

FOCUS[®]

The monthly magazine of the Joint Center for Political and Economic Studies

ELECTION RESULTS HAMPER BLACK POLITICAL AGENDA

Black Turnout Mixed

By David Bositis

Rep. John Conyers, a Detroit Democrat, has no doubts about the impact of the November elections on the legislative objectives of the Congressional Black Caucus. Speaking at the Joint Center's November 14 Post Election Forum, Conyers said "all of the issues are down the toilet and no one can bring them back." Conyers, along with Michael Steele, Maryland's lieutenant governor-elect, and others discussed the impact of the elections on the nation, African Americans and Black politics.

The election resulted in the Republicans regaining control of the Senate as well as keeping control of the House. It also capped a campaign season in which the GOP began to re-embrace African Americans, according to Steele, one of two Black lieutenant governor candidates who won on November 5. Acknowledging that Republicans had walked away from African Americans during the civil rights

—Continued on page 3

IN THIS ISSUE...

- 2 **Perspective**
GOP Empowered to Change Its Image
- 9 **Hunger Crisis Hits Southern Africa**
"Devastation Overwhelming"
- 10 **Index to FOCUS Magazine Volume 30**
- 12 **Health Care Hurt by Medicaid Cuts**
Millions Could Be Affected

IN TRENDLETTER...

- 5 **Political Report**
Poll Indicates Black Democratic ID Drops
- 7 **Economic Report**
Prescribing Health Coverage Policies

GOP Empowered to Change Its Image

The November elections pose a particular challenge for Black America. With the Republican takeover of the Senate, not only the White House but all of Congress will be controlled by the same party. Because African Americans generally don't support GOP candidates, this new environment makes developing coalitions an increasingly important and urgent tool in advancing a legislative agenda important to Black political and economic empowerment.

The election returns also provide a unique opportunity for the Republican leadership to create programs designed to generate greater Black support. The GOP has long talked about increasing inclusiveness, but has generated little in the way of results. This recent election, however, produced two Black Republican lieutenant governors. Their election may be an opportunity for the GOP to make its talk mean something.

Certainly, at the national level, things will be more difficult for members of the Congressional Black Caucus (CBC) and all House Democrats. No longer are their Democratic Senate colleagues in a good position to help with measures Republicans reject. At a minimum, Democrats controlling the Senate, though barely until now, meant policies favored by the Caucus could get a sympathetic hearing in at least one chamber.

The new partisan reality will first make itself felt in nominations to the federal bench. Civil rights organizations had successfully worked to stop consideration of two of President Bush's judicial nominees, whom opponents considered right-wing ideologists. But with Republican control of the Senate Judiciary Committee, those nominees, Charles Pickering of Mississippi and Priscilla Owen of Texas, almost certainly will be considered again and go on to win Senate approval.

With the increased power the GOP now enjoys also comes increased responsibility for Republicans to make good on what many in the Black community regard as mere lip service to diversity. While this year's dearth of Black GOP congressional candidates was not a healthy sign, the election of Republicans Michael Steele in Maryland and Jeanette Bradley in Ohio as lieutenant governors offers reason for hope.

These two candidates were not elected on their own, of course, but in tandem with White gubernatorial candidates who led their tickets. Nevertheless, the heightened political status and visibility of Steele and Bradley should give the GOP something solid on which to build a more effective and meaningful outreach program.

Steele, along with Rep. John Conyers, the CBC dean, and others, were among participants at a recent Joint Center forum. Steele knows it will take effective programs and policies, something more than a few Black faces in high GOP places, to help the GOP become the inclusive party he says it wants to be.

This is a good time for the GOP to approach African Americans. Our 2002 National Opinion Poll (see Political Report) generally shows declining Democratic Party identification among Black people and increased association with Independents and Republicans.

Yet, while the identification levels are shifting, Black people continue to vote Democratic at traditionally high levels. What this says is that African Americans are open to change but will continue to vote their interests. So far, Republicans have not presented enough of substance to give Black Americans good reason to vote for GOP candidates in large numbers.

The Republican Party now, more than ever, has the power to change that. ■


PRESIDENT



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the states where they had these victories were large, including Michigan, Illinois, and Pennsylvania. The GOP gubernatorial wins included Alaska, Hawaii, New Hampshire, and Vermont, whose combined 13 electoral votes are fewer than Michigan's alone.

Black candidates for statewide office broke some new ground. There will be two Black Republican lieutenant governors starting in 2003, Steele and Jeanette Bradley in Ohio. Black Republican statewide candidates achieved a perfect record on Election Day, with all four candidates winning. On the Democratic side, there were 12 Black candidates but only four winners.

The four Black Democrats who won were all incumbents, including Attorney General Thurbert Baker and Labor Commissioner Michael Thurmond in Georgia. Meanwhile, the Democratic governor and U.S. senator from Georgia both lost their elections.

The number of Black members of the House was unaffected by this midterm election, holding steady with 37 voting members and two delegates. However, Republican Rep. J.C. Watts of Oklahoma retired, and Democrat David Scott (GA-13) was elected for the first time, so while the number is unchanged, all Black members of the House are now Democrats—and members of the Congressional Black Caucus (CBC).

Two members of the CBC lost their reelection bids in the Democratic primaries:

Earl Hilliard (AL-7) and Cynthia McKinney (GA-4). Two other members of the CBC will retire at the end of the current session of Congress: Eva Clayton (NC-1) and Carrie Meek (FL-17).

Along with Scott, there will be four additional new faces in the Caucus when the new Congress begins in January: Artur David (AL-7), Kendrick Meek (FL-17), Denise Majette (GA-4) and Frank Balance (NC-1).

Policy Shifts

We should expect to see significant shifts in the policy agenda in Washington starting in January. With the Republicans in complete control in Washington, several items on the Bush Administration-Republican party agenda will receive early attention and likely passage.

The president and congressional leaders have already promised to enact a prescription drug benefit for Medicare recipients will definitely be enacted, although their version will be less comprehensive than the Democrats favor. Bush's Faith-Based Initiative and most of his federal judicial nominees will probably clear the Congress early next year. The Democrats in the Senate are unlikely to filibuster any but the most controversial lower court nominees and — potentially — any Supreme Court nominee who would upset the current balance on the high court.

Given that the Supreme Court will review affirmative action next year, it is

doubtful Congress will re-visit the subject. Anti-abortion legislation will certainly be introduced in the new Congress, but the GOP leadership is likely to be cautious about diminishing abortion rights. Finally, the required renewal of welfare reform is likely to bring about a major fight in Congress, with conservative Republicans looking to substantially cut spending in that area. At the same time, the nation's governors, all of whom face significant budget problems, want to maintain or increase spending in that area.

Without a mandate and a commanding majority in Congress, the GOP will not have an easy ride with its agenda, despite the party's Election Day victories. And whatever does go wrong, the Democrats will make sure Republicans get the blame.

"I'm very encouraged about '04," Terry McAuliffe, the ever-optimistic Democratic Party chairman told the Trotter Group. "George Bush cannot blame us anymore." ■

Joe Davidson contributed to this article.

SAVE THE DATE!

*The Joint Center's 2003 Annual Dinner
Monday, April 14, 2003*

*Hilton Washington and Towers Hotel,
Washington, D.C.*

2002 Black Major Party Nominees for Statewide Office (Partial List)

State	BVAP (%)	Office	Black Nominee(s)--%Vote	Opponent--%Vote
Arkansas	13.9	Lieutenant Governor	Ron Sheffield (D) 40%	Win Rockefeller (R)√ 60%
Connecticut	N.A.	Treasurer	Denise Nappier (D)√ 55%	Ross Garber (R) 42%
Georgia	26.6	Attorney General	Thurbert Baker (D)√ 56%	Shannon Goessling (R) 44%
		Commissioner of Labor	Michael Thurmond (D)√ 52%	Richard McGee (R) 45%
Illinois	13.8	Secretary of State	Jesse White (D)√ 69%	Kris Cohn (R) 29%
Kansas	N.A.	Secretary of State	David Haley (D) 32%	Ron Thornburgh (R) 65%
Maryland	26.4	Lieutenant Governor	Michael Steele* (R) 52%	Charles Lawson (D)√48%
Nevada	6.3	Governor	Joe Neal (D) 22%	Kenny Guinn (R)√ 68%
New York	14.8	Governor	H. Carl McCall (D) 33%	George Pataki (R)√ 50%
Ohio	10.5	Lieutenant Governor	Jeanette Bradley* (R) 58%	
			Charleta Tavares (D) 38%	See Adjacent Nominees
		Secretary of State	J. Kenneth Blackwell (R)√ 59%	Bryan Flannery (D) 41%
South Carolina	27.2	Attorney General	Steve Benjamin (D) 44%	Henry McMasters (R) 56%
		Secretary of State	Rick Wade (D) 43%	Mark Hammond (R) 57%
Texas	11.0	U.S. Senate	Ron Kirk (D) 43%	John Cornyn (R) 55%
		Chairman, Railroad Commission	Michael Williams (R)√ 56%	Sherry Boyles (D) 41%

√Incumbent * Governor and Lieutenant Governor run together on the same ticket. In the 2002 elections, all four Black Republican nominees won election; four of the 12 Democratic nominees won election.

POLITICAL REPORT

Poll Indicates Black Democratic ID Drops

The Joint Center recently released its 2002 National Opinion Poll on politics. The survey of 1,647 adults included 850 African Americans and was conducted between September 17 and October 21. FOCUS editor Joe Davidson spoke with David Bositis, the Joint Center senior research associate who designed the survey, about what it revealed.

FOCUS: What do you consider to be the most surprising finding in the 2002 National Opinion Poll?

BOSITIS: I guess in terms of surprises, it was the drop in Democratic identification among African Americans.

FOCUS: The poll found that the self-identification among Democrats dropped to 63 percent this year from 74 percent in 2000. To what do you attribute that drop?

BOSITIS: To a couple of things. One is that in 2000, it was a presidential election year, and Democratic identification tends to be higher in presidential election years. Also, it was the last year of the Clinton administration. Bill Clinton was and remains extraordinarily popular with African Americans. The Republican numbers this year are actually reverting to historical norms; or recent historic norms, as opposed to there being any real increase in Black Republican identification.

FOCUS: The numbers do show that the older African Americans, 65 years and older, are certainly the most solid Democrats. And younger African Americans, ages 18 to 25, a third of them identified themselves as independent. Does this mean

that as the younger group grows older, the number of independents among all African Americans will increase, or is it more likely that as the younger African Americans get older they will become more solidly Democratic?

BOSITIS: That's a good question, and one I cannot answer. I can give you a couple of scenarios. If the status quo remains between the two parties, I think that these younger African Americans, when they become older, will become more Democratic. I don't think they will ever be as Democratic as their parents and grandparents. But I do think they will become more Democratic. If the Republican party changes and makes itself more amenable to African Americans, I think you could see a situation 10 or 15 years from now where you would see a significant portion of those younger African Americans, as they became older and more politically involved, would begin identifying with the Republicans. But that is assuming that Republicans change.

FOCUS: Previously in FOCUS you wrote that in this congressional election Republicans slated far fewer African American candidates for the House than in previous elections. Does that indicate that they might change, or that they probably won't?

BOSITIS: I don't think that is a good measure of where their commitment is. The fact is, of 24 Black Republican candidates who were nominated in 2000, 23 of them lost. And they received an average of about 25 percent of the vote. So they weren't what you would call serious

candidates – by serious I mean having a serious chance to win. I think more interesting is perhaps what Robert Ehrlich did in his campaign for governor of Maryland. Or what Jim Talent did in his campaign for Senate in Missouri. They have made going after Black support a significant element of their strategy.

I think what is happening is too little to signal that there is some change going on in the Republican party. Republicans do realize that the Black vote is a problem for them. By a problem, I mean that they are losing elections because of the Black vote and that they feel like they need to do something about it. Remember, failure is what engenders change. In politics, if you keep failing, you realize you have to start doing something differently.

FOCUS: Let me ask you about the top Republican, President George W. Bush. The survey indicates that his favorable rating this year among African Americans is 50.8 percent, while 38.6 percent rate him unfavorably. Yet his job ratings are almost the reverse: 38.5 percent of Black people give him a passing job rating and 59.2 percent give him a poor job rating. What's the difference between the favorable rating and job rating?

BOSITIS: The job performance rating is a judgement on what he is doing in office and indirectly also on the state of the country. In that view, African Americans don't think he has done a particularly good job; basically a fairly lousy job. The favorability rating is about George Bush personally. I actually suspect that both of those numbers are somewhat inflated by the rally-round-the-flag syndrome.

FOCUS: Inflated on the positive side?

BOSITIS: Yes. What is really there in terms of George W. Bush is mostly negative. Remember, only 8 percent of African Americans voted for George W. Bush. And

I fully expect that if he runs again in 2004, he will probably only get about 10 percent of the Black vote then as well.

FOCUS: Both Al Gore and Jesse Jackson Sr. saw their ratings drop considerably in the 2000 poll. Why is that?

BOSITIS: For Al Gore, I think that Black voters think that he should have put up more of a fight in terms of defending his position in Florida and possibly winning the election. For Reverend Jackson, he has had some personal problems that have been publicized. He has had a couple of fairly visible conflicts with Al Sharpton and some other people.

FOCUS: Let me ask about the issues that most concern Black America. From 2000 to 2002, education dropped from 26 percent to 14 percent, that is, for those saying education was the top issue; and health and prescriptions drugs dropped from 18 percent to 5 percent. Meanwhile, the economy rose as a top issue from 14 percent to 23 percent. World affairs rose from 1 percent to 23 percent and a good bulk of that total was terrorism, which was identified as a top issue by 17 percent of those surveyed. What is your analysis of these top issues affecting Black America?

BOSITIS: That particular [survey] question is really about the media. “What is the most important thing right now?” Whenever certain concerns arise, of necessity certain other concerns decline. It is not a question of how important African Americans feel about education. The previous question to that in the survey asked people what the three most important problems were. If I aggregated the responses for the three most important problems, a majority of African Americans would have mentioned education.

The economy has increased substantially (as an area of concern). The economy was doing well in 2000. It is doing much more poorly now. Black unemployment has risen substantially. Plus, whenever unemployment rises, you have to be worrying about keeping the jobs. The same thing is true of

terrorism. What happened on September 11, 2001, and a few other things that have happened since have sensitized people to the issue of terrorism. Not just 9/11, but the anthrax attack, even the Washington area sniper, who was recently caught.

FOCUS: None of those concerns about terrorism leads to support of President Bush’s plan regarding a possible war against Iraq?

BOSITIS: As a matter of fact, both with the Black population and with the general population, the Bush administration has not been successful in carrying American opinion on going to war with Iraq. African Americans are clearly against going to war with Iraq. The numbers are 19.2 percent in support of going to war and 45.3 percent against — that’s 2.3 to 1 against. And even in the mostly White general population, about 40 percent support it; 25 percent oppose it and about a third are uncertain.

FOCUS: An overwhelming two-thirds of the African Americans in the survey say the U.S. is going in the wrong direction. How do you interpret that? Do you think that will lead to increased activity or perhaps

depression in the Black community?

BOSITIS: In terms of your second question, no, I do not think there is going to be a depression in terms of being active. But, I think the totality of what the Bush administration has proposed and achieved and what the Congress has passed over the last couple years represent things that African Americans don’t support. The tax cuts. The overly unilateralist foreign policy. The war with Iraq. The cutting of social spending for a variety of different programs. In terms of where the country is going, in terms of the entirety of the Bush program, African Americans oppose that. And they have seen George W. Bush achieve a fair amount of what he wanted. But most of what Bush has wanted have been things that African Americans don’t want.

FOCUS: Thank you. ■

The complete 2002 National Opinion Poll can be found at www.jointcenter.org.



For more information on this and related topics, visit our website.

Black Partisanship									
Political Self-Identification Since 1999									
	Democrat			Independent			Republican		
	2002 %	2000 %	1999 %	2002 %	2000 %	1999 %	2002 %	2000 %	1999 %
Total	63	74	68	24	20	23	10	4	5
18-25	54	51	58	34	36	30	9	9	7
26-35	56	70	67	29	24	26	15	5	4
36-50	65	79	66	21	18	26	12	4	4
51-64	70	77	69	21	18	20	5	3	5
65+	75	82	80	16	13	13	7	1	4

Source: Joint Center National Opinion Polls (1999, 2000, and 2002)

ECONOMIC REPORT

Prescribing Health Coverage Policies

By Margaret C. Simms

In late September 2002, the Census Bureau announced that the proportion of the population without health insurance had grown from 14.2 percent to 14.6 percent, an increase of 1.4 million. The principal cause of the increase was a decline in the percent of people covered by employer-based insurance plans. Reports released over the past year offer some explanations for the growing number of uninsured. However, there are also some promising programs for underserved populations. One recent report includes examples that can be replicated.

Workplace Changes

Insurance coverage through employers became more expensive and less generous in 2002. According to *Employer Health Benefits: 2002 Annual Survey*, released in September by the Kaiser Family Foundation and the Health Research and Educational Trust, employer health insurance premiums rose almost 13 percent this year, the biggest increase in 12 years. Employees also must contribute more toward their own coverage, on average 27 percent more in 2002 than the year before for a total cost of \$454 per year.

Only 5 percent of employees covered by health plans are currently in conventional plans, down from 27 percent just six years ago, according to the Kaiser report. Over three-quarters are enrolled in a managed care plan, either an HMO (26 percent) or a PPO (52 percent). Meanwhile, some workers are not eligible for employer plans at all. Just under half of employers offer coverage to part-time workers, and less than

a tenth allow temporary workers to enroll. Even among those employees eligible to enroll in a plan, 16 percent do not do so, most likely because they are already covered by a spouse's plan or because the cost of the employee's share of the premium is too high.

The cost of prescription drugs is one area of particular concern in health care costs. The Kaiser report documents employers' efforts to hold down costs by setting up "tiered" cost-sharing arrangements that provide incentives to employees to use generic drugs. For example, the average copayment for generic drugs is \$9, while that for "non-preferred" drugs (brand names for which there are generic substitutes) is \$26. Both of these copayment fees are up substantially from 2001 (\$1 and \$6, respectively).

When covered workers leave a place of employment, they often have the option of continuing coverage under the employer's plan as a result of the COBRA law (Consolidated Omnibus Reconciliation Act of 1986). However, statistics from the Kaiser report and from a report released by the Commonwealth Fund in late 2001 indicate that coverage through COBRA is fairly low. The Commonwealth Fund report, *Security Matters: How Instability in Health Insurance Puts U.S. Workers At Risk*, which summarizes findings from a household survey, shows that only 65 percent of workers employed in 2001 were eligible for COBRA. Eligibility was lower among low-wage workers (40 percent); the group that is least likely to be able to pay for medical care through savings or unemployment insurance. Even among those who are eligible, actual enrollment in COBRA is low. According to the Kaiser study, employers

reported only 20 percent of those eligible for COBRA actually sign up. Since the worker must pay 102 percent of the insurance premium for continued coverage, the economics are often not attractive.

While some of the health insurance and health care access problems cited in the Kaiser report may stem from the economic slowdown, the Commonwealth Fund survey was conducted in mid-2001, before the slowdown in the economy was widely felt. The authors point to several problems with a health insurance system that relies heavily on employer-based approaches. In times of economic recession, significant numbers of workers are placed at risk. But even in economic good times, many workers fall through this particular safety net because they work in small firms, are employed part-time, or work in unstable industries or occupations which expose them to periods of unemployment.

Successful Strategies

Many children and some adults who are not covered through employer-based health insurance are eligible for coverage through public programs such as the State Children's Health Insurance Program (S-CHIP) or Medicaid. Not all who are eligible are covered, due to lack of information, application difficulties and enrollment costs.

A June 2002 report from the W.K. Kellogg Foundation's Community Voices (CV) program highlights some successful strategies for bringing underserved populations into health care systems. *Reaching Out: Successful Efforts to Provide Children and Families With Health Care* documents the importance of enrolling eligible children into programs by noting that 20 to 25 percent of those who are eligible but not insured did not get medical or dental care, a proportion that was seven times that of insured children.

One of the goals of the Community Voices learning laboratories set up by the Kellogg Foundation is to improve health

outcomes by reducing barriers to care. As the report shows, a number of community-based strategies can be successful. Those discussed include: sending enrollment workers to nursing homes where both front line employees' children and residents' grandchildren are likely to be eligible; using neighborhood residents who are enrolled as either volunteer or paid "ambassadors" for the program; working through schools, churches and local clubs to distribute information.

One venue in which CV outreach workers have been relatively unsuccessful is the workplace. Many people employed in small businesses are not covered by employer plans and earn wages low enough to make them and their children eligible for Medicaid or S-CHIP. But their employers are often resistant to having outsiders come in to talk about the publicly subsidized health programs, either because they think it will take time away from work or because they mistakenly believe the company might be asked or expected to contribute to financing the insurance coverage. Some may also be concerned that they will be required to show whether their workers are documented.

The report discusses state and federal policies that can either hinder or help community efforts to enroll individuals in public programs or provide needed care. Among those policies that hinder access is one under which many states fail to recognize school-based clinics as participating providers under Medicaid or S-CHIP. Often these clinics are the most accessible facilities for children and the settings in which teenagers feel most comfortable seeking care.

A policy that promotes both access to care and enrollment is retrospective payment for emergency room visits. This means that a qualified medical provider can get paid for services rendered prior to a patient's enrollment in Medicaid or S-CHIP. This would provide incentives for hospital staff to facilitate enrollment since they could get reimbursement for care

provided at the time of or just prior to enrollment. The state of Michigan provides a three-month window for reimbursement prior to enrollment, a policy that is especially beneficial for safety net institutions as well as the patients they serve.

Policy Challenges

While these reports do not provide separate statistics on African Americans, Census data show that they are disproportionately more likely to be in low-wage jobs, without access to insurance and more reliant on public insurance for access to care. The impact of the current health care system on these groups of people should be of special concern to policy makers who have an interest in the Black community.

Through federal programs such as S-CHIP and private initiatives such as Community Voices, access to care has been

opened up for many. But other changes in coverage, especially those in the private sector, suggest that many adults and children are increasingly likely to face barriers to care. Addressing these needs will be particularly challenging in times of fiscal restraint at all levels of government. ■

All reports cited are available on line. Census report on Health Insurance Coverage: 2001 (www.census.gov/hhes/www/blthin01.html); Kaiser Foundation report on employer benefits (www.kff.org/content/2002/20020905a/); Commonwealth report on household survey (www.cmuf.org/programs/insurance/duchon_securitymatters_512.pdf); Kellogg Foundation report on successful programs (www.wkff.org/pubs/Health/CommunityVoices/Pub3746.pdf).

\$7 Million Grant Funds Health Policy Institute

The W.K. Kellogg Foundation has awarded the Joint Center a \$7 million grant to create a Health Policy Institute that will focus on health policy issues of special concern to African Americans and other minorities.

"The Center has a respected reputation for providing crucial policy information to key decision makers and the public," said William C. Richardson, Kellogg Foundation president and CEO. "We're confident that the new Health Policy Institute will expand and enrich this important work."

Since the early 1990s, the Joint Center has tracked and published hard-to-find data on the health of African Americans and other minorities and has facilitated discussions on issues including HIV/AIDS, access to health services, and the impact of managed care. The Institute, which will be officially launched in spring 2003, will expand the Joint Center's work in these areas and will provide timely responses to health policy challenges.

The three-year Kellogg grant will support a variety of activities, including polling and data-gathering, a series of public events and forums, and technical support for community-based organizations. The Joint Center's DataBank, an online data clearinghouse, will be a key component in disseminating community-based health data.

HUNGER CRISIS HITS SOUTHERN AFRICA

“DEVASTATION OVERWHELMING”

By GREG McDONALD

JOHANNESBURG (IRIN) - Southern Africa faces a “crisis of incredible proportions,” with the number of people requiring food aid expected to rise to 14.4 million, according to James Morris, the UN Secretary-General’s Special Envoy for Humanitarian Needs.

These preliminary findings come from a September 2002 assessment coordinated by the Southern African Development Community in the region’s six crisis countries. It showed an additional 1.6 million people would be in need of assistance before next year’s harvest, compared to the results of a similar survey in May by the Food and Agricultural Organization and the World Food Program (WFP), two United Nations agencies.

The countries with the largest increase in people in need were Zimbabwe at 6.7 million (up from May’s estimate of 6 million) and Zambia at 2.9 million (up from 2.3 million).

“The intensity of this crisis is increasing faster than we ever anticipated,” Morris told a press conference in Johannesburg, South Africa, at the end of a two-week fact-finding mission. “The human devastation of the most vulnerable people in the six countries is overwhelming.”

Limited supplies of maize — and people’s ability to afford, or even obtain it — were mainly responsible for the increased numbers. “Imports of food, both commercial and humanitarian relief, have been lower than originally projected, causing prices to soar across the board. Policy impediments on critical issues such as market liberalization and land reform are leading to greater food insecurity, and are

yet to be resolved by governments,” a WFP statement said.

Morris, who is also WFP’s executive director, said that the crisis had been “further exacerbated by this incredible pandemic of HIV/AIDS,” which has destroyed families, undermined agricultural production and deepened poverty.

WFP officials said health care workers in the six countries visited universally emphasized the lethal combination of hunger and HIV and how the convergence of the two calamities sharply increases vulnerability to infection and disease.

Morris said the emergency response in each of the crisis countries — Zimbabwe, Malawi, Zambia, Lesotho, Mozambique and Swaziland — “flows in to long-term development.” He added that hunger had

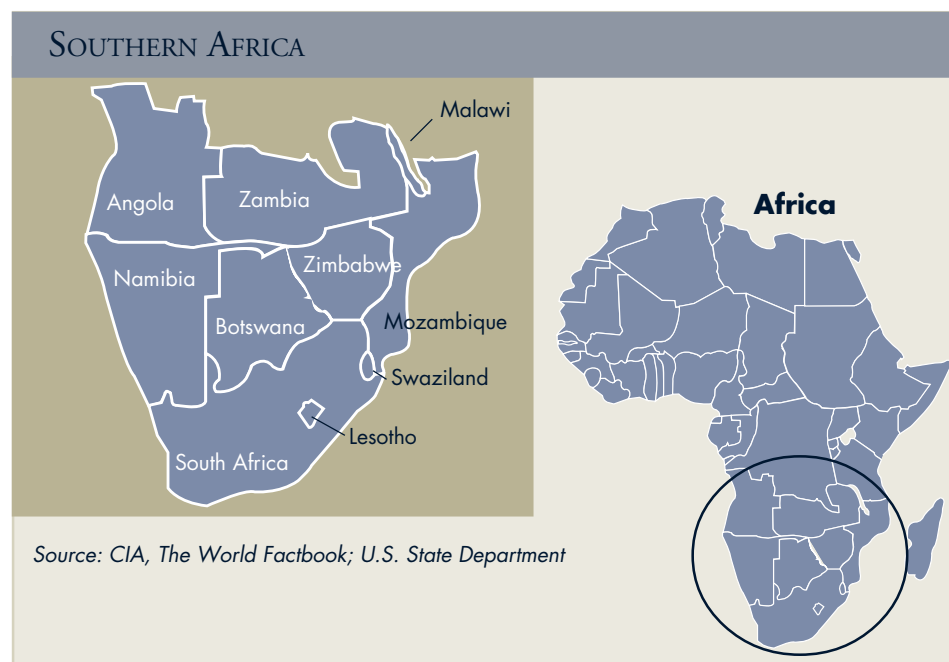
been compounded by a dependency on drought-prone maize, insufficient use of irrigation, and severe shortcomings in health, sanitation and institutional capacity.

“Prospects for next year’s harvest (in March and April) are bleak unless small-scale farmers immediately receive adequate supplies of seeds and fertilizer in time for the planting season, just one month away. Without investment in agriculture, the region cannot hope to stabilize, let alone regain food security. And the effects of an ever-likely El Niño impact have not yet been factored in,” the WFP statement said.

The United Nations, in July, requested from member nations \$611 million in food and non-food support for Southern Africa. To date, WFP has confirmed 36 percent of the \$507 million for food aid, and was confident about an additional 30 percent under a final stage of negotiations. On the non-food side, however, only \$12 million had been pledged, WFP warned.

“I’m optimistic we will get there, but it will require the most incredibly generous response from donors,” Morris said. ■

IRIN, the Integrated Regional Information Networks of the UN Office for the Coordination of Humanitarian Affairs, provided reprint permission for this story.



Index to FOCUS Magazine Volume 30

January to December 2002

Article Index

Title	Issue	Page	Title	Issue	Page
Africa and the Caribbean			States Cut Prison Costs		
Africa Fights Graft With New Treaty	OCTOBER	12		MAY	1
Africa Needs More Than Attention	AUGUST	2	Education and Training		
African Growing Pains: Zambia and Zimbabwe	MARCH	9	Dropout Prevention Vital in Education Programs	JAN/FEB	Econ.
Aid to Sub-Saharan Africa Shrinks	JUNE	12	Parents Evaluate Special Education	SEPTEMBER	5
Angola, Rebels Sign Cease-Fire	MAY	12	Prison Cells vs. Schoolrooms	OCTOBER	3
Children Exploited in West Africa	SEPTEMBER	12	School Spending Varies Widely	JULY	12
Growing Democracy: The U.S., Zambia and Zimbabwe	MARCH	2	Voucher Debate Changes Venue	SEPTEMBER	1
HIV/AIDS Bad News Trumps the Good	AUGUST	9	Washington Mandates School Choice	SEPTEMBER	9
Hunger Crisis Hits Southern Africa	NOV/DEC	9	Elections, Politics and Voting Rights		
Losing Paradise? HIV/AIDS in the Caribbean	MARCH	1	Black Votes Crucial to Capitol Control	OCTOBER	5
Moeletsi Mbeki Speaks	JULY	3	Campaign Finance: Mixed Bag for Black America	APRIL	1
Sierra Leone: Turning Bad News Good	APRIL	9	Election Reform: Next Step to a Fair System	APRIL	2
Unfair Trade Hurts More Than Aid Helps	JULY	9	Election Results Hamper Black Political Agenda	NOV/DEC	1
Business and Economic Affairs			Few Gains Likely Among Black Legislators	MARCH	5
The American Dream: A House to Call Home	SEPTEMBER	7	Good Bet: Next Ohio Lt. Governor-Black and Female	MARCH	12
Black Firms Grow Slowly	APRIL	12	GOP Empowered to Change Its Image	NOV/DEC	2
Generating Jobs in Good Times	JUNE	7	Hilliard Loses House Race	AUGUST	1
Good News, Bad News for America's Cities	OCTOBER	7	Joint Center Roster Shows Growth in BEOs	MARCH	3
MBEs Can Grow From E-Commerce	JULY	7	Kirk Wins Texas Senate Runoff; Others Seek Statewide Posts	MAY	5
Reading the Forecast on Economic Expansion	JUNE	8	McKinney Loses Race to Majette in Georgia	SEPTEMBER	5
State Economics Up, Revenues Down	JUNE	9	November Voter Turnout Might Set Record Low	OCTOBER	9
Civil Rights/Civil Liberties			Political Arithmetic Equals Coalitions	JULY	2
The Continuing Impact of 9/11	SEPTEMBER	2	Poll Indicates Black Democratic ID Drops	NOV/DEC	5
It's 'Illegal to Be Homeless' Advocacy Groups Say	APRIL	3	Redistricting 2002: Little Gain for Latinos	JULY	5
Lessons Learned? Building on Clinton's Race Initiative	JUNE	3	Reps. Watts, Meek to Leave Congress	AUGUST	5
New National Priorities: Where Do Minority Issues Fit?	APRIL	5	State Action Moves Slowly on Campaign Finance Reform	MAY	9
Post-September 11 Policies Examined	JAN/FEB	7	Vote as If Your Life Depended on It	OCTOBER	2
Criminal Justice			Washington, D.C.'s Strange Mayoral Race	SEPTEMBER	3
Court Decisions Limit Capital Punishment	AUGUST	5	Government		
Death Penalty Report Urges 85 Changes	JUNE	6	Budgets Balanced With Tobacco Funds	JUNE	5
Denying Welfare Benefits to Drug Convicts	JULY	1	Congress Resumes Sparring Over Issues	JAN/FEB	3
Prison Cells vs. Schoolrooms	OCTOBER	3	New Mayors Face Tough Budget Balancing Act	JAN/FEB	Polit.
Prison Inmates Growing Old	AUGUST	12	State Economics Up, Revenues Down	JUNE	9
Public Defender Offices Underfunded	AUGUST	3	A Wartime Budget for Two Fronts	APRIL	7
Rethinking the Criminal Justice System	JUNE	2	Health, Welfare and Income		
			Bush Proposes Changes to Welfare Reform Law	MAY	7
			Denying Welfare Benefits to Drug Convicts	JULY	1
			Health Care Disparities Persist	JUNE	1

Key: *Econ.* indicates *Economic Report*
Polit. indicates *Political Report*

Health Care Hurt by Medicaid Cuts	NOV/DEC	12
Home Care in Crisis	MAY	3
Off of Welfare, But Still Poor	AUGUST	7
Policy Implications of Children's Poverty	JAN/FEB	Econ.
Prescribing Health Coverage Policies	NOV/DEC	7
Social Security Reform: Beginning a Year of Dialogue	MARCH	7

International Affairs

Bunche, Young and Powell: Black Diplomats in the Middle East	MAY	2
Iraq: To War or Not to War?	OCTOBER	1

Joint Center

Reinvigorating Our Efforts in 2002	JAN/FEB	2
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Author Index

Author	Article Title	Issue	Page	Author	Article Title	Issue	Page
Agres, Michael	MBE's Can Grow From E-Commerce	July	7	Lee, Jessica	Iraq: To War or Not to War?	October	1
Allard, Patricia	Denying Welfare Benefits to Drug Convicts	July	1	Mathis, Deborah	Congress Resumes Sparring Over Issues	Jan/Feb	3
Barras, Jonetta	Washington, D.C.'s Strange Mayoral Race	September	3	McDonald, Greg	November Turnout Might Set Record Low	October	9
Boertlein, Eve	MBE's Can Grow From E-Commerce	July	7		Hunger Crisis Hits Southern Africa	Nov/Dec	9
Bositis, David	Black Votes Crucial to Capitol Control	October	5		State Action Moves Slowly on Campaign Finance Reform	May	9
	Budgets Balanced With Tobacco Funds	June	5	Murphy, Kathleen	School Spending Varies Widely	July	12
	Death Penalty Report Urges 85 Changes	June	6	Nyce, Sayre	Sierra Leone: Turning Bad News Good	April	9
	Election Results Hamper Black Political Agenda	Nov/Dec	1	Ritchie, Andrea	Denying Welfare Benefits to Drug Convicts	July	1
	Few Gains Likely Among Black Legislators	March	5	Samuel, Terence	Campaign Finance: Mixed Bag For Black America	April	1
	Joint Center Roster Shows Growth in BEOs	March	3	Schiraldi, Vincent	Corrections Spending Rates Much Higher	October	3
	Poll Indicates Black Democratic ID Drops	Nov/Dec	5		States Cut Prison Costs	May	1
Brown, Jennifer	Prison Inmates Growing Old	August	12	Simms, Margaret	The American Dream: A House to Call Home	September	7
Cantave, Cassandra	Off of Welfare, But Still Poor	August	7		Bush Proposes Changes to Welfare Reform Law	May	7
Cave, George	Dropout Prevention Vital in Education Programs	Jan/Feb Polit.			Generating Jobs in Good Times	June	7
Davidson, Joe	African Growing Pains: Zambia and Zimbabwe	March	9		Good News, Bad News for America's Cities	October	7
	Black Firms Grow Slowly	April	12		Policy Implications of Children's Poverty	Jan/Feb Econ.	
	Good Bet: Next Ohio Lt. Governor—Black and Female	March	9		Prescribing Health Coverage Policies	Nov/Dec	7
	It's 'Illegal to Be Homeless' Advocacy Groups Say	April	3		Social Security Reform: Beginning a Year of Dialogue	March	7
	McKinney Loses House Race to Majette in Georgia	September	5		A Wartime Budget for Two Fronts	April	7
	Post-September 11 Policies Examined	Jan/Feb	7	Twohey, Megan	Washington Mandates 'School Choice'	September	9
	Q&A: Moeletsi Mbeki Speaks	July	3	Wenger, Michael	Building on Clinton's Race Initiative	June	3
DeFrancis, Marc	Home Care In Crisis	May	3	White, Jason	State Economies Up, Revenues Down	June	9
Estrada, Leo F.	Redistricting 2002: Little Gain for Latinos	July	5	Williams, Eddie	Africa Needs More Than Attention	August	2
Eversley, Melanie	Hilliard Loses House Race	August	1		Bunche, Young, and Powell: Black Diplomats in the Middle East	May	2
	Reps. Watts, Meek to Leave Congress	August	5		Election Reform: Next Step to a Fair System	April	2
Fletcher, Michael	Voucher Debate Changes Venue	September	1		GOP Empowered to Change Its Image	Nov/Dec	2
Garber, Mary K.	Kirk Wins Texas Senate Runoff; Others Seek Statewide Posts	May	5		Growing Democracy: The U.S., Zambia And Zimbabwe	March	2
	New Mayors Face Tough Budget Balancing Acts	Jan/Dec Polit.			Political Arithmetic Equals Coalitions	July	2
	New National Priorities: Where Do Minority Issues Fit?	April	5		Reinvigorating Our Efforts in 2002	Jan/Feb	2
Gibeaut, John	Public Defender Offices Underfunded	August	3		Rethinking the Criminal Justice System	June	2
Guiden, Mary	Health Care Hurt by Medicaid Cuts	Nov/Dec	12		The Continuing Impact of 9/11	September	2
Kearney, Bill	Health Care Disparities Persist	June	1	Yorke, Liselle	Vote as If Your Life Depended on It	October	2
					Losing Paradise? HIV/AIDS in the Caribbean	March	1

HEALTH CARE HURT BY MEDICAID CUTS

MILLIONS COULD BE AFFECTED

By MARY GUIDEN

States are shrinking their health care programs for the poor to save money by eliminating services offered during the economically robust 1990s.

If you're an adult on Medicaid in Florida and you want dentures, you may soon be out of luck. Ditto if you get publicly financed home-based health care in Colorado and the state decides you're getting too many visits from caregivers. And if you live in Connecticut or Arkansas and you want a name-brand drug instead of a generic, the state may say "too bad."

Forty-one states have cut health programs and slashed benefits this year to reduce Medicaid program costs. Among the cuts seen so far:

- Missouri eliminated health insurance for 36,000 low-income parents and reduced services for an estimated 160,000 new mothers.
- Tennessee's Medicaid reductions will drop health insurance for up to 100,000. Hundreds of thousands more will get fewer services.
- Georgia estimates 5,000 adults will lose health coverage after officials cut

transitional Medicaid coverage, which is geared for people coming off welfare, from 24 months to 12 months.

- Iowa scaled back dental services for 142,000 adults.
- Florida wiped out all non-emergency adult dental care, a service used by nearly 80,000 people in recent years.

It's hard to estimate exactly how many people across the country will be affected by the cutbacks. But since Medicaid now covers 47 million people, some policy experts say the number could be huge.

"It will be easy to have more than one million people lose health coverage," said Leighton Ku, a senior health policy analyst at the Center on Budget and Policy Priorities, a think tank on budget issues. The number of people losing or getting scaled-back benefits will likely be "much larger," Ku said.

Ku said states typically first freeze or cut how much they pay doctors, hospitals and nursing homes to control costs. Next, officials consider limiting what federal law declares "optional" services—things like vision and dental care. States are also scaling back who is eligible for Medicaid, and in most cases are rolling back recent expan-

sions for groups like low-income single parents.

Florida Medicaid spokesperson Pat Glynn said cutting the program was not easy. But officials "looked at ways to effectively save money without hamstringing the entire Medicaid program. Dental benefits unfortunately had to be cut," he said.

As of July 1, the state no longer pays for adult dentures or preventive care, things like routine teeth cleanings. The dental budget was cut from \$24.5 million to \$5.9 million. In fiscal years 2000 to 2001, more than 77,000 adults, out of 2 million total Medicaid patients, got dental care.

What's the fallout so far? Glynn said the department hasn't received any feedback from the public. "It may be a little early to tell. We're not seeing people go to the emergency room and we've had a negligible response or reaction from providers or recipients," he said.

If things look rough this year—in terms of how many people are losing health benefits—next year will be even worse.

"We've done a pretty phenomenal job over the last few years not to hurt beneficiaries of Medicaid at this point," said Florida State Sen. Burt Saunders, chairman of the Health, Aging and Long-Term Care Committee. "But we'll be doing some very serious thinking next year. It will be much more difficult next year, quite frankly." ■

Mary Guiden writes for Stateline.org, which provided permission to reprint this article.



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