

Trends in Work Supports for Low-Income Families with Children

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A slow economy and more demand for public health insurance coverage have changed the shape of spending on safety-net programs since 2002. Government spending on supports directly connected to parents' work status has declined or remained flat as the number of parents working has declined. Other supports available without regard to work status have increased as more families found themselves with incomes below the poverty level. Spending on low-income families also varies widely across the states.

Four programs—*Medicaid* and the *State Children's Health Insurance Program (SCHIP)*, *food stamps*, *child care subsidies*, and the federal and state *earned income tax credits (EITC)*—form the core set of supports for low-income families in the United States. These programs provide health insurance, assistance with food purchases, assistance with child care expenses, and earned-income supplements to low-income families that meet certain eligibility criteria. While Medicaid, SCHIP, and food stamps are available to low-income families regardless of work status, child care subsidies and the EITC are designed specifically to help working families. The entire set of supports can offer critical help to parents trying to move up the ladder from an entry-level job with low wages and no health insurance to a compensation level sufficient to support a family with no help from the government.

The work-support safety net reflects a significant philosophical shift away from guaranteeing cash assistance to families largely not working and toward helping families support themselves through work. This new philosophy culminated in the creation of the Temporary Assistance for Needy Families (TANF) program in 1996. While TANF still provides cash assistance to low-income families for up to five years, it also prepares families for work. Because TANF is funded

through a block grant (fixed at mid-1990s spending levels) states have significant flexibility in how they spend this money.

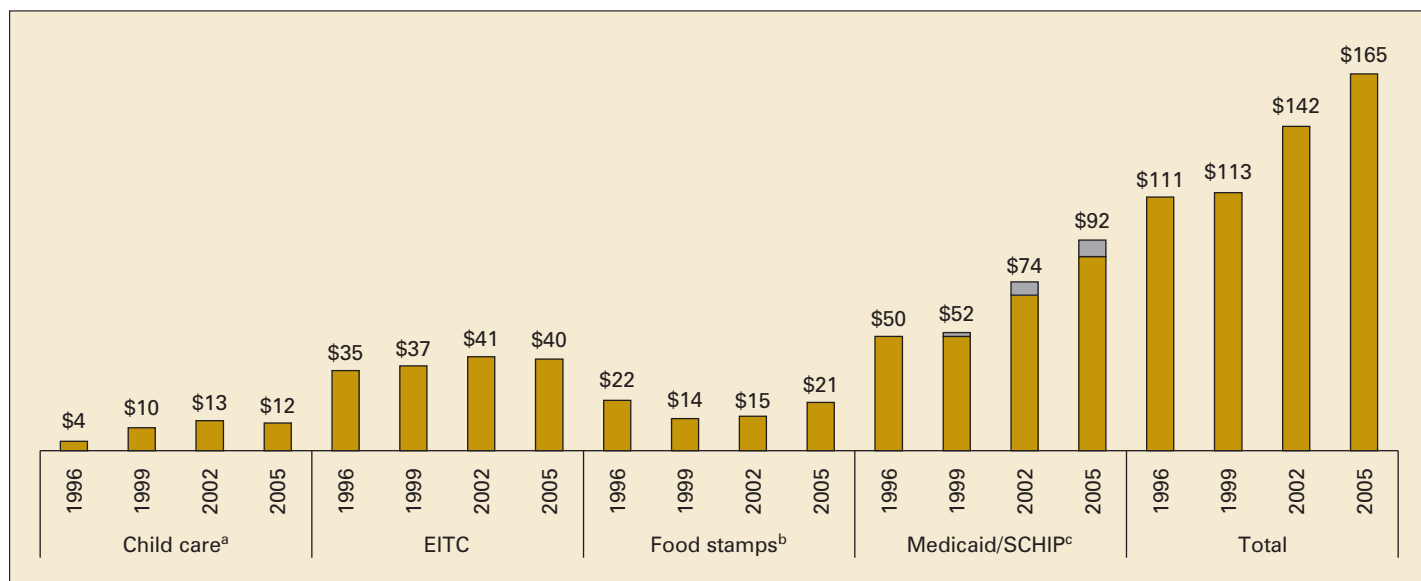
This brief uses administrative data to show trends in spending on the four core work-support programs through 2005. The results update the 1996–2002 spending trends presented in Zedlewski and colleagues (2006). The results also show the variability in work-support spending across the states in 2005. States' population and income characteristics lead to variations in the shares of low-income families that receive support. Spending variability also reflects states' choices about their safety-net programs.

Work-support spending continued to grow steeply after 2002, with Medicaid accounting for most of the spending growth. The weaker post-2002 economy led to numerous changes in spending. States spent less on child care, and federal EITC spending declined slightly as the number of employed parents decreased. Yet, food stamp spending increased as family incomes declined and program changes expanded eligibility and program participation. The weaker economy, with fewer jobs offering such benefits as health insurance, also explained a large share of the increase in Medicaid spending. Differences in the design of work-support programs and needs among low-income families led to wide variation in the amount of support received by families across states.

The National Spending Picture

Real total spending on the core work supports increased by \$23 billion (in 2005 dollars) between 2002 and 2005, continuing the trend that began after 1999 (figure 1). Medicaid and SCHIP account for most of the work-support spending growth since 2002, increasing by

FIGURE 1. Federal and State Spending on Work-Support Programs, 1996–2005 (billions of 2005 \$)



Sources: For all pre-2005 estimates, Zedlewski et al. (2006); for 2005 child care funding estimates, ACF (2006a, 2006b); for Food Stamp program spending, authors' calculations using the 2005 Food Stamp QC survey; for EITC spending, unpublished data from STATEEITCs@yahoo.com; for SCHIP spending, Kaiser Family Foundation (2007a, 2007b, 2007c); for 2005 Medicaid spending, calculations based on unpublished data from John Holahan.

a. Child care estimates refer to funding rather than expenditures and include Child Care and Development Block Grants, Social Services Block Grant funding for child care, and TANF-related child care funding (TANF transfers, TANF direct, and state maintenance of effort and matching funds). Calculation methods based on CLASP (2006).

b. Food Stamp program spending refers to benefits paid to households with children.

c. Medicaid estimates include spending on children and nonelderly, nondisabled adults. SCHIP portion of Medicaid/SCHIP spending shown in gray (\$1.6 billion in 1999, \$5.8 billion in 2002, and \$7.2 billion in 2005).

Notes: Federal and state administrative costs are not included in spending estimates for Food Stamps, the EITC, and Medicaid. Administrative costs associated with SCHIP expansion through Medicaid may be included in spending estimates if states chose to claim costs at enhanced federal matching rates.

\$18 billion. Holahan and Ghosh (2005) show that Medicaid spending on families with children increased over 11 percent between 2002 and 2003.¹ To explain the increase, the authors point to higher enrollment due to the economic slowdown, fewer jobs in sectors that typically provide employer coverage, and higher health care costs. Medicaid spending on low-income families and children continued to grow beyond 2003 but at a much slower rate; real growth averaged 5 percent a year between 2002 and 2005.²

SCHIP accounts for only a small share of total government health-care spending for families and children. The SCHIP program, implemented in October 1997, provides states the option to insure children living in families with incomes above Medicaid eligibility levels and generally below 200 percent of the federal poverty level.³ While SCHIP spending quadrupled between 1999 and 2005—increasing from less than \$2 billion to \$7 billion in real terms—it still only accounts for 8 percent of federal and state health care spending for families and children. Federal SCHIP

funds were capped at \$4 billion in 2005 and allocated to states based on the number of low-income uninsured children, a geographic cost factor, and states' program designs. The federal cap rises to \$5 billion in 2007, allowing for some expansion of this work support; the program must be reauthorized in 2007.

In contrast to Medicaid and SCHIP, total spending for other work supports remained relatively flat between 2002 and 2005. The Food Stamp program stands out as an important exception. Food stamp spending for families with children increased by \$6 billion between 2002 and 2005, reversing the downward trend that began after national welfare reforms were implemented in 1996.

Recent studies highlight several factors that explain the jump in food stamp costs. First, the economic recovery following the recession in 2001 was relatively weak, and poverty has increased each year since 2002. Lower family incomes leading to increases in the number of eligible families explain a significant part of rising food stamp case-loads (Danielson and Klerman 2006;

Hanratty 2006). Second, recent program changes increased eligibility for immigrant families. The 2002 Farm Bill restored eligibility for noncitizens living in the United States for over five years and for all legal noncitizens under the age of 18. After these changes took effect in April and October 2003, respectively, the number of non-citizen participants increased substantially (USDA 2006). Third, some authors also have found that recent changes in Food Stamp program rules implemented in the states, such as lengthened periods of recertification and more generous vehicle limits, have increased the share of eligible families participating in the program (Hanratty 2006; Ratcliffe, McKernan, and Finegold 2006). Finally, food stamp costs include \$900 million in emergency food stamp benefits paid to victims of hurricanes Katrina and Rita in summer 2005 (Rosenbaum 2006).

The \$1 billion dip in child-care spending raises some concerns for low-income working parents. The Child Care and Development Block Grant (CCDBG), the largest source of federal funding for child-

care assistance, remained fixed between 2002 and 2005, and its real value eroded as a result of inflation. Also, the share of TANF funds directly devoted to child care declined. As a result, 31 states cut overall child-care spending between 2003 and 2004, and 22 states cut spending between 2004 and 2005 (CLASP 2006). Fixed TANF block grants and competing needs for TANF funds led to declines in TANF funds directed to child care. The number of children receiving child-care assistance declined during this period, following a swell in spending and number of children served triggered by 1996 federal welfare reforms that had put more parents in the workplace.

Federal EITC spending declined by \$200 million from 2002 to 2005, mostly reflecting economic factors.⁴ The number of employed parents trended down slightly to 31.9 million in 2005 from its most recent peak of 32 million in 2002 and 2003 (BLS 2006). The share of families with children and at least one employed parent declined from 90.7 percent in 2002 to 90.2 percent in 2005. The average EITC credit per recipient family has hovered around \$1,800 a year since 2002 (Joint Committee on Taxation 2006). Still, the EITC remains the second most important

support for low-income working families, dwarfing child care and food stamp spending.

Spending per person in low-income families with children shows the implications of these aggregate spending trends for families (figure 2).⁵ On a per person basis, real spending on child care declined 10 percent between 2002 and 2005, and the per person EITC also decreased slightly. In contrast, per person spending on food stamps increased 38 percent (from \$286 to \$396 per person) and spending on health care increased 20 percent. On average, low-income families with children had more support for food and health care in 2005 than in earlier years but less help paying for child care and other expenses.

Variation across States

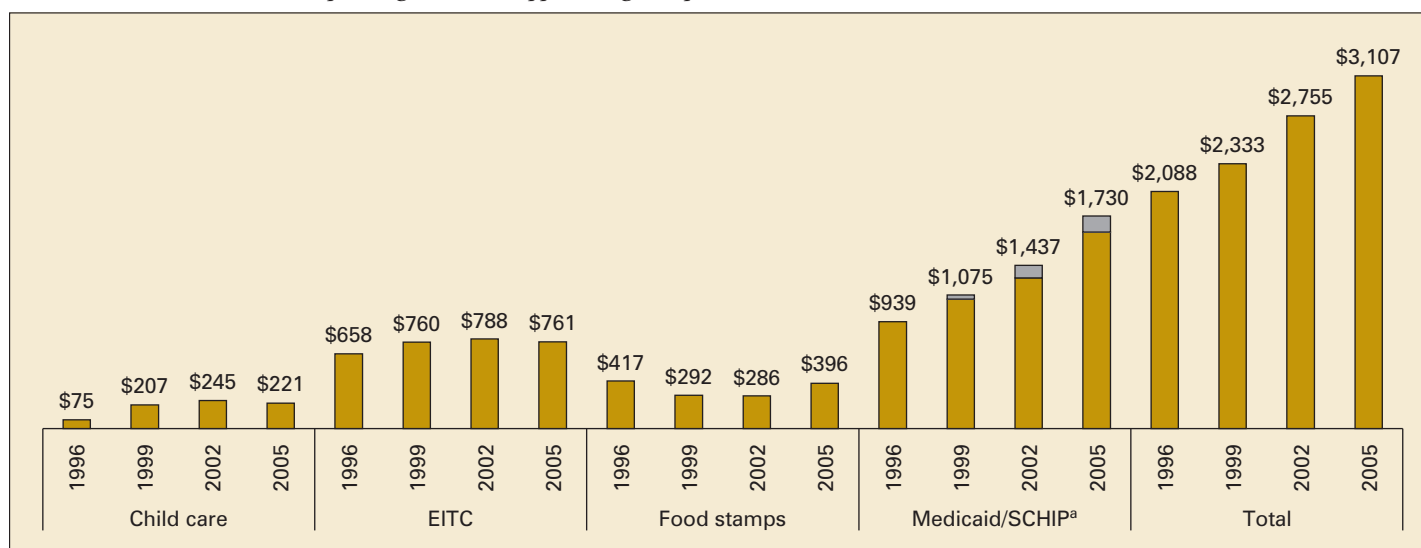
State spending on key work-support programs reflects not only the characteristics of low-income families living in the state, but also the myriad of state decisions that shape benefit eligibility and access to benefits. States have had considerably more leeway to define these work supports since 1996 federal reforms devolved more responsibility for social welfare programs. Part of states' TANF block grants, for

example, can be spent on child care subsidies. And states have numerous options for defining their Food Stamp programs, including choices about asset tests, coverage of immigrants, and how families must apply for benefits. Of course, many state decisions involve resource decisions. Some states take maximum advantage of federal Medicaid matching opportunities, while others choose to cover fewer low-income families. Some states have implemented tax credits that complement the federal EITC. The cumulative effect of these decisions can make a huge difference for low-income families.

Work-support spending per person in low-income families with children varies tremendously across states (figure 3 and appendix table A1).⁶ Nationally, federal and state governments spend \$3,136 per person a year on these four work-support programs (including state EITCs). Families living in Alaska, Connecticut, Maine, Maryland, Minnesota, New York, Rhode Island, and Vermont receive more than \$4,000 in work supports per person a year, while those living in Idaho, Nevada, and Utah receive less than \$2,000 per person a year.⁷

While differences in Medicaid spending account for a large share of the variation in spending across states, all work

FIGURE 2. Federal and State Spending on Work-Support Programs per Person in Low-Income Families with Children, 1996–2005 (2005 \$)

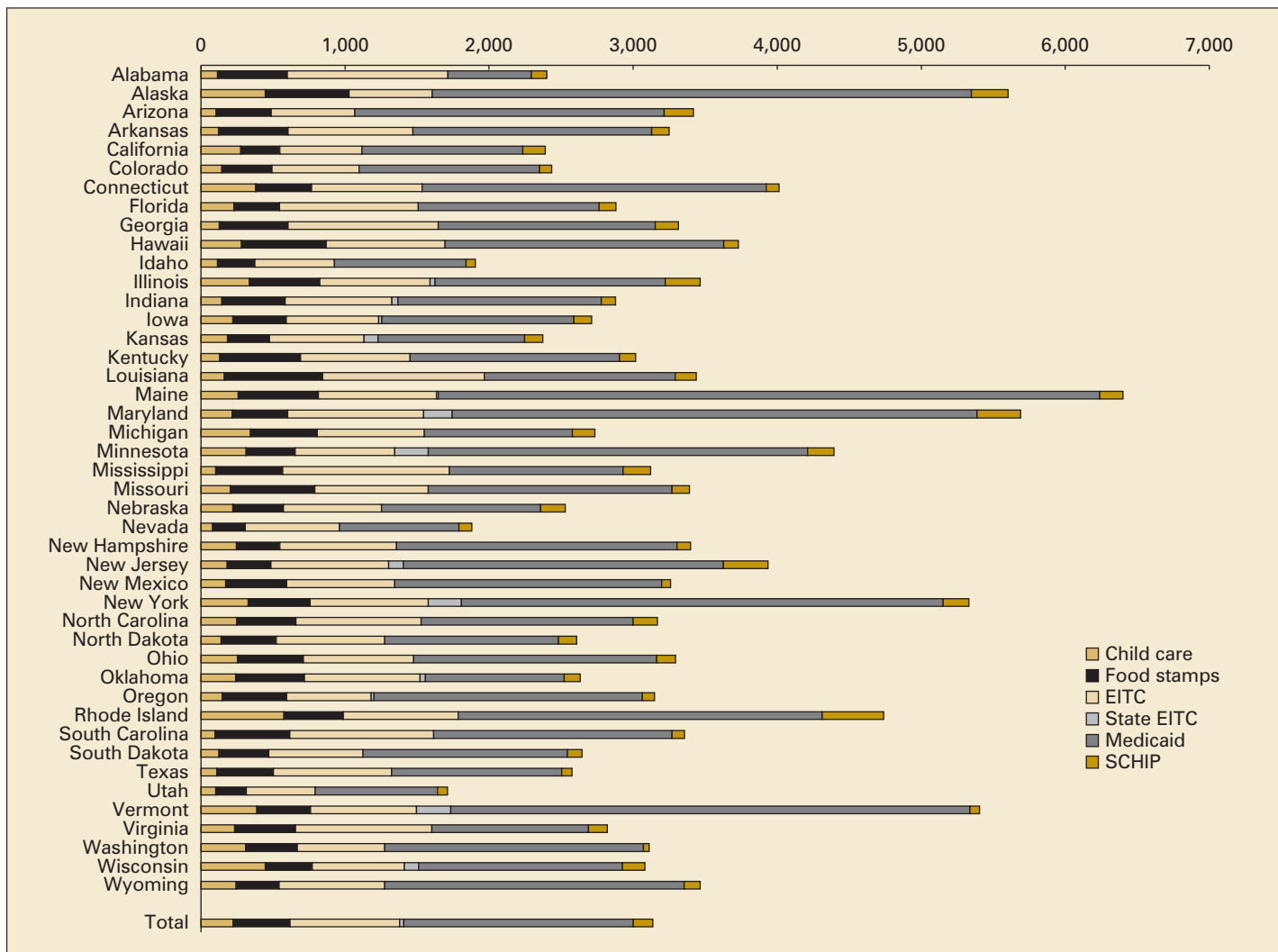


Sources: For all pre-2005 estimates, Zedlewski et al. (2006); for 2005 child care funding estimates, ACF (2006a, 2006b); for Food Stamp program spending, authors' calculations using the 2005 Food Stamp QC survey; for EITC spending, unpublished data from STATEEITCs@yahoo.com; for SCHIP spending, Kaiser Family Foundation (2007a, 2007b, 2007c); for 2005 Medicaid spending, calculations based on unpublished data from John Holahan.

a. SCHIP portion of Medicaid/SCHIP spending shown in gray (\$32 in 1999, \$112 in 2002, and \$135 in 2005).

Note: Low-income families are those living in households in which the primary family has an income below 200% of the federal poverty level, estimated using March CPS supplements.

FIGURE 3. State Work-Support Spending per Capita, 2005 (2005 \$)



Sources: Child care spending from ACF (2006a, 2006b); Food Stamp program spending from authors' calculations of Food Stamp QC survey; EITC spending from unpublished data from STATEEITCs@yahoo.com; SCHIP spending, authors' calculations from data in Kaiser Family Foundation (2006); Medicaid spending from unpublished calculations by John Holahan; and state EITC spending from authors' calculations based on Nagle and Johnson (2006), TPC (2006), and IRS (2000).

Notes: Low-income families are those with incomes below 200% of the federal poverty level, estimated using the 2005 ACS. Source years of state EITC spending data vary by state (see Nagle and Johnson 2006), and no data are yet available for 2005. We assumed that state EITC spending remained a constant percentage of each state's federal EITC spending to extrapolate to 2005. Inconsistencies in state-specific Medicaid data forced the exclusion of Delaware, the District of Columbia, Massachusetts, Montana, Pennsylvania, Tennessee, and West Virginia.

supports show variation. Child-care spending, for example, ranges from less than \$100 per person a year in Nevada and South Carolina to over \$400 in Alaska, the District of Columbia, Massachusetts, Rhode Island, and Wisconsin. Variations in child-care spending per person reflect state decisions about the share of TANF dollars going to child care and decisions about investing state money in child care. States can transfer up to 30 percent of current-year TANF funds to the CCDBG. On average, states transferred 12 percent of

their TANF dollars to the CCDBG.⁸ Fourteen states (Alaska, Colorado, Florida, Idaho, Kansas, Kentucky, Massachusetts, Mississippi, New Mexico, North Carolina, Oklahoma, Tennessee, Washington, and Wisconsin) transferred 20 percent or more of their TANF funds to the CCDBG.

Food Stamp spending per person falls across a tighter range than child care, reflecting the mostly federal rules governing this program. Per person spending also reflects the distribution of income and participation rates among low-income fam-

ilies. Some states have larger shares of eligible families at the low end of the income distribution; lower-income families, in turn, are eligible for higher benefits and more often participate in the program. Also, some states have taken greater advantage than others of new federal options that expand food stamps access. Some of these changes lead to higher participation (Ratcliffe et al. 2006), although these differences are likely to be small relative to differences in the low-income distributions across the states.

Nationally, food stamp spending on low-income families with children averaged \$396 per person in 2005. Spending on this family support ranged from less than \$300 per person in California, Idaho, Kansas, Nevada, and Utah to over \$500 in Alaska, the District of Columbia, Hawaii, Kentucky, Louisiana, Maine, Missouri, South Carolina, Tennessee, and West Virginia.⁹ Some of these differences can be attributable to wide variation in participation rates among working poor individuals eligible for benefits. For example, California and Nevada have two of the lowest working poor participation rates in the country, 34 and 39 percent, respectively. In contrast, participation rates for working poor families exceed 70 percent in Louisiana, Missouri, and Tennessee (Cunningham, Castner, and Schirm 2006).

Federal EITC spending shows the tightest distribution across the states, with about half the states hovering near the national average of \$761 per person. Federal EITC spending obviously reflects the number of earners in the low-income population with children and their earnings levels. EITCs were above \$1,000 per person a year in Alabama, Georgia, Louisiana, and Mississippi, all states with relatively low average incomes.

In addition to the federal EITC, 17 states offered a state earned-income credit in 2005, usually set at a percentage of the federal level. Data available for 15 of these states show that per person spending on state EITCs ranged from \$13 in Maine to over \$200 in the District of Columbia, Minnesota, New York, and Vermont. In recent years, more states have adopted credits or expanded existing credits to offer more support for working families. For example, Rhode Island and Kentucky enacted new credits for 2005 that are not yet reflected in available data. Delaware, Nebraska, and Virginia enacted state EITCs and Maine, Oregon, and New York increased existing credits in 2006 (Maag 2006).

Nationally, state and federal governments spent an average of \$1,595 on Medicaid for each member of a low-income family with children in 2005. Five of the states with available data spent over twice the national average (Alaska, Maine, Maryland, New York, and Vermont), and three (Alabama, Nevada, and Utah) spent roughly half the national average. Holahan and Cohen (2006) point to differences in

enrollment (which in turn can reflect different state policies), health-care costs, and the availability of employer-provided health insurance coverage as factors affecting Medicaid costs; the influence of all three factors no doubt varies across the states.

Average SCHIP spending, \$135 per person, adds to total government health spending for low-income families with children. As noted earlier, total federal matching monies for SCHIP are fixed, and states have broad flexibility in program design. States can expand or retract enrollment criteria to reflect their economic situation. For example, some states adopted policies in an effort to control spending during a time of dramatic declines in revenues in 2003 by introducing enrollment caps, increasing premiums and cost sharing, changing enrollment procedures, and scaling back outreach efforts (Hill, Stockdale, and Courtot 2004). Beginning in 2005, many states began to ease these restrictions, and SCHIP enrollment reached an all-time high of more than 4 million children (Smith and Rousseau 2006). Policy changes that took effect in 2006 should expand this work support. Fifteen states aim to increase coverage by increasing eligibility levels, adopting continuous eligibility, and reducing some copayments and premiums while four states aim to restrict SCHIP cost growth by scaling back dental services, adopting more restrictive eligibility policies, and increasing premiums (Smith et al. 2006).

Implications for Families

The growth in work-support spending between 2002 and 2005 has not necessarily boosted well-being for struggling families. Medicaid and SCHIP accounted for 78 percent of the spending growth, reflecting increased health-care costs and fewer low-wage jobs with health insurance. Food stamps accounted for the remaining growth, primarily reflecting increased eligibility due to lower family incomes. In contrast, per person spending on child care and the federal EITC declined over the past three years, reflecting parents' lower employment levels.

Families receive different levels of support depending on where they live. Low-income families living in Alaska, Maine, Maryland, New York, and Vermont, for example, received more than twice the support of the average low-income family

living in Alabama, California, Colorado, Idaho, Kansas, Nevada, or Utah. State spending varies depending on their program choices, the distribution of income within the low-income population, and family take-up decisions. Some states take advantage of all opportunities to expand supports and encourage participation, while others provide more minimal supports.

Some Concerns Arise

While the overall picture demonstrates the government's desire to boost the economic well-being of low-income working parents, it also raises some concerns. Child-care subsidies represent a paltry share of the actual cost of care, and the share has declined over the past three years. Families need child-care subsidies even more during weaker economic times to encourage job search and employment. Also, the 2005 reauthorization of welfare forces states to increase work among parents on welfare to avoid significant financial penalties. States likely will focus more child-care dollars on families on welfare and less on working families outside the welfare system in the future. On the positive side of the ledger, the statistics show how expanding access to food stamps for low-income working families can respond to economic decline. Recent spending trends also demonstrate that Medicaid and SCHIP now fill a larger gap in health insurance coverage for low-income families.

We also need to look beyond these traditional support programs when thinking about how to improve the work-focused income support system. Recent spending trends show how some supports decline when parents work less. Many low-income parents do not qualify for unemployment insurance (UI) and have little to fall back on when jobs are scarce. Less than one-third of unemployed workers received unemployment benefits during 2004 (Vroman 2005). We need to shore up this system, especially ensuring greater coverage among adults with relatively low earnings and limited work experience. Absent real reform in the UI system, we could consider extending the EITC for some limited number of months to unemployed parents actively searching for work. Some reforms are required to improve the effectiveness of the work-based safety net during weak economic periods.

APPENDIX TABLE A1. Per Capita State-by-State Spending Variation in Work-Support Programs, 2005 (2005 \$)

	Child care	Food stamps	EITC	State EITC	Medicaid ^a	SCHIP	Total
Alabama	\$114	\$486	\$1,114	\$0	\$578	\$108	\$2,400
Alaska	\$445	\$583	\$577	\$0	\$3,741	\$256	\$5,603
Arizona	\$103	\$385	\$580	\$0	\$2,146	\$203	\$3,417
Arkansas	\$122	\$481	\$869	\$0	\$1,655	\$121	\$3,249
California	\$276	\$270	\$571	\$0	\$1,117	\$157	\$2,391
Colorado	\$144	\$348	\$605	\$0	\$1,254	\$83	\$2,434
Connecticut	\$378	\$390	\$768	\$0	\$2,386	\$90	\$4,012
Delaware	\$348	\$425	\$873	\$0	—	\$82	—
District of Columbia	\$731	\$691	\$846	\$204	—	\$101	—
Florida	\$229	\$316	\$965	\$0	\$1,256	\$115	\$2,881
Georgia	\$126	\$479	\$1,041	\$0	\$1,506	\$163	\$3,315
Hawaii	\$281	\$589	\$825	\$0	\$1,934	\$101	\$3,730
Idaho	\$114	\$259	\$553	\$0	\$915	\$64	\$1,905
Illinois	\$335	\$490	\$764	\$35	\$1,598	\$241	\$3,464
Indiana	\$144	\$440	\$741	\$43	\$1,411	\$99	\$2,878
Iowa	\$220	\$373	\$642	\$21	\$1,332	\$125	\$2,712
Kansas	\$183	\$293	\$657	\$95	\$1,018	\$128	\$2,374
Kentucky	\$129	\$561	\$762	\$0	\$1,454	\$111	\$3,017
Louisiana	\$161	\$684	\$1,121	\$0	\$1,327	\$145	\$3,438
Maine	\$258	\$556	\$821	\$13	\$4,592	\$162	\$6,401
Maryland	\$215	\$388	\$944	\$199	\$3,642	\$303	\$5,690
Massachusetts	\$581	\$373	\$723	\$114	—	\$276	—
Michigan	\$342	\$466	\$742	\$0	\$1,028	\$157	\$2,736
Minnesota	\$312	\$341	\$693	\$233	\$2,632	\$183	\$4,393
Mississippi	\$101	\$467	\$1,157	\$0	\$1,205	\$191	\$3,120
Missouri	\$203	\$586	\$788	\$0	\$1,692	\$121	\$3,391
Montana	\$155	\$413	\$738	\$0	—	\$99	—
Nebraska	\$221	\$350	\$682	\$0	\$1,104	\$171	\$2,528
Nevada	\$79	\$229	\$653	\$0	\$830	\$90	\$1,881
New Hampshire	\$246	\$301	\$809	\$0	\$1,948	\$95	\$3,399
New Jersey	\$181	\$305	\$817	\$101	\$2,223	\$309	\$3,935
New Mexico	\$171	\$423	\$752	\$0	\$1,851	\$63	\$3,261
New York	\$327	\$431	\$819	\$231	\$3,345	\$178	\$5,330
North Carolina	\$247	\$413	\$869	\$0	\$1,470	\$169	\$3,169
North Dakota	\$138	\$386	\$751	\$0	\$1,207	\$128	\$2,609
Ohio	\$252	\$459	\$766	\$0	\$1,685	\$132	\$3,294
Oklahoma	\$241	\$478	\$801	\$37	\$965	\$111	\$2,633
Oregon	\$147	\$449	\$586	\$21	\$1,861	\$85	\$3,148
Pennsylvania	\$294	\$437	\$747	\$0	—	\$119	—
Rhode Island	\$575	\$413	\$797	\$0	\$2,526	\$428	\$4,739
South Carolina	\$96	\$521	\$999	\$0	\$1,654	\$88	\$3,357
South Dakota	\$123	\$349	\$655	\$0	\$1,418	\$101	\$2,645
Tennessee	\$186	\$594	\$904	\$0	—	\$0	—
Texas	\$108	\$396	\$819	\$0	\$1,182	\$70	\$2,575
Utah	\$101	\$213	\$479	\$0	\$850	\$69	\$1,712
Vermont	\$386	\$373	\$737	\$237	\$3,606	\$67	\$5,406
Virginia	\$234	\$422	\$947	\$0	\$1,087	\$131	\$2,821
Washington	\$310	\$359	\$607	\$0	\$1,794	\$40	\$3,110
West Virginia	\$150	\$528	\$687	\$0	—	\$109	—
Wisconsin	\$445	\$328	\$639	\$99	\$1,414	\$156	\$3,082
Wyoming	\$244	\$298	\$733	\$0	\$2,078	\$111	\$3,465
National^b	\$221	\$396	\$761	\$29	\$1,595	\$135	\$3,136

Sources:

— = not available

a. Medicaid data are missing for Delaware, the District of Columbia, Massachusetts, Montana, Pennsylvania, Tennessee, and West Virginia. Spending totals for these states will be misleading, and per capita values are excluded. National spending and national per capita spending computed using national figures.

b. National per capita spending for child care, Food Stamps, EITC, SCHIP, and Medicaid computed using CPS population data, as in figure 2. We chose the CPS for national data because it covers each year in our time series. Totals for the state EITC and all state-specific values computed using ACS population data.

Notes

- Holahan and Ghosh report numbers adjusted to 2005 dollars.
- Overall Medicaid cost growth actually slowed after 2002, dropping to just 3 percent in 2005, the lowest growth rate in over a decade (Ku 2006).
- States can also cover some or all parents or caretaker relatives in low-income families through waivers approved by the federal government. Thirteen states had approved waivers as of January 2006: Arizona, Arkansas, California, Colorado, Idaho, Illinois, Maine, Michigan, New Jersey, New Mexico, Oklahoma, Oregon, and Virginia (CMS 2006).
- State spending on state EITCs is not included in figure 1 because of limited data on this spending, especially in the early years of this series. We do estimate the value of state EITCs for 2005 and discuss the result in the context of variability in state spending.
- National per person numbers were calculated each year using persons in low-income families with children in the Current Population Survey. Parent work status was not used in the calculation because work supports help nonworking parents move into the labor market and help them stay in jobs once employed. Calculations include families with total cash income below 200 percent of the federal poverty level and at least one child under age 18. Throughout the remainder of the brief, “per person” means per person in a low-income family with children.
- The national total here and in figure 3 includes state EITC spending and therefore differs from the total shown earlier. Also, as noted on figure 3, population data to calculate per capita numbers were calculated from the American Community Survey that provides state-specific counts of low-income working families for 2005. (The Current Population Survey used for the national time series is too small to support estimates for each state.)
- As noted on figure 3 and appendix table 1, complete spending data are only available for 44 states. Medicaid spending data for Delaware, the District of Columbia, Massachusetts, Montana, Pennsylvania, Tennessee, and West Virginia are not available.
- From ACF spending data.
- As noted earlier, the 2005 data for Louisiana include a one-time increase in food-stamp spending due to hurricane relief.

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This brief is part of the Urban Institute's *Assessing the New Federalism* project, a multiyear effort to monitor and assess the devolution of social programs from the federal government to the state and local levels. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies changes in family well-being.

The *Assessing the New Federalism* project is currently supported by The Annie E. Casey Foundation and The John D. and Catherine T. MacArthur Foundation.

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