Reducing Insurance Illiteracy: 
Teaching Health Insurance in Georgia Health Classes

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Thesis
The Georgia Department of Education should amend its performance standards for high school health education to include material on health insurance enrollment, costs, and options, providing students with the knowledge, resources, and confidence to make informed decisions.

Background Analysis
As defined by the American Institutes of Research, health insurance literacy measures an individual’s capacity to understand, evaluate, select, and utilize health insurance plans.¹ Fifty-one percent of American consumers do not understand at least one basic health insurance term, while 42 percent are unlikely to check the details of a health insurance plan before enrolling.² Only 20 percent are able to accurately calculate the cost of a doctor’s visit. Individuals who are younger, less-educated, lower-income, minorities, or who use health care services less frequently have the lowest levels of health insurance literacy, which puts them at greater risk for negative health and financial outcomes.³

Given the passage of the Affordable Care Act in 2010 and the possibility of another major healthcare shift following the 2016 presidential election, health insurance literacy is especially urgent, as it is essential for consumers’ health and financial wellbeing. However, the Georgia Performance Standards for Health Education only require high school curricula to enable students to “determine the relationship between health insurance coverage and life expectancy.” Although high school health education standard HE H.S.3 expects students to “demonstrate the ability to access valid information and products and services to enhance health,” no curricula address access to and usage of health insurance resources or services.⁴

Talking Points
- Consumer health and financial wellbeing depend on substantial health insurance literacy.
- Teaching high school students about health insurance resources, options, costs, and processes would prepare them to make informed and financially sustainable health care decisions.
- Incorporating health insurance into existing high school health curricula would maximize the reach of such instruction and, over time, alleviate health insurance literacy disparities across age, education level, and income.

Policy Idea
The Georgia Department of Education (GADOE) should amend high school health education standard HE H.S.3 to include an element addressing health insurance, for curricular implementation beginning Fall 2020. The proposed element should require all Georgia high school health

KEY FACTS
- Fifty-one percent of American health insurance consumers understand no basic health insurance terms.⁵
- Health insurance literacy is lowest among individuals who are younger, less educated, or lower-income, as well as minorities and those who use health care services less frequently.⁶
- Average expenditures on training and professional development for full-time-equivalent instructors amounted to $475.16 in fiscal year 2016, compared to the $33,424 base salary required to hire a new instructor in Georgia for the 2015–16 school year.¹⁷¹⁸
curricula to include a basic understanding of health insurance terminology, explain the variety of health insurance plans available to Georgia residents, outline the process of enrolling in health insurance, demonstrate the use and application of health insurance in realistic scenarios, and prepare students to seek additional information on health insurance.

Policy Analysis
GADOE’s Division of Curriculum and Instruction has unilateral power to modify standards without legislation, shielding it from political obstacles. Supplemen
ting existing curricula rather than constructing new curricula minimizes costs; hiring a new instructor in 2015–16 required a base salary of $33,424, while Georgia’s average expenditure on training per full-time-equivalent staff member was only $475.16 in 2016. Evidence indicates the effectiveness of other health insurance literacy initiatives; in a Montana detention center, inmates demonstrated increased knowledge and confidence regarding health insurance after attending workshops.

The correlations between age, education, and health insurance literacy underscore the need for early education. Forty-three percent of individuals aged 18–29 scored low on a health insurance literacy assessment, while 61 percent of participants aged 50–64 scored high. Forty-five percent of those who at most completed secondary education performed poorly, compared to 10 percent of college graduates. Furthermore, the potential audience for such instruction shrinks after high school: In 2014, 31.6 percent of recent high school graduates in the U.S. were not enrolled in college, with a 28.8 percent gap between high- and low-income students. This proposal would prepare students for the eventual necessity of health insurance, including individuals not pursuing post-secondary education and those without parental support. This change would alleviate disparities across age and education level, ensuring that all young Georgians develop a fundamental understanding of health insurance.

Despite the uncertainty surrounding the future of U.S. health care policy, health insurance will continue to play a crucial role in Americans’ wellbeing. Annual training and individual discretion will allow instructors to stay up-to-date on insurance policies and provide students with accurate information about the latest system, ensuring the continuation of health insurance literacy education in the face of political shifts.

Next Steps
Because of its devotion to research-based instruction, GADOE’s Division of Curriculum and Instruction should pilot the policy in Atlanta Public Schools, given its large proportions of low-income and minority students. The team should assess students before and after instruction to gauge health insurance literacy improvements and consider results during the next review of health education standards.

Educators, parents, and industry representatives are the most powerful stakeholders in revising educational standards. Joint advocacy by local school boards, Georgia PTAs, and health educators, who have a vested interest in student health and success, should target the Division of Curriculum and Instruction and State Board of Education members.

After revising HE H.S.3, GADOE should assemble a panel of health educators and insurance agents to develop content frameworks guiding instructors through the new curriculum. Health insurance agencies should act as allies by funding teacher training and instructional materials.

End Notes


11 “Curriculum and Instruction,” Georgia Department of Education 2016


13 “Curriculum and Instruction,” Georgia Department of Education 2016


15 American Institute of CPAs 2013

16 American Institutes for Research 2014

17 Georgia Department of Education 2016
18 Georgia Department of Education 2015