



Women's Concerns about Future Birth Control Access

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Recent policy changes and debates are altering the reproductive health landscape in ways that may affect women's perceptions about future birth control access. In this chartbook, we use data from the 2018 Survey of Family Planning and Women's Lives to analyze women's concerns about future birth control access. We find the following.

- About 2 in 5 women (39.7 percent) ages 18 to 44 surveyed in early 2018 were very or somewhat concerned that accessing birth control will become more difficult in the next year:
 - » just over one-third (35.2 percent) of women were very or somewhat concerned that it will be more difficult to get birth control in the next year, and
 - » just over one-quarter (26.5 percent) of women were very or somewhat concerned that it will be more difficult to afford birth control in the next year.
- Women currently taking steps to avoid an unintended pregnancy were more likely than others to be very concerned about their future birth control access.

Background

Most sexually active women of reproductive age in the United States use birth control. Analyses of the National Survey of Family Growth estimate that between 60 and 65 percent of US women of reproductive age reported using birth control from 2008 through 2017 (Daniels and Abma 2018; Daniels, Daugherty, and Jones 2014; Kavanaugh and Jerman 2018).¹ Rates of birth control use are higher among women at risk of an unintended pregnancy (women who have had sex with a man in the past six months and who do not want to become pregnant). Analysis of the National Survey of Family

Growth finds that from 2008 to 2014, 90 percent of women ages 15 to 44 at risk of unintended pregnancy reported using birth control. Analysis of the Urban Institute's Survey of Family Planning and Women's Lives finds that, among women ages 18 to 44 at risk of unintended pregnancy, 82 percent reported using birth control in the past six months in 2016, and 85 percent reported using birth control in the past six months in 2018 (Johnston, Courtot, and Kenney 2017).²

Recent policy changes and debates have altered the reproductive health landscape, possibly affecting women's perceptions about their ability to access birth control in the future. Since 2017, the administration has issued new regulations allowing employers to claim religious or moral objections to offering no-cost birth control, cut funding for the Teenage Pregnancy Prevention Program, and proposed changes to Title X funding, all of which jeopardize women's access to reproductive health care and birth control.³ Congress's and the administration's attempts to weaken the Affordable Care Act may also limit women's access to reproductive health care if they lose health insurance coverage. These actions include cutting spending on open enrollment advertising, ending cost-sharing reduction payments, repealing the individual mandate, and allowing states to implement work requirements for Medicaid enrollees.⁴

In this chartbook, we analyze women's concerns in early 2018 about future birth control access. We highlight differences in responses by women's socioeconomic characteristics and their reproductive health behaviors and experiences. Finally, we describe the characteristics of women who are most concerned about their future birth control access.

Data and Methods

We use data from the Urban Institute's 2018 Survey of Family Planning and Women's Lives (SFPWL) to describe concern about future birth control access among adult women of reproductive age (ages 18 to 44). The 2018 SFPWL sample includes 2,115 women surveyed in January and February 2018 and is a follow-up to the 2016 SFPWL.

The SFPWL is drawn from NORC at the University of Chicago's AmeriSpeak consumer panel, a probability-based sample representative of US households, and is weighted using the Current Population Survey to be nationally representative of adult women of reproductive age in the United States (Shartzler and Johnston 2016). The survey addresses women's experiences with family planning and their opinions about the short- and long-term effects of unplanned births and access to affordable birth control.

To assess concerns about future birth control access, all women in the SFPWL are asked (1) how concerned they are that *getting* birth control will become more difficult in the next year, and (2) how concerned they are that *affording* birth control will become more difficult in the next year. We categorize women's future birth control access as very or somewhat concerned (combining very and somewhat concerned responses) or not very or not at all concerned (combining not very and not at all concerned responses) for both questions.

We asked these questions for the first time in the 2018 SFPWL. Therefore, we cannot assess changes between the 2016 and 2018 surveys. Because of the questions' phrasing, we also cannot assess whether women think that birth control will become easier to get or afford in the next year.

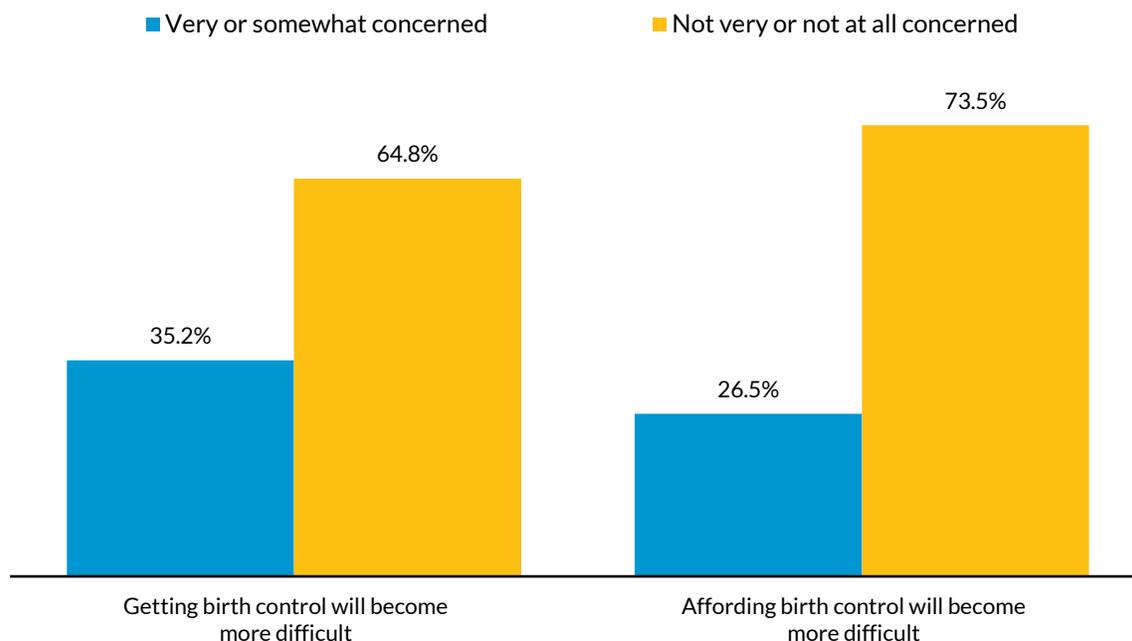
Our analytic sample is limited to women with a nonmissing response to both questions ($N = 2,087$ women). We report responses for all women and across socioeconomic characteristics (age, race/ethnicity, marital status, educational attainment, insurance coverage, income, region, metropolitan status, and residence in a state that expanded Medicaid) and reproductive health behaviors (risk of unintended pregnancy, self-reported unmet need for birth control, frequency of birth control use, and current birth control method).⁵ We test differences by characteristics using two-tailed t-tests with survey weights.

In addition to examining women's perceived future access and describing these patterns for groups of women, we also analyze the characteristics of women who are very concerned about future birth control access (women who are very concerned that getting or affording birth control will become more difficult in the next year; $n = 397$) and compare this group with women who are less concerned. We test for differences in characteristics between the two groups using two-tailed t-tests with survey weights.

Concerns about Future Birth Control Access

FIGURE 1

Concern about Birth Control Access in the Next Year among Women Ages 18 to 44, 2018



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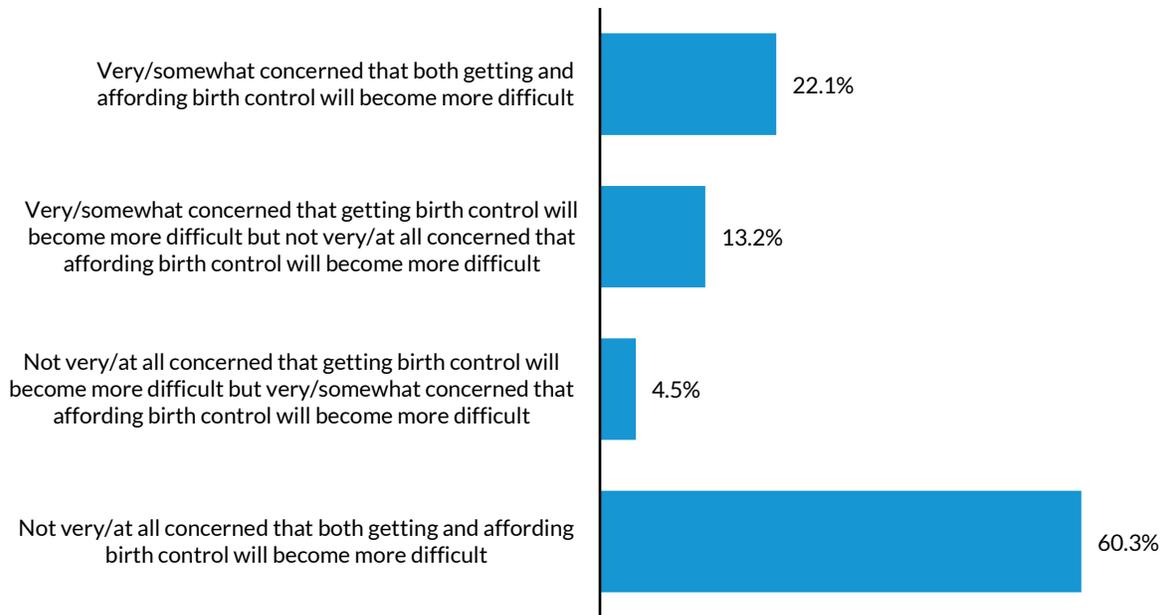
Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: N = 2,087. Categories are based on women's responses to two survey questions: "How concerned are you that getting birth control will become more difficult in the next year?" And "How concerned are you that affording birth control will become more difficult in the next year?"

- Just over one-third of women (35.2 percent) surveyed in early 2018 were very or somewhat concerned that getting birth control will become more difficult in the next year.
- Just over one-quarter (26.5 percent) of women were very or somewhat concerned that affording birth control will become more difficult in the next year.
- Across nearly all subgroups, women reported greater concern that getting birth control will become more difficult in the next year than concern about affording birth control in the next year (data not shown).

FIGURE 2

Level of Concern about Getting and Affording Birth Control in the Next Year among Women Ages 18 to 44, 2018



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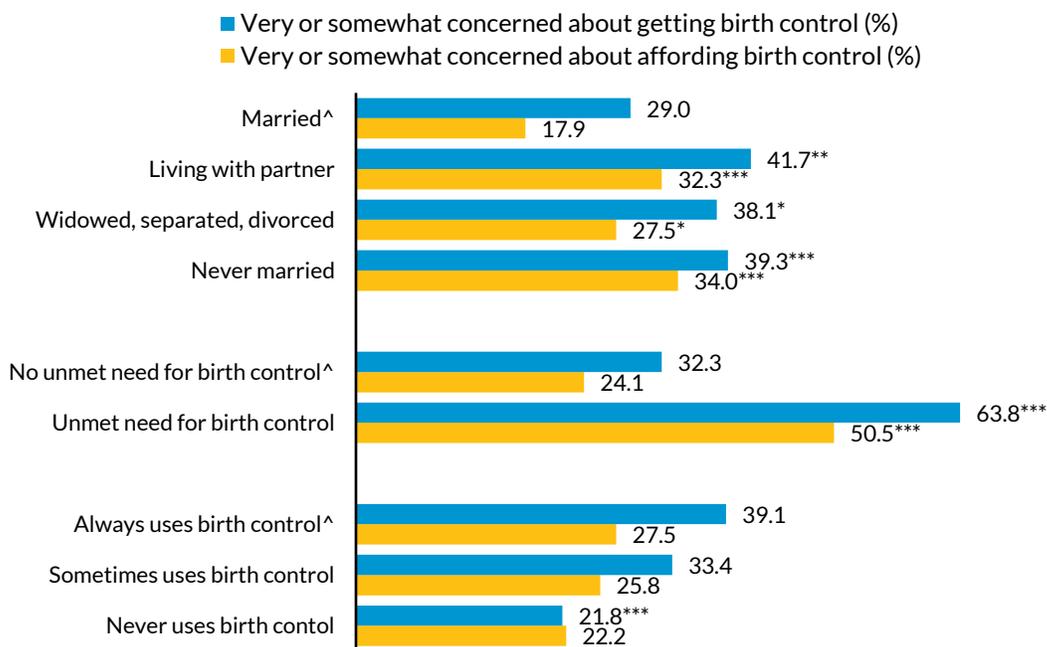
Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: N = 2,087. Categories are based on women's responses to two survey questions: "How concerned are you that getting birth control will become more difficult in the next year?" And "How concerned are you that affording birth control will become more difficult in the next year?"

- About 2 in 5 women (39.7 percent) were very or somewhat concerned that it will become more difficult to access birth control in the next year, reporting concern about getting birth control, affording birth control, or both. Specifically,
 - » 22.1 percent of women were very or somewhat concerned that both getting and affording birth control will become more difficult in the next year;
 - » 13.2 percent were concerned that getting birth control will become more difficult in the next year but were not concerned that affording birth control will become more difficult; and
 - » a smaller share of women (4.5 percent) were concerned that affording birth control will become more difficult in the next year but were not concerned that getting birth control will become more difficult.

FIGURE 3

Concern about Birth Control Access in the Next Year among Women Ages 18 to 44 by Marital Status, Unmet Need for Birth Control, and Frequency of Birth Control Use, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

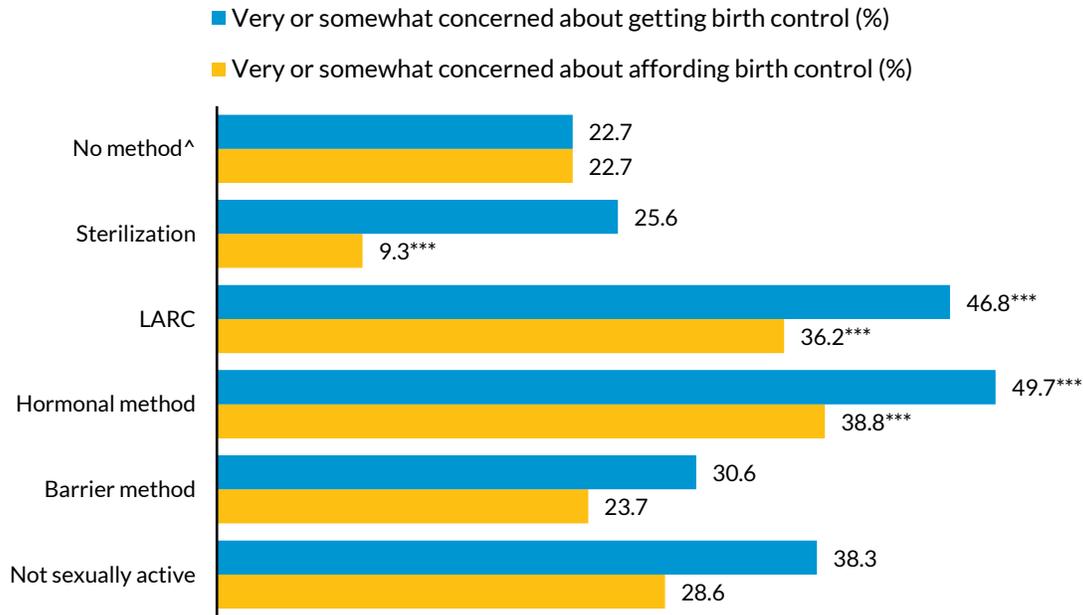
Notes: N = 2,087. Categories are based on women's responses to two survey questions: "How concerned are you that getting birth control will become more difficult in the next year?" And "How concerned are you that affording birth control will become more difficult in the next year?" [^] indicates reference category. Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it. Frequency of birth control use is only asked of women who reported having sex with a man in the past six months; "sometimes" includes both women who report sometimes using and women who report rarely using birth control (n = 1,783).

*/**/*** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Women with a current unmet need for birth control were more likely than those without an unmet need for birth control to be concerned that getting birth control will become more difficult (63.8 percent versus 32.3 percent) and that affording birth control will become more difficult (50.5 percent versus 24.1 percent) in the next year.
- Married women were less likely than other women to report concern that access to birth control will worsen: 29.0 percent were concerned that getting birth control will become more difficult, and 17.9 percent were concerned that affording birth control will become more difficult, compared with 39.3 percent and 34.0 percent for never married women, respectively.
- Among sexually active women, those who reported never using birth control were less likely to report concern that getting birth control will become more difficult in the next year than women who report always using birth control (21.8 percent versus 39.1 percent).

FIGURE 4

Concern about Birth Control Access in the Next Year among Women Ages 18 to 44 by Current Birth Control Method, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: LARC = long-acting reversible contraception. N = 2,087. Categories are based on women's responses to two survey questions: "How concerned are you that getting birth control will become more difficult in the next year?" And "How concerned are you that affording birth control will become more difficult in the next year?" ^ indicates reference category. Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Method use is classified using the National Survey of Family Growth hierarchy.

*/**/** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Nearly half of hormonal method (49.7 percent) and long-acting reversible contraception (LARC; 46.8 percent) users were concerned that getting birth control will become more difficult in the next year, compared with 22.7 percent of sexually active women using no birth control method.
- More than one-third of hormonal method (38.8 percent) and LARC (36.2 percent) users were concerned that affording birth control will become more difficult in the next year, compared with 22.7 percent of sexually active women using no birth control method.
- Women using sterilization were less likely to be concerned that affording birth control will become more difficult (9.3 percent) in the next year than sexually active women using no birth control method (22.7 percent).

TABLE 1

Concern about Access to Birth Control in the Next Year among Women Ages 18 to 44, 2018

	Getting Birth Control		Affording Birth Control		Sample size
	Very or somewhat concerned (%)	Not very or not at all concerned (%)	Very or somewhat concerned (%)	Not very or not at all concerned (%)	
All women	35.2	64.8	26.5	73.5	2,087
Socioeconomic characteristics					
<i>Ages</i>					
18–25 [^]	39.7	60.3	35.6	64.4	335
26–34	35.3	64.7	25.8	74.2**	894
35–44	31.5	68.5*	19.8	80.2***	858
<i>Race/ethnicity</i>					
White, non-Hispanic [^]	35.0	65.0	22.1	77.9	1,085
Black or other, non-Hispanic	36.0	64.0	31.7	68.3***	496
Hispanic	34.9	65.1	32.6	67.4***	506
<i>Marital status</i>					
Married [^]	29.0	71.0	17.9	82.1	924
Living with partner	41.7	58.3**	32.3	67.7***	286
Widowed, separated, or divorced	38.1	61.9*	27.5	72.5*	190
Never married	39.3	60.7***	34.0	66.0***	687
<i>Educational attainment</i>					
High school diploma or less education [^]	30.3	69.7	29.1	70.9	467
Some college	34.8	65.2	25.7	74.3	796
College degree or more education	40.4	59.6***	25.0	75.0	824
<i>Insurance coverage</i>					
Insured [^]	35.3	64.7	25.1	74.9	1,776
Uninsured	35.0	65.0	34.8	65.2**	311
<i>Family income^a</i>					
≤ 138% of FPL [^]	35.9	64.1	31.8	68.2	551
139%–399% of FPL	35.5	64.5	30.3	69.7	980
≥ 400% of FPL	35.2	64.8	19.4	80.6***	520
<i>Region</i>					
Northeast [^]	42.2	57.8	33.9	66.1	292
Midwest	32.6	67.4*	21.9	78.1**	517
West	36.7	63.3	31.3	68.7	512
South	32.6	67.4*	22.7	77.3**	766
<i>Metropolitan area</i>					
Metropolitan statistical area [^]	35.9	64.1	26.4	73.6	1899
Non-metropolitan statistical area	29.5	70.5	28	72	188
<i>State Medicaid expansion status</i>					
Expansion [^]	37.5	62.5	29.2	70.8	1,210
Nonexpansion	32.0	68.0*	22.6	77.4**	877
Reproductive health behaviors and access					
<i>Risk of unintended pregnancy</i>					
At risk [^]	40.1	59.9	34.5	65.5	909
Not at risk	31.3	68.7***	20.0	80.0***	1,178
<i>Unmet need for birth control</i>					
Yes [^]	63.8	36.2	50.5	49.5	175

	Getting Birth Control		Affording Birth Control		Sample size
	Very or somewhat concerned (%)	Not very or not at all concerned (%)	Very or somewhat concerned (%)	Not very or not at all concerned (%)	
No	32.3	67.7***	24.1	75.9***	1,912
<i>Frequency of birth control use</i>					
Always [^]	39.1	60.9	27.5	72.5	1,215
Sometimes	33.4	66.6	25.8	74.2	207
Never	21.8	78.2***	22.2	77.8	361
<i>Current birth control method</i>					
No method [^]	22.7	77.3	22.7	77.3	464
Sterilization	25.6	74.4	9.3	90.7***	380
LARC	46.8	53.2***	36.2	63.8***	259
Hormonal method	49.7	50.3***	38.8	61.2***	401
Barrier method	30.6	69.4	23.7	76.3	249
Not sexually active	38.3	61.7***	28.6	71.4	334

Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: FPL = federal poverty level. LARC = long-acting reversible contraception. N = 2,087; income n = 2,051 because of missing data, and frequency of birth control use n = 1,783 because the sample is limited to sexually active women. Categories are based on women's responses to two survey questions: "How concerned are you that getting birth control will become more difficult in the next year?" And "How concerned are you that affording birth control will become more difficult in the next year?" [^] indicates reference category. Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it. Women at risk of unintended pregnancy are not sterile, not pregnant, do not want to become pregnant, and have had sex with a man in the past six months. Under frequency of use, "sometimes" includes both women who report sometimes using and women who report rarely using birth control. Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Method use is classified using the National Survey of Family Growth hierarchy.

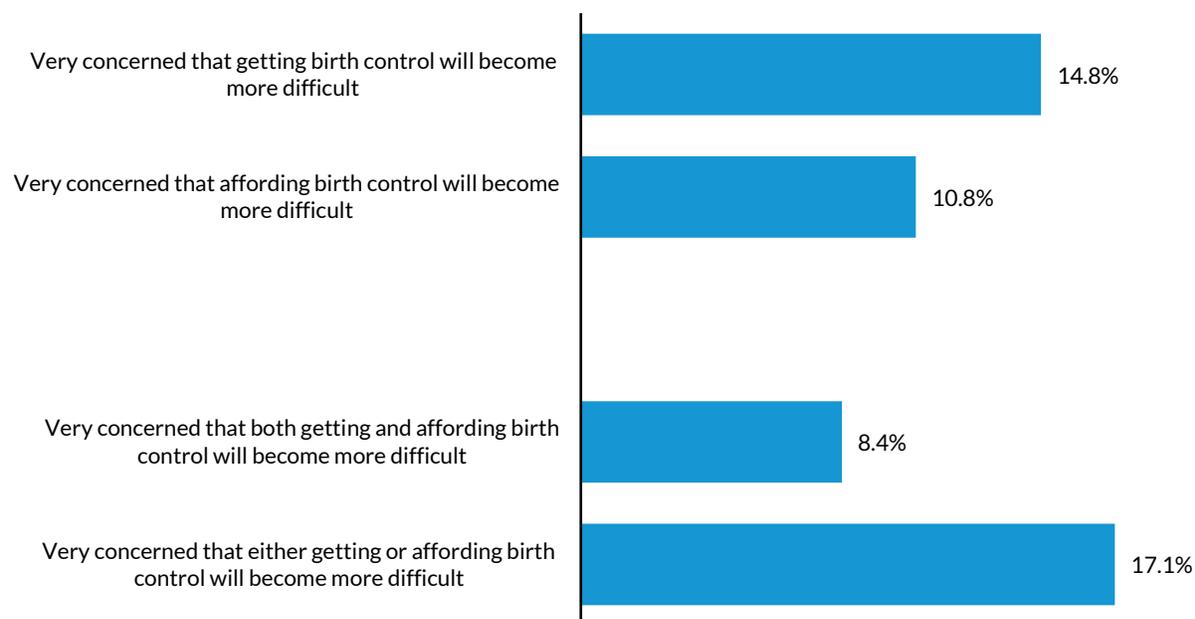
^aIncome is defined based on 2016 poverty guidelines, available at <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

*/**/** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Women with a college degree or more education were more likely to report concern that getting birth control will become more difficult in the next year than women with less education.
- Younger, nonwhite, and uninsured women reported higher levels of concern that affording birth control will become more difficult in the next year than older, white, and insured women.
- Higher-income women and women residing in nonexpansion states were less concerned that affording birth control will become more difficult in the next year than lower-income women and those in expansion states.
- Women residing in the Midwest and South were less likely than women in the Northeast to report concern that getting or affording birth control will become more difficult in the next year, but we do not observe differences by women's metropolitan status.

Women Who Are Very Concerned about Future Birth Control Access

FIGURE 5
Share of Women Ages 18 to 44 Who Are Very Concerned about Future Birth Control Access, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: N = 2,087. Categories are based on women's responses to two survey questions: "How concerned are you that getting birth control will become more difficult in the next year?" And "How concerned are you that affording birth control will become more difficult in the next year?"

- Considering only women who are very concerned about accessing birth control in the next year, we find that
 - » 14.8 percent of women reported they were very concerned that it will be more difficult to get birth control in the next year;
 - » 10.8 percent reported they were very concerned that it will be more difficult to afford birth control in the next year; and
 - » 8.4 percent reported they were very concerned that it will both be more difficult to get and afford birth control in the next year.
- Overall, 17.1 percent of women reported they were very concerned that either getting or affording birth control will be more difficult in the next year. We consider this group to be very concerned about future birth control access. Table 2 compares the characteristics of these very concerned women with women who are not very concerned about future birth control access.

TABLE 2

Characteristics of Women Ages 18 to 44 by Concern about Future Birth Control Access, 2018

	Women who are very concerned about future birth control access (%)	Women who are not very concerned about future birth control access (%)
All women	17.1	82.9
Socioeconomic characteristics		
<i>Ages</i>		
18–25	29.2	29.1
26–34	34.3	36.3
35–44	36.5	34.6
<i>Race/ethnicity</i>		
White, non-Hispanic	46.7	57.4 ***
Black or other, non-Hispanic	26.1	23.7
Hispanic	27.1	18.9 **
<i>Marital status</i>		
Married	33.9	43.4 **
Living with partner	17.6	12.6
Widowed, separated, or divorced	11.3	7.1 *
Never married	37.2	36.9
<i>Educational attainment</i>		
High school diploma or less education	29.8	33.2
Some college	34.7	32.3
College degree or more education	35.6	34.4
<i>Insurance coverage</i>		
Insured	81.8	85.2
Uninsured	18.2	14.8
<i>Family income^a</i>		
≤ 138% of FPL	23.9	22.4
139%–399% of FPL	43.9	39.2
≥ 400% of FPL	32.0	36.9
<i>Region</i>		
Northeast	22.7	16.3*
Midwest	16.6	20.9
West	26.9	23.5
South	33.7	39.3
<i>Metropolitan area</i>		
Metropolitan statistical area	89.4	89.9
Non-metropolitan statistical area	10.6	10.1
<i>State Medicaid expansion status</i>		
Expansion	63.0	59.0
Nonexpansion	37.0	41.0
Reproductive health behaviors and access		
<i>Risk of unintended pregnancy</i>		
At risk	58.2	42.6 ***
Not at risk	41.8	57.4 ***
<i>Unmet need for birth control</i>		
Yes	17.9	7.7 ***
No	82.1	92.3 ***
<i>Frequency of birth control use</i>		

	Women who are very concerned about future birth control access (%)	Women who are not very concerned about future birth control access (%)
Always	67.1	54.5 ***
Sometimes	11.1	11.4
Never	10.6	18.5 ***
<i>Current birth control method</i>		
No method	15.5	23.7 **
Sterilization	12.5	17.9 **
LARC	21.4	10.0 ***
Hormonal method	29.4	19.8 ***
Barrier method	8.2	12.1 *
Not sexually active with men	13.0	16.6

Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: FPL = federal poverty level. LARC = long-acting reversible contraception. N = 2,087. Women with limited perceived birth control access reported no birth control provider within 30 minutes or that it is very unlikely they could get their preferred birth control method the same day they ask for it (n = 278). Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it. Women at risk of unintended pregnancy are not sterile, not pregnant, do not want to become pregnant, and have had sex with a man in the past six months. Under frequency of use, "sometimes" includes both women who report sometimes using and women who report rarely using birth control. Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Method use is classified using the National Survey of Family Growth hierarchy.

^aIncome is defined based on 2016 poverty guidelines, available at <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

*/**/** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- We observe large differences in women's characteristics between those who are very concerned about future birth control access and those who are not very concerned about future birth control access. Women who are very concerned about future birth control access are more likely to
 - » be Hispanic (27.1 percent versus 18.9 percent);
 - » reside in the Northeast (22.7 percent versus 16.3 percent);
 - » be at risk of an unintended pregnancy (58.2 percent versus 42.6 percent);
 - » report an unmet need for birth control (17.9 percent versus 7.7 percent);
 - » report always using birth control (67.1 percent versus 54.5 percent);
 - » report using a LARC birth control method (21.4 percent versus 10.0 percent); and
 - » report using a hormonal birth control method (29.4 percent versus 19.8 percent).

Discussion

In early 2018, about 40 percent of adult US women of reproductive age reported that they were very or somewhat concerned that it will become more difficult to get or afford birth control in the next year. We found concerns about deteriorating birth control access among women with different levels of insurance coverage and income. Further, 17 percent of women were very concerned about future birth control access, reporting that they were very concerned that it will either be more difficult to get or afford birth control in the next year. These women were more likely to be actively avoiding an unintended pregnancy, including reporting that they always use birth control, most often a LARC or hormonal method.

We cannot identify the underlying causes of women's concern about future access to birth control in early 2018. But, women's concerns about future birth control access may reflect recent policy changes and debates and may capture fears about clinic or provider office closures, reduced availability of prescription or LARC methods, or a general restriction of access to family planning services.⁶ Our findings suggest that concerns about future access to birth control are common and may be stronger among women actively preventing pregnancy, compared with women who are not. Future analyses should track whether women report that getting or affording birth control has become more difficult.

Notes

¹ “Key Statistics from the National Survey of Family Growth – C Listing,” Centers for Disease Control and Prevention, National Center for Health Statistics, accessed February 4, 2019, https://www.cdc.gov/nchs/nsfg/key_statistics/c.htm.

² 2018 SFPWL estimates are from the authors' analyses.

³ Emily M. Johnston and Adele Shartzter, “Women Want Effective Birth Control,” *Urban Wire* (blog), Urban Institute, December 20, 2017, <https://www.urban.org/urban-wire/women-want-effective-birth-control>; and Emily M. Johnston and Adele Shartzter, “Changes to Title X Funding Could Affect Access to Health Care for Millions of Women,” *Urban Wire* (blog), Urban Institute, May 23, 2018, <https://www.urban.org/urban-wire/changes-title-x-funding-could-affect-access-health-care-millions-women>.

⁴ Johnston and Shartzter, “Women Want Effective Birth Control.”

⁵ Women who report multiple birth control methods are classified by the most effective method reported using the National Survey of Family Growth hierarchy. Women who did not report having sex with a man in the past six months are classified as not sexually active. Sexually active women who responded that they did not use birth control in the past six months are classified as using no method. The fewer than 100 sexually active women who report using the least effective methods, rhythm method and withdrawal, are also classified as using no method. Women who reported current or previous sterilization are classified as using sterilization. LARC includes intrauterine devices and implants. Hormonal methods include the pill, patch, ring, injections, and emergency contraception. Barrier methods include male condoms and other barrier methods.

⁶ Johnston and Shartzter, “Women Want Effective Birth Control,” and Johnston and Shartzter, “Changes to Title X Funding.”

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Errata

This brief was updated March 4, 2019, to include Brigitte Courtot as the final author.

About the Authors

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