

INTRODUCTION

EL CIVICS HEALTH UNIT 26.3

Advanced Level

This guide will take you through the Health 26.3 Objective. The objective is to: *“Identify how, when, and where to obtain free or low cost medical, dental, and other health care services.”*

There are two tasks for this assessment.

In Task 1, students will find information on low cost health care. Using sources such as a telephone directory, the Internet, or teacher generated materials, students identify a level appropriate number of agencies (IH-A=5) that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Students complete a chart listing each agency with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.

There are several teaching activities to achieve the objective. These are suggestions only and can be adapted to meet your students' specific needs.

Page 3: **The first page of Task 1** contains a suggested list of activities and materials.

Pages 4-5: Students use the **Health Agency Practice Sheets** to assist with formulating the questions. These questions can be asked in person, over the telephone, or researched on the Internet.

Page 6: **Health Assessment Questions.** Students use this list to formulate the questions they will ask of the agencies.

Page 7: **North County Health Agencies.** List of local health agencies that includes addresses, phone numbers and web sites for more information.

Page 8: **Health Agency Practice Chart.** Students use this chart to fill in correct vocabulary for additional practice before completing final chart.

Page 9: **Task 1 Assessment Chart.** Students will complete a chart that identifies and includes information about five local health care organizations, agencies or hospitals.

Page 10: **Health Rubric: Task 1 - This is worth up to 12 points** which will be added to Task 2 for the Final Score.

In Task 2, students will complete a low cost medical care application.

Page 11: This page describes the materials and suggested activities for Task 2.

Page 12: **Practice Medical Application.** Students will practice completing a medical application.

Page 13: **Health 26.3 Assessment: Task 2.**

Page 14: **Health Rubric: Task 2: This task is worth 16 points.**

Page 15: **Final Score (Tasks 1 and 2).**

Instructors note total points for your level. At the Advanced level, students need to score 28 points. This number should be explained to students. The score a student receives on Task 1 will be added to Task 2. A total passing score for advanced is 28. If the student earned 13 points on Task 1, the student only needs to earn 15 more points on Task 2 to pass this EL Civics Objective.

REMINDER - The activities in this packet are meant to be suggestions for your use on completing the objectives. These additional assessments are not meant to be "additional work for you and your students." They are to be incorporated into your regular classroom activities.

Health Objective 26.3: Task 1

Identify how, when, and where to obtain free or low cost medical, dental, and other health care services.

Level: Advanced

Task 1	Materials	Suggested Activities
<p>Find Information on Low Cost health Care. Using sources such a telephone directory, the Internet, or teacher generated list, etc., students identify a level appropriate number of agencies (IH-A=5) that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Students complete a chart listing each agency, with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.</p>	<ol style="list-style-type: none"> 1. Health Agency Practice Sheets 2. Health Assessment Question List 3. North County Health Agency List 4. Health Agency Practice Chart 5. Health 26.3 Assessment: Task 1 6. Health 26.3 Rubric: Task 1 	<ol style="list-style-type: none"> 1. Brainstorm a list of information a person might want to know about a health agency. 2. In groups, look at Health Agency Information: Practice 1. Decide which doctor you need for certain situation. 3. Put Health Agency Information: Practice 1 on the OH. Develop questions as a group about the agency. 4. Give students Health Agency Information: Practice 2 or have students look up information online. In small groups, create a list of 6 or more questions. Report to the group. 5. Have each Ss create a list of 6 questions. 6. Write health information on the board or use OH of Health Agency Information: Practice 1. 7. Have Ss look up the information online or in the yellow pages for three different health agencies. North County health agencies can be found on www.ccc-sd.org or www.nchs.health.org. 8. Role play in pairs calling a health agency to ask the questions. Have Ss write their own dialogues, changing the information. Record the answers on the Health Agency Practice Chart. 9. Review the Health 26.3 Rubric: Task 1. 10. Have Ss call local health agencies to complete the Health Agency Assessment Chart. 11. Complete Health 26.3 Assessment: Task 1.

Health Agency Information: Practice 1

Organization: Oceanside Health Clinic

Location: 727 Concha Avenue
Oceanside, CA 92054

Hours: Sunday: Closed
Monday: 8-8
Tuesday: 8-8
Wednesday: 8-8
Thursday: 8-5
Friday: 8-5
Saturday: 8-5

Phone Number: 760-555-9281

Services: Flu Shots Family Planning
Immunization Hearing Test
Internal Medicine Pediatrics
Pharmacy Pregnancy Test
Prenatal Care TB Test
Urgent Care Vision Testing
WIC Screening Family Practice

Languages: English, Spanish

Appointment Needed: Yes

ID Needed: Yes

Health Agency Information: Practice 2

Organization: Vista Pediatrics

Location: 2681 Melrose Drive
Vista, CA 92083

Hours:

Sunday: Closed
Monday: 7:30-6:30
Tuesday: 7:30-6:30
Wednesday: 7:30-6:30
Thursday: 7:30-6:30
Friday: 7:30-5
Saturday: 8-4:30

Phone Number: (760) 555-3435

Services: Immunizations (Children only) Family Planning
Flu Shots Hearing Test
Immunization Pediatrics
Pregnancy Test TB Test
Urgent Care Vision Testing
WIC WIC Screening

Languages: English, Spanish

Appointment Needed: Yes

ID Needed: Yes

Health Assessment Question List

Directions: Write your six questions below. Check to make sure there are no spelling or grammar errors.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

North County Health Agencies

For more information, go to www.ccc-sd.org.

North Coastal Alliance (Mental Health)

1701 Mission Avenue
Oceanside, CA 92054
(760) 722-3754

North County Health Services/ Carlsbad Family Medicine

3050 Madison Ave.
Carlsbad, CA 92008
(760) 720-7766

North County Health Services/ San Marcos Health Center

150 Valpreda Road
San Marcos, CA 92069
(760) 736-6700

North County Health Services/ Mission Mesa Women's Health

2210 Mesa Drive, Suite 5
Oceanside, CA 92054
(760) 757-5841

North County Health Services/ Mission Mesa Pediatrics

2210 Mesa Drive, Suite 12
Oceanside, CA 92054
(760) 966-3306

North County Health Services/ Encinitas Health Center

629 Second Street
Encinitas, CA 92024
(760) 753-7842

(760) 631-5030

Health Agency Practice Chart

Directions: Write your six questions in the questions column. Write the answers for each agency in the other columns.

Questions	Health Agency 1 _____	Health Agency 2 _____	Health Agency 3 _____	Health Agency 4 _____	Health Agency 5 _____

Health Assessment 26.3: Task 1

Directions: Write your six questions in the questions column. Write the answers for each agency in the other columns.

Questions	Health Agency 1 _____	Health Agency 2 _____	Health Agency 3 _____	Health Agency 4 _____	Health Agency 5 _____

Health 26.3 Rubric: Task 1

Find Information on Low Cost Health Care

Using sources such as a telephone directory, the Internet, or a teacher-generated list, students identify a level appropriate number of agencies (BL-BH=3, IL=4, IH-A=5) that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Students complete a chart listing each agency, with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.

Use the rubric below to score each question. Content is worth 12 points. Legibility, Neatness, and Spelling are worth 2 points. **There are a total of 14 points for this task.**

Scoring Rubric	Points (14 possible)
Content	
90% of the items assigned to the Intermediate Low-Advanced level students are correct.	12
80% of the items assigned to the Intermediate Low-Advanced level students are correct.	10
70% of the items assigned to the Intermediate Low-Advanced level students are correct.	8
80% of the items assigned to the Beginning Low-Beginning High level students are correct.	6
70% of the items assigned to the Beginning Low-Beginning High level students are correct.	4
Less than 70% of the items assigned to the Beginning Low-Advanced level students are correct.	0
Legibility, Neatness, and Spelling	
Neat and legible. Spelling errors do not interfere with meaning.	2
Not neat or legible, or spelling errors interfere with meaning.	0

Task 1 Score: _____

Health Objective 26.3: Task 2

Complete a Low Cost Medical Care Application. This task is worth 16 points.

Level: Advanced

Task 2	Materials	Suggested Activities
Students will complete an authentic low-cost medical care application.	<ol style="list-style-type: none">1. Practice Medical Care Application.2. Task 2: Assessment3. Health Rubric: Task 2	<ol style="list-style-type: none">1. Review Practice Medical Care Application.2. Students practice filling out application. Discuss in groups.3. Administer Task 2: Assessment.

Practice Application

Students complete practice application and discuss in groups.

Patient Information

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Date of Birth: ___/___/___ Sex: M/F Marital Status S, M, W, D
Spouse's name: _____
Children: _____
Were you in an accident? If yes, what happened? _____
How did you learn about this clinic? Friend/ Phone Book/ Drive By
Other _____
Employer: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Person Responsible for Payment:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Insurance Information

Primary Insurance Name: _____
Policy Holders Last Name: _____ First Name: _____ Relation: _____
Certificate #: _____ Group #: _____
Secondary Insurance Name: _____
Policy Holders Last Name: _____ First Name: _____ Relation: _____
Certificate #: _____ Group #: _____

Payment Made at Time of Service:

Signature: (Patient or Parent if Minor) _____
Date: _____

Health Assessment 26.3: Task 2

Complete a Low Cost Medical Application

PATIENT REGISTRATION

PATIENT	Last Name:			First Name:			Middle Int:			
	Address:									
	City:			State:		Zip:		Home Ph:		E-Mail:
	Date of Birth:			Sex: *			Marital Status:			
	Is this visit related to an accident?						Yes		No	
	Were you referred to this practice?						If yes, by whom?			
	Patient's Employer:									
	Employers Address:									
	City:			State:		Zip:		Phone:		
	Social Security #:				Driver's License#:					
	Pharmacy of Choice:									
	GUARANTOR	Responsible Party Last Name:			First Name:					
		Address:								
City:			State:		Zip:		Phone:			
Phone:						Responsible Party S.S.#:				
Employers Address:										
<u>STOP</u> INSURANCE INFORMATION <u>STOP</u>										
2	Primary Insurance Name:									
	Policy Holders Last Name:			First Name:			Relation:			
	Certificate#:			Group#:						
	Secondary Insurance Name:									
*	Policy Holders Last Name:			First Name:			Relation:			
	Certificate#:			Group#:						
**	Spouse's Name:			Work Phone:						
	Relative or Friend Not Living With You:						Phone:			
SIGNATURE	<p>AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the physician of the surgical and/or medical benefits, if any, otherwise payable to me for his/her services as described, realizing I am responsible to pay non-covered services.</p> <p>AUTHORIZATION TO PAY RELEASE INFORMATION: I hereby authorize the physician to release any information acquired in the course of my treatment necessary to process insurance claims.</p> <p>Signature: (PATIENT OR PARENT IF MINOR)</p>									
	<p>X _____ DATE: _____</p>									
	<p style="text-align: right;">3</p>									

Health Rubric 26.3: Task 2

Complete a Low Cost Medical Care Application

Students will complete an authentic low-cost medical care application.

Use the rubric below to score the form. The content is worth 14 points. Legibility, neatness, and spelling are worth 2 points. **The total possible score is 16 points.**

Scoring Rubric	Points (16 possible)
Content	
90% of the items assigned to the Intermediate Low-Advanced level students are correct.	14
80% of the items assigned to the Intermediate Low-Advanced level students are correct.	12
70% of the items assigned to the Intermediate Low-Advanced level students are correct.	10
80% of the items assigned to the Beginning Low-Beginning High level students are correct.	8
70% of the items assigned to the Beginning Low-Beginning High level students are correct.	6
Less than 70% of the items assigned to the Beginning Low-Advanced level students are correct.	0
Legibility, Neatness, and Spelling	
Neat and legible. Spelling errors do not interfere with meaning.	2
Not neat or legible, or spelling errors interfere with meaning.	0

Task 2 Total: _____

Health Objective 26.3: Final Score

Add the scores of Task 1 and 2 together for the final score. Use the rating scale below to determine if a student has passed or not passed.

Rating Scale	
Total Points Possible (Task 1 and Task 2):	30
Advanced:	28
Intermediate High:	24
Intermediate Low:	20
Beginning High:	14
Beginning Low:	10

Task 1: _____

Task 2: _____

TOTAL _____