BIG IDEAS
CHILDREN IN THE SOUTHWEST

Children, Southwestern States, and the Federalism Problem

by

Thomas L. Gais
Rockefeller Institute of Government

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The American Southwest is a rich and diverse region. But it is also a region where, according to several measures of child well-being, children struggle more than in most other parts of the country. It is a region where the economy has undergone enormous dislocations in recent years. And it is a region where many of its states offer public programs—including those aimed at improving children's lives—that are typically less extensive and well-funded than elsewhere.

As an increasing proportion of American children live in the Southwest, a trend unlikely to end soon, any efforts to use public programs to improve child well-being in the U.S. confront a tough federalism issue. How can children in these states be supported with well-financed, effective public programs in order to address the poor child outcomes found in these states? This paper sketches the problem and considers some options. It is clear, however, that the problem is a difficult one and one only made harder by recent events.

Changes in Population

The 2010 U.S. Census confirmed the continued shift in population from the Northeast and Midwest to the South and West. Fully 84.4 percent of U.S. population growth between 2000 and 2010 occurred in these latter regions, an even higher share of growth than the already large 77.0 percent between 1990 and 2000. Growth rates of the seven states in the Southwestern quadrant of the country were particularly striking, as Nevada, Arizona, Utah, and Texas were four of the five fastest growing states in the U.S. between 2000 and 2010 (Mackun and Wilson 2012).

The greatest change, however, appears when age is considered. Between 2000 and 2010, the number of children declined in the Northeast and Midwest by 1.3 million, while the number of children in the South and West grew by 3.1 million. In 2010, 61.6 percent of children in the U.S. lived in the South and West—and about half of them, 28.5 percent of all U.S. children, lived in the seven Southwestern states of Texas, New Mexico, Arizona, Nevada, California, Utah, and Colorado.

The drivers underlying these changes vary from state to state. "Natural" increase (births over deaths) was the major contributor to the increase in population in California; Arizona's increase was driven primarily by domestic migration; a large share of New Mexico's growth came from international migration. Whatever the causes, the critical point is that these changes make clear that the well-being of children in the U.S. is increasingly intertwined with economic, social, civic, and governmental circumstances found in this part of the country.

Another important population change in the Southwest has been the large growth in the number of elderly residents. As Figure 1 shows, the number of elderly people living in Southwestern states grew by 24.0 percent between 2000 and 2010, only slightly less than the growth rate in other western states (24.9 percent). Added together, the number of children and elderly people in the Southwest increased by 12.8 percent during this decade—the highest rate among the five regions. One implication of these changes is that some Southwestern states have very high "age dependency ratios," that is, a large number of children and elderly compared to the number of residents of working age. High age dependency ratios mean that there are fewer people earning income and paying taxes to help support public benefits for those not in the labor market, particularly children and elderly people. Utah, Arizona, and New Mexico all are among the top 10 states in "age dependency," while Texas is among the top third (Howden and Meyer 2011:14).

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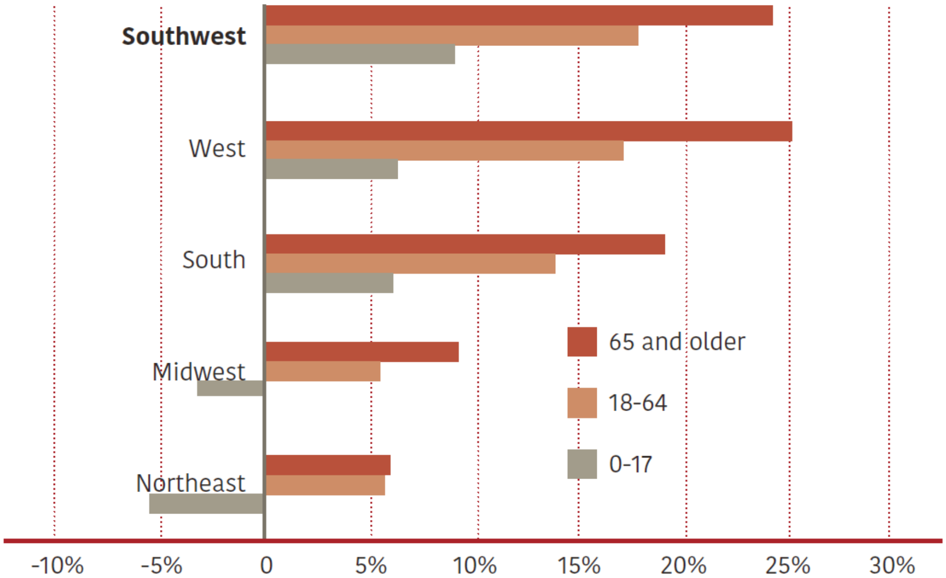
Figure 1. Percent changes in population, by age and region, 2000-2010



Source: U.S. Census Bureau.

Shifts in the Location of Public Needs and Recipients

As one would expect given these demographic shifts, there have been changes in the distribution of persons receiving or in need of public benefits. More of the nation's school children are living in the Southwest. Table 1 shows regional changes in the number of school enrollees between 2000 and 2010. The Southwest led all other regions with an increase of 1.6 million school enrollees, a 12.6 percent increase. The South and the other western states grew at about half that rate, while the number of school enrollees fell in the Midwest and Northeast.

Table 1. Change in school enrollees, by region, 2000-2010

Region	Percent change	Numerical change (thousands)
Southwest	**12.6%**	**1,578**
South	7.5%	960
Other West	5.1%	133
Midwest	-0.5%	-54
Northeast	-1.3%	-104

Source: National Center for Education Statistics.

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Another indicator of the changing distribution of public needs in the U.S. is the location of poverty. A growing share of children living in poor households resides in the Southwest. Child poverty rates have long been high in the Southwest. But the Southwest and other western states have experienced larger increases in child poverty than elsewhere in the country. Table 2 shows that the Southwest produced the greatest numerical growth in child poverty between 2007 and 2010, and its percentage change was second only to the other western states. By 2010, 30.5 percent of all poor children in the U.S. lived in the seven Southwestern states.

Table 2. Change in number of children living in poor households and in number of children without health insurance, after start of 2007 recession

Region	% change in no. of children in poverty, 2007-2010	Change in number of poor children, 2007-2010	Percent change in no. of children without health insurance, 2007-2010	Change in number of children without health insurance, 2007-2010
Other West	29.8%	170	-10.3	-33
Southwest	**21.5%**	**839**	**-8.7**	**-271**
South	20.9%	838	-15.4	-393
Midwest	20.9%	556	-2.8	-32
Northeast	12.8%	247	-11.1	-113

Source: U.S. Census Bureau

Southwestern states also have a disproportionate share of the nation's children without health insurance. As Table 2 makes clear, the number of children without health insurance fell after 2007 in all regions. One reason may be the expansion of the Child Health Insurance Program, which many states expanded during the last decade, and which was strengthened in federal legislation in 2009 and 2010. But whatever the reasons for the decline, the reduction in the number of children without health insurance was comparatively small in the Southwest, smaller than the reductions in the South, the Northeast, and other western states.

Furthermore, the Southwest has seen the largest increases in unemployment rates. Figure 2 shows the monthly unemployment rates for each of the major regions between 2002 and early 2012. Although just before the start of the recession in late 2007, the Southwest's unemployment rate was comparable to the other regions, by 2011-2012, the region's unemployment was over a full percentage point higher than found in any of the other regions. The percentage of children with an unemployed parent is generally correlated with—though typically higher than—the overall unemployment rate. As a result, in several Southwestern states—particularly in Nevada and California but also in Arizona, Colorado, and New Mexico—children were more likely than elsewhere to be living with an unemployed parent (Isaacs 2011).

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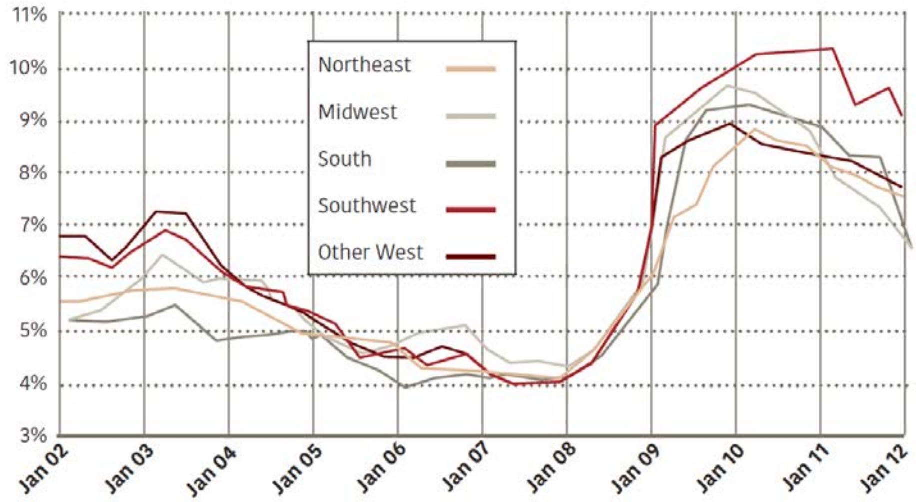
Figure 2. Monthly unemployment rates by region, 2002-2012



Source: U.S. Bureau of Labor Statistics.

Child Well-Being

A more general way of understanding how children fare in different regions is to rely on multi-faceted measures of child well-being. The Foundation for Child Development has developed such an index—the State Child and Youth Well-Being Index (CWI)—based on 25 indicators clustered into seven different domains of child well-being. The seven domains include family economic well-being; health; safe/risky behavior; educational attainment; community engagement; social relationships; and emotional/spiritual well-being (O'Hare 2012:3).

An overall child well-being index was then built from the six domains that were significantly correlated with each other—that is, all but the emotional/spiritual domain. Using this overall index, Figure 3 shows the average child well-being scores across states within the five major regions.

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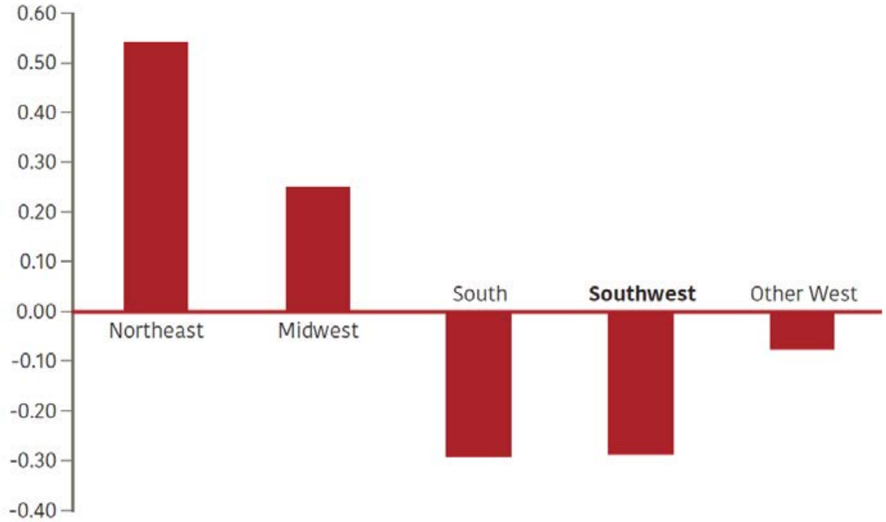
Figure 3. Child well-being scores; averages across states within regions



Source: First Focus.

The Southwest and the South are well below the other regions in this overall index. As the Foundation for Child Development has reported, some states in the Southwest are particularly low. New Mexico ranks last; Nevada and Arizona are ranked 46 and 45 respectively; and Texas is only slightly higher at 39. In sum, a fast-growing number of children are living in a region where child well-being indicators are considerably lower than in the rest of the country.

State Support for Child-Focused Programs

The increasing number of children and the problems they face in the Southwest might have a better chance at alleviation if states within the region strongly supported public programs designed to benefit children, such as social services, educational institutions, income support programs, and health programs. But states in this region tend not to support such programs at the same levels found in most other states. This becomes clear when we examine state spending across regions on aimed at benefiting children. Using a data series constructed by the Rockefeller Institute—based on state contributions to 14 major programs—we can make comparisons in state spending across regions as well as over time (Rockefeller Institute undated).

Figure 4 shows average state spending by region on three main types of programs for children for fiscal year 2008. The three types include 1) education (K-12) spending, which is here expressed as spending per child; 2) income support and social service programs (including child welfare, TANF[i], child care subsidies); and 3) medical assistance (largely Medicaid but also including CHIP[ii]). These expenditures are made comparable across states by dividing them by rough measures of their target populations. In the case of education, where all children are eligible to enroll in public schools, state spending is divided by the number of children in the state. In the cases of income support, social services, and medical assistance programs—which tend to go to children in low-income families—the expenditures are divided by the number of children living in poor households during that year.

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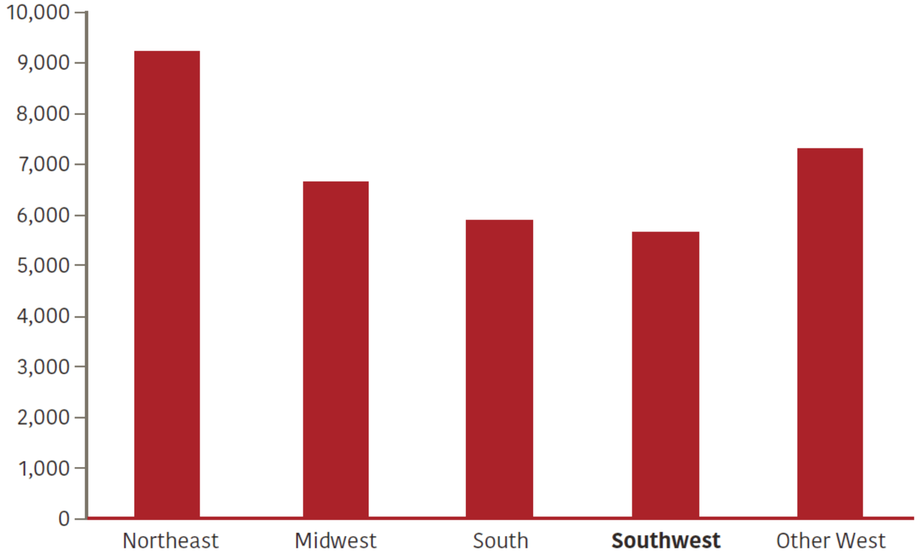
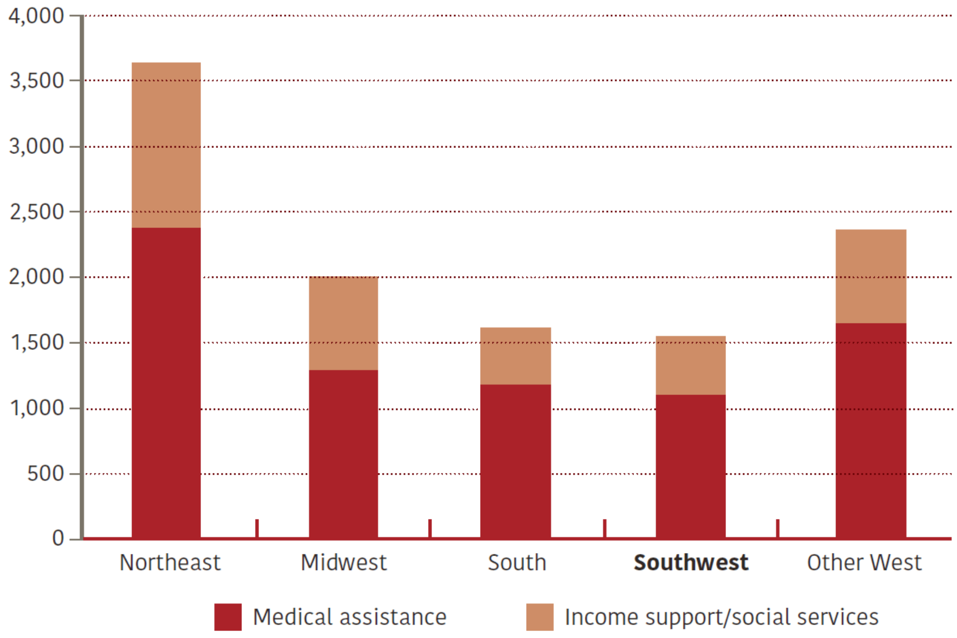
Figure 4. State spending on children's programs; state averages within regions

State spending on K-12 education programs per child (2008)



State spending on medical assistance and income support/social service per poor child (2008)



Source: Rockefeller Institute of Government, based on various federal data sources.

As Figure 4 makes clear, Southwestern states give relatively little financial support to programs benefiting children when compared to other regions. Their spending on these programs closely tracks those in the South, but they are much lower than state expenditures for children's programs in the Northeast, other western states, and even the Midwest. A careful inspection of Figure 4 also shows that patterns of regional differences in expenditures vary across policy areas. The differences are smaller in education/K-12 expenditures, larger in the area of medical assistance, and greatest in income support/social service programs.[iii]

What accounts for these differences in spending on child-focused programs? Many factors come into play, but in part these differences reflect fairly stable differences in fiscal capacity, that is, the resources available for taxation or other forms of revenue collection. For instance, with the exception of California and Utah, Southwest states have relatively low per capita personal incomes, a common measure of fiscal capacity. Yet it is also true that these states devote less of what fiscal capacity they have to state budgets. Southwest states commit a consistently smaller share of their Gross State Products to state taxes.

Based on other research, this tendency may be due to differences not only to state fiscal capacity but also to state political culture, tax and expenditure limits (such as constitutional restrictions on tax or spending increases per year, which are much more common among western and especially Southwestern states), urbanization, the age distribution, and other factors (Gais 2009; Gais, Billen, Boyd, & Dadayan 2007).

Implications for the U.S. Federal System

These trends pose a difficult question. How can the nation ensure the well-being of its children when a growing share of them are living in a region with comparatively weak fiscal capabilities; where child well-being is substantially lower than elsewhere; where economic and fiscal conditions have deteriorated disproportionately in recent years; and where states provide comparatively little financial support for major programs aimed at children?

One possible answer would be to strengthen federally funded programs that benefit children. In some respects, that has already happened, particularly among income support programs. Almost half (46.6 percent) of the people receiving benefits under the Supplemental Nutrition Assistance Program (or SNAP, formerly the Food Stamp Program) are children, and the proportions are generally greater in the Southwestern states (U.S. Food and Nutrition Service 2011:77). And SNAP played a large role in supporting low-income families with children during and after the Great Recession, along with other nutrition programs such as free or reduced-price school lunches and the Women, Infants, and Children (WIC) program (Gais, Boyd, & Dadayan 2012). Other major federally funded programs benefiting children include the Earned Income Tax Credit and the Child Tax Credit, both of which include refundable portions that provide financial support to families even when owe no federal income taxes. Still other federal programs include federal education assistance, particularly Title I, Part A support for disadvantaged students; Supplemental Security Income (SSI) for disabled children; and Social Security, which provides benefits to children with disabilities, children with retired parents, or children upon the death of a parent (Isaacs, et al. 2012:20-21).

These federal benefits are critical sources of support for children, but they are also limited in size, coverage, and character. Most spending on children, particularly for K-12 education, still comes from state and local sources (Isaacs, et al. 2012:28). Also, much of the current federal assistance to states—such as Medicaid, the Child Health Insurance Program, Temporary Assistance for Needy Families, and child welfare programs—are not fully funded by the national government but instead require state matching contributions or state maintenance of effort expenditures. The level of total spending under these joint federal/state programs thus typically depends on states' willingness to spend their own money on children's programs. As a result, the size and scope of these programs vary significantly across states. Southwest states, other than California, often spend at the low end, and thus get comparatively little federal funding.

Where federal assistance does not depend on state policies and decisions to match federal dollars with some of their own money—such as SNAP benefits or federal tax credits— the federal assistance for children has grown in less politically visible forms of support. Federal programs require national political coalitions to be enacted and sustained. Yet such coalitions are hard to come by. They are made easier when a program is partly carried along by major economic interests, as is the case of SNAP, school lunches, and other nutrition programs—all of which have gotten some political traction due to their inclusion in federal farm bills. Similarly, the most important tax credits for children, the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) have been expanded and improved often in tandem with larger tax legislation.

What states do (or fail to do) thus matters for child well-being, and that fact underlines the *national* challenge posed by the Southwest. A top priority, then, of those who care about child well-being in the U.S. should not simply be to find "best practices" or the most effective programs for children. It is to find effective practices and programs that stand some chance of getting legislative and budgetary support in the states of the Southwest, and then ways in which the national government can effectively encourage state initiatives in this region to address child well-being.

How can this be done? First, it may help if the federal government promoted state experimentation and adoption of a greater range of programs, particularly those that appeal to a wider political range of citizens and policymakers. One interesting recent success along these lines was the TANF Emergency Contingency Fund (ECF), which was enacted as part of the 2009 federal stimulus bill, the American Recovery and Reinvestment Act. The ECF offered states additional TANF funds if states committed to spending the grant money on cash assistance, one-time "diversion" grants, or subsidized jobs—and if the state paid 20 percent of the costs[iv], with the federal government covering the remaining 80 percent.

One interesting result of the ECF was the way in which states sorted themselves regarding their favored options under the grant. The subsidized jobs option drew in states that had traditionally spent little on TANF programs, such as Mississippi, Georgia, and Kentucky. Among the Southwestern states, Texas, Utah, Colorado, and California operated subsidized employment programs (Pavetti, et al. 2011). Although the states could have applied their TANF grants to subsidized jobs in the past, aspects of the ECF, or the situation, encouraged states to establish or expand such programs even during challenging budgetary conditions. It may well be worth experimenting with supplemental grants around a set of defined options to see whether the states in the Southwest would respond positively to other forms of indirect supports for children and their families, such as subsidized jobs or other programs that directly engage and support employers.

It is still unclear how effective these subsidized job programs are for child well-being. Wage supplements and earned income tax credits (EITC) have better track records of evaluation. But though state-level EITCs have been adopted around the country, they have little presence in the Southwest, where only New Mexico has one. Obviously, an otherwise proven program can never be effective if it is never adopted or poorly funded. It is critical, then, to encourage an expanded range of initiatives. The recent decision by U.S. Department of Health and Human Services to offer states waivers for innovative practices under the TANF program—in response to inquiries from the Southwestern states of Nevada and Utah—may be a promising instrument for such an expansion (Office of Family Assistance 2012).

Second, the problems of the Southwest suggest the need for new financing mechanisms for joint federal-state programs, mechanisms that offer greater responsiveness to changing needs and political conditions than block grants, but that do not incite the fiscal fears and political opposition generated by entitlement programs, which are often viewed as "uncontrollable expenditures." The nominal level of funding for the TANF block grant and the distribution of grants among states have changed very little in the decade and a half since TANF was first implemented. As a result, all the recent population, economic, and political changes in the Southwestern states have had virtually no impact on the size of states' block grants. And since the Southwest has seen such an increase in the number of poor and near-poor children, the adequacy of the grants have diminished considerably in that region (Lesley and Curran 2011). This erosion of the value of the TANF grant is particularly troublesome for those who care about child well-being, since measures of child well-being have been found to be correlated with the size of the federal TANF grant to states (O'Hare 2012).

There is no prospect that any Congress in the foreseeable future will re-establish an entitlement to replace the TANF program, even though an entitlement would adjust reimbursements to states based on the number of persons who qualify for benefits. In fact, the Congress eliminated the only significant corrective mechanism for the mismatch between state population changes and federal TANF funding when it let the TANF Supplemental Grant lapse in 2011. Supplemental Grants went to 17 states that offered historically low welfare benefits and those with large population increases; recipient states in 2011 included all the Southwestern states except California.

There were flaws in the Supplemental Grants. They did not go to states that expressed any specific interest in using them for child-related goals or any other particular objectives, for that matter. Rather than calling for their restitution, perhaps hybrid forms of federal assistance should be developed: forms that offer some responsiveness to changing population and poverty conditions, yet that respond to a demonstrated state interest in using the funds for a particular purpose (such as child poverty reduction), one for which the federal government may hold the state accountable.

For instance, an incremental sequence of federal awards could be established, a sequence that could lead to a larger block grant for a state with a small block grant relative to their number of low-income children. Perhaps, for instance, a small fixed-year (say, 3-5 year) grant could be offered by the federal government to such states if and when they propose additional (in our context, child-related) projects for their TANF programs, using a generous matching grant formula (such as the 80 percent federal contribution under the ECF). If the state programs meet or exceed performance criteria or goals regarding impacts during the initial grant—criteria or goals negotiated by the federal and state governments before the grant was awarded—the additional award could be extended and be eligible for expansion. If the program or programs continue to show effectiveness, the additional funding might eventually be incorporated in the basic TANF grant, and the state's own required financial contribution may be increased as well.

There are, to be sure, many possibilities. But the details are less important than the idea of working out an iterative, responsive, incremental process for adjusting federal and state investments in critical programs affecting children. Much of the process would be guided by the federal executive branch, but the Congress could exert control and oversight in several ways, such as setting the total amount available for additional grants, providing general guidelines for eligible programs, and requiring performance reports. There is, of course, no guarantee that states in the Southwest would respond to such a process. Yet it would at least make it feasible for federal grants to be adjusted to new demographic, economic, and political circumstances—when there is little chance that the Congress can resolve these distributional issues on its own.

Third, the challenge posed by the Southwest highlights the more general need to address the problems of state fiscal systems. State revenue declines after the 2007-08 recession have been sharper and more extended than any other since the Great Depression. Those declines, however, are only a part of the fiscal problems that state and local governments now face and will confront well into the future. State revenues are becoming much more volatile and uncertain. Many long-term liabilities like unfunded public employee pensions and health benefits will pressure state and local budgets for years. The tax base for sales taxes has shrunk as more and more consumer spending goes to services, which are not taxed as broadly as goods. Constitutional and other institutional restrictions on state and local taxes and expenditures have spread—and are particularly common and strong in the Southwest. Medicaid costs have grown enormously, pushed up largely by general (and heretofore, not very controllable) increases in health care costs. And declines in housing prices have depressed local property tax collections (State Budget Crisis Task Force 2012; Dadayan 2012).

These developments limit financial resources for education, health, social services, and many other state and locally funded programs targeting child well-being. State support for social welfare programs (not just those targeting children), drawing from their own taxes and other revenue sources, has been declining in all states since 2005 in real per poor person terms (Gais 2009), and the Southwestern states now show the lowest average state expenditures.[v]

Alice Rivlin has recognized these problems and is proposing major reforms in the U.S. system of federalism, such as sorting out of functions between the national and state governments, and a shared (federal and state) tax system, such as a "broad-based national consumption tax shared with the states" (Rivlin 2012). Collections from a shared tax system might be distributed on a population basis, which would benefit some of the comparatively low fiscal capacity states in the Southwest. Again, there are no guarantees that fixing state and local fiscal systems would result in better-funded programs for children. But improvements in funding programs where children increasingly live are nearly impossible now, while comprehensive reforms may make it feasible for fiscally weak states to consider expanded assistance to children.

Conclusions

A growing proportion of children, and especially children in economic need, are living in the Southwest, where state fiscal capacities tend to be smaller while political cultures and institutional restrictions often constrain public revenues and expenditures. As a consequence, financing is typically weak in this region for education, social services, income supports, and other programs targeting children. Given the central role of states in making policies and financing programs affecting children, this vast geographic shift in population poses challenges for the U.S. federal system. It suggests the need to formulate and test a wider array of policies affecting children, not just those that appeal to comparatively affluent and politically liberal or moderate states, but to more conservative states as well. It calls attention to the need for more innovative, flexible, and responsive forms of federal assistance to the states—especially forms that permit federal and state governments to work out adjustments where there is a demonstrable need and political will. And it underlines the importance of general efforts to improve state fiscal systems, which, if not addressed, will continue to impose enormous, sustained pressures on child-related programs, even large and popular programs like K-12 education. None of these suggestions will necessarily increase support for children's programs in the Southwest. But without such changes, it is hard to see how programs benefiting nearly a third of all U.S. children will approach funding levels found elsewhere in the nation.

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[i] Temporary Assistance for Needy Families (TANF)

[ii] Children's Health Insurance Program (CHIP)

[iii] These differences in state spending correlate with estimated differences in how households fared during the Great Recession. Southwestern states (other than California and New Mexico) provided public benefits to relatively few unemployed people and households with children when compared to other states in 2009. In states that supported low percentages of people and households (such as Texas, Colorado, Utah, and Arizona), household income losses between 2007 and 2009 were larger than in other states, particularly for households in the lowest 10 percent income category (Bentele 2012:23).

[iv] In-kind contributions were also acceptable.

[v] Evidence is drawn from the Census Bureau's annual survey of state and local government expenditures. See Gais (2009) for the coding of social welfare spending, which includes medical assistance (largely Medicaid), income support (e.g., TANF assistance), and social services.

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