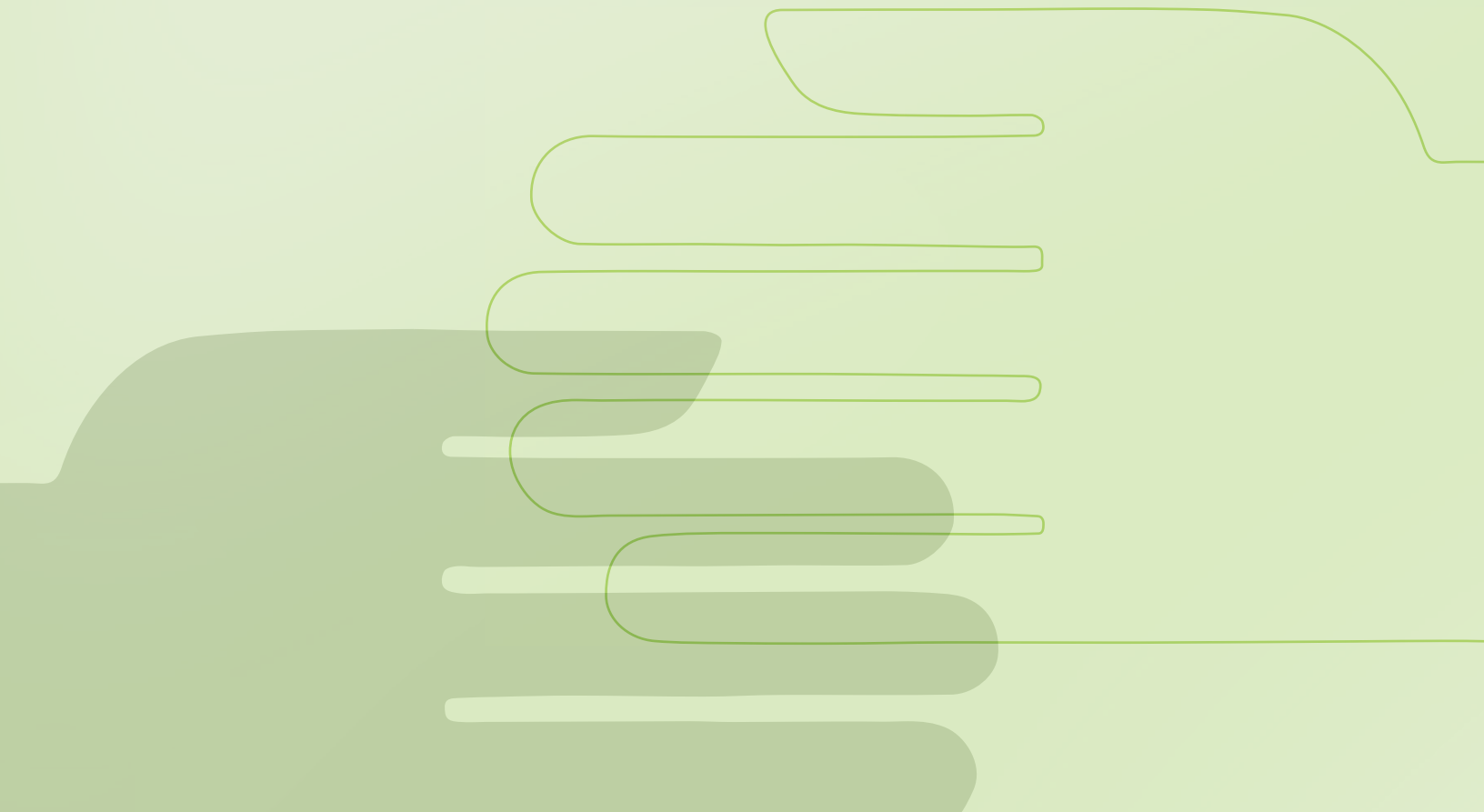


MARCH 2022

CENTERING EQUITY IN LONG-TERM SERVICES AND SUPPORTS

A Primer on Financing Models

By Allison Cook and Grant Williams





EXECUTIVE SUMMARY

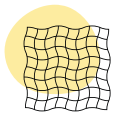
The American long-term services and supports (LTSS) system perpetuates existing racial, gender, age, and ability inequities.

Older adults and people with disabilities are forced to impoverish themselves to qualify for the Medicaid LTSS coverage they need. Direct care workers make poverty-level wages that prevent them from earning a living. And family caregivers often must sacrifice their own financial security and health in order to care for their loved ones. The devaluation of these populations within our LTSS system prevents the growth of generational wealth—a primary source of wealth in the U.S.¹—and has long-term negative effects on the health and happiness of LTSS consumers, direct care workers, and family caregivers.

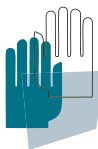
Policymakers must explore financing models that create a more equitable LTSS system while meeting the political realities of their environments—whether the model is implemented at a state or federal level. *Four models include:*



PRIVATE LTSS INSURANCE: Private insurance companies provide coverage to individuals who pay premiums. This model tends to exclude lower-income individuals who cannot afford the premiums.



SAFETY NET: The government provides LTSS coverage to individuals who fall below a certain income and asset level (as is done through the Medicaid program). This model can force those of moderate means who would not otherwise qualify to impoverish themselves to meet qualification thresholds.



SOCIAL INSURANCE: Individuals contribute taxes toward a government-run program through which they can access benefits as needed. While this model can work well for older adults who have had time to pay into the program, it does not always meet the needs of younger people with disabilities.



UNIVERSAL COVERAGE: The government provides LTSS coverage to all who need it. Generally financed through general revenues and taxes, this model is the most expensive to maintain but also tends to be the most equitable.

While each model has its pros and cons, policymakers must center equity considerations when choosing one. No matter which model is used, a more equitable financing system is essential to support the millions of Americans who rely upon this system.

WE MUST FIND A BETTER WAY TO PAY FOR LONG-TERM SERVICES AND SUPPORTS

Only a small portion of Americans can afford to pay for ongoing long-term services and supports (LTSS), such as home care or nursing home care, out of pocket.² The American LTSS financing system has exacerbated existing societal inequities.

Without other options, many older adults and people with disabilities are forced to impoverish themselves in order to qualify for Medicaid coverage of their LTSS, limiting their economic contributions and ability to build generational wealth.³ Therefore, Medicaid, a program that was originally designed to be a safety net, has become the primary payer for LTSS.⁴ The essential workers in the LTSS system, a majority of whom are women of color, are underpaid and undervalued. With the average wage at only \$13.56, nearly half of direct care workers are forced to rely on public assistance to make ends meet.⁵ Family caregivers are equally undervalued, with many forced to sacrifice their own financial security and health in order to care for their loved ones.⁶ In limiting the economic power of such a large swath of the population—LTSS consumers, direct care workers, and family caregivers—we expand existing wealth and health gaps, especially within minority or low-income communities whose contributions are already undervalued.

American policymakers must figure out a better way to finance LTSS to make for a more equitable society. An improved LTSS financing model is especially crucial as demand for LTSS grows with the rising numbers of older adults and people with disabilities. This paper provides an overview of four models to pay for LTSS, ranging from fully privately funded to fully covered by the government, and examines how each model impacts equity. Before reaching a conclusion, it also discusses key policy considerations.

“Generational wealth is wealth that is passed from one generation to the next through inheritance or other transfers. Generational wealth “account[s] for more of the racial wealth gap than any other demographic and socioeconomic indicators.”

Source: Hamilton & Darity Jr. “Can ‘Baby Bonds’ Eliminate the Racial Wealth Gap in Putative Post-Racial America?” *The Review of the Black Political Economy*. 2010;37(3-4):207-216.



EQUITY

The American LTSS system perpetuates existing racial, gender, age, and ability inequities. While several factors contribute to the inequities within our LTSS system, the financing of this system creates foundational conditions which can either support equity or exacerbate inequity. For each of the models discussed in this paper, we will assess the impact on three equity-affecting measures:



ACCESS AND AFFORDABILITY: Many Americans experience barriers to accessing the LTSS they need, and few are able to fully afford the cost of LTSS.⁷ Does the model allow more people to access the LTSS they need? Relatedly, does the model make LTSS more affordable?



INCLUSION: Marginalized populations, including people of color, women, older adults, and people with disabilities, often struggle to access the healthcare and LTSS that they require. Does the model include historically marginalized populations? How does it address historic inequities?



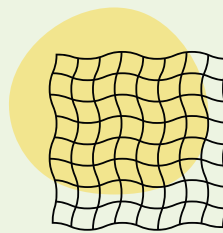
WEALTH INEQUITIES: The U.S. has extreme gender⁸ and racial wealth⁹ inequities. Does the model help to address these historic wealth inequities and offer the opportunity to build generational wealth?

LTSS COVERAGE MODELS

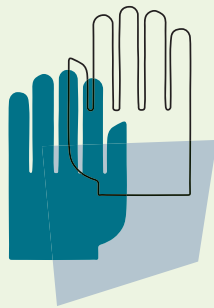
The following sections list four types of LTSS coverage models: private insurance, safety net, social insurance, and universal coverage. Each of these models can be implemented at a state or national level.



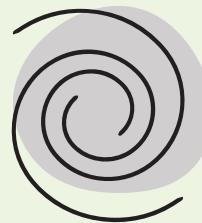
PRIVATE LTSS INSURANCE



SAFETY NET



SOCIAL INSURANCE



UNIVERSAL COVERAGE



PRIVATE INSURANCE

In a private insurance model, individuals can purchase LTSS coverage from private insurance plans. LTSS insurance plans vary in which services they cover and how much they cost. The individual typically pays a monthly or annual premium to maintain coverage. This model is currently used in the U.S., though the private LTSS insurance market is small.

A. WHO IS COVERED?

Private insurance covers those who pay premiums. Some plans refuse coverage to individuals with certain pre-existing conditions. Coverage typically goes into effect once someone reaches a certain level of need, such as requiring assistance with at least two activities of daily living, but there may be a short waiting period before the coverage kicks in.

B. WHAT BENEFITS ARE INCLUDED?

Coverage is typically “front-end,” meaning that it goes into effect once someone meets the needs threshold and covers costs for a certain amount of time or up to a certain value of benefits. For example, a policy may provide coverage to an individual for either up to two years of home care services or until the individual spends \$100,000—whichever comes first. Benefits vary significantly from plan to plan with regard to which services are covered (i.e., all LTSS, only home- and community-based services, or only nursing home services); how long coverage lasts; and how many services are covered (i.e., if there is a daily limit or maximum coverage amount).

C. HOW IS IT PAID FOR?

Individuals pay premiums to maintain their coverage. Typically, once someone needs to access benefits, the premiums are paused. Depending on the plan, enrollees may also have some sort of cost-sharing, like a co-payment or co-insurance.

“Americans bought only about 60,000 stand-alone long-term care (LTC) insurance policies in 2018, down 13 percent from 2017. Only about 15 carriers were actively selling policies, and five of them accounted for more than three-quarters of the market, as measured by premiums.”

Source: Gleckman. 2019. “Sales Of Traditional Long-Term Care Insurance Policies Continue To Fall.” <https://howardgleckman.com/2019/07/03/sales-of-traditional-long-term-care-insurance-policies-continue-to-fall/>.

PRIVATE INSURANCE

D. HOW DOES IT IMPACT EQUITY?

In the U.S., this model has minimal impact on three aspects of equity:

🔒 Access and affordability – *minimal impact*

This model covers only those who can afford the premium, significantly limiting who can access this coverage. Additionally, coverage rules mean that a plan does not always cover the services an individual actually needs. For example, if an individual purchased a plan that only provides home- and community-based services (HCBS) coverage, it would not benefit them if they require nursing home care.

👤 Inclusion – *minimal impact*

Plans can often opt to deny coverage to an individual if they have a pre-existing condition, excluding many individuals with disabilities and chronic conditions who did not buy coverage before the onset of their condition. Because this model is often only affordable for the relatively wealthy—a population that, in the U.S., is disproportionately white¹⁰—it also largely excludes people of color. One estimate found that white individuals older than 65 are over four times more likely than black individuals and over six times more likely than Hispanic individuals to have private LTSS insurance.¹¹

🏠 Wealth Inequities – *minimal impact*

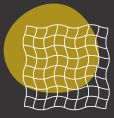
Premiums are only affordable for a segment of the population, preventing many from accessing the financial protection of insurance coverage.

E. WHAT ARE THE POLITICAL IMPLICATIONS?

In the U.S., rapid increases in LTSS costs have made it difficult for private LTSS insurance companies to set sufficient rates to cover benefits, leading to high premiums that are only affordable for the upper-middle and upper class.¹² Consequently, private LTSS insurance remains a small market that continues to shrink.¹³ Efforts to bolster this market, such as through public/private partnerships,¹⁴ have resulted in limited increases in enrollment. According to some experts, this model would be more affordable and accessible if there were clearer parameters for private insurance to operate within (for example, as a supplement to coverage through a social insurance program), making the costs more predictable for both enrollees and insurance companies.¹⁵

In 2021, the average LTSS insurance premium for a 65 year old was **\$1,700 per year** for men and **\$2,700 per year** for women.

Source: American Association for Long-Term Care Insurance. "Long-Term Care Insurance Facts – Data – Statistics – 2021 Reports." Accessed March 17, 2022 at: <https://www.aaltci.org/long-term-care-insurance/learning-center/ltcfacts-2021.php#2021costs-65>.



SAFETY NET PROGRAM

In a safety net program, the government typically provides LTSS coverage to those who would otherwise be unable to afford services. The American Medicaid system is an example of this model.

A. WHO IS COVERED?

The defining aspect of this model is that it is means-tested. Only those who fall below certain income and/or asset levels are eligible for coverage.

B. WHAT BENEFITS ARE PROVIDED?

The exact benefits vary by program. They could include all LTSS, only HCBS, or only nursing home coverage. In the U.S., Medicaid covers most LTSS, though HCBS coverage rules vary significantly by state.

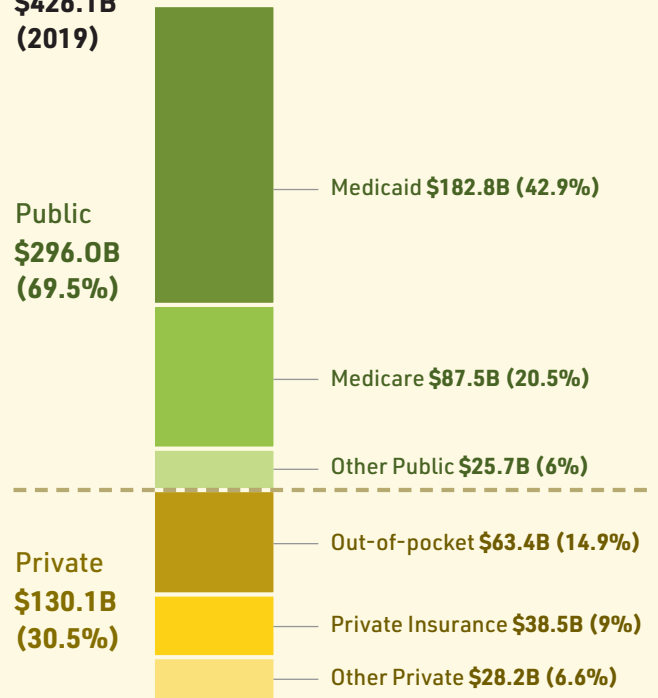
C. HOW IS IT PAID FOR?

Safety net programs can either be paid for through general government revenues (as Medicaid is) or through a specific tax.

Long-Term Services and Supports (LTSS) Spending, by Payer, 2019 (in billions)

Total LTSS Spending

\$426.1B
(2019)



Source: Colello. 2021. "Who Pays for Long-Term Services and Supports?" Congressional Research Service. <https://crsreports.congress.gov/product/pdf/IF/IF10343#:~:text=In%202019%2C%20Medicaid%20LTSS%20accounted,for%20which%20data%20are%20available>.

SAFETY NET PROGRAM

D. HOW DOES IT IMPACT EQUITY?

This model has a variable impact on equity.

Access and affordability – moderate to high impact

This model allows lower-income people to access services they could otherwise not afford, drastically improving their access to LTSS. However, in the U.S., this model does not improve access and affordability for working class and middle-class workers who cannot afford LTSS but do not meet Medicaid qualifications.

Inclusion – moderate impact

The safety net model typically includes all who need services, as long as they meet the means test. But this model excludes coverage for individuals who are above the qualification threshold, even if they cannot afford LTSS otherwise. In the U.S., the Medicaid population is disproportionately made up of people of color¹⁶—making this safety net program a vital equity tool. However, some studies suggest that racial disparities exist even within Medicaid.¹⁷

Wealth Inequities – variable impact

By only providing those of limited means with coverage, this model perpetuates wealth inequities, requiring those who are not already of limited means to spend almost all of their savings in order to qualify. This perpetuates existing race and gender wealth gaps by preventing the building of generational wealth.

E. WHAT ARE THE POLITICAL IMPLICATIONS?

While Medicaid significantly improves access to LTSS for those who qualify, it only covers low-income individuals, which significantly limits support for it among people with certain political ideologies. However, there are some efforts (such as in California) to make it easier to qualify,¹⁸ which could create broader support for the program. Additionally, because Medicaid is funded by state and federal general revenues and only covers a subset of the population, the program is subject to constant budget battles and cost-cutting measures that curtail eligibility and coverage amounts. These budget battles will likely become more common as Medicaid LTSS costs balloon with the aging of the population.

“As important as Medicaid and (to a far lesser extent) private long-term care insurance are in providing access to LTSS for millions of Americans, they leave the broad middle class largely exposed to the risk of not being able to afford the care they need.”

Source: Veghte, Bradley, Cohen, & Hartmann. 2019. *Designing Universal Family Care: State-Based Social Insurance Programs for Early Child Care and Education, Paid Family and Medical Leave, and Long-Term Services and Supports*. National Academy of Social Insurance. <https://universalfamilycare.org/wp-content/uploads/2019/06/Designing-Universal-Family-Care-Digital-Version-FINAL.pdf>.



SOCIAL INSURANCE

In a social insurance program, individuals pay into a government-run fund in order to receive an LTSS benefit when they need it. While the details vary by program, by creating a very large pool of individuals who are eligible for benefits, it spreads the risk and makes the program more affordable for everyone (as opposed to the private insurance model, which has a smaller pool of individuals). Washington State is in the process of implementing an LTSS social insurance program called the WA Cares Fund.¹⁹

A. WHO IS COVERED?

This model often requires individuals to pay into the social insurance program for a certain amount of time before they are eligible for benefits, known as a “vesting period.” Benefits typically kick in once an individual reaches a certain level of need for services, but some programs may have a waiting period. A program can be mandatory, opt-in (meaning that people have to proactively enroll), or opt-out (meaning that people are automatically enrolled and can proactively choose to disenroll).

B. WHAT BENEFITS ARE INCLUDED?

Coverage is typically “front-end,” meaning that once someone becomes eligible for benefits, they receive them for up to a certain amount of time or value of benefits. However, a social insurance could instead provide “back-end” coverage, meaning that it only offers benefits once someone has received services for a certain amount of time or spent a certain amount of money. Benefits typically include HCBS, but nursing home coverage may also be included depending on the program.

C. HOW IS IT PAID FOR?

Social insurance is typically paid for through a tax, such as a payroll tax or income tax.

SOCIAL INSURANCE

D. HOW DOES IT IMPACT EQUITY?

A social insurance program can have a moderate to high impact on equity:

Access and affordability – moderate to high impact

This program makes LTSS easier to access by making it more affordable for a broader swath of the population. However, those who are unable to pay into the program, such as retirees or individuals who work “off the books,” may still struggle with LTSS access.

Inclusion – moderate impact

This model often meets the needs of older adults with LTSS needs better than it meets the needs of younger individuals with disabilities because benefits are typically time-limited and require a vesting period.

Wealth Inequities – moderate to high impact

This model particularly benefits working-class and middle-class older adults, especially when partnered with a safety net program. It prevents many from having to spend down their assets, allowing for generational wealth-building that can begin to narrow existing racial and gender inequities.

E. WHAT ARE THE POLITICAL IMPLICATIONS?

Social insurance programs generate political support by including a large portion of the population. They also minimize costs by spreading them across this larger population. In the U.S., a major challenge of this model is generating a sustainable source of funding. Payroll taxes are the most common option (and are utilized in the WA Cares Fund²⁰), but Americans are typically wary of new taxes. Another challenge is determining whether current retirees are eligible. If they are immediately covered without having an opportunity to “pay into” the program through taxes, the cost of the program may be significantly increased. However, if they are not covered, they may generate political opposition.

“[The WA Cares Fund will help protect future taxpayers from the cost of long-term care, both to their families and to the state budget. Most of all, it would give families the security of knowing they will get the care they need when they need it most without the added stress of how to pay for it.”

Source: Washingtonians for a Responsible Future. “Long-term Care Trust Act.” Accessed March 15, 2022 at: <https://responsiblefuture.org/the-ltc-trust-act/>.



UNIVERSAL COVERAGE

In the universal coverage model, a single government-run program provides all of the LTSS coverage that an individual would need. When discussed in the U.S., universal LTSS coverage proposals are often combined with other types of universal medical coverage proposals.

A. WHO IS COVERED?

While there may be some restrictions depending on the specific program, universal LTSS coverage is typically available to all who need it, as long as their condition warrants it.

B. WHAT BENEFITS ARE INCLUDED?

Universal coverage typically includes all forms of LTSS, but a program could be structured to only cover HCBS or only cover nursing home care.

C. HOW IS IT PAID FOR?

Because it has fewer restrictions than other models, universal coverage is the most expensive. It is often paid for through taxes and/or general government revenues.

“In the decades after the Second World War, the Nordic countries of Sweden, Denmark, Finland, and later Norway—the pioneers in public LTSS programs—transformed earlier public long-term care policies aimed primarily at poor seniors into [universal] long-term care programs.”

Source: Veghte. 2021. Designing Universal Long-Term Services and Supports Programs: Lessons from Germany and Other Countries. National Academy of Social Insurance. <https://www.nasi.org/research/caregiving/designing-universal-long-term-services-and-supports-programs-lessons-from-germany-and-other-countries/>.

UNIVERSAL COVERAGE

D. HOW DOES IT IMPACT EQUITY?

Universal coverage is the most comprehensive, and therefore has the most impact on equity.

Access and affordability – *high impact*

In this model, LTSS affordability ceases to be a consideration, so those who need LTSS can more easily access it. This would especially improve access for people of color, who are least likely to have savings to cover LTSS costs.²¹

Inclusion – *high impact*

Universal coverage typically includes anyone who needs LTSS, regardless of age, disability type or duration, race, or gender.

Wealth Inequities – *high impact*

By offering LTSS coverage in a more comprehensive manner, universal coverage reduces wealth inequities. The same benefit is provided to someone who would otherwise be able to afford paying out of pocket and to those who would have impoverished themselves without coverage.

E. WHAT ARE THE POLITICAL IMPLICATIONS?

The high cost of universal LTSS coverage is disconcerting to many Americans because of the new taxes that would be required to support it. However, high government spending in universal programs is often offset by lower individual spending.²² Additionally, implementing universal LTSS coverage in the U.S. would require merging certain state and federal funding streams (including Medicare and Medicaid). Because of these mixed funding streams, even a state-based universal program would require federal approval, creating a barrier for individual states to test this model. Finally, because a universal LTSS coverage program would likely remove the need for private LTSS insurance, insurance plans would likely be well-funded opponents of such a financing program.



POLICY CONSIDERATIONS

The LTSS financing models laid out in this primer are not necessarily mutually exclusive. Hybrid models that incorporate aspects of different models are often viable (for example, a Medicaid LTSS buy-in or a public/private partnership in which the government subsidizes the purchase of private LTSS insurance). Additionally, policymakers could choose to have multiple programs (see below).

Examples of Multi-Program LTSS Financing

- A front-end social insurance could be supplemented by a safety net program in which the social insurance pays for the first two years of coverage and then safety net LTSS coverage kicks in for those who need it.
- A social insurance model that works well for older adults could be supplemented by a buy-in program that works better for younger adults with disabilities.
- A social insurance program that provides a set daily benefit could be supplemented by private insurance that covers additional costs.

POLICY CONSIDERATIONS

When assessing which model works best for their constituents, policymakers should consider:

IMPACT ON EQUITY:

The current U.S. LTSS system perpetuates many of the existing inequities in our society. Policymakers should prioritize models that create a more equitable society for people of all races, ages, abilities, and genders.

NEEDS OF KEY POPULATIONS:

- **WORKERS:** Designing a new LTSS financing program creates the opportunity to meaningfully address worker needs. Any LTSS financing program should include baseline worker protections (such as a living wage) and mechanisms to otherwise address the workforce shortages that have plagued LTSS systems.
- **FAMILY CAREGIVERS:** While access to LTSS will lessen family caregiving burdens, additional family caregiver needs exist. Policymakers should consider whether other supports for family caregivers (like stipends or care coordinators) are feasible.
- **LTSS CONSUMERS:** Any new LTSS financing program should ensure that all consumers, including older adults and people with disabilities, are able to more easily access, afford, and utilize coverage.

COST:

By delaying the creation of an LTSS financing system for the broader population, the cost of implementing a new program has ballooned. Policymakers must ensure that the costs of a new LTSS financing program can be sustainably covered through the financing mechanisms they choose while understanding that the large cost of implementing a new program will be offset by longer-term benefits.

POLITICAL SUPPORT:

Ideals must always be balanced with political realities. How a program is financed, which populations are covered, and when they can access coverage are all factors that impact political support. For example, while a universal model is preferable in terms of equity and access, the high cost can generate a large amount of political opposition.

COORDINATION WITH EXISTING PROGRAMS:

Policymakers must determine whether a new LTSS financing program would replace or coordinate with Medicaid (a vital safety net), Veterans Administration coverage, private LTSS insurance, and other current forms of coverage.

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