

FOCUS[®]

THE MAGAZINE OF THE JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES

“A HEART FULL OF GRACE, A SOUL GENERATED BY LOVE”:

*A TRIBUTE TO
MRS. CORETTA SCOTT KING*

By Gloria Wade-Gayles



When it is finally and accurately written, history will recognize Mrs. Coretta Scott King as one of the most influential and quietly formidable black women leaders in the twentieth century struggle for peace and justice in our nation. For five decades, following the death of Dr. Martin Luther King Jr. on April 4, 1968, Coretta remained uncompromisingly committed to the Nonviolent Movement for social change. She could have chosen a life of vaunted celebrity and gilded comfort. Instead, Coretta chose a life of constant struggle for social change. She understood the sacrifices, demands, and nuances of committed leadership. For five decades, she strengthened coalitions

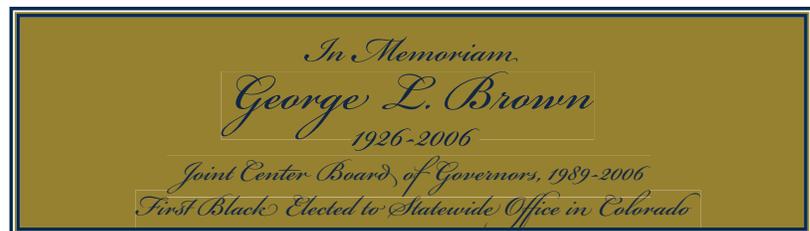
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FROM THE PRESIDENT'S DESK

In April, the Joint Center began its 37th year of operation. When former President Bill Clinton spoke at our Annual Dinner on April 11, he acknowledged the many valuable contributions the Joint Center has made over the years by generating and disseminating information that informs public policy decisions. All of us on the staff at the Joint Center were deeply gratified to have our work known and praised by a U.S. president.

President Clinton also said that when he left office, he did not want to spend the rest of his life wishing he was still President, especially since there is so much still to be done. Likewise, the Joint Center is looking forward. While we have much in our past to be proud of, there is a great deal of work yet to be done before racial disparities are eliminated. Many of the critical issues that President Clinton raised in his speech, such as the high rates of incarceration among young black males and the rise in childhood obesity rates, are prominent on the Joint Center's agenda. Addressing such complex issues involves developing strategies to change public policy and individual behavior, as well as strategies to better inform the public about these issues. In order to work toward these twin goals, the Joint Center will continue to forge and renew strong working relationships with and among civic organizations and African American public officials.

The Joint Center is working in partnership with the Black Women's Agenda to get information on the new Medicare Prescription Drug Benefit program (known as Part D for the section of the law that created the program) out to those who are eligible for this benefit. The Joint Center's recent survey of African American seniors indicates that many had too little information to make informed decisions about participation in a Part D plan when the enrollment period began. There may be flaws in the program, but it is operational and African American seniors should have the information they need to determine if they would benefit by signing up. In this issue of *Focus* are two reports on the new program that explore the implications of the new prescription drug benefit for communities of color.

In cooperation with the National Policy Alliance (NPA), the Joint Center also served as co-sponsor of the National "Never Again" Forum, held on the afternoon of the Annual Dinner. The forum explored ways to ensure that emergency planning for future disasters, whether natural or man-made, is inclusive and that the responses themselves reflect the needs of the entire affected population, regardless of race or economic class. The collaboration with NPA marks a branching out in the Joint Center's long-time relationship with black public officials. The members of NPA are the heads of nine organizations of black public officials, all of whom believe that when they speak collectively, their voices will have greater impact. To use a phrase repeated by several panelists at the Never Again forum—such a collective voice will "raise the noise level" on critical issues.

Raising the noise level has special significance this election year. There are a number of policy issues that would benefit from public debate and voter input. In addition to Medicare and disaster preparedness, other issues of significance to African Americans should receive attention, including Medicaid and Social Security. In its 37th year of operation—and beyond—the Joint Center will be following these issues and making information available for candidates, other interested groups, and the general public.

We will also be following the election campaigns. This issue's Political Report by David Bositis examines the candidacies of African Americans running for statewide office. This is one of many reports that we will do on the mid-term elections and the upcoming renewal of the Voting Rights Act. Analyses of the outcome of the season's primaries and general election campaigns will also be provided here in *Focus* and on our website.

We expect it will be an exciting year, both in politics and in policy. It is our hope that you will find our contributions valuable and that you will use them to "raise the noise level" on issues of importance to minority communities and to our nation as a whole.

Margaret C. Simms
Interim President

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MEDICARE PART D: PUBLIC KNOWLEDGE, MISPERCEPTIONS, AND ENROLLMENT PLANS

By Wilhelmina A. Leigh



On January 1, 2006, a prescription drug benefit known as Part D was added to Medicare, the federally funded health insurance program for the elderly and people of all ages with disabilities. Prior to 2006, only enrollees in Medicare Advantage plans received prescription drug coverage through Medicare. Under Medicare Part D, added by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, private insurers provide drug coverage that meets standards established by the Centers for Medicare & Medicaid Services.

To examine public knowledge about and understanding of Medicare Part D prior to program implementation on January 1, the Joint Center, with support from Pfizer Inc, conducted the Opinion Poll of Elderly African Americans and Whites about Medicare Part D. Between November 28 and December 29, 2005, African Americans and whites eligible to sign up for the program (i.e., 65 years and older and/or current Medicare beneficiaries) were interviewed by

Research America (a survey management firm) using the questionnaire developed by the Joint Center. The survey, whose results are highlighted here, sought to determine what currently eligible individuals know about the program structure and operation, as well as their enrollment intentions and the reasons underlying these intentions.

Lack of Information and Awareness

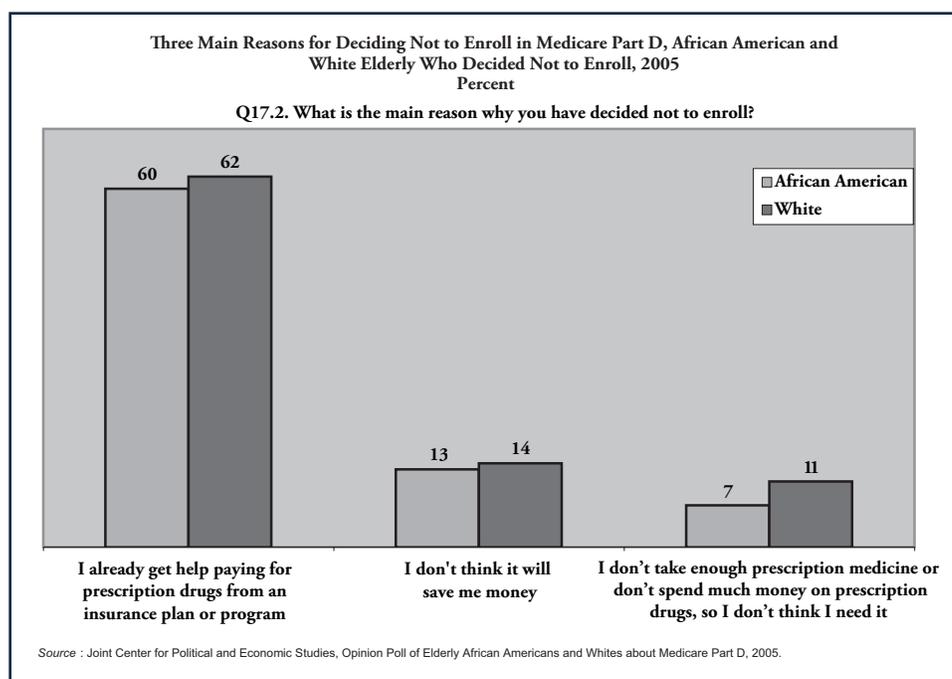
Perhaps the most surprising finding from the survey is the reported lack of receipt of information about the program. Of the national sample of 1,120 senior citizens (560 African Americans and 560 whites) interviewed, nearly half (48 percent) of African Americans and a fourth (25 percent) of whites indicated that they had not received information about Medicare Part D. In addition, the survey found that African Americans were less likely to be aware of low-income subsidies. Thirty-four percent

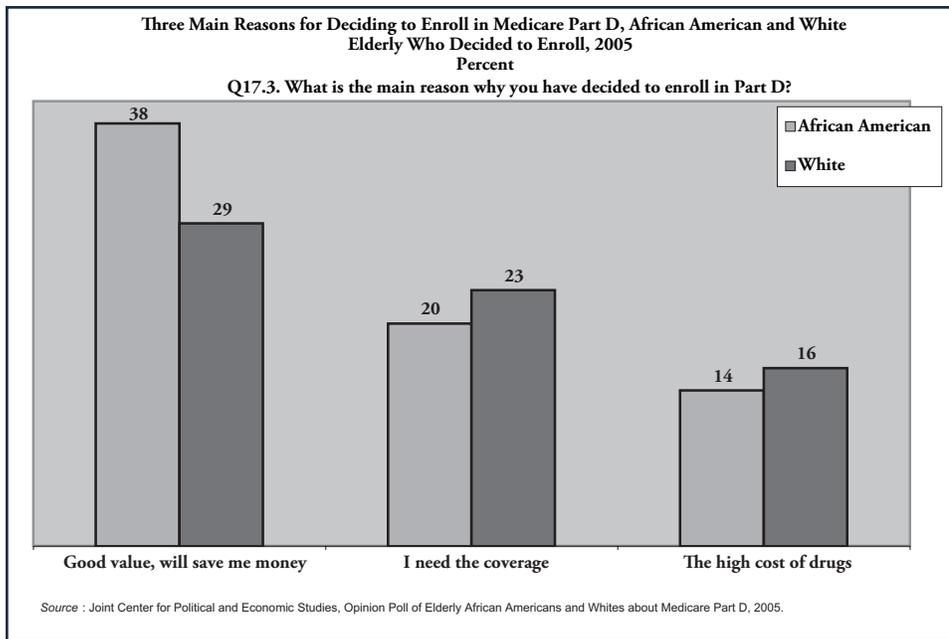
of elderly African Americans and 27 percent of elderly whites were not aware that Medicare Part D offers subsidies for low-income beneficiaries. More than 27 percent of elderly African Americans, compared with about 12 percent of elderly whites, reported income less than \$15,000, making African Americans more likely than whites to be eligible for low-income subsidies under Medicare Part D.

The survey also revealed that three-fourths of both the African American sample and the white sample had either no impression or an unfavorable impression of Medicare Part D. Extensive pre-2006 prescription drug coverage may account for this finding. A majority of survey respondents had health insurance coverage (73 percent of African Americans and 91 percent of whites) and prescription drug coverage (70 percent of both groups). The Medicaid program (19 percent), employer or retiree coverage (18 percent), and Medicare Advantage (16 percent) were the primary sources of existing prescription drug coverage for elderly African Americans.

Both African American and white respondents did not know the details about Medicare Part D. Few knew the projected average monthly premium (\$32 at the time of the survey) or the deductible (\$250) for Medicare Part D. For example, when asked if they knew what the premium was likely to be, large majorities of African Americans (80 percent) and whites (70 percent) replied that they did not know. Only one percent of each group replied correctly.

When information about the program—such as the amounts of premiums, deductible, and co-payments (25 percent for expenditures through \$2,250)—was provided to respondents as part of survey questions, in many





instances, potential enrollees remained undecided about whether to enroll. Some even became *less* inclined to do so. Nearly half of the undecided African Americans (46 percent) and nearly two out of every five undecided whites (38 percent) remained undecided about their enrollment plans. In addition, a third of the African American sample (33 percent) and two-fifths of the white sample (42 percent) responded that knowing this additional information would make them *less* likely to enroll.

Information about the existence of the coverage gap in Medicare Part D (between \$2,250 and \$5,100 in drug expenses, encountered by all except low-income enrollees) elicited a similar response pattern. Half of the undecided African Americans (49 percent) remained undecided, as did two out of every five whites (42 percent). Sizable shares also reported that knowledge of the coverage gap made them *less* likely to enroll—35 percent of African Americans and 47 percent of whites.

Knowledge of a premium penalty for post-May 15 enrollment also proved non-decisive for many. During the initial enrollment period (November 15, 2005, through May 15, 2006), individuals currently eligible for Medicare are able

to enroll in Medicare Part D. After May 15, a one-percent-per-month premium penalty will be imposed on these eligibles if they wish to enroll. Forty-one percent of African Americans and 20 percent of whites remained undecided about enrolling after learning about this penalty. The share of African Americans who indicated that they were no longer undecided but were less likely to enroll after learning about the premium penalty was 43 percent. The remaining 16 percent decided that they would enroll.

Reasons for Enrolling or Not Enrolling

When asked whether they thought that they would enroll in Medicare Part D, sizable proportions of African Americans (44 percent) and whites (26 percent) responded, “Don’t know, have not yet heard enough to decide.” A somewhat smaller share of African Americans (30 percent) said that they will enroll, as did 25 percent of whites. A fourth of African Americans (25 percent) and nearly half of whites (49 percent), however, responded that they will not enroll.

The main reason offered for the decision not to enroll was “I already get help paying for prescription drugs from

an insurance plan/program” (Figure 1). Sixty percent of African Americans and 62 percent of whites chose this reason. An additional 13 percent of African Americans and 14 percent of whites responded that they will not enroll because they “don’t think it will save them money.”

The main reason offered for the intention to enroll was “Good value, will save me money,” chosen by 38 percent of African Americans and 29 percent of whites (Figure 2). The second-ranked main reason was “I need the coverage,” selected by 20 percent of African Americans and 23 percent of whites. Fourteen percent of African Americans and 16 percent of whites selected the third-ranked reason, “the high cost of drugs.”

Conclusion

The findings from the Joint Center’s Opinion Poll of Elderly African Americans and Whites about Medicare Part D confirm what may be a growing consensus about Medicare Part D—that it has a complex structure and that its advantages and disadvantages are difficult to weigh and to explain to others. Thus, considerable targeted efforts may be required to enable eligible individuals—both those who could derive great benefit from enrolling and those who may not derive much benefit from enrolling—to move beyond the response “Don’t know, have not yet heard enough to decide” to an informed decision about program enrollment. Toward this end, the Joint Center and Black Women’s Agenda are partnering to host educational regional workshops about Medicare Part D in selected cities in the spring of 2006. □

Wilhelmina A. Leigh (wleigh@jointcenter.org) is a senior research associate at the Joint Center. For more information on the Joint Center’s Opinion Poll of Elderly African Americans and Whites about Medicare Part D, go to <http://www.jointcenter.org/Medicare/medicare.php>.

POLITICAL REPORT

TESTING THE GLASS CEILING: MID-TERM PROSPECTS FOR BLACK CANDIDATES

By David A. Bositis



The 2006 mid-term elections are likely to have a record high number of serious black major party nominees for the highest statewide offices: U.S. Senator, Governor, and Lieutenant Governor. There are four African Americans seeking their party's nomination for the U.S. Senate in Maryland, Michigan, and Tennessee. They are Kweisi Mfume (D-MD), Michael Steele (R-MD), Keith Butler (R-MI), and Harold Ford, Jr. (D-TN). Mr. Mfume was CEO of the NAACP and a member of the U.S. House; Mr. Ford currently serves in the House. Mr. Steele is Maryland's Lieutenant Governor, while Mr. Butler is the pastor of a megachurch and a former Detroit city councilman. At this time, Steele and Ford have already effectively secured their respective party's nomination.

There are also four African Americans seeking gubernatorial nominations: Ohio Secretary of State Kenneth Blackwell (R-OH), former U.S. Assistant Attorney General Deval Patrick (D-MA), former State Treasurer Jim Hill (D-OR), and former Pittsburgh Steelers star Lynn Swann (R-PA). Mr. Swann has already secured his party's nomination. In Maryland, a heavily Democratic state, the two leading Democratic gubernatorial candidates have selected black running mates for Lieutenant Governor. Also, Elliot Spitzer (D-NY) has selected New York Senate Minority Leader, David Paterson, as his running mate, which means—given Spitzer's 60-point lead in the polls—Paterson will be the next, and first, black Lieutenant Governor of New York.

Despite the large number of African Americans running for U.S. Senator and Governor, the prospects for each of these candidates are unclear, and none would be called a favorite to win. Michael Steele is running in a strongly Democratic state. An additional factor weighing against Steele and the other black Republican nominees is that opinion polls suggest that 2006 is shaping up as a strong Democratic year, with numerous issues hurting the GOP, including the war in Iraq, corruption, the

new Medicare drug plan, and incompetence (e.g., in the response to Katrina). Steele is trailing both of the other potential Democratic nominees in the polls, and the contest is rated “leans Democratic” by Charlie Cook of the Cook Political Report. While Kweisi Mfume leads Mr. Steele in a general election match-up, he is in a tight contest with U.S. Representative Ben Cardin for the nomination, and many election observers give the edge to Cardin in the primary.

Representative Harold Ford, Jr. is a strong candidate in Tennessee, but that state has not elected a Democratic U.S. Senator since 1994, and he is currently trailing the likely Republican nominee by about five points in the polls. The race is still considered a toss-up by most independent election analysts, however. Keith Butler faces a tough primary fight against a former state senate majority leader, and he trails U.S. Senator Debbie Stabenow in the general election match-up.

The potential black gubernatorial nominees likewise face significant challenges. Ken Blackwell is favored to win the nomination in Ohio, but Ohio Republicans have several corruption scandals to deal with, including Governor Taft's guilty plea to misdemeanor charges of receiving unlawful gifts. The Republican party's moderate and conservative (led by Blackwell) wings are divided in the state, and Blackwell has angered many of the moderates by airing political advertisements attacking his leading opponent, Attorney General Jim Petro—and indirectly attacking Governor Taft—as being corrupt. The Taft family has been the first family of Ohio politics for more than a century. Furthermore, Ohio has been a state favoring moderate Republicans over conservative Republicans. Blackwell trails the expected Democratic nominee in the polls, and the contest is rated “leans Democratic” by Mr. Cook.

Deval Patrick has run a surprisingly strong campaign in Massachusetts

considering that he has never run for office before. He leads Republican Lieutenant Governor Kerry Healy in the polls matching the two for the general election. Despite more than doubling his support in the last six months, however, Patrick still trails Attorney General Tom Reilly in Democratic primary polls by about 10 points, and thus has to be considered the underdog in the race. Mr. Patrick has established himself as a formidable candidate, and even if he fails to win the nomination, he is likely to have a bright future in electoral politics.

Jim Hill is running in the Democratic primary in Oregon against sitting Governor, Ted Kulongoski, who leads his likely Republican rivals. Absent scandal, it is very rare for a sitting Governor to be denied re-nomination, and hence Hill must be judged an underdog.

Finally, Lynn Swann is running close to Governor Edward Rendell, with some recent polls even showing him in the lead. His Hall-of-Fame career with the Steelers, as well as his recent work on television as a sports analyst, give Mr. Swann complete name recognition in Pennsylvania, which is a plus for any candidate. However, Mr. Swann has no political experience and has never run for office before. As a novice candidate, he will be more prone to making the kind of political mistakes that can effectively destroy a campaign. Furthermore, as governor, Mr. Rendell will enjoy the full benefits of incumbency.

Since the 1960s, there have been 21 black major party nominees for the U.S. Senate, and on four occasions they have triumphed: Ed Brooke (R-MA) in 1966 and 1972, Carol Moseley Braun (D-IL) in 1992, and Barack Obama (D-IL) in 2004. There have been 10 black major party nominees for Governor, with only Douglas Wilder (D-VA) winning that office in 1989.

The record high year for black U.S. Senate nominations was 2004, with four major party nominees. Three of the four nominees, however, had no serious chance of being elected. Republican Alan Keyes

was nominated in Illinois after the party's preferred candidate had to drop out over a sex scandal; Republican Marvin Scott obtained the nomination in Indiana under similar circumstances. Keyes received 27 percent of the vote, and Scott received 37 percent in the general election. Former Representative Denise Majette (D-GA) did win the nomination without benefit of another candidate's misfortune, but all of the leading Democrats in Georgia declined to enter the race. She lost the general election, receiving only 39 percent

of the vote. The record high years for black gubernatorial nominations were 1986 and 2002, each with two black nominees. None of these candidates, however, broke the 40 percent mark in the general election.

The partisan division of black major party nominees since the 1960s is 11 Democrats and 10 Republicans for the U.S. Senate, and nine Democrats and one Republican for governor. If all of the candidates noted above win their party nominations, there will be two Democratic and two Republican black nominees for the U.S. Senate, and

two Republican and one Democratic black nominee for governor.

Is this going to be a breakthrough year for black candidates running for top office? At this early stage of the game, the answer appears to be no. On the other hand, it would not be at all surprising if our nation had three black U.S. senators in the new Congress and a black governor by January 2007. □

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MAJOR PARTY AFRICAN AMERICAN NOMINEES FOR GOVERNOR AND U.S. SENATOR, POST-RECONSTRUCTION

AFRICAN AMERICAN MAJOR PARTY NOMINEES FOR THE U.S. SENATE

YEAR	STATE	NAME	PARTY	OPPONENT	VOTE (%)
1966	Massachusetts	Edward Brooke	R	Endicott Peabody	60.7
1972	Massachusetts	Edward Brooke	R	John Droney	63.5
1974	Connecticut	James Brannen	R	Abraham Ribicoff	34.3
1978	Massachusetts	Edward Brooke	R	Paul Tsongas	44.8
1988	Maryland	Alan Keyes	R	Paul Sarbannes	38.2
	Virginia	Maurice Dawkins	R	Charles Robb	28.7
1990	North Carolina	Harvey Gantt	D	Jesse Helms	47.4
1992	Illinois	Carol Moseley Braun	D	Richard Williamson	53.0
	Maryland	Alan Keyes	R	Barbara Mikulski	29.0
1994	Missouri	Alan Wheat	D	John Ashcroft	35.7
	Washington	Ron Sims	D	Slade Gorton	45.1
1996	North Carolina	Harvey Gantt	D	Jesse Helms	45.8
1998	Illinois	Carol Moseley Braun	D	Peter Fitzgerald	47.0
	Connecticut	Gary Franks	R	Christopher Dodd	32.0
2000	Massachusetts	Jack E. Robinson	R	Edward Kennedy	13.0
	Mississippi	Troy D. Brown	D	Trent Lott	31.0
2002	Texas	Ron Kirk	D	John Cornyn	43.0
2004	Georgia	Denise Majette	D	Johnny Issakson	39.0
	Illinois	Barack Obama	D	Alan Keyes*	70/27
	Indiana	Marvin Scott	R	Evan Bayh	37.0

AFRICAN AMERICAN MAJOR PARTY NOMINEES FOR GOVERNOR

YEAR	STATE	NAME	PARTY	OPPONENT	VOTE (%)
1982	California	Tom Bradley	D	George Deukmejian	48.1
1986	California	Tom Bradley	D	George Deukmejian	37.4
	Michigan	William Lucas	R	James Blanchard	31.4
1989	Virginia	Douglas Wilder	D	Marshall Coleman	50.1
1990	South Carolina	Theo Mitchell	D	Carroll Campbell	27.9
1995	Louisiana	Cleo Fields	D	Murphy J. Foster	37.0
1999	Louisiana	William Jefferson	D	Murphy J. Foster	30.0
2002	Nevada	Joe Neal	D	Kenny Guinn	22.0
	New York	H. Carl McCall	D	George Pataki	33.0

SOURCE: DATA COMPILED FROM THE JOINT CENTER'S BIENNIAL ELECTION REPORTS, WRITTEN BY DAVID BOSITIS.

*NOTE: BOTH MAJOR PARTY NOMINEES ARE AFRICAN AMERICAN.

HEALTH REPORT

MEDICARE PART D: A WOMAN'S ISSUE

By Gail C. Christopher



African American women are survivors. They often outlive their spouses and, sadly, even some of their children. Yet, far too many of these survivors face poverty, isolation, and dependency on public programs such as social security, Medicaid, and Medicare. The quality of their survival depends, to a large degree, on access to health care and appropriate management of the many chronic diseases that beset aging bodies. The new Medicare Part D prescription drug benefit has important implications for the quality of life that women of color, particularly African Americans, experience in the later years of their lives.

The Importance of Medicare and Prescription Drug Benefits to Women

Women make up the majority of Medicare enrollees. According to a 2005 Kaiser Family Foundation report, 56 percent of the 42 million seniors and persons with disabilities enrolled in Medicare are women. This percentage rises in the older beneficiary populations because women typically live longer than men. In March 2005, the Center for Population Studies (CPS) found that 61 percent of black non-Hispanic elderly ages 65 and older were female. Among black non-Hispanic elderly ages 75 and older, 65.8 percent were female.

African American women and other women of color have a particularly large stake in the new prescription drug benefit. In 2003, 73 percent of black elderly had no private health insurance in addition to Medicare, while only 37 percent of all elderly people lacked such insurance. In addition, women of color experience a disproportionate rate of chronic illnesses that require regular and continuous use of prescription drugs.

Diabetes is one prominent example of a chronic disease requiring long-term use

of prescription drugs. When diabetes is not properly managed through quality care, elderly women with this condition are at a particularly high risk for related health problems and kidney disease.

Diabetes and Women's Health Across the Life Stages: A Public Health Perspective, a report by the Centers for Disease Control and Prevention, offers the following data showing the disproportionate incidence of diabetes among women, especially women of color.

- More than half of the 15.7 million people with diabetes in the U.S. are women (8.1 million).
- The incidence rate is two to four times higher among black, Hispanic, American Indian, and Asian Pacific Islander women than among white women.
- Elderly black women have twice the rate of death from diabetes as elderly white women.
- Among women ages 60-74, 33 percent of black American women have diabetes, compared with 16 percent of white women.

In addition to diabetes, nine out of ten women ages 65 and older report living with one or more chronic conditions, including hypertension, arthritis, and Alzheimer's disease. Like diabetes, these conditions require long-term prescription drug therapy.

Low-Income Medicaid and Medicare Recipients: Dual Eligibles

Many low-income seniors and people with disabilities are enrolled in both Medicare and Medicaid. These individuals are referred to as "dual eligibles." Prior to January 1, 2006, more than a third of African Americans enrolled in Medicare

relied on Medicaid for their prescription drug coverage. In 2002, 73 percent of dual eligibles had annual incomes below \$10,000, compared with 12 percent of other Medicaid beneficiaries, and almost two-thirds of dual eligibles did not have a high school diploma. Fifty-two percent had fair/poor health, compared with 26 percent of other Medicare beneficiaries.

As of January 2006, dual eligibles ceased to be eligible for prescription drug coverage from Medicaid and began to receive coverage through Medicare Part D. Medicare Part D provides prescription drugs through hundreds of private plans. Dual eligibles—clearly the population most in need of easy access to essential medication—needed to enroll in a Medicare Part D plan by December 31, 2005. If they did not make a plan selection, the Centers for Medicare and Medicaid Services (CMS) automatically enrolled them in a plan with a premium (monthly payment for healthcare coverage) at or below average for their region. While this random assignment approach benefits the private companies that offer plans by guaranteeing them each an equal portion of dual eligibles, its benefits for enrollees are not so clear. Random assignment includes no effort to match individuals to the plans that best suit their personal health needs.

To select the most suitable Part D prescription drug plan for their needs, individuals must compare formularies, pharmacy networks, and other salient features of each plan. One option is to call 1-800-MEDICARE in order to reach a representative who can help individuals choose a plan. The best way to select a plan, however, may be to use the CMS plan finder tool on the Internet (www.medicare.gov). Yet, access to the Internet itself may serve as a barrier for many dual eligibles, who represent the nation's most physically, educationally, and economically disadvantaged population. A Pew Internet and American Life survey in 2003 showed

that 11 percent of African Americans over the age of 65 reported using the Internet, compared with 22 percent of white seniors in this age group. Levels of Internet use are lowest among seniors with less education and lower incomes.

Are Dual Eligible Beneficiaries Better Off With A Medicare Part D Plan?

The simple answer is no. Although low-income beneficiaries are eligible for subsidies, even the most generous of Part D subsidies leave most dual eligibles worse off in terms of out-of-pocket costs than they were under Medicaid. Under Medicaid, this group of individuals paid no premiums, no deductible, and only optional or nominal co-payments (depending on their state of residence). The Medicare Part D subsidy offers the following to dual eligibles:

- No deductible (the standard deductible is \$250)
- No gap in coverage (the standard coverage limit is \$2,250, with a gap in coverage of \$2,850 until total annual drug costs reach \$5,100)
- Set dollar co-payments depending on income and/or institutional status (the standard benefit has 25 percent coinsurance)
 - o \$0 co-payments for dual eligibles who are institutionalized
 - o \$1 (generic/preferred)/\$3 (non-preferred) co-payments for dual eligibles with incomes up to 100% of the federal poverty level
 - o \$2 (generic/preferred)/\$5 (non-preferred) co-payments for all other dual eligibles

Penalties for Not Enrolling by the May 15, 2006 Deadline

While Medicare Part D is a voluntary program, currently eligible individuals will pay a penalty in the form of higher premiums if they do not enroll by May 15, 2006. This penalty increases by one

percent of the national average premium (at the time of enrollment) for every month that enrollment is delayed past the May 15th deadline. Individuals will continue to pay the premium penalty for as long as they remain enrolled in the plan. For many who have no other prescription drug plan options, this could mean a lifetime of increased premium costs. For those who enroll late in a less expensive Part D plan, the penalty will constitute a higher percentage of the monthly payment because the penalty is based on the national average premium, not on the premium in lower-cost plans. Those who qualify for low-income subsidies (individuals below 135 percent of the federal poverty level) will be

required to pay 20 percent of the applicable penalty fee and only have to pay the penalty for five years.

The health implications of Medicare Part D are enormous for low-income elderly, particularly women of color. This significant change in healthcare policy should receive special attention from agencies, leaders, and interest groups focused on the needs and rights of women. As states and the federal government struggle to amend the legislation or put regulations in place to address some of the implementation hurdles, private citizens and civic organizations must serve as intermediaries to help individuals navigate the Medicare Part D enrollment process and make choices that ensure uninterrupted access to life-protecting medications at affordable prices. Efforts should be made to help seniors enroll and avoid penalties that will permanently increase costs for their needed medication coverage.

Realizing Better Prescription Drug Coverage

On April 10, 2006, the Congressional Tri-Caucus—members of the Congressional Black Caucus (CBC), the Congressional Hispanic Caucus (CHC), and the Congressional Asian Pacific American Caucus (CAPAC)—urged President Bush to extend the enrollment deadline for the Medicare Prescription Drug benefit

program from May 15, 2006 to the end of 2006. In its letter to the president, the Congressional Tri-Caucus reiterated what research by the Joint Center and others has documented: African Americans and other vulnerable seniors, despite having the greatest need for prescription drug coverage and the least ability to absorb the long-term financial penalties associated with late enrollment, have not received enough information about and/or assistance with enrolling in the prescription drug plans that best meet their needs.

The Congressional Tri-Caucus's request to extend the enrollment deadline is laudable and should be granted. However, the overall design of Medicare Part D needs

The health implications of Medicare Part D are enormous for low-income elderly, particularly women of color.

to be revisited as well. The process is far too confusing and complicated. Medicare Part D allows insurance companies to drop medications and/or increase prices at will, while strictly limiting the ability of most seniors to change plans.

At the same time, a recent Joint Center survey of African American and white elderly reveals that large percentages of blacks (as well as many whites) do not have nearly enough information about Medicare Part D to make informed decisions about which plan to choose. Many do not realize that there are low-income subsidies and late enrollment penalties. Thus, as the process stands now, Medicare Part D leaves millions of seniors vulnerable to penalties for late enrollment as well a gap in coverage that requires them to pay all prescription drug costs below a certain threshold. With the healthy survival of so many elderly people—especially women of color—at stake, more must be done to ensure that these Medicare beneficiaries get the information they need to make informed decisions about prescription drug plans and the quality health care they need to live life to its fullest. □

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ECONOMIC REPORT

BRINGING BROADBAND TO AFRICAN AMERICAN COMMUNITIES

by Margaret C. Simms



The Internet revolution has been a focus of both private and public attention for about ten years. During that time, technology has changed significantly and the diffusion of various forms of technology throughout the United States has been widespread but uneven. Drawing on a recently released Joint Center paper on African Americans and broadband Internet service, this economic report highlights some of the factors that explain current racial differences in broadband use and ways in which broadband could be beneficial to the African American community.

U.S. households have come a long way since the National Telecommunications and Information Administration (NTIA) released *Falling Through the Net*, its first report on computer and Internet use, in 1995. At the time of that report, less than a third of households had computers and only half of them were using the Internet at home. By the time of the NTIA's sixth report, released in September 2004, over 60 percent of households had at least one computer in the home and over 50 percent had an Internet connection. Although increases in Internet use have been observed among all groups, racial and ethnic differences have persisted over time. In October 2003, when the data for the last NTIA report were collected, 45.6 percent of African Americans were Internet users (at home or elsewhere), compared with 65.1 percent of whites, 63 percent of Asian Americans, and 37.2 percent of Hispanics.

Another significant change over time has occurred in the nature of Internet connections. When the surveys were first undertaken, most residential users were online via a dial-up connection. In the space of two years, between 2001 and 2003, the use of broadband doubled. Broadband access to the Internet has significant advantages over dial-up in terms of speed. This enhances the user's experience because it allows faster downloads and faster uploading of data,

files, and other media. While broadband is not needed for all Internet activities, it is recommended for newer, more robust applications. By September 2003, over one in five (22.8 percent) individuals over the age of three lived in households with broadband connections. This was true for 25.7 percent of non-Hispanic whites and 13.9 percent of African Americans.

Broadband use has continued to increase rapidly in the past few years. Data from the 2005 Pew surveys show that broadband use doubled among white Internet users between 2002 and 2005; just over one-half of all those who have Internet access

Although increases in Internet use have been observed among all groups, racial and ethnic differences have persisted over time.

at home have high-speed connections. African Americans also increased their use of high-speed connections during this period, but by only 68 percent. Consequently, the broadband gap between the two groups of home Internet users grew from four percentage points in 2002 to 19 percentage points in 2005.

Factors Explaining Broadband Use

The Joint Center's analysis of the factors that explain African Americans' use of broadband indicates that family income has the biggest impact on whether or not an African American household uses broadband, with education and residing in a metropolitan location coming in second and third. Families with incomes between \$40,000 and \$60,000 are a third more likely to have broadband than those with incomes below \$40,000. Those with incomes between \$60,000 and \$100,000

are nearly twice as likely as those in the lowest income category to have broadband at home, while those with incomes over \$100,000 are three times more likely to have it. Households in which the head of the household has at least some college education are 40-50 percent more likely to have broadband.

Broadband users differ from other Internet users in the way and the frequency with which they use the Internet. They are more likely to go online on a daily basis and spend more time online when they do. Women, as it turns out, are more intense users of the Internet. Broadband users also may be more civically involved, or at least those users who telecommute on a regular basis may be more so. According to the 2004 Pew report, this group is nearly twice as likely as other Internet users to get involved in community groups or increase their level of involvement.

According to the 2005 Pew surveys, African Americans with broadband at home behave much like their white counterparts. They use the Internet with similar frequency, they send e-mails at similar rates, and they get news online about as often. This would suggest that many of the differences in home Internet use are between dial-up and broadband. Since African Americans are more likely to be in the first category, the differences we observe in Internet use could be attributed to the type of connection they have. These data do not address the direction of causation, however. Are African Americans with dial-up connections less likely to go online because it is slow or are they less likely to have broadband because they have little need or desire for frequent use of the Internet and therefore only require dial-up?

There are certainly a number of features of broadband that should be attractive to African Americans. Improving educational and employment outcomes is fundamental to economic advancement within the African American community. This fact is

well known within the African American community, and African Americans who are online are more likely than other Internet users to use the Internet for job searches and training or educational purposes. Young African Americans who are online are more likely than their white peers to download study aids and enroll in online courses. Yet, in general, fewer African Americans than whites are online.

The Promise of Broadband

There is a tendency to view broadband diffusion from the perspective of the individual household because residential use provides sufficient customer density to generate the economic returns needed by industry. However, it is useful to think about this diffusion from a community perspective as well, especially when assessing the benefits within the African American community.

Because African Americans are more geographically concentrated than other groups in this country, diffusion of broadband service into their communities would provide access not only to individual households, but also to community-based institutions that serve the African American community and bolster its economic base. Community contexts might include community-based health facilities, neighborhood improvement groups, schools and training centers, churches, and local businesses. A focus on these community institutions could have dual benefits. First, there are community-level benefits. Second, there are industry benefits, as broadband use in the community context is likely to generate additional demand at the household level, just as use at work generates demand for individual users.

One of the expectations is that broadband will generate advances in health care by allowing more access to medical information and medications, as well as medical check-ups and diagnoses online. However, the feasibility of doing this from individual households seems small, at least in the near term, until medical institutions invest more in tele-health technologies. On the other hand, community-based health facilities and satellite facilities such as senior citizen centers should be locations where individuals with modest incomes

and limited mobility could be assisted with medical information and could receive specialized diagnosis and treatment from medical providers who are located off-site.

People across all age groups can benefit from online access to medical information and advice. A 2005 report by the Children's Partnership, *Measuring Digital Opportunity for America's Children*, discusses the advantages that the Internet can offer for children, ranging from its use by teens and young adults to search for health information to its use for monitoring children's asthma. Young adults use the Internet to find information on sensitive subjects. Those who access health information online frequently seek out medical care or change their health behavior as a result, according to one

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study cited. At the present time, however, African Americans and Latino youths are much less likely to use the Internet for this purpose, despite their greater risk for poor health outcomes. This is another way in which community centers could be used to cultivate Internet use, either by focusing on health as part of a larger initiative or building comfort with the Internet through other areas of use, such as job hunting.

Finally, minority businesses could also benefit from outreach efforts that are focused on the neighborhood level. A Joint Center review of information on e-commerce use by minority businesses

in 2002 found that minority-owned businesses lagged behind other businesses in their use of e-commerce (Focus, July 2002). This was particularly true in terms of sales. While there were no racial differences in use of the Internet for disseminating information, minority-owned businesses were not as likely to use it to sell their products. Moreover, they tended to undervalue this tool as a way of capturing larger market share and did not include it in their business plans. The reasons most often given were lack of proper software, lack of technical expertise, and too much existing competition online. In addition, many did not think their products or services lent themselves to e-commerce. Outreach in the broadband context might alter some of these perceptions.

Conclusion

Broadband is increasingly available in the marketplace and at declining prices. Racial differences in use still exist, however, even within income and education categories. This suggests that income and education differences do not fully explain low use by African Americans. Evidence suggests that less familiarity with technology among some segments of the community and a general lack of appealing content both play a role. Providers who want to reach African American consumers should consider greater exposure to technology in general as well as improved content. Interest in topics such as health, employment, and education by African Americans currently online could guide such content development. □

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“A HEART FULL OF GRACE, A SOUL GENERATED BY LOVE”:

A TRIBUTE TO MRS. CORETTA SCOTT KING

(continued from front cover)

that had been forged in the early days of the Movement and established new coalitions that spoke to the urgency for a new Movement in the late 1990s. Like Martin before her, she understood that “injustice anywhere is a threat to justice everywhere” and she traveled, as he had traveled, across the nation and around the world calling for peace, for justice, and for tolerance.

Issues forged in the kiln of the late twentieth century that were not on the agenda during Martin’s life became causes for which Coretta took a public stand, among them women’s rights, the end of apartheid, the AIDS crisis, slavery in the Sudan, the war in Iraq, environmental racism, gun violence, and oppression of members of the LGBT community. Her support for this community added wider doors and longer pews to the Beloved Community so that it would accommodate a congregation of differences that were visible, and yet rendered invisible, during the 1960s. In a word, Coretta was never mired in the past. She was as forward-thinking as she was tolerant.

Coretta was “called” to lead. I emphasize *called* because she entered the Movement as the wife of its celebrated leader. To be sure, she was always in the Movement as an active and committed participant, walking with her husband in demonstrations, applauding him at rallies, and enduring with him—and sometimes without him—the threat of bombs promised and bombs delivered; but she was not a leader in her own right. By all reports and by her own testimony, the identity of wife and partner gave Coretta comfort and joy, even pride. Martin’s death directed her to the light of leadership she would not have chosen on her own. Although her grief was profound and she faced alone the care of their four young children, Coretta picked up the mantle of leadership and, echoing Martin’s words, spoke in her own voice about his vision of the Beloved Community. She had been

chosen by destiny and prepared by her partnership with Martin to serve.

Hers was a difficult challenge in part because she was a woman in a Movement that was decidedly, and perhaps unapologetically, male. But it was difficult also because in the early years of her leadership, the Movement was in a waning stage. Ruptures across lines of gender and race had changed the battlefield that she had entered with Martin and others. If she found the challenge daunting, the pace of her commitment to the struggle said otherwise. It was as if the Movement song, “Gonna keep on marching,” that she had sung with Martin and with other activists was a mantra guiding Coretta to different causes and different groups located in near and distant places.

She traveled nationally and globally to be counted among people who stood up

When it is finally and accurately written, history will recognize Mrs. Coretta Scott King as one of the most influential and quietly formidable black women leaders in the twentieth century struggle for peace and justice in our nation.

for peace and justice. She maintained old coalitions and created new ones, refusing in all instances to curry favor with power brokers who stood on the wrong side of truth. She demonstrated, she picketed, she wrote letters and articles, she established awards, she received awards, she spoke compellingly from pulpits and lecterns and in places that had neither—all this and more she did to keep the Movement of Nonviolence from slipping into the dark abyss of oblivion. History should record that Martin was inspired and chosen to dream the Beloved

Community, and Coretta was driven and chosen to keep the Dream alive. For her, this meant establishing a national holiday in memory and honor of Martin.

In the face of criticism that was biting and sometimes personal, Coretta held fast to her vision of a national birthday celebration for Dr. Martin Luther King Jr. To be sure, she wanted to honor Martin, who deserved to be remembered, but there was more to her vision than the beating of her heart. Coretta knew that remembering Martin would force the nation to bear witness to the power of non-violent change. In her vision, the holiday was always intended to go beyond the man to the Movement, and beyond the Movement to the concept of nonviolence, and from this concept to the strengthening of the Beloved Community. It speaks to a philosophical concept universally held—remembering the past can influence how we perceive the present and give shape to the future. It is a concept that erases lines, often drawn by those in power, that separate the continuum of time into artificial categories of past, present, and future, thereby disempowering us and weakening our resolve to “keep on marching.”

On November 2, 1983, history wrote the name *Coretta Scott King* in the indelible ink of deserved praise. On that day, the nation and the world observed the first annual celebration of the birthday of an African American in history. If a leader is one who realizes an inspired vision, then, without question, Coretta Scott King deserves recognition as an influential leader of the twentieth century. If there were no Martin Luther King Jr. Day, millions of young people in this nation and around the globe, and millions of the yet unborn, would never know that people who come together from diverse racial, economic, and religious backgrounds can effect change nonviolently. Documentaries; prime time specials; special editions of newspapers, journals, and magazines; visual art of mixed media; concerts, vocal and symphonic; high school essay contests; middle

school poster projects; city-wide oratorical contests; scholarly conferences here and around the globe; special services at churches, temples, and mosques; oral history projects; commemorative marches, congressional caucuses, and votes on new legislation—these and other gifts of memory, education, and inspiration we owe to Coretta's fierce determination to remember Martin and to keep the Dream alive. All of us are indebted to her, for there is no individual or group in this nation who is not served in some way by this national holiday.

We are also indebted to Coretta for holding fast to her determination to found the King Center. Again, she took on the naysayers. She refused to be silenced because she understood why we needed such a Center. Like Martin Luther King Jr. Day, it educates us about Martin and the Movement and, in doing so, inspires us to choose nonviolent conflict reconciliation as the right response to injustice. From its dedication in 1968 to the present, the King Center, sitting symbolically in the historic fourth ward of Martin's childhood, welcomes visitors from across the nation and around the world to see and touch memorabilia from his life and from the Movement, to hear tapes of his sermons and triumphant singing of demonstrators, to attend conferences, to conduct research, and to volunteer in projects, such as rehabilitating houses, feeding the hungry, mentoring children, and comforting the wounded. These experiences can inspire us to choose

struggle over complacency, justice over injustice, and nonviolence over violence.

It is, of course, regrettable that the King Center has faced major financial and ideological challenges for the past five years, if not longer. We must acknowledge these challenges without interpreting them as signs that the Center will not survive or evidence that it should not have been established in the first place. History teaches us that great ideas, like

History should record that Martin was inspired and chosen to dream the Beloved Community, and Coretta was driven and chosen to keep the Dream alive.

giant oaks, are slow to rise to the heights they will one day reach. They need time and the proper slant of the sun's rays and, most of all, the gardeners' belief in their right to climb. We are indebted to Coretta for preparing the soil, planting the seed, and realizing an early harvest that promised greater ones to come. We needed Martin Luther King Jr. Day. We needed the King Center. We needed Coretta.

When it is finally and accurately written, history will record that, in the passing of Mrs. Coretta Scott King, we lost a leader who never sang sotto voce about peace and justice. By choice and with love, Coretta blended her voice with

Martin's. Our sense of loss is palpable, and so, understandably, as we witnessed the celebration of her life on February 7, 2006, seven days after her death, we said "amen" to the tributes, added "hallelujah" to the songs, and looked heavenward toward doves released in the sanctuary. We took time to mourn, but the ravages of war and injustice do not allow us the luxury of mourning too long. Several days after Martin was assassinated, Coretta marched in support of striking sanitation workers in Memphis, Tennessee. In that same year, she spoke at national rallies against the Vietnam War and helped organize the Poor People's Campaign.

Inspired by her example, we must make of our grief an armor of service. We, too, must serve. In his "new definition of greatness," Dr. Martin Luther King Jr. said, "Everybody can be great because everybody can serve." Appropriately, his words describe and explain the place that Coretta earned in history. She brought to her five decades of service the "only" requirements for greatness: "a heart full of grace and a soul generated by love." □

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