

covering kids and families



LEARNING ABOUT HEALTH INSURANCE

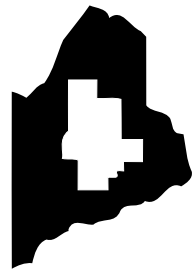
A GRADE 5 - 12 CURRICULUM
ALIGNED WITH MAINE'S LEARNING RESULTS

Developed to educate middle and high school students about the benefits of health insurance coverage for individuals and families

Cheri Stacy

A COLLABORATIVE EFFORT OF:

The Robert Wood Johnson Foundation
The Maine Department of Human Services
Penquis Community Action Program in partnership with
The University of Maine Center for Community Inclusion, UCEDD



CREDITS

The lesson plans were developed under a grant from The Robert Wood Johnson Foundation, administered by Maine Primary Care Association and The Maine Department of Human Services to Penquis Community Action Program.

In a collaborative effort with Maine's *Healthy and Ready to Work* Initiative, Maine Works for Youth! at The University of Maine Center for Community Inclusion, Maine's University Center for Excellence in Developmental Disabilities Education, Research & Service the lesson plans were printed and disseminated to middle schools and high schools throughout the State of Maine.

The Maine Works for Youth! project is funded by grant #HO 1 MC00028-01 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services.

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PENQUIS C.A.P

Family Enrichment

Dear Middle School and Secondary School Teachers:

The Covering Kids and Families Campaign is a collaborative effort of The Robert Wood Johnson Foundation, the Department of Human Services and Penquis Community Action Program. Our first goal is to identify the uninsured children within the State of Maine who may be eligible for the MaineCare (free or low cost) health insurance. Our second goal is to educate our younger population about the benefits of health insurance in order to effect long term attitudinal change regarding accessing health insurance services and preventive health care.

We hope you will consider adding this important information about health insurance coverage to your curriculum to benefit your students and families. The lessons and resources provided here will hopefully assist you in this goal. Thank you in advance for your efforts in this new and innovative plan. Please feel free to contact us with any questions or concerns.

Sincerely,

Norma C. Peters, Coordinator
Covering Kids/Families Campaign
Phone 973-3500

ACKNOWLEDGEMENTS

The Covering Kids and Families Health Insurance Lesson Plans were developed to assist health educators in educating our youth about the benefits of health insurance and preventive health care.

A special thank you to Cheri Stacy, Family Life Educator at Penquis Community Action Program, for her contributions to the development of the lesson plans. Additional thanks to Norma Peters, Coordinator of the Covering Kids and Families Campaign, for her contributions to this document.

Appreciation is extended to Bonnie Robinson and Kerri Porro, from The University of Maine Center for Community Inclusion, for their work in designing this document.

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INTRODUCTION

The goal of providing this material, including suggested activities and resources, is to share with Maine's youth the benefits of health insurance coverage: a higher likelihood of receiving on-going preventive care (immunizations, health screenings, etc.), building a relationship with a healthcare provider who can manage accessing medical services earlier in the development of an illness, fewer visits to urgent and emergency medical facilities, and a significant reduction in the cost of healthcare to individuals and to society. Additionally, we hope these materials will serve to help diminish the stigma attached to receiving government assistance -- in this case, for free and low cost insurance coverage.

LINKS TO EDUCATION INITIATIVES

The suggested activities included in this packet align with several of the most recent initiatives in education including the Common Core of Learning and the State of Maine *Learning Results*.

The *Learning Results* (Maine Department of Education, 1997) state what every Maine student should know and be able to do at certain grades and for graduation. The activities in this packet of materials support several of the *Learning Results'* Guiding Principles, including:

EACH MAINE STUDENT MUST LEAVE SCHOOL AS:

- A SELF-DIRECTED AND LIFELONG LEARNER
Finds and uses information from libraries, electronic databases, and other resources.
- A CREATIVE AND PRACTICAL PROBLEM SOLVER
Frames questions and designs data collection and analysis strategies from all disciplines to answer those questions.
- A RESPONSIBLE AND INVOLVED CITIZEN
Understands the importance of accepting responsibility for personal decisions and actions.

As educators adopt the *Learning Results*, many have reported the need for additional resources and activities. The **content areas** of *Health Education*, *Mathematics*, and *Social Studies* contain **standards** that can be met with activities such as those included in this packet. The **performance indicator** links for these content areas are listed below for Middle and Secondary Grades.

HEALTH EDUCATION

A. HEALTH CONCEPTS

Students will understand health promotion and disease prevention concepts.

Middle Level Grades 5-8:

1. Explain the relationship between healthy behaviors and the prevention of injury, illness, and disease.
6. Explain how appropriate health care can prevent premature death and disability.

Secondary Grades:

7. Analyze how public health policies and laws influence health promotion and disease prevention.
11. Demonstrate an in-depth understanding of complex health concepts.

B. HEALTH INFORMATION, SERVICES, AND PRODUCTS

Students will know how to acquire valid information.

Middle Grades 5-8:

1. Analyze the validity of health information, products, and services, and describe situations requiring their use.
2. Identify resources from home, school, and community that provide valid health information and services.

Secondary Grades:

2. Evaluate factors that influence personal selection of health products and services (e.g., cost and accessibility)

D. INFLUENCES ON HEALTH

Students will understand how media techniques, cultural perspectives, technology, peers, and family influence behaviors that affect health.

Middle Grades:

1. Investigate the influence of cultural beliefs on health behaviors and the use of health services.
2. Analyze how messages from the media influence both health behaviors and the selection of health information, products, and services.
4. Describe how school, family, and peers influence the health of adolescents.

Secondary Grades:

1. Analyze how different cultures affect health beliefs and practices.
2. Evaluate the effect of media and other factors on personal, family, and community health.
4. Analyze how the family, peers, and community influence the health of individuals.

F. DECISION MAKING AND GOAL SETTING

Students will learn how to set personal goals and make decisions that lead to better health.

Middle Grades:

2. Analyze how health-related decisions are influenced by individuals, families, and community values.
3. Explain how decisions regarding health behavior have consequences for them and others.
4. Describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.

Secondary Grades:

3. Predict the immediate and long-term impact of health decisions on the individual, family, and community.

MATHEMATICS

A. DATA ANALYSIS AND STATISTICS

Students will understand and apply concepts of data analysis.

Middle Grades:

3. Construct inferences and convincing arguments based on data.

Secondary Grades:

2. Predict and draw conclusions from charts, tables, and graphs that summarize data from practical situations.

SOCIAL STUDIES - CIVICS AND GOVERNMENT:

A. RIGHTS, RESPONSIBILITIES, AND PARTICIPATION

Students will understand the rights and responsibilities of civic life and employ the skills of effective civic participation.

Secondary Grades:

1. Develop and defend a position on a public policy issue within our democracy.

SOCIAL STUDIES - ECONOMICS:

A. PERSONAL AND CONSUMER ECONOMICS

Students will understand that economic decisions are based on the availability of resources and the costs and benefits of choices.

Secondary Grades:

1. Conduct a cost benefit analysis of a personal or business decision.

TEACHER INFORMATION

SENSITIVITY NOTE: *The topic of health insurance and medical care can be a sensitive one for some students. Be aware that many people, including students and their families, do not have health insurance, a family doctor, or dentist. Allow students to determine the amount of personal information they wish to share comfortably in class or on assignments. Be careful of judgements toward people that lack insurance or regular preventive care. The purpose of this unit is to inform students about insurance, not make anyone feel inadequate or guilty for their access to insurance protection or medical care.*

BACKGROUND INFORMATION

Adapted from The Kaiser Commission of Medicaid and the Uninsured. (2000). *Uninsured in America: A chart book* (2nd ed.). <http://www.kff.org/content/archive/1407/>

The Problem

Over the past decade the number of people in America who do not have health insurance has gradually grown. Ten million more people were uninsured in 1998 than in 1988. Today, 44 million people are uninsured -- more than one in every six (18%) of the non-elderly population (most of the elderly population is covered by Medicare).

Who are the Uninsured?

Despite the stereotype of the uninsured as being poor, unemployed, and minority, this is not the majority of Americans who are without health insurance. Most of the people in America who do not have health insurance live in families with incomes that are higher than the federal poverty level, have at least one full-time worker, work in medium or large businesses with more than 25 employees, and are not from racial or ethnic minority groups. However, people who are at the greatest risk of being uninsured include: younger adults (particularly men); families with low incomes; racial and ethnic minorities; families without full-time workers; employees in small businesses and children who are being cared for by people other than their own parents.

Why are so many Uninsured?

The high cost of health insurance has made coverage unaffordable for many Americans. Average premiums for a family with group coverage cost between \$5,000 and \$6,000 a year in 1999. Even if businesses offer health benefits to their employees, many low-income employees are not able to afford their share of the premiums. Very few uninsured adults say they don't think they need health insurance -- it is the cost that is keeping them from getting coverage.

What Difference Does Health Insurance Make?

People without health insurance are less likely to get the medical care they need even when there is a serious condition that needs diagnosis or treatment. The uninsured are less likely to fill and take prescriptions that they have been prescribed. The effects of going without diagnosis or needed treatment is more hospital stays for avoidable conditions like pneumonia and uncontrolled diabetes and the discovery of cancers in their later, rather than the more treatable early, stages.

For children, being uninsured can be detrimental. Even "common" childhood conditions like sore throats, ear infections, and asthma have serious consequences if they go untreated.

Uninsured children are at least 70% more likely to not receive medical care for these conditions, compared to insured children.

Women who are pregnant and uninsured are more likely to not receive adequate prenatal care, especially in the first trimester.

What about Medicaid and Government Assistance with Health Insurance?

Medicaid covers over half of poor children, a quarter of the near-poor, and overall provides health insurance for one in every five children in the country. If it were not for the coverage Medicaid provides, many more low-income children would be uninsured.

The State Children's Health Insurance Program (in Maine, MaineCare) was enacted in 1997 to help provide health coverage to uninsured children under age 19 in families with incomes that are over Medicaid eligibility levels but are below 200% of the poverty level.

How do families enroll in Medicaid or the Children's Health Insurance Programs?

Please see the enclosed brochures about coverage or call the Covering Kids and Families Campaign Helpline at 1-800-965-7476 or the Maine Department of Human Services. The MaineCare brochure is available on the web at <http://www.state.me.us/dhs/bfi/cubcareb.htm> and information on getting an application can be found at http://www.state.me.us/dhs/bfi/cc_broc.htm

FREQUENTLY ASKED QUESTIONS

Adapted from Frequently Asked Questions: Connecticut's HUSKY plan Q & A. (n.d.).
<http://www.huskyhealth.com/faqs.htm>

What is health care?

Health care includes services that both prevent and/or treat health problems.

Why do families use health care?

To prevent illness: e.g. Check-ups, shots, eye exams, hearing tests, teeth cleaning

To treat illness: e.g. Doctor visits, x-rays, emergency care, operations, prescription medicine

How do families pay for health care?

Free clinics, payment plan, sliding scale based on income, health insurance

What is health insurance?

Health insurance is a way to pay for hospital and medical services at free or reduced cost. People who can buy or qualify for health insurance do so because it covers large medical bills that otherwise would be difficult or impossible to pay.

What is meant by reduced cost?

Reduced cost means that families pay something towards the cost of their medical bills, usually in the form of premiums and/or co-payments.

What is a premium?

A premium is a regular monthly payment that the insured person makes toward his/her health insurance

coverage, whether or not services are used.

What is a co-payment?

A co-payment is the portion of the medical bill that is paid by the patient. The patient pays either a percentage of the bill or a fixed dollar amount set by the health insurance plan.

How does health insurance work?

Health insurance can be broken down into two basic types of health plans-- fee for service health plans, and managed care health plans.

How does a fee-for-service health plan work?

Under a fee-for-service health plan:

- The patient can go to the doctor or hospital of her/his choice
- The doctor submits the medical bill to the health plan
- The health plan reimburses the doctor for the majority of the bill
- The patient pays the doctor the remainder of the bill that was not paid by the health plan.

How does a managed care health plan work?

A managed care health plan creates a “network of providers” -- doctors, dentists, hospitals, pharmacies, etc., from which a patient receives his/her health care.

From this “network of providers,” the patient selects a primary care physician (PCP) who:

- Provides preventive health care
- Takes care of illnesses and injuries
- Diagnoses and treats acute or chronic disorders
- Makes referrals to medical specialists
- Must be available 24 hours a day to provide and/or approve of health care services that the patient receives.

What are the benefits of having health insurance?

- People with insurance are more likely to see a medical provider on a regular basis for preventive care so that potential health problems do not get serious before being diagnosed and treated.
- Access to healthcare is better through a provider’s office than through the emergency room or walk-in clinic.
- Costs for medical care are more easily budgeted in the form of regular premiums rather than paying one lump sum for treatment needs when they arise unexpectedly.

What types of health insurance are available?

1. Conventional Health Insurance -- Individual or Group Plan
2. Managed Care Health Insurance -- HMO or PPO
3. Government Supported Health Insurance
 - Medicare
 - Medicaid (MaineCare)

MIDDLE LEVEL: GRADES 5 - 8**HEALTH EDUCATION****Objective A. Health Concepts**

Students will understand health promotion and disease prevention concepts.

(Learning Results, 1997)

1. Explain the relationship between healthy behaviors and the prevention of injury, illness, and disease.
6. Explain how appropriate health care can prevent premature death and disability.

Classroom ideas:

1. Have students brainstorm ways we prevent injury, illness and disease in our daily lives.

Examples: hand washing, refrigerating food, vaccinations, taking medications that are needed to control certain conditions, staying away from people who are ill, etc.

Follow up questions and activities:

1. When should people wash their hands? What is proper hand washing technique? (have the school nurse visit and demonstrate) Students can create posters to hang in school near sinks and in restrooms. Students could make up creative “advertisements” to encourage people to wash their hands (e.g. “Got soap?” Like the milk/dairy advertisements.)
 2. How was the food and how families eat different before refrigeration was widely available? Students could conduct an interview with an older person about the ways their family got their food when they were young, how it was stored, and what meals were like in their family. How have grocery stores changed? Packaging? Did they preserve vegetables by canning?
 3. What was life like before vaccines were available to prevent some diseases? How do vaccines work?
 4. Compare the estimated life span of people today with the estimated life span of people 50 years ago, 100 years ago, 150 years ago. What has contributed to the increase in life span? (Student research, reports, class presentations)
2. What are some examples of potentially dangerous activities that can be made safer with certain precautions?

Examples:

Riding in Car--doing the speed limit, wearing seat belts, having air bags, following rules of the road, not drinking alcohol before or while driving.

Boating--wearing life preserver, not drinking alcohol.

Rollerblading, Skateboarding, Bike Riding, ATV Riding--wearing protective gear such as helmets, pads, proper clothing.

Follow up question or activity:

1. Why doesn't everyone who participates in these activities follow these precautions? What could students do for a project that would increase awareness for other students or the community? (Posters, public service announcements, safety fairs, etc.)

3. People who do not have health insurance often do not see a health care provider on a regular basis to have checkups. What are some examples of illnesses that could be treated so they wouldn't get worse if the person visited a health care provider early?

Follow up question or activity:

1. Using the graphs from the Kaiser Family Foundation's Chart Book and Internet Resources, have students examine reasons why people do not access preventive care or health insurance coverage.

Access The Kaiser Family Foundation's *Uninsured in America: A chart book*, May 2000, via the Internet at <http://www.kff.org/content/archive/1407>

Objective B. Health Information, Services, and Products

Students will know how to acquire valid information.

(Learning Results, 1997)

1. Analyze the validity of health information, products, and services and describe situations requiring their use.
2. Identify resources from home, school, and community that provide valid health information and services.

Classroom ideas

Brainstorm all the possible sources of health information, products and services and list the positive and negative aspects of each. What sources are most likely to be accurate? What sources are less likely to be trustworthy? In what situations would each source of information be most appropriate? Use the phone book, newspapers, and Internet to compile a list of community resources. For example:

SOURCES OF INFORMATION	POSITIVES	NEGATIVES	HOW TRUSTWORTHY?	MOST APPROPRIATE USE
Yellow pages	Easy to access, available anywhere	Listings are paid for by the source	Accurate contact info but not sorted by quality of services	To discover the scope of services available. Can be used to contact listings directly for more information.
Word of mouth	Personal input and direct experience	Can be inaccurate or influenced by irrelevant factors	Variable, depending on source	Balance technical information with others personal experience.
Newspaper advertisements	Easy to access	Paid for by the advertiser, not regulated information	Biased and only reflects those who advertise	Initial contact should be followed up on
Internet	More info than yellow pages on web pages	Some services may not be on the Web, not regulated information	Biased and only reflects those who are on the Web	Initial contact should be followed up on
Referral agency	Can sometimes match consumer needs to service providers and narrow the amount of info to sift through	Must know where to locate referral agencies, some are paid advertising and may not be accurate	Depending on way information is gathered, may be very accurate	When relocating to a new area or when searching for a new service

Objective D. Influences on Health

Students will understand how media techniques, cultural perspectives, technology, peers, and family influence behaviors that affect health.

(Learning Results, 1997)

1. Investigate the influence of cultural beliefs on health behaviors and the use of health services.
2. Analyze how messages from the media influence both health behaviors and the selection of health information, products, and services.
4. Describe how school, family, and peers influence the health of adolescents.

Classroom ideas

1. Assign students a country to research regarding their health care practices. Compare and contrast with the system available in the United States. Include services and products available, access to services, payment for services.
2. Examine print advertising for health products that may be targeted toward young adolescents (e.g. acne medications, deodorants, diet supplements, toothpaste). Have students analyze what techniques the advertisers use to sell their product to the student's age group. What is most effective in their opinion and why?
3. Have students record the number of commercials aired during a certain time period on television and put them in categories as to what is being sold? Does it change depending on the type of program that is being shown or during different times of the day? What techniques are used for each product? What is most effective and why?
4. What health messages and related services are available at school? Why would the school display or endorse certain messages or products?
5. Journal: Have students write about how they are influenced by their family and peers about health related behaviors, services or products. Do the messages received from family and peers generally agree with one another or conflict? How does this affect the student's decisions and relationships?

Objective F. Decision Making and Goal Setting

Students will learn how to set personal goals and make decisions that lead to better health.

(Learning Results, 1997)

2. Analyze how health-related decisions are influenced by individuals, families, and community values.
3. Explain how decisions regarding health behavior have consequences for them and others.
4. Describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.

Classroom ideas

1. Discuss what is meant by “values.” Give examples of values held by individuals, families, and communities. How do community values affect individuals and families? Why? How does this relate to health? For example, if the community or family does not value accepting assistance from the government, how likely would an individual in that family or community be to seek help for getting medical care coverage? (Some individuals may not get this assistance and will ignore preventive care services until an emergency arises requiring immediate care)
2. If someone did not have preventive care and uses the emergency room at the local hospital for routine care, how does that affect the community? (Everyone may pay more for services to cover the cost of services provided to those who are not able to pay for services)
3. Have students interview an older family or community member about how health care has changed during their lifetime. What are the values that an older generation holds regarding health care and how does it differ from younger generations?
4. What are some recent developments in health care and how has new technology affected the lives of people in students’ families?
5. What types of health care decisions are made by parents that the student will need to take responsibility for as they grow older? When do they expect to have to make these decisions? What types of information should they learn before taking responsibility for their own well-being?
6. Using materials from the Covering Kids and Families campaign, have students predict how likely individuals of different ages or situations would be to seek more information about the coverage that is offered? What types of messages do the students think would be persuasive? Have students design and present print, radio, or television advertisements for this type of coverage that they would find appealing and convincing.

Information on the Covering Kids and Families campaign can be found on the web at:

<http://www.coveringkids.org/about>

MIDDLE LEVEL: GRADES 5 - 8

SECONDARY LEVEL: GRADES 9 - 12

HEALTH INTEGRATION WITH MATHEMATICS

Objective C. Data Analysis and Statistics

Students will understand and apply concepts of data analysis.

(Learning Results, 1997)

Middle Level Students will:

3. Construct inferences and convincing arguments based on data.

Secondary Level Students will:

2. Predict and draw conclusions from charts, tables, and graphs that summarize data from practical situations.

To be most effective, this lesson should be used in MATHEMATICS classes during or just after introduction to HEALTH lessons on health care and insurance.

Using resources (such as the “Maine Kids Count 2001 Data Book” and the Kaiser Family Foundation’s publication “Uninsured in America: A chart book,” insurance brokers, or Internet sources) have students construct arguments for and against obtaining health insurance coverage. (The Kaiser Family Foundation publication can be located on the Internet at <http://www.kff.org/content/archive/1407>)

Classroom ideas:

1. Compare cost of coverage and what it covers with the cost of the services without insurance.
 - * preventive services -- annual checkup, vaccines, dental x-rays and cleaning, vision test, prescription cost for high blood pressure medication, etc.
 - * treatment -- broken arm (emergency room visit, x-ray, cast), taking out appendix, antibiotics for pneumonia, baby delivery (no complications), etc.
2. What effect would an unexpected expense for a health care emergency have on a family’s budget if they had no health insurance coverage?

Sample scenario:

Pat has a nasty bike accident and needs to go to the emergency room in an ambulance. Doctors have to do several x-rays on Pat’s wrist, ankle and back. The wrist is broken and Pat needs a cast. The ankle is sprained and needs a splint and Pat will have to use crutches. Estimate how much this emergency room visit and services cost.

Pat won’t be able to work for about a week (lost salary is \$10.00 per hour for 40 hours per week). How much did this accident “cost” Pat’s family in total?

If they did not have health insurance and will need to pay for the expenses themselves, how many months would it take them to pay off the bill if they can only afford \$50.00 a month toward the total?

1. Compare the cost of health insurance for a year for Pat's family (coverage for Pat and two children--gather estimates for several different insurance options including MaineCare if Pat's family qualifies) with the cost of the treatment Pat needed following the bike accident. Would it have been better for Pat to pay for health insurance all year or to just cover the cost of the accident? What if another health problem comes up?
2. Have a student debate (two teams "for" and "against") about families having health insurance. (See debate topics in High School section for ideas for other topics)

See next pages for a sample of "Health Care Cost" information for pediatrician's office, orthopedic doctor, and emergency room service costs.

For the Consumer Guide to Individual Health Insurance (to find a listing of "community rates" individuals would pay for health insurance in the State of Maine) go to: <http://www.state.me.us/pfr/ins/indhlth.htm>

For the MaineCare brochure go to: <http://www.state.me.us/dhs/bfi/cubcareb.htm> and find information on premiums for eligible families.

SAMPLE HEALTH CARE COSTS

The following cost estimate information was gathered during a phone conversations in March 2002, with billing staff at various health care offices in the greater Bangor area.

Pediatrician's office charges:

New patient – 1st visit /physical exam	\$150
Immunizations supplied by the state for	\$5 each
Yearly physical/well child check	\$126 a visit + immunizations

Eye screening	\$16
Hearing screening	\$43

Sick visits range from \$40 to \$132 depending on the time spent with doctor with the average sick visit being \$55. This might be having the child seen due to high fever, sore throat with suspect strep, bladder infection, etc. Any tests would be extra:

Throat culture	\$25
Blood draw	\$12
Urine dip	\$1

Hospital ER charges

Facility charge (trauma room and supplies used) 5 levels depending on severity which are identified by the physician. Example: Level 1 might be a sore throat and Level 5 could be multiple injuries such as received in an auto accident.

Level 1 = \$35, Level 2 = \$143, Level 3 = \$286, Level 4 = \$579, Level 5 = \$898

ER physician fees again are charged at 5 levels according to the level of care required. They may not coincide with the level of the facility charge.

Level 1 = \$28, Level 2 = \$43, Level 3 = \$89, Level 4 = \$142, Level 5 = \$212

X-ray charges depend on the number of views and the section of the body being x-rayed.

Chest: 4 views (front, back, left, right)	\$85
Ankle or wrist: 2 views = \$61, 3 views	\$73

Radiology charge (reading of x-ray) = 1/2 of x-ray charge

Orthopedic physician charges

Due to their status as surgeons, orthopedic doctors' charges are structured differently than those of a family physician. Their charges often cover a period of time rather than a specific visit. This particular physician's charge covered care for 2 months, regardless of the number of visits made to the office. The ER attending physician would call in a specialist to the ER and their charges would be separate from that billed by the hospital.

Charge for initial care of a closed distal radial fracture \$1,455
(broken wrist bone necessitates putting patient under anesthesia and manipulate the bone to set it)

Charge for initial care of a simple fractured wrist \$750

These initial charges include the first casting and follow-up care for 2 months.

Additional charges for:

X-rays \$70 to 80 each time they are needed to check for healing.
Additional Casting \$130 for application + \$10 for materials

SECONDARY LEVEL: GRADES 9 - 12

HEALTH EDUCATION

Objective A. Health Concepts

Students will understand health promotion and disease prevention concepts.

(Learning Results, 1997)

7. Analyze how public health policies and laws influence health promotion and disease prevention.
11. Demonstrate an in-depth understanding of complex health concepts.

Ideas for student research and debate regarding the status of health care and insurance coverage in the United States:

Debates are one way for students to research a topic, practice applying their knowledge to real-life scenarios, and articulate their views with peers. Use the following topics as options or make up your own with student input. Using the newspaper to discover current issues may provide other interesting topics.

Status of physicians in the United States versus other countries:

- What are acceptable wages for physicians and other health care providers?
- What social status should physicians occupy in society?
- How many hours should physicians work at one time?

Research naturopathic medicine and other alternative therapies:

- What types of treatments should be covered by insurance?
- How does the use of Alternative Medicine in the United States compare to usage in other countries?

Research the history of family planning and reproductive health services:

- Should Family Planning services be available to minors without parental consent?
- What are the potential benefits and possible negative aspects to providing family planning services?

Examine the process of drug therapy approval in the United States.

- Compare to the process used in European Countries.
- Should Experimental Treatments be covered by insurance?
- Is there gender equity in research and development of drug therapies?

Examine the difference between conventional health insurance and managed-care health insurance:

- What are the benefits and negative aspects of each alternative?

Research the cost of prescription drugs:

- Is the cost of these medications justified?

Should the drug companies advertise their products on television and pass the cost on to consumers?

Objective B. Health Information, Services, Products

Students will know how to acquire valid information.

(Learning Results, 1997)

1. Evaluate factors that influence personal selection of health products and services (e.g., cost and accessibility)

Classroom ideas:

1. Brainstorm the qualities that individuals seek in health products and services. Have students collect advertisements for health products and services from local publications and magazines. Analyze the content of the advertising to see what qualities are presented to potential consumers. Have students design advertising that provides more of the information they find essential in making decisions about products or services.
2. Reproductive health services are available to minors in the State of Maine on a confidential basis. Seeking these services can be the first time an adolescent or young adult takes responsibility for their own health and preventive care without parent or guardian assistance. Have students brainstorm the potential services that teens may seek from a Family Planning or Planned Parenthood Clinic. How would these services best be delivered? What hours should the clinic be open? How much should services cost? How should appointments be made? What would the staff and facility be like? Assign students to contact a local Family Planning or Planned Parenthood clinic to learn about the services that are offered and other details. If possible have representatives tour the clinic or arrange a field trip for the whole class to a clinic to see the facility, discuss the intake process and paperwork necessary.

Objective D. Influences on Health

Students will understand how media techniques, cultural perspectives, technology, peers, and family influence behaviors that affect health.

(Learning Results, 1997)

1. Analyze how different cultures affect health beliefs and practices.
2. Evaluate the effect of media and other factors on personal, family, and community health.
4. Analyze how the family, peers, and community influence the health of individuals.

Classroom ideas:

1. Assign students a country to research regarding their health care practices. Compare and contrast with the systems available in the United States. Include services and products available, access to services, payment for services.
2. Examine print advertising for health products that may be targeted toward young adults (e.g. acne medications, deodorants, diet supplements, toothpaste, reproductive health services). Have students analyze what techniques the advertisers use to sell their product to the student's age group. What is most effective in their opinion and why?
3. Brainstorm the types of influences on personal, family, and community health. (Include socioeconomic status, gender, geographic area, religion, or ethnicity) Are there ways to counteract negative influences on health? Have students develop a plan to positively influence a target audience's beliefs or behavior.
4. What health messages and related services are available at school? Why would the school display or endorse certain messages or products?
5. Journal: Have students write about how they are influenced by their family and peers about health related behaviors, services, or products. Do the messages received from family and peers generally agree with one another or conflict? How does this affect the student's decisions and relationships?

Objective F. Decision Making and Goal Setting

Students will learn how to set personal goals and make decisions that lead to better health.

(Learning Results, 1997)

3. Predict the immediate and long-term impact of health decisions on the individual, family, and community.

Classroom ideas:

1. If someone does not have preventive care and uses the emergency room at the local hospital for routine care, how is the community affected?
2. Predict the immediate and long-term effects of providing coverage for health care for all Americans. How does this positively affect individuals, families, and communities? Are there potential negative impacts of this coverage?

**HEALTH INTEGRATION WITH SOCIAL STUDIES
CIVICS AND GOVERNMENT****Objective A. Rights, Responsibilities, and Participation**

Students will understand the rights and responsibilities of civic life and will employ the skills of effective civic participation.

(Learning Results, 1997)

1. Develop and defend a position on a public policy issue within our democracy.

Classroom ideas:

Using resources (such as the “Maine Kids Count 2001 Data Book” and the Kaiser Family Foundation’s publication “Uninsured in America: a chart book,” insurance industry representatives, or Internet sources) have students construct arguments for and against the government providing, and individuals obtaining, health insurance coverage.

Students should consider some of the following issues during their research:

1. What is the cost to the government for providing insurance to those individuals that cannot afford their own coverage? Should government provide insurance and medical coverage for children only, or should this opportunity extend to parents of eligible children as well? What about adults without children?
2. How does the answer to question one compare to the cost of treating illness or the results of an accident for individuals that do not have coverage and will need government assistance to pay for medical services and, perhaps, recovery time without income due to disability?
3. What impact does the provision of insurance coverage or medical care for low-income citizens have on other members of society? Is it everyone’s responsibility to provide for those individuals that cannot provide for themselves?
4. Use current events and public policy debates to expand options for classroom research and debate.

HEALTH INTEGRATION WITH SOCIAL STUDIES ECONOMICS

Objective A. Personal and Consumer Economics

Students will understand that economic decisions are based on the availability of resources and the costs and benefits of choice. Students will be able to:

1. Conduct a cost benefit analysis of a personal or business decision.
(Learning Results, 1997)

Classroom ideas:

Using resources (such as the Yellow Pages, “Maine Kids Count 2001 Data Book” and the Kaiser Family Foundation’s publication “Uninsured in America: a chart book,” guest speakers from Penquis C.A.P. insurance industry representatives, or Internet sources) have students develop a proposal for a small business owner who would like to provide insurance coverage for their employees.

1. What are the benefits to the small business owner of providing employees with health insurance coverage? (some possible answers: makes the business a more attractive place to work, results in more loyal employees, access to preventive care can decrease illness that causes lost time from work) Is there any possible negative impact for the business owner or to the employees to providing this coverage? (wages might have to be lower to compensate for the cost of coverage, inability to hire as many employees, less flexibility in scheduling hours for employees)
2. What coverage would employees find most useful? Develop a list of the necessary specific requirements of a policy and those options that would be nice but not necessary.
3. Research the cost of insurance plans with various options to compare prices and coverage. Invite insurance representatives to speak in class about the most popular plans and options. Invite small business owners from your community to discuss their employee benefits.
4. Students should make a recommendation to the small business owner in their proposals based on the research conducted on whether or not to provide insurance coverage for their employees. Students should back up their recommendations with facts from their research.

The Maine Bureau of Insurance publishes What Maine Small Employers Should Know: A guide for employers with 50 or fewer employees, located on the web at: <http://www.state.me.us/pfr/ins/smallemp.htm>

HEALTH INTEGRATION WITH MATHEMATICS

Conduct a Cost Benefit Analysis for someone (or a family) who obtains health insurance versus someone without coverage.

Research:

- Cost of Insurance
- What does it Cover?
- Co-Pay Amounts
- Deductibles
- Prescription Cost and Coverage

Scenarios:

Use the following ideas or make up your own scenarios that compare the cost to the consumer if they have insurance coverage vs. if they are uninsured.

Average Cost of Routine and Special Care Situations:

- Birth of a Baby -- no complications vaginal versus surgical delivery
- Annual Physical Exam for male
- Reproductive Health Exam for female including Pap smear
- X-rays and casting for a broken arm
- Clinic visit and antibiotic for bronchitis

Guest Speakers:

Insurance Company Representative:

How does insurance save money for families and communities?

Physician, Assistant, Nurse Practitioner or Office Manager from Physician's Office:

How does managed care effect the type of care that patients receive?

APPENDIX

INTERNET SITES FOR RESEARCH

Covering Kids Campaign: <http://www.coveringkids.org/about>

U.S Census Bureau - Health Insurance Data: <http://www.census.gov/hhes/www/hlthins.html>

The Kaiser Family Foundation

The Kaiser Commission on Medicaid and the Uninsured: <http://www.kff.org/sections.cgi?section=kcmu>
For up-to-date health data in all 50 states you need to select “State Health Facts” from the menu on the left.

To search the Kaiser Family Foundation for articles on the uninsured go to:
http://www.kaisernetwork.org/daily_reports/rep_hpolicy_search_arch.cfm

Maine Kids Count Data Book 2001: <http://www.mekids.org/index.html?kidscount/2001book.html~body>

For Health Insurance quotes check out MSN Money: <https://www.moneycentral.msn.com/insure/healthlp.asp>

Health Insurance Consumer Guides for Maine: <http://www.healthinsuranceinfo.net/me.pdf>

Health Insurance Overview: http://www.insurance.com/insurance_options/health/health_index.asp

For information on Maine Care and the Covering Kids and Families campaign:
<http://www.mejp.org/medicaid.htm#Section3>

State of Maine - Bureau of Insurance is located on the web at: http://www.state.me.us/pfr/ins/ins_index.htm

For some tips regarding health insurance here in Maine you can go to:
<http://www.state.me.us/pfr/ins/healthtips.htm>

Then move on to take a quiz to test your knowledge regarding health insurance at:
http://www.state.me.us/pfr/ins/get_smart.htm

Other sites on Medicaid, managed care, Children’s Health and health insurance go to:
<http://moneycentral.msn.com/insure/healthlp.asp>

Grassroots Policy Site: <http://www.familiesusa.org>

Dear Maine Care Application Provider:

In order to make the process of providing applications more effective and to help you maintain an ample supply of applications within your establishment, the Covering Kids and Families Campaign is providing you with the following information:

1. Please order applications before you completely run out. It may take up to a week to get your order back.
2. When you order, make sure to order no less than 25 applications at a time. Also, you may order more if necessary.
3. Please phone or fax your order to the Maine Department of Human Services warehouse.

Phone: (207) 287-2558

FAX: (207) 626-5555

4. If for any reason you are not able to wait until you receive your order back from DHS, please do not hesitate to contact the Covering Kids and Families Campaign at (207) 973-3577 or (207) 973-3672.



Kaiser Family Foundation

January 2002

Rising Unemployment and the Uninsured

Estimates recently released by the Census Bureau show that there were 38.5 million non-elderly Americans without health insurance in 2000, a slight decrease from 39.0 million in 1999. The drop in the uninsured was driven in large part by an increase in employment-based health insurance -- fueled by what was then a strong economy as well as growth in public coverage.

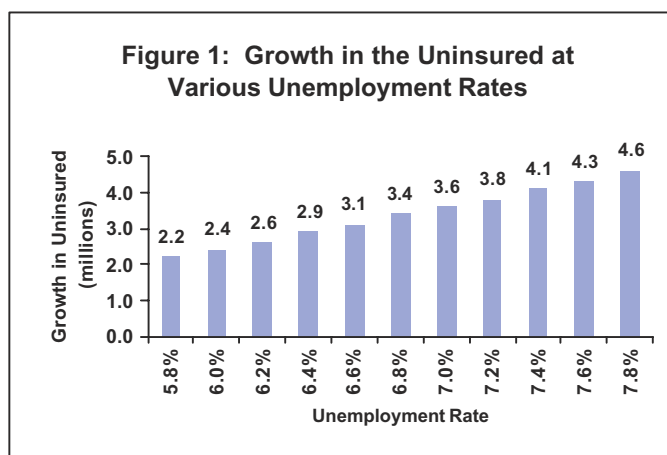
However, there is reason to believe that the outlook for the uninsured has since deteriorated:

- With the economy slowing down and workers being laid off, fewer people are likely to have access to employer-provided coverage. The unemployment rate grew from 4.0% in December 2000 to 5.8% in December 2001, though still remains below its high point of 7.8% in June 1992 during the most recent recession.
- Health coverage has also become less affordable: premiums for employer-provided insurance grew 11.0% in 2001, the largest increase in almost a decade. Premiums for employer-sponsored coverage now average \$2,650 for singles and \$7,053 for families.¹ While the federal COBRA law allows workers laid off from firms with 20 or more employees to continue coverage at these group rates, the worker must pay the entire premium plus a small administrative fee.

New Analysis on What Rising Unemployment Means for the Uninsured

New analysis by Professor Jonathan Gruber of the Massachusetts Institute of Technology and the National Bureau of Economic Research and researchers at the Kaiser Family Foundation

shows that rising unemployment will likely lead to a substantial increase in the number of people uninsured. Using a statistical model that examines the relationship between the unemployment rate and the percentage of the population uninsured both over time and across states, the analysis shows that every percentage point rise in the unemployment rate leads to an increase of about 1.2 million in the number of people uninsured (0.5 percent of the non-elderly population). This implies that for every one hundred people losing their jobs, the number of people uninsured grows by 85.²



Since the end of 2000 (when the number of uninsured was last counted), the unemployment rate has risen by 1.8 percentage points (to 5.8%), suggesting an increase of approximately 2.2 million in the number of non-elderly Americans uninsured (see Figure 1). If the unemployment rate rises to 6.8% -- increasing as much as it did in the 1990-92 recession -- our analysis shows that the number of uninsured could grow by 3.4 million over the level in 2000, to almost 42 million.³

The statistical model shows that as unemployment climbs, the number of people with employer-sponsored insurance falls and the number of people with public coverage like Medicaid rises, though not enough to fully cushion the impact of falling employer coverage. If enrollment in public programs like Medicaid were not allowed to expand -- for example, due to cutbacks in response to state or federal budgetary pressures -- the effect of growing unemployment on the uninsured would be even greater.

Issues

As the economy continues to sputter and health insurance premiums rise, it is likely that the number of Americans without insurance will grow, though policy actions by the state or federal governments have the potential to make the problem better or worse. Federal policymakers are considering options to subsidize the cost of health insurance for people who have lost their jobs, as well as an increase in the federal share of Medicaid to ease state fiscal problems. In the past, these types of expansions in public insurance programs like Medicaid have cushioned the impact of growing unemployment on health insurance coverage. However, if state and federal budget pressures lead instead to cutbacks in public insurance programs, growing unemployment could have an even greater effect on the number of uninsured than what the analysis presented here suggests.

Prepared by Jonathan Gruber of the Massachusetts Institute of Technology and National Bureau of Economic Research and Larry Levitt of the Kaiser Family Foundation.

Notes

¹ Kaiser Family Foundation and Health Research and Educational Trust, "Employer Health Benefits, 2001."

² This analysis uses data on the number of uninsured by state and year from the March Current Population Survey (CPS), which measures uninsurance in the prior year, for each year from 1980 through 2000. This uninsured share is related to the unemployment rate in that state in the prior year. The statistical model controls for fixed characteristics of each state and for nationwide time trends in insurance coverage, as well as (in some cases) separate time trends in insurance coverage by state. The estimates for the percentage point change in the uninsurance rate for each percentage point change in unemployment using alternative statistical approaches range from 0.43 to 0.57, and all are highly statistically significant. We use a midpoint estimate of 0.5 for the analysis here.

³ The unemployment rate rose from 5 percent in March 1989 to a high of 7.8 percent in June 1992, so we consider a rise from 4 percent to 6.8 percent.

Individual copies of this publication (#6011) are available on the Kaiser Family Foundation's web site at www.kff.org or by calling the Foundation's Publication Request Line at 1-800-656-4533.

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