10987	3,499	5.6% to 9.6%
Mid-Hudson	10989	8,415	3.3% to 5.5%
Mid-Hudson	10990	20,735	3.3% to 5.5%
Mid-Hudson	10992	8,830	5.6% to 9.6%
Mid-Hudson	10993	5,044	3.3% to 5.5%
Mid-Hudson	10994	7,115	3.3% to 5.5%
Mid-Hudson	10996	6,342	0% to 3.2%
Mid-Hudson	10998	3,428	5.6% to 9.6%
Mid-Hudson	12401	34,800	9.7% to 37.6%
Mid-Hudson	12404	3,679	5.6% to 9.6%
Mid-Hudson	12428	6,535	9.7% to 37.6%
Mid-Hudson	12443	3,721	5.6% to 9.6%
Mid-Hudson	12446	4,683	9.7% to 37.6%
Mid-Hudson	12449	3,208	9.7% to 37.6%
Mid-Hudson	12461	1,343	0% to 3.2%
Mid-Hudson	12466	2,110	5.6% to 9.6%
Mid-Hudson	12477	17,870	9.7% to 37.6%
Mid-Hudson	12484	3,318	5.6% to 9.6%
Mid-Hudson	12487	3,370	5.6% to 9.6%
Mid-Hudson	12491	1,660	5.6% to 9.6%
Mid-Hudson	12498	4,713	3.3% to 5.5%
Mid-Hudson	12501	2,158	3.3% to 5.5%
Mid-Hudson	12508	19,812	5.6% to 9.6%
Mid-Hudson	12514	2,772	9.7% to 37.6%
Mid-Hudson	12515	1,657	9.7% to 37.6%
Mid-Hudson	12518	5,861	5.6% to 9.6%
Mid-Hudson	12520	2,970	3.3% to 5.5%
Mid-Hudson	12522	4,918	9.7% to 37.6%
Mid-Hudson	12524	15,608	5.6% to 9.6%
Mid-Hudson	12525	2,966	3.3% to 5.5%
Mid-Hudson	12528	12,767	9.7% to 37.6%



Region	Zip code tabulation area	Population	Share of consumers with medical debt
Mid-Hudson	12531	2,645	9.7% to 37.6%
Mid-Hudson	12533	26,361	5.6% to 9.6%
Mid-Hudson	12538	14,566	9.7% to 37.6%
Mid-Hudson	12540	8,882	5.6% to 9.6%
Mid-Hudson	12542	5,684	9.7% to 37.6%
Mid-Hudson	12543	3,586	9.7% to 37.6%
Mid-Hudson	12545	4,517	5.6% to 9.6%
Mid-Hudson	12546	2,824	5.6% to 9.6%
Mid-Hudson	12547	2,810	5.6% to 9.6%
Mid-Hudson	12549	11,453	5.6% to 9.6%
Mid-Hudson	12550	54,503	9.7% to 37.6%
Mid-Hudson	12553	26,665	5.6% to 9.6%
Mid-Hudson	12561	18,224	5.6% to 9.6%
Mid-Hudson	12563	7,579	5.6% to 9.6%
Mid-Hudson	12564	7,710	5.6% to 9.6%
Mid-Hudson	12566	11,886	5.6% to 9.6%
Mid-Hudson	12567	2,608	5.6% to 9.6%
Mid-Hudson	12569	9,838	5.6% to 9.6%
Mid-Hudson	12570	6,772	3.3% to 5.5%
Mid-Hudson	12571	10,037	5.6% to 9.6%
Mid-Hudson	12572	8,961	5.6% to 9.6%
Mid-Hudson	12575	1,930	5.6% to 9.6%
Mid-Hudson	12577	1,929	3.3% to 5.5%
Mid-Hudson	12578	2,100	9.7% to 37.6%
Mid-Hudson	12580	4,359	9.7% to 37.6%
Mid-Hudson	12581	2,231	9.7% to 37.6%
Mid-Hudson	12582	6,213	9.7% to 37.6%
Mid-Hudson	12583	2,160	0% to 3.2%
Mid-Hudson	12586	11,774	5.6% to 9.6%
Mid-Hudson	12589	17,843	9.7% to 37.6%
Mid-Hudson	12590	34,823	5.6% to 9.6%
Mid-Hudson	12594	4,150	9.7% to 37.6%
Mid-Hudson	12601	41,037	9.7% to 37.6%
Mid-Hudson	12603	42,140	9.7% to 37.6%
Mid-Hudson	12701	11,278	9.7% to 37.6%
Mid-Hudson	12721	5,881	9.7% to 37.6%
Mid-Hudson	12723	1,561	9.7% to 37.6%
Mid-Hudson	12737	1,800	9.7% to 37.6%
Mid-Hudson	12740	1,927	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Mid-Hudson	12748	2,042	5.6% to 9.6%
Mid-Hudson	12754	7,142	9.7% to 37.6%
Mid-Hudson	12758	3,699	9.7% to 37.6%
Mid-Hudson	12764	1,770	5.6% to 9.6%
Mid-Hudson	12771	14,408	9.7% to 37.6%
Mid-Hudson	12775	2,151	9.7% to 37.6%
Mid-Hudson	12776	2,361	3.3% to 5.5%
Mid-Hudson	12779	1,701	9.7% to 37.6%
Mid-Hudson	12780	2,165	9.7% to 37.6%
Mid-Hudson	12783	1,605	9.7% to 37.6%
Mid-Hudson	12788	2,909	5.6% to 9.6%
Mid-Hudson	12790	3,933	9.7% to 37.6%
Mohawk Valley	12010	27,556	9.7% to 37.6%
Mohawk Valley	12025	5,331	9.7% to 37.6%
Mohawk Valley	12043	8,202	0% to 3.2%
Mohawk Valley	12068	3,029	9.7% to 37.6%
Mohawk Valley	12072	3,065	9.7% to 37.6%
Mohawk Valley	12078	22,956	9.7% to 37.6%
Mohawk Valley	12086	1,379	3.3% to 5.5%
Mohawk Valley	12093	1,602	5.6% to 9.6%
Mohawk Valley	12095	11,986	9.7% to 37.6%
Mohawk Valley	12117	3,163	9.7% to 37.6%
Mohawk Valley	12122	4,137	5.6% to 9.6%
Mohawk Valley	12134	4,232	5.6% to 9.6%
Mohawk Valley	12149	2,358	5.6% to 9.6%
Mohawk Valley	12157	4,597	3.3% to 5.5%
Mohawk Valley	12166	1,145	9.7% to 37.6%
Mohawk Valley	13042	2,383	5.6% to 9.6%
Mohawk Valley	13304	1,726	9.7% to 37.6%
Mohawk Valley	13308	3,867	9.7% to 37.6%
Mohawk Valley	13309	5,672	5.6% to 9.6%
Mohawk Valley	13316	6,168	9.7% to 37.6%
Mohawk Valley	13317	3,847	5.6% to 9.6%
Mohawk Valley	13323	11,585	5.6% to 9.6%
Mohawk Valley	13324	2,195	9.7% to 37.6%
Mohawk Valley	13329	4,211	0% to 3.2%
Mohawk Valley	13339	6,382	5.6% to 9.6%
Mohawk Valley	13340	8,023	9.7% to 37.6%
Mohawk Valley	13350	9,727	5.6% to 9.6%

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
Mohawk Valley	13354	3,777	5.6% to 9.6%
Mohawk Valley	13357	10,748	5.6% to 9.6%
Mohawk Valley	13363	2,358	9.7% to 37.6%
Mohawk Valley	13365	8,472	5.6% to 9.6%
Mohawk Valley	13403	7,485	5.6% to 9.6%
Mohawk Valley	13407	4,830	5.6% to 9.6%
Mohawk Valley	13413	15,750	5.6% to 9.6%
Mohawk Valley	13416	2,079	3.3% to 5.5%
Mohawk Valley	13417	3,066	0% to 3.2%
Mohawk Valley	13424	2,375	3.3% to 5.5%
Mohawk Valley	13425	2,143	5.6% to 9.6%
Mohawk Valley	13431	1,902	5.6% to 9.6%
Mohawk Valley	13438	2,944	9.7% to 37.6%
Mohawk Valley	13440	41,342	9.7% to 37.6%
Mohawk Valley	13452	4,671	9.7% to 37.6%
Mohawk Valley	13456	4,039	5.6% to 9.6%
Mohawk Valley	13459	2,343	5.6% to 9.6%
Mohawk Valley	13461	2,987	9.7% to 37.6%
Mohawk Valley	13471	3,045	9.7% to 37.6%
Mohawk Valley	13476	3,617	9.7% to 37.6%
Mohawk Valley	13478	3,257	5.6% to 9.6%
Mohawk Valley	13480	3,235	5.6% to 9.6%
Mohawk Valley	13491	3,330	5.6% to 9.6%
Mohawk Valley	13492	11,118	5.6% to 9.6%
Mohawk Valley	13495	2,035	5.6% to 9.6%
Mohawk Valley	13501	37,132	9.7% to 37.6%
Mohawk Valley	13502	32,437	9.7% to 37.6%
New York City	10001	25,026	0% to 3.2%
New York City	10002	74,363	3.3% to 5.5%
New York City	10003	54,671	0% to 3.2%
New York City	10004	3,310	3.3% to 5.5%
New York City	10005	8,664	0% to 3.2%
New York City	10006	3,260	0% to 3.2%
New York City	10007	7,566	0% to 3.2%
New York City	10009	58,267	3.3% to 5.5%
New York City	10010	34,763	0% to 3.2%
New York City	10011	50,228	0% to 3.2%
New York City	10012	23,034	0% to 3.2%
New York City	10013	28,657	0% to 3.2%

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
New York City	10014	29,071	0% to 3.2%
New York City	10016	52,912	0% to 3.2%
New York City	10017	16,065	0% to 3.2%
New York City	10018	8,135	0% to 3.2%
New York City	10019	45,521	0% to 3.2%
New York City	10021	42,253	0% to 3.2%
New York City	10022	31,574	0% to 3.2%
New York City	10023	62,228	0% to 3.2%
New York City	10024	60,714	0% to 3.2%
New York City	10025	92,162	0% to 3.2%
New York City	10026	38,937	3.3% to 5.5%
New York City	10027	64,728	3.3% to 5.5%
New York City	10028	47,962	0% to 3.2%
New York City	10029	74,617	3.3% to 5.5%
New York City	10030	30,996	3.3% to 5.5%
New York City	10031	60,280	3.3% to 5.5%
New York City	10032	59,527	3.3% to 5.5%
New York City	10033	58,648	3.3% to 5.5%
New York City	10034	41,933	3.3% to 5.5%
New York City	10035	36,999	3.3% to 5.5%
New York City	10036	28,231	0% to 3.2%
New York City	10037	19,177	3.3% to 5.5%
New York City	10038	24,205	0% to 3.2%
New York City	10039	27,090	3.3% to 5.5%
New York City	10040	45,197	0% to 3.2%
New York City	10044	12,770	0% to 3.2%
New York City	10065	30,339	0% to 3.2%
New York City	10069	6,504	0% to 3.2%
New York City	10075	22,591	0% to 3.2%
New York City	10128	57,993	0% to 3.2%
New York City	10162	1,240	0% to 3.2%
New York City	10280	9,372	0% to 3.2%
New York City	10282	6,086	0% to 3.2%
New York City	10301	38,001	3.3% to 5.5%
New York City	10302	17,942	3.3% to 5.5%
New York City	10303	27,164	3.3% to 5.5%
New York City	10304	42,133	0% to 3.2%
New York City	10305	42,968	3.3% to 5.5%
New York City	10306	54,318	0% to 3.2%

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
New York City	10307	15,053	0% to 3.2%
New York City	10308	28,901	0% to 3.2%
New York City	10309	33,896	0% to 3.2%
New York City	10310	24,168	3.3% to 5.5%
New York City	10312	61,114	0% to 3.2%
New York City	10314	89,938	0% to 3.2%
New York City	10451	49,423	5.6% to 9.6%
New York City	10452	74,379	5.6% to 9.6%
New York City	10453	78,858	5.6% to 9.6%
New York City	10454	37,807	3.3% to 5.5%
New York City	10455	40,300	3.3% to 5.5%
New York City	10456	90,479	5.6% to 9.6%
New York City	10457	74,679	5.6% to 9.6%
New York City	10458	85,893	5.6% to 9.6%
New York City	10459	48,391	5.6% to 9.6%
New York City	10460	57,514	5.6% to 9.6%
New York City	10461	51,081	5.6% to 9.6%
New York City	10462	75,441	5.6% to 9.6%
New York City	10463	70,236	3.3% to 5.5%
New York City	10464	4,322	3.3% to 5.5%
New York City	10465	45,066	3.3% to 5.5%
New York City	10466	74,519	3.3% to 5.5%
New York City	10467	100,867	5.6% to 9.6%
New York City	10468	78,778	5.6% to 9.6%
New York City	10469	72,550	3.3% to 5.5%
New York City	10470	15,500	3.3% to 5.5%
New York City	10471	22,577	3.3% to 5.5%
New York City	10472	67,989	5.6% to 9.6%
New York City	10473	59,627	5.6% to 9.6%
New York City	10474	11,579	5.6% to 9.6%
New York City	10475	43,791	3.3% to 5.5%
New York City	11004	15,297	0% to 3.2%
New York City	11005	2,249	0% to 3.2%
New York City	11101	32,537	0% to 3.2%
New York City	11102	28,359	3.3% to 5.5%
New York City	11103	35,419	0% to 3.2%
New York City	11104	25,037	0% to 3.2%
New York City	11105	37,452	0% to 3.2%
New York City	11106	37,094	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
New York City	11109	6,127	0% to 3.2%
New York City	11201	64,798	0% to 3.2%
New York City	11203	77,589	3.3% to 5.5%
New York City	11204	75,840	0% to 3.2%
New York City	11205	47,866	3.3% to 5.5%
New York City	11206	87,599	3.3% to 5.5%
New York City	11207	90,867	5.6% to 9.6%
New York City	11208	102,626	3.3% to 5.5%
New York City	11209	68,368	0% to 3.2%
New York City	11210	62,423	0% to 3.2%
New York City	11211	104,561	0% to 3.2%
New York City	11212	74,037	3.3% to 5.5%
New York City	11213	67,382	3.3% to 5.5%
New York City	11214	90,372	0% to 3.2%
New York City	11215	69,995	0% to 3.2%
New York City	11216	59,567	3.3% to 5.5%
New York City	11217	42,461	3.3% to 5.5%
New York City	11218	73,280	0% to 3.2%
New York City	11219	87,812	0% to 3.2%
New York City	11220	90,657	0% to 3.2%
New York City	11221	85,582	3.3% to 5.5%
New York City	11222	36,710	0% to 3.2%
New York City	11223	80,500	0% to 3.2%
New York City	11224	45,587	3.3% to 5.5%
New York City	11225	56,072	3.3% to 5.5%
New York City	11226	96,332	3.3% to 5.5%
New York City	11228	43,878	0% to 3.2%
New York City	11229	81,909	0% to 3.2%
New York City	11230	87,188	0% to 3.2%
New York City	11231	37,796	0% to 3.2%
New York City	11232	26,501	0% to 3.2%
New York City	11233	79,796	5.6% to 9.6%
New York City	11234	90,372	0% to 3.2%
New York City	11235	76,921	0% to 3.2%
New York City	11236	98,821	3.3% to 5.5%
New York City	11237	46,772	3.3% to 5.5%
New York City	11238	55,102	0% to 3.2%
New York City	11239	12,832	5.6% to 9.6%
New York City	11354	52,351	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
New York City	11355	81,358	3.3% to 5.5%
New York City	11356	24,178	5.6% to 9.6%
New York City	11357	40,118	3.3% to 5.5%
New York City	11358	36,665	0% to 3.2%
New York City	11360	18,892	3.3% to 5.5%
New York City	11361	28,531	3.3% to 5.5%
New York City	11362	18,694	0% to 3.2%
New York City	11363	6,834	0% to 3.2%
New York City	11364	35,866	0% to 3.2%
New York City	11365	43,730	3.3% to 5.5%
New York City	11366	14,109	3.3% to 5.5%
New York City	11367	40,141	3.3% to 5.5%
New York City	11368	108,661	5.6% to 9.6%
New York City	11369	30,693	3.3% to 5.5%
New York City	11370	29,366	3.3% to 5.5%
New York City	11372	63,107	0% to 3.2%
New York City	11373	96,495	0% to 3.2%
New York City	11374	43,173	0% to 3.2%
New York City	11375	72,615	0% to 3.2%
New York City	11377	82,021	3.3% to 5.5%
New York City	11378	39,033	0% to 3.2%
New York City	11379	37,780	3.3% to 5.5%
New York City	11385	105,025	3.3% to 5.5%
New York City	11411	20,473	3.3% to 5.5%
New York City	11412	37,987	3.3% to 5.5%
New York City	11413	41,810	3.3% to 5.5%
New York City	11414	27,672	3.3% to 5.5%
New York City	11415	18,464	0% to 3.2%
New York City	11416	26,087	0% to 3.2%
New York City	11417	31,156	0% to 3.2%
New York City	11418	37,666	3.3% to 5.5%
New York City	11419	47,955	3.3% to 5.5%
New York City	11420	47,266	3.3% to 5.5%
New York City	11421	39,654	0% to 3.2%
New York City	11422	32,786	3.3% to 5.5%
New York City	11423	29,532	3.3% to 5.5%
New York City	11426	20,222	0% to 3.2%
New York City	11427	25,096	3.3% to 5.5%
New York City	11428	19,830	0% to 3.2%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
New York City	11429	27,808	3.3% to 5.5%
New York City	11432	64,282	3.3% to 5.5%
New York City	11433	36,929	3.3% to 5.5%
New York City	11434	62,590	3.3% to 5.5%
New York City	11435	59,392	3.3% to 5.5%
New York City	11436	18,955	3.3% to 5.5%
New York City	11691	68,454	5.6% to 9.6%
New York City	11692	22,394	5.6% to 9.6%
New York City	11693	13,029	5.6% to 9.6%
New York City	11694	21,258	3.3% to 5.5%
New York City	11697	3,527	3.3% to 5.5%
North Country	12883	4,790	5.6% to 9.6%
North Country	12901	33,048	5.6% to 9.6%
North Country	12903	1,306	3.3% to 5.5%
North Country	12910	2,190	5.6% to 9.6%
North Country	12912	1,903	3.3% to 5.5%
North Country	12916	2,436	5.6% to 9.6%
North Country	12918	2,641	5.6% to 9.6%
North Country	12919	2,805	5.6% to 9.6%
North Country	12920	2,387	5.6% to 9.6%
North Country	12921	2,835	9.7% to 37.6%
North Country	12926	2,380	3.3% to 5.5%
North Country	12928	2,029	5.6% to 9.6%
North Country	12944	3,683	5.6% to 9.6%
North Country	12946	4,819	0% to 3.2%
North Country	12953	15,469	5.6% to 9.6%
North Country	12956	1,180	9.7% to 37.6%
North Country	12958	2,020	3.3% to 5.5%
North Country	12962	5,084	5.6% to 9.6%
North Country	12966	2,732	9.7% to 37.6%
North Country	12972	6,611	5.6% to 9.6%
North Country	12979	2,435	5.6% to 9.6%
North Country	12981	2,401	5.6% to 9.6%
North Country	12983	7,719	3.3% to 5.5%
North Country	12986	5,928	9.7% to 37.6%
North Country	12992	3,565	5.6% to 9.6%
North Country	12993	1,486	5.6% to 9.6%
North Country	12996	2,084	3.3% to 5.5%
North Country	13327	1,762	3.3% to 5.5%



Region	Zip code tabulation area	Population	Share of consumers with medical debt
North Country	13343	1,572	9.7% to 37.6%
North Country	13367	8,893	3.3% to 5.5%
North Country	13601	36,982	9.7% to 37.6%
North Country	13602	4,383	3.3% to 5.5%
North Country	13603	9,274	9.7% to 37.6%
North Country	13605	5,173	9.7% to 37.6%
North Country	13606	2,456	9.7% to 37.6%
North Country	13607	1,445	3.3% to 5.5%
North Country	13612	2,233	9.7% to 37.6%
North Country	13613	2,698	9.7% to 37.6%
North Country	13616	2,202	9.7% to 37.6%
North Country	13617	11,556	9.7% to 37.6%
North Country	13618	1,525	9.7% to 37.6%
North Country	13619	10,439	9.7% to 37.6%
North Country	13620	2,592	5.6% to 9.6%
North Country	13622	2,138	9.7% to 37.6%
North Country	13624	5,297	9.7% to 37.6%
North Country	13625	1,470	5.6% to 9.6%
North Country	13626	2,271	9.7% to 37.6%
North Country	13634	3,706	5.6% to 9.6%
North Country	13637	3,720	9.7% to 37.6%
North Country	13642	10,055	9.7% to 37.6%
North Country	13646	1,879	9.7% to 37.6%
North Country	13648	2,056	3.3% to 5.5%
North Country	13650	1,559	5.6% to 9.6%
North Country	13652	1,544	9.7% to 37.6%
North Country	13654	2,603	9.7% to 37.6%
North Country	13655	3,418	9.7% to 37.6%
North Country	13656	2,834	9.7% to 37.6%
North Country	13658	2,414	9.7% to 37.6%
North Country	13660	1,641	9.7% to 37.6%
North Country	13662	16,179	9.7% to 37.6%
North Country	13667	2,781	9.7% to 37.6%
North Country	13668	3,196	9.7% to 37.6%
North Country	13669	15,870	9.7% to 37.6%
North Country	13673	2,231	9.7% to 37.6%
North Country	13676	16,754	5.6% to 9.6%
North Country	13679	1,686	9.7% to 37.6%
North Country	13685	2,238	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
North Country	13691	3,016	9.7% to 37.6%
North Country	13694	1,328	9.7% to 37.6%
North Country	13697	1,776	9.7% to 37.6%
Southern Tier	12116	1,506	3.3% to 5.5%
Southern Tier	12155	1,979	5.6% to 9.6%
Southern Tier	12167	2,663	5.6% to 9.6%
Southern Tier	12197	2,139	3.3% to 5.5%
Southern Tier	12455	1,553	3.3% to 5.5%
Southern Tier	13053	4,861	5.6% to 9.6%
Southern Tier	13068	5,184	9.7% to 37.6%
Southern Tier	13073	6,729	9.7% to 37.6%
Southern Tier	13320	2,119	5.6% to 9.6%
Southern Tier	13326	5,165	0% to 3.2%
Southern Tier	13335	1,386	5.6% to 9.6%
Southern Tier	13411	3,092	3.3% to 5.5%
Southern Tier	13439	3,720	3.3% to 5.5%
Southern Tier	13460	4,122	5.6% to 9.6%
Southern Tier	13730	2,630	3.3% to 5.5%
Southern Tier	13732	7,602	0% to 3.2%
Southern Tier	13733	5,112	5.6% to 9.6%
Southern Tier	13734	1,828	5.6% to 9.6%
Southern Tier	13736	2,086	5.6% to 9.6%
Southern Tier	13743	3,630	9.7% to 37.6%
Southern Tier	13746	1,578	3.3% to 5.5%
Southern Tier	13748	3,766	3.3% to 5.5%
Southern Tier	13753	5,511	3.3% to 5.5%
Southern Tier	13754	2,883	3.3% to 5.5%
Southern Tier	13760	42,103	3.3% to 5.5%
Southern Tier	13778	5,458	3.3% to 5.5%
Southern Tier	13783	2,659	9.7% to 37.6%
Southern Tier	13787	3,039	5.6% to 9.6%
Southern Tier	13790	17,763	5.6% to 9.6%
Southern Tier	13795	3,093	5.6% to 9.6%
Southern Tier	13797	2,262	9.7% to 37.6%
Southern Tier	13809	1,761	5.6% to 9.6%
Southern Tier	13811	3,988	5.6% to 9.6%
Southern Tier	13812	2,258	9.7% to 37.6%
Southern Tier	13815	12,901	3.3% to 5.5%
Southern Tier	13820	22,157	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Southern Tier	13825	2,888	0% to 3.2%
Southern Tier	13827	11,538	5.6% to 9.6%
Southern Tier	13830	5,119	3.3% to 5.5%
Southern Tier	13833	3,890	3.3% to 5.5%
Southern Tier	13838	3,873	5.6% to 9.6%
Southern Tier	13843	2,241	5.6% to 9.6%
Southern Tier	13849	4,449	3.3% to 5.5%
Southern Tier	13850	22,392	0% to 3.2%
Southern Tier	13856	5,999	3.3% to 5.5%
Southern Tier	13862	4,053	5.6% to 9.6%
Southern Tier	13865	6,203	5.6% to 9.6%
Southern Tier	13901	18,786	5.6% to 9.6%
Southern Tier	13903	17,905	3.3% to 5.5%
Southern Tier	13904	9,789	3.3% to 5.5%
Southern Tier	13905	26,151	5.6% to 9.6%
Southern Tier	14572	5,017	0% to 3.2%
Southern Tier	14801	5,234	9.7% to 37.6%
Southern Tier	14807	3,070	0% to 3.2%
Southern Tier	14809	2,676	9.7% to 37.6%
Southern Tier	14810	11,673	9.7% to 37.6%
Southern Tier	14812	3,200	9.7% to 37.6%
Southern Tier	14814	1,883	9.7% to 37.6%
Southern Tier	14817	2,508	9.7% to 37.6%
Southern Tier	14818	2,029	9.7% to 37.6%
Southern Tier	14821	3,141	9.7% to 37.6%
Southern Tier	14823	3,467	0% to 3.2%
Southern Tier	14826	2,271	5.6% to 9.6%
Southern Tier	14830	19,138	9.7% to 37.6%
Southern Tier	14838	2,039	9.7% to 37.6%
Southern Tier	14840	2,730	9.7% to 37.6%
Southern Tier	14843	12,447	5.6% to 9.6%
Southern Tier	14845	20,401	9.7% to 37.6%
Southern Tier	14850	64,224	5.6% to 9.6%
Southern Tier	14865	2,784	9.7% to 37.6%
Southern Tier	14867	5,431	9.7% to 37.6%
Southern Tier	14870	10,202	9.7% to 37.6%
Southern Tier	14871	5,081	9.7% to 37.6%
Southern Tier	14873	2,328	9.7% to 37.6%
Southern Tier	14879	2,257	9.7% to 37.6%

<b>Region</b>	<b>Zip code tabulation area</b>	<b>Population</b>	<b>Share of consumers with medical debt</b>
Southern Tier	14882	3,998	9.7% to 37.6%
Southern Tier	14883	4,808	9.7% to 37.6%
Southern Tier	14886	6,490	5.6% to 9.6%
Southern Tier	14889	1,580	9.7% to 37.6%
Southern Tier	14891	4,536	9.7% to 37.6%
Southern Tier	14892	7,748	9.7% to 37.6%
Southern Tier	14901	15,581	9.7% to 37.6%
Southern Tier	14903	7,186	9.7% to 37.6%
Southern Tier	14904	15,109	9.7% to 37.6%
Southern Tier	14905	8,330	9.7% to 37.6%
Western New York	14001	9,324	5.6% to 9.6%
Western New York	14004	12,240	3.3% to 5.5%
Western New York	14006	9,823	5.6% to 9.6%
Western New York	14012	2,374	0% to 3.2%
Western New York	14025	3,784	3.3% to 5.5%
Western New York	14031	10,158	3.3% to 5.5%
Western New York	14032	10,084	0% to 3.2%
Western New York	14033	1,344	5.6% to 9.6%
Western New York	14034	2,428	5.6% to 9.6%
Western New York	14042	4,359	9.7% to 37.6%
Western New York	14043	25,058	5.6% to 9.6%
Western New York	14047	6,525	9.7% to 37.6%
Western New York	14048	14,414	9.7% to 37.6%
Western New York	14051	19,178	0% to 3.2%
Western New York	14052	17,664	0% to 3.2%
Western New York	14055	1,337	5.6% to 9.6%
Western New York	14057	8,192	0% to 3.2%
Western New York	14059	10,446	3.3% to 5.5%
Western New York	14062	3,331	5.6% to 9.6%
Western New York	14063	13,891	5.6% to 9.6%
Western New York	14067	4,971	3.3% to 5.5%
Western New York	14068	7,169	0% to 3.2%
Western New York	14070	6,958	9.7% to 37.6%
Western New York	14072	21,287	3.3% to 5.5%
Western New York	14075	42,958	3.3% to 5.5%
Western New York	14080	4,323	5.6% to 9.6%
Western New York	14081	2,844	9.7% to 37.6%
Western New York	14085	7,605	3.3% to 5.5%
Western New York	14086	32,653	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Western New York	14092	10,819	3.3% to 5.5%
Western New York	14094	49,792	5.6% to 9.6%
Western New York	14105	4,745	3.3% to 5.5%
Western New York	14108	5,196	5.6% to 9.6%
Western New York	14111	3,146	3.3% to 5.5%
Western New York	14120	43,738	3.3% to 5.5%
Western New York	14127	29,964	3.3% to 5.5%
Western New York	14131	5,056	5.6% to 9.6%
Western New York	14132	5,999	5.6% to 9.6%
Western New York	14136	4,574	5.6% to 9.6%
Western New York	14138	1,786	3.3% to 5.5%
Western New York	14139	2,020	3.3% to 5.5%
Western New York	14141	7,534	9.7% to 37.6%
Western New York	14150	41,144	5.6% to 9.6%
Western New York	14170	2,350	3.3% to 5.5%
Western New York	14171	2,029	9.7% to 37.6%
Western New York	14172	2,781	0% to 3.2%
Western New York	14174	5,843	3.3% to 5.5%
Western New York	14201	11,192	9.7% to 37.6%
Western New York	14202	3,749	5.6% to 9.6%
Western New York	14203	1,819	5.6% to 9.6%
Western New York	14204	8,003	9.7% to 37.6%
Western New York	14206	20,064	9.7% to 37.6%
Western New York	14207	23,773	9.7% to 37.6%
Western New York	14208	10,346	9.7% to 37.6%
Western New York	14209	7,807	9.7% to 37.6%
Western New York	14210	14,148	9.7% to 37.6%
Western New York	14211	22,206	9.7% to 37.6%
Western New York	14212	10,973	9.7% to 37.6%
Western New York	14213	22,132	9.7% to 37.6%
Western New York	14214	19,754	9.7% to 37.6%
Western New York	14215	41,340	9.7% to 37.6%
Western New York	14216	21,464	5.6% to 9.6%
Western New York	14217	23,017	5.6% to 9.6%
Western New York	14218	18,935	9.7% to 37.6%
Western New York	14219	11,391	5.6% to 9.6%
Western New York	14220	22,641	9.7% to 37.6%
Western New York	14221	53,727	3.3% to 5.5%
Western New York	14222	15,103	5.6% to 9.6%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Western New York	14223	21,734	5.6% to 9.6%
Western New York	14224	40,903	3.3% to 5.5%
Western New York	14225	33,360	9.7% to 37.6%
Western New York	14226	29,920	3.3% to 5.5%
Western New York	14227	20,540	5.6% to 9.6%
Western New York	14228	23,406	5.6% to 9.6%
Western New York	14301	11,838	9.7% to 37.6%
Western New York	14303	5,652	9.7% to 37.6%
Western New York	14304	29,001	5.6% to 9.6%
Western New York	14305	17,026	9.7% to 37.6%
Western New York	14701	39,214	9.7% to 37.6%
Western New York	14706	6,110	9.7% to 37.6%
Western New York	14710	3,244	5.6% to 9.6%
Western New York	14711	1,874	5.6% to 9.6%
Western New York	14712	3,051	5.6% to 9.6%
Western New York	14715	2,585	9.7% to 37.6%
Western New York	14716	2,640	9.7% to 37.6%
Western New York	14718	1,899	9.7% to 37.6%
Western New York	14719	3,283	9.7% to 37.6%
Western New York	14724	2,723	5.6% to 9.6%
Western New York	14727	5,385	5.6% to 9.6%
Western New York	14731	1,291	5.6% to 9.6%
Western New York	14733	3,655	9.7% to 37.6%
Western New York	14735	2,900	3.3% to 5.5%
Western New York	14737	4,272	9.7% to 37.6%
Western New York	14738	3,319	5.6% to 9.6%
Western New York	14739	2,421	9.7% to 37.6%
Western New York	14743	1,938	9.7% to 37.6%
Western New York	14747	2,015	9.7% to 37.6%
Western New York	14750	4,277	3.3% to 5.5%
Western New York	14755	3,146	5.6% to 9.6%
Western New York	14757	3,371	3.3% to 5.5%
Western New York	14760	17,567	9.7% to 37.6%
Western New York	14767	2,224	9.7% to 37.6%
Western New York	14770	2,761	9.7% to 37.6%
Western New York	14772	3,995	5.6% to 9.6%
Western New York	14775	2,520	5.6% to 9.6%
Western New York	14779	6,537	9.7% to 37.6%
Western New York	14781	1,782	3.3% to 5.5%

Region	Zip code tabulation area	Population	Share of consumers with medical debt
Western New York	14782	2,272	9.7% to 37.6%
Western New York	14787	4,759	3.3% to 5.5%
Western New York	14806	2,060	5.6% to 9.6%
Western New York	14813	2,264	9.7% to 37.6%
Western New York	14880	1,847	5.6% to 9.6%
Western New York	14895	8,957	5.6% to 9.6%

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. Estimated ranges of the share of consumers with medical debt in each community are suppressed for sample sizes below 50.

TABLE C-3

## Share of Consumers with Medical Debt in Collections across Counties in New York State, by Region, February 2022

Share of Consumers with Medical Debt, Overall and by Community Race/Ethnicity							
Region	County	All communities	Communities with 0% to <30% people of color	Communities with 30% to <50% people of color	Communities with 50% or more people of color	Median medical debt	Share with medical debt ≥\$500
Capital District	Albany*	8%	6%	7%	14%	\$530	51%
Capital District	Columbia	10%	10%			\$584	54%
Capital District	Greene	10%	10%	4%		\$486	50%
Capital District	Rensselaer*	9%	8%	12%		\$668	56%
Capital District	Saratoga	7%	7%			\$400	43%
Capital District	Schenectady	9%	6%	11%	19%	\$435	48%
Capital District	Warren*	9%	9%			\$539	52%
Capital District	Washington	11%	11%			\$401	46%
Central New York	Cayuga*	12%	12%			\$448	49%
Central New York	Cortland*	12%	12%			\$458	49%
Central New York	Madison*	13%	13%			\$368	41%
Central New York	Onondaga*	14%	10%	20%	28%	\$449	47%
Central New York	Oswego	19%	19%			\$527	52%
Finger Lakes	Genesee	6%	6%				
Finger Lakes	Livingston	4%	4%				
Finger Lakes	Monroe	4%	3%	4%	7%	\$414	43%
Finger Lakes	Ontario	8%	8%			\$456	48%
Finger Lakes	Orleans	6%	6%				
Finger Lakes	Seneca	15%	16%			\$494	49%
Finger Lakes	Wayne	7%	7%			\$492	50%
Finger Lakes	Wyoming	4%	4%				



**Share of Consumers with Medical Debt, Overall and by Community  
Race/Ethnicity**

Region	County	All communities	Communities with 0% to <30% people of color	Communities with 30% to <50% people of color	Communities with 50% or more people of color	Median medical debt	Share with medical debt ≥\$500
Finger Lakes	Yates	8%	8%				
Long Island	Nassau*	3%	2%	2%	4%	\$325	38%
Long Island	Suffolk*	3%	3%	4%	4%	\$416	45%
Mid-Hudson	Dutchess	10%	8%	9%	19%	\$548	53%
Mid-Hudson	Orange	9%	7%	8%	13%	\$640	55%
Mid-Hudson	Putnam	6%	6%	7%		\$543	52%
Mid-Hudson	Rockland	4%	3%	5%	6%	\$533	51%
Mid-Hudson	Sullivan	13%	11%	14%	20%	\$894	59%
Mid-Hudson	Ulster	10%	8%	13%		\$471	48%
Mid-Hudson	Westchester	5%	2%	3%	7%	\$615	55%
Mohawk Valley	Fulton*	12%	12%			\$753	61%
Mohawk Valley	Hamilton	3%	3%				
Mohawk Valley	Herkimer*	9%	9%			\$670	59%
Mohawk Valley	Montgomery*	13%	13%			\$813	67%
Mohawk Valley	Oneida*	12%	11%	17%		\$645	55%
Mohawk Valley	Schoharie	6%	6%				
New York City	Bronx	6%		4%	6%	\$440	46%
New York City	Kings	3%	2%	2%	4%	\$381	44%
New York City	New York	3%	2%	3%	4%	\$355	40%
New York City	Queens	4%	4%	3%	4%	\$350	39%
New York City	Richmond	3%	2%	3%	4%	\$343	40%
North Country	Clinton	7%	7%			\$250	32%
North Country	Essex	5%	5%				

**Share of Consumers with Medical Debt, Overall and by Community  
Race/Ethnicity**

<b>Region</b>	<b>County</b>	<b>All communities</b>	<b>Communities with 0% to &lt;30% people of color</b>	<b>Communities with 30% to &lt;50% people of color</b>	<b>Communities with 50% or more people of color</b>	<b>Median medical debt</b>	<b>Share with medical debt ≥\$500</b>
North Country	Franklin	9%	8%		13%	\$320	45%
North Country	Jefferson*	14%	15%	12%		\$672	56%
North Country	Lewis	9%	9%				
North Country	St. Lawrence	14%	14%			\$777	60%
Southern Tier	Broome*	5%	5%			\$504	51%
Southern Tier	Chemung*	27%	27%			\$989	65%
Southern Tier	Chenango*	6%	6%				
Southern Tier	Delaware	5%	5%				
Southern Tier	Otsego*	5%	5%				
Southern Tier	Schuyler	15%	15%				
Southern Tier	Steuben*	14%	14%			\$797	60%
Southern Tier	Tioga	9%	9%			\$754	59%
Southern Tier	Tompkins	8%	11%	7%		\$510	51%
Western New York	Allegany	8%	8%			\$425	42%
Western New York	Cattaraugus	13%	12%	17%		\$630	57%
Western New York	Chautauqua*	11%	11%	14%		\$380	42%
Western New York	Erie	8%	6%	7%	14%	\$450	46%
Western New York	Niagara	8%	6%	16%		\$565	52%

**Source:** Authors' tabulations of Urban Institute credit bureau data from February 2022 and 2016–2020 American Community Survey 5-year estimates.

**Notes:** Share with medical debt in collections is defined as the share of consumers with credit bureau records who have medical debt in collections. Regions are based on groups of counties in the state's 10 economic regions. Communities are defined based on zip code tabulation areas. People of color include those who identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, more than one race, or some other race, excluding those who identify as non-Hispanic and white. No communities in the Mohawk Valley and Southern Tier regions had 50 percent or more residents of color. Other blank cells indicate point estimates are suppressed for sample sizes below 100. \* Indicates the county was a hospital lawsuit hotspot between 2015–2020 based on work by Dunker and Benjamin (2020, 2022).

# Notes

- <sup>1</sup> Urban Institute, “Debt Interactive Map,” last updated May 11, 2022, accessed May 5, 2023, [https://github.com/UrbanInstitute/debt-interactive-map/blob/master/data/20220501-update/state\\_national\\_medical.csv](https://github.com/UrbanInstitute/debt-interactive-map/blob/master/data/20220501-update/state_national_medical.csv).
- <sup>2</sup> On April 11, 2023, the three credit bureaus announced the removal of all unpaid medical collections tradelines (i.e., specific items) under \$500 from consumer credit reports. This followed earlier changes made on July 1, 2022, when the credit bureaus expanded the period before unpaid medical collections appear on a credit report from 6 to 12 months and removed paid medical collections from credit reports.
- <sup>3</sup> Brianna McGurran, “Do Employers Look at Credit Reports?” Experian (blog), August 6, 2019, <https://www.experian.com/blogs/ask-experian/do-employers-look-at-credit-reports/>; Consumer Financial Protection Bureau, “Errors in your tenant screening report shouldn’t keep you from finding a place to call home,” updated April 19, 2022, <https://www.consumerfinance.gov/about-us/blog/errors-in-your-tenant-screening-report-shouldnt-keep-you-from-finding-a-place-to-call-home/>; Federal Trade Commission, “Using Consumer Reports: What Landlords Need to Know,” updated October 2016, <https://www.ftc.gov/business-guidance/resources/using-consumer-reports-what-landlords-need-know>.
- <sup>4</sup> Neil Bennett, Jonathan Eggleston, Laryssa Mykyta, and Briana Sullivan, “19% of U.S. Households Could Not Afford to Pay for Medical Care Right Away,” America Counts: Stories (blog), April 7, 2021, <https://www.census.gov/library/stories/2021/04/who-had-medical-debt-in-united-states.html>.
- <sup>5</sup> Our analysis of economic regions is based on a definition used by the Office of the New York State Comptroller, in which the classifications of Hamilton and Otsego counties differ from the economic development regions used by the state’s labor department. See Office of the New York State Comptroller, “OSC Economic Regions of New York State,” accessed May 5, 2023, <https://www.osc.state.ny.us/files/local-government/publications/pdf/osc-economic-regions.pdf>.
- <sup>6</sup> One statewide survey found that 16 percent of New Yorkers reported a collection agency contacted them in the past 12 months due to the cost of medical bills. See Perry Udem, “How New Yorkers Feel about Affordability and Healthcare Reform,” [https://smhttp-ssl-58547.nexcesscdn.net/nycss/Affordability\\_NY\\_D4.pdf](https://smhttp-ssl-58547.nexcesscdn.net/nycss/Affordability_NY_D4.pdf).
- <sup>7</sup> Centers for Medicare and Medicaid Services (CMS), “Multiple Chronic Conditions,” last updated 2018, accessed April 25, 2023, <https://data.cms.gov/medicare-chronic-conditions/multiple-chronic-conditions>.
- <sup>8</sup> US Census Bureau, “Selected Characteristics of Health Insurance Coverage in the United States,” 2021: ACS 5-Year Estimates Subject Tables, accessed April 25, 2023, <https://data.census.gov/table?q=Health+Insurance&g=040XX00US36&tid=ACSST5Y2021.S2701>.
- <sup>9</sup> Kaiser Family Foundation, “Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level,” updated January 2023, <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-children-as-a-percent-of-the-federal-poverty-level>.
- <sup>10</sup> New York State of Health, “Health Insurance Coverage Update: September 2021,” accessed April 25, 2023, [https://info.nystateofhealth.ny.gov/sites/default/files/Health%20Insurance%20Coverage%20Update%20-%20September%202021\\_0.pdf](https://info.nystateofhealth.ny.gov/sites/default/files/Health%20Insurance%20Coverage%20Update%20-%20September%202021_0.pdf).

- <sup>11</sup> New York State Department of Health, “2022-23 Executive Budget Briefing and Questions & Answers,” February 2022, accessed May 12, 2023, [https://www.health.ny.gov/health\\_care/medicaid/redesign/2022/docs/2022-23\\_exec\\_budget\\_presentation.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-23_exec_budget_presentation.pdf).
- <sup>12</sup> New York State Department of Health, “New York State Department of Health Will Ask Federal Government to Expand Essential Plan to Further Reduce Rate of Uninsured and Improve Health Equity,” February 2023, accessed April 25, 2023, [https://www.health.ny.gov/press/releases/2023/2023-02-10\\_expand\\_essential\\_plan.htm](https://www.health.ny.gov/press/releases/2023/2023-02-10_expand_essential_plan.htm).
- <sup>13</sup> Kaufman, Maya, “Lawmakers continue fight to extend health insurance to undocumented New Yorkers,” Politico, February 13, 2023, <https://www.politico.com/newsletters/weekly-new-york-health-care/2023/02/13/lawmakers-continue-fight-to-extend-health-insurance-to-undocumented-new-yorkers-00082412>.
- <sup>14</sup> Murphy, Natasha, and Sarah Millender, “How States Can Build Bridges by Smoothing Medicaid-to-Marketplace Coverage Transitions,” February 14, 2023, Center for American Progress, <https://www.americanprogress.org/article/how-states-can-build-bridges-by-smoothing-medicaid-to-marketplace-coverage-transitions/>.
- <sup>15</sup> Jordan Rau, “Patients Eligible for Charity Care Instead Get Big Bills,” Kaiser Health News, October 14, 2019.
- <sup>16</sup> The New York State Senate, “Senate Bill S4907,” accessed May 5, 2023, <https://www.nysenate.gov/legislation/bills/2023/S4907>. Chopra, Rohit, “Prepared Remarks of Director Rohit Chopra on New CFPB Medical Debt Report,” March 1, 2022, <https://www.consumerfinance.gov/about-us/newsroom/prepared-remarks-of-director-rohit-chopra-on-new-cfpb-medical-debt-report/>; Hannah Metzger, “Colorado legislature approves removing medical debt from credit scores, reports,” Colorado Politics, April 3, 2023, [https://www.coloradopolitics.com/legislature/colorado-remove-medical-debt-credit-score/article\\_0382a16c-d241-11ed-ae3b-d3d130976491.html](https://www.coloradopolitics.com/legislature/colorado-remove-medical-debt-credit-score/article_0382a16c-d241-11ed-ae3b-d3d130976491.html).
- <sup>17</sup> Internal Revenue Service, “Billing and Collections – Section 501(r)(6),” last updated July 15, 2022, accessed May 11, 2023, <https://www.irs.gov/charities-non-profits/billing-and-collections-section-501r6>.
- <sup>18</sup> ZCTA population estimates are based on 2016–2020 American Community Survey 5-year estimates.
- <sup>19</sup> US Census Bureau, “American Community Survey 5-Year Data (2009–2021),” December 08, 2022, <https://www.census.gov/data/developers/data-sets/acs-5year.2020.html#list-tab-1036221584>.
- <sup>20</sup> Centers for Medicare and Medicaid Services (CMS), “Multiple Chronic Conditions,” last updated 2018, accessed April 25, 2023, <https://data.cms.gov/medicare-chronic-conditions/multiple-chronic-conditions>.
- <sup>21</sup> University of Missouri Center for Health Policy, “Geocorr Applications,” accessed April 21, 2023, <https://mcdc.missouri.edu/applications/geocorr.html>.
- <sup>22</sup> Missouri Census Data Center, “Geocorr 2022 Help,” revised April 21, 2022, accessed April 26, 2023, <https://mcdc.missouri.edu/applications/docs/geocorr2022-help.html>.
- <sup>23</sup> “OSC Economic Regions of New York State,” <https://www.osc.state.ny.us/files/local-government/publications/pdf/osc-economic-regions.pdf>.
- <sup>24</sup> Centers for Medicare and Medicaid Services (CMS), “Multiple Chronic Conditions,” last updated 2018, accessed April 25, 2023, <https://data.cms.gov/medicare-chronic-conditions/multiple-chronic-conditions>.

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