

Is Healthcare for all, the cure-all?



Stethoscope and Globe, Public Domain Image

Supporting Questions

1. What are the similarities and differences between U.S. and Canadian healthcare systems?
2. What are the advantages and disadvantages of the U.S and Canadian healthcare systems?

High School Economics Inquiry

Is Healthcare for All, the Cure-all?	
C3 Framework Indicator	D2.Eco.1.9-12. Analyze how incentives influence choices that may result in policies with a range of costs and benefits for different groups.
Staging the Compelling Question	Watch The Structure & Cost of US Health Care: Crash Course and discuss how the healthcare system has been perceived and interpreted in the community.

Supporting Question 1
What are the similarities and differences between U.S. and Canadian healthcare systems?
Formative Performance Task
Complete a Venn Diagram to compare and contrast the U.S. healthcare system with the Canadian healthcare system.
Featured Sources
<p>Source A: American Institute of Medical Sciences article: US vs Canadian Healthcare: What Are the Differences?</p> <p>Source B: CNBC video: How Canada's Universal Health-Care System Works</p> <p>Additional Source (not excerpted below): St. George's University article: Comparing the US and Canadian Health Care Systems: 4 Differences You Need to Know</p>

Supporting Question 2
What are the advantages and disadvantages of the U.S. and Canadian healthcare systems?
Formative Performance Task
Create a table listing the advantages and disadvantages of the U.S. and Canadian healthcare systems.
Featured Sources
<p>Source A: Balanced Politics article: Should the Government Provide Free Universal Health Care for All Americans?</p> <p>Source B: The Atlantic article: What If America Had Canada's Healthcare System?</p> <p>Source C: The Commonwealth Fund data charts: How the U.S. Health Care System Compares Internationally at a Time of Radical Change</p> <p>Source D: Kaiser Health News article: Canada's Single-Payer Health System: What Is True? What Is False?</p>

Summative Performance Task	Summative Argument	ARGUMENT: Is healthcare for all, the cure-all? Construct a claim and counterclaim that addresses the compelling question using relevant evidence from contemporary sources.
	Taking Informed Action	<p>UNDERSTAND Research current political candidates' views on healthcare.</p> <p>ASSESS Identify views on universal healthcare of political candidates for President and Congress and evaluate their opinions based on the data research in the summative task.</p> <p>ACT Write a letter to a political candidate to suggest ways to modify or improve the current US healthcare system.</p>

Overview

Inquiry Description

This inquiry leads students through an investigation of the healthcare systems of the United States and Canada. By exploring the compelling question, “Is Healthcare for all, the cure-all?” students evaluate the healthcare systems of both countries. The formative performance tasks help students obtain a foundational understanding of the healthcare systems. Students also examine the advantages and disadvantages of each healthcare system.

This inquiry highlights the following additional standards:

- **D2.Eco.1.9-12.** Analyze how incentives influence choices that may result in policies with a range of costs and benefits for different groups.

Note: This inquiry is expected to take three or four 50-minute class periods. The inquiry time frame could expand if teachers think their students need additional instructional experiences (e.g., supporting questions, formative performance tasks, featured sources, writing). Teachers are encouraged to adapt the inquiry to meet the needs and interests of their students. This inquiry lends itself to differentiation and modeling of historical thinking skills while assisting students in reading the variety of sources.

Structure of the Inquiry

In addressing the compelling question, “Is Healthcare for all, the cure-all?” students work through a series of supporting questions, formative tasks, and featured sources in order to construct a claim and counterclaim supported by evidence.

Staging the Compelling Question

To stage the compelling question, “Is Healthcare for all, the Cure-all?” students watch the nine minute video, [The Structure & Cost of US Health Care: Crash Course](#) to begin the discussion on healthcare. Some students may have knowledge of the US healthcare system based on their own personal experiences.

Supporting Question 1

The first supporting question— “What are the similarities and differences between U.S. and Canadian healthcare systems?” has students read various sources about the healthcare systems of the US and Canada. The formative performance task asks students to complete a Venn Diagram to compare and contrast the U.S. healthcare system with the Canadian healthcare system. The featured sources for this question give students a foundational understanding of the healthcare systems of both countries.

- **Featured Source A** is “US vs. Canadian Healthcare: What are the Differences?” This AIMS article delineates the differences between the US and Canadian healthcare systems.
- **Featured Source B**, “How Canada’s Universal Health-Care System Works,” is a CNBC video that looks at Canada’s healthcare system while comparing it to the current US system.

Supporting Question 2

The second supporting question—“What are the advantages and disadvantages of the U.S and Canadian healthcare systems?” asks students to analyze the sources that describe the advantages and disadvantages of the US and Canadian healthcare systems and then create a T-chart listing the advantages and disadvantages of each. In addition to the previous featured sources, the sources for this task allow students to go further and examine data and assess the healthcare systems of the US and Canada.

- **Featured Source A** is an article from Balanced Politics. This article, “Should the Government Provide Free Universal Healthcare for All Americans?” lays out the arguments for and against the system by providing data as rationale.
- **Featured Source B** is an article from The Atlantic that contains data information for the United States and Canada and how they ranked amongst each other regarding their healthcare systems. This article also contains valuable data graphs to aid in student understanding.
- **Featured Source C** is a featured set of data graphs from a research study conducted by the Commonwealth Fund that further compares the healthcare systems of the US and Canada with other developed countries and with relation to each other.
- **Featured Source D** discusses the facts of Canada’s Single-Payer Health System, while also including topical data on the US.

Summative Performance Task

At this point in the inquiry, students have examined the characteristics of US and Canadian Healthcare systems and evaluated the advantages and disadvantages of each system. They have also used graphs and charts to interpret data for both healthcare systems.

Students should be expected to demonstrate the breadth of their understanding and their abilities to use evidence from multiple sources to support their claims. In this task, students will construct a claim and counterclaim that addresses the compelling question using specific and relevant evidence from the provided sources.

Students’ arguments will likely vary, but could include any of the following:

- *Healthcare for all is more beneficial because it allows for more access to doctors and facilities, and cuts costs to the patient allowing for the opportunity for better quality of life.*

MAKING INQUIRY VISIBLE PD

- *Healthcare for all outweighs the benefits because the design of the system is flawed, leading to increased wait times for patients, costly visits, and decreased access for all.*

Students have the opportunity to Take Informed Action by researching current political candidates' views on healthcare. Students can identify views on universal healthcare of political candidates for President and Congress and evaluate their opinions based on the data research in the summative task. Then students may have the option to write a letter to a political candidate to suggest ways to modify or improve the current US healthcare system.

Staging the Compelling Question

Featured Source

Source A: [The Structure & Cost of US Health Care: Crash Course](#)



Accessed at: <https://www.youtube.com/watch?v=KriEIJ0ubh0>

Supporting Question 1

Featured Source

Source A: American Institute of Medical Sciences article:
[US vs Canadian Healthcare: What Are the Differences?](#)

Is Canadian Healthcare Free? The real question is, what do you define as “free”? Canada’s healthcare is funded by a “single-payer” system, but it doesn’t function as one single, unified system. Coverage is publicly-funded, meaning that the funds come from federal and provincial taxes. Some estimates, such as those of the Fraser Institute, put the average cost at about \$5,789 a year per person. Meaning Canadian healthcare is far from free.

How Does the Health Insurance System Work in the US? In the US, healthcare plans are usually provided through private companies. There are some instances where the government steps in with some safety nets for those who have disabilities, are unemployed, or live at or close to poverty level. Otherwise, Americans take care of their own healthcare without assistance from the government.

Private Medical Insurance: This system is separated into several parts. About 67.5% of Americans are covered by private health insurance, which is often funded (in part) by their employers. There are a number of private health insurance companies, but Health Care Service Corp., Anthem, and Humana are currently the three largest.

Medicaid: Medicaid is a publicly-funded health program supported by both federal and state funds, and administered at the state level. The program covers certain low-income pregnant women, children, people with disabilities, and the elderly.

Medicare: For people past retirement age (65 or older), patients with end-stage renal disease, or younger individuals with disabilities, Medicare can often be relied upon for coverage.

Obamacare Health Exchanges: The Affordable Care Act (ACA), also known as “Obamacare”, is part of a healthcare reform act passed in order to make health insurance accessible to more citizens. Firstly, it allows states to expand the Medicaid program to cover any adult whose income is 138% below federal poverty level. The ACA has also created tax subsidies, known as premium tax credits. This was done in an effort to make healthcare plans more affordable for Americans who couldn’t otherwise purchase them. Lastly, the ACA affords citizens certain rights, such as access to free preventative healthcare, and requires insurance to cover people with preexisting conditions.

Are All Services Covered? If you’re looking for a comparison between the US and Canada, you can consider Canada’s system to be extremely similar to the US Medicare system. Canadian universal care doesn’t cover everything, however. Though the CHA dictates that medically-necessary services are covered at no cost, there is no distinct definition as to what “medically necessary” means specifically, leaving each province and territory to decide.

In Canada, regular visits to primary care doctors, hospitals, and diagnostic services are covered by Provincial Health Insurance. However, there is some cost sharing when it comes to other services, like ambulances, prescription and over-the-counter medications, dental care, vision care, and long-term care facilities. This does pose a bit of an issue for people who have large out-of-pocket expenses, but the government does provide a tax credit to ease this burden.

Paying for Healthcare in the US: Depending on the type of care you have, payment options can differ greatly. If you have private health insurance, you and your employer pay the premiums. If you’re self-employed, you may pay these premiums on your own. Under the ACA, you might receive tax credits to help pay for your private insurance plan, but some expenses may be out-of-pocket. Medicare and Medicaid are both publicly-funded through tax dollars; however, there are Medicare plans that can be purchased and give additional health coverage.

Accessed at: <https://www.aimseducation.edu/blog/us-vs-canadian-healthcare-differences/>

Supporting Question 1

Featured Source | **Source B:** CNBC video: [How Canada's Universal Health-Care System Works](#)



Accessed at: <https://www.youtube.com/watch?v=heK471H-s1s>

Supporting Question 2

Featured Source | **Source A:** Balanced Politics article excerpt:
[Should the Government Provide Free Universal Health Care for All Americans?](#)

YES - The Government should provide free universal health care for all Americans.

1. The number of uninsured U.S. residents has grown to over 45 million (although this number includes illegal immigrants, etc.).
2. Health care has become increasingly unaffordable for businesses and individuals. Businesses and individuals that choose to keep their health plans still must pay a much higher amount. Many businesses are simply choosing to not offer a health plan, or if they do, to pass on more of the cost to employees. Any costs not covered by insurance must be absorbed by all the rest of us, which means even higher premiums.
3. Free medical services would encourage patients to practice preventive medicine and inquire about problems early when treatment will be light; currently, patients often avoid physicals and other preventive measures because of the costs. Thus, health problems that could be caught at an early stage or prevented altogether become major illnesses. This not only affects the health of the patient but the overall cost of the system, since preventive medicine costs only a small fraction of a full blown disease.
4. Patients with pre-existing conditions can still get health coverage. One of the biggest weaknesses of our current health care systems is that patients with a past or current medical condition such as cancer or asthma often cannot obtain affordable health coverage.

NO - The government should not provide free universal health care to all Americans.

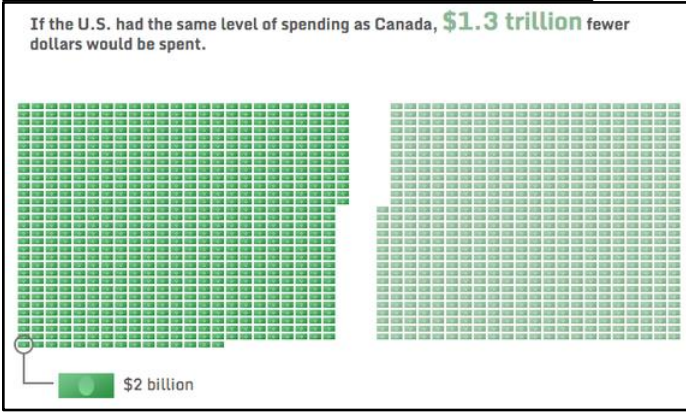
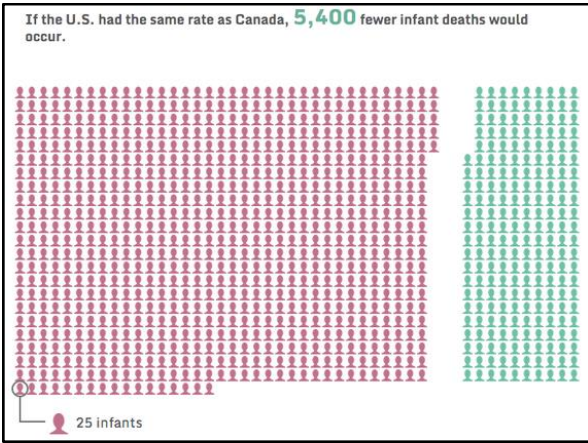
1. "Free" health care isn't really free since we must pay for it with taxes. Expenses for health care would have to be paid for with higher taxes or spending cuts in other areas such as defense, education, etc.
2. Patients aren't likely to curb their drug costs and doctor visits if healthcare is free; thus, total costs will be several times what they are now. Co-pays and deductibles were put in place because there are medical problems that are more minor annoyances than anything else.
3. Government-mandated procedures will likely reduce doctor and patient flexibility and lead to poor patient care. When government controls things, politics can seep into the decision-making.
4. Patients may be subjected to extremely long waits for treatment. Stories constantly come out of universal health care programs in Britain and Canada about patients forced to wait months or years for treatments that we can currently receive immediately in America. With limited financial and human resources, the government will have to make tough choices about who can receive treatment first, and who must wait.

Accessed at: https://www.balancedpolitics.org/universal_health_care.htm

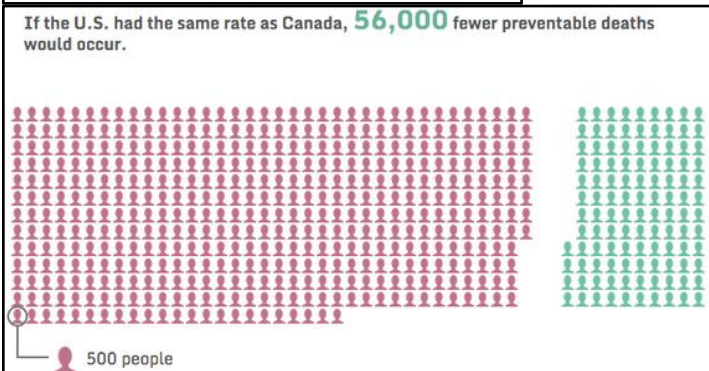
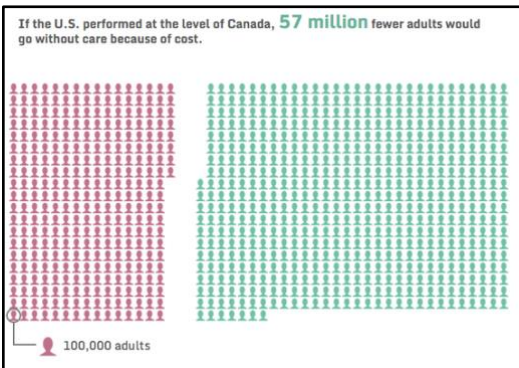
Supporting Question 2	
Featured Source	Source B: The Atlantic article: What If America Had Canada's Healthcare System?

What if Canada moved *here*? Specifically, what if its healthcare system were to pack up, migrate southward, and rain its single-payer munificence over America, for a change? To review, Canadian healthcare basically works like Medicare, but for everyone. Medical care is free, and it covers almost everything other than prescription drugs, glasses, and dental care. (Most people have supplementary insurance to cover those things). It keeps its drugs cheap by negotiating at a federal level with pharmaceutical companies.

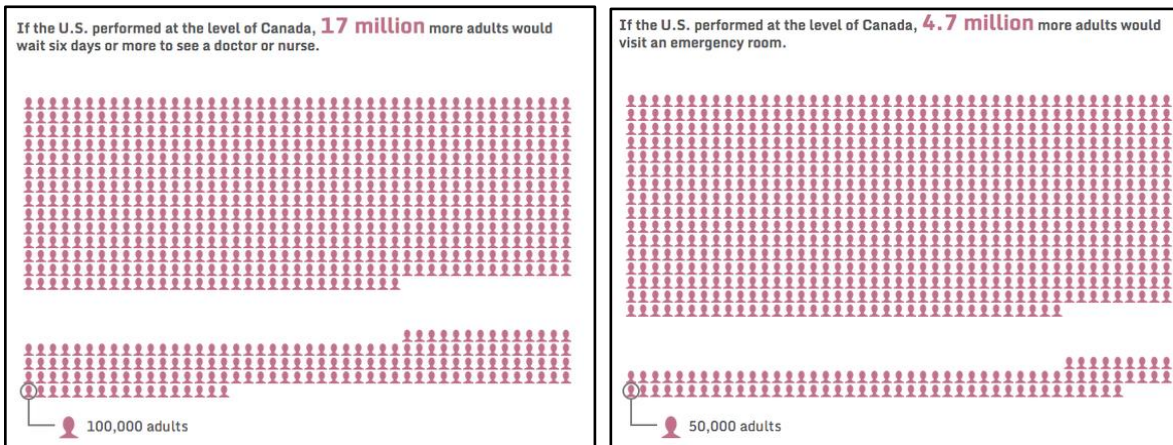
First, the good news: 5,400 fewer babies would die in infancy, and we'd save about \$1.3 trillion dollars in healthcare spending. (The green blocks on the right show the number of dollars or lives saved, while the red blocks on the left show the expenditures or deaths that would still happen.)



What's more, 57 million fewer people would go without medical care because of the cost. It's worth noting that the data for the report was collected before the full implementation of Obamacare, which dramatically expanded health insurance coverage in the U.S.)



Canada's free system comes at the cost of greater wait times for some services. In 2010, the Commonwealth Fund found that 33 percent of Canadians waited six days or more to see a specialist, compared with 19 percent of Americans. And Canadians tend to wait longer for ER care than patients in other countries: One in 10 patients in a Canadian ER will wait eight hours or more, and the average wait time is four hours. (Here, the shorter red blocks below represent how many additional patients would have to wait or would visit the ER if we had the Canadian system.)



Accessed at: <https://www.theatlantic.com/health/archive/2014/10/what-if-america-had-canadas-healthcare-system/381662/>

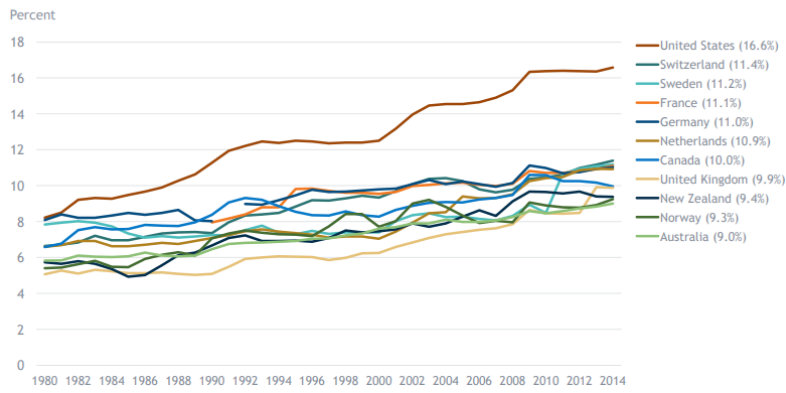
Supporting Question 2

Featured Source

Source C: The Commonwealth Fund data charts:

[How the U.S. Health Care System Compares Internationally at a Time of Radical Change](#)

Health Care Spending as a Percentage of GDP, 1980–2014



GDP refers to gross domestic product. Data in legend are for 2014.
Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Exhibit 2

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

Source: Commonwealth Fund analysis.



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Exhibit 3

Health Care System Performance Scores



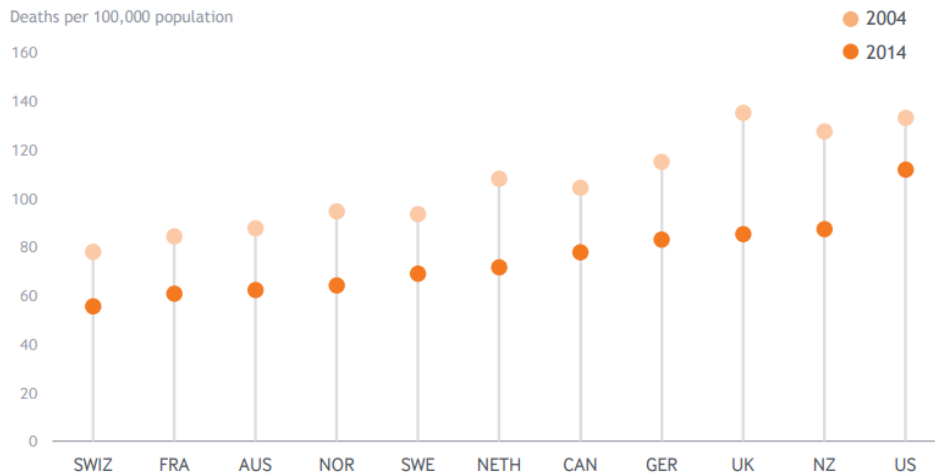
Note: See How This Study Was Conducted for a description of how the performance scores are calculated.
 Source: Commonwealth Fund analysis.



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Exhibit 4

Mortality Amenable to Health Care, 2004 and 2014



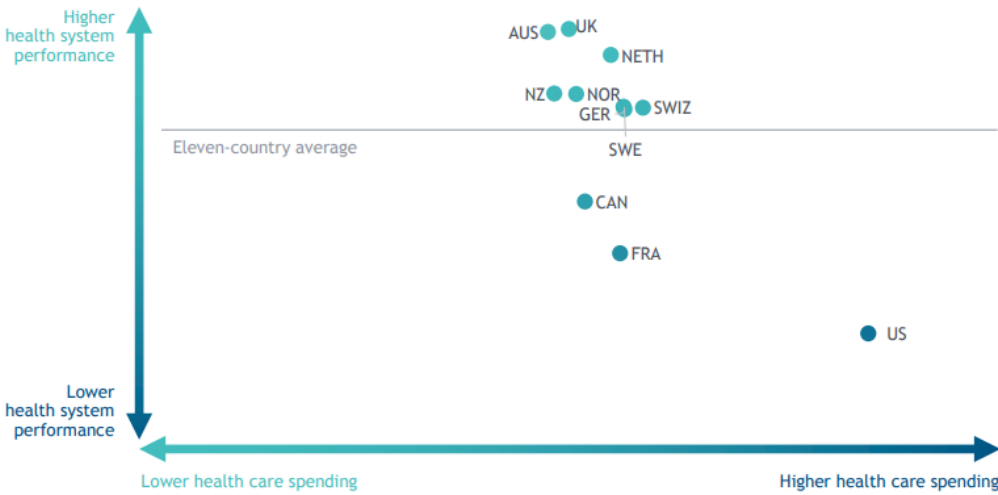
Source: European Observatory on Health Systems and Policies (2017). Trends in amenable mortality for selected countries, 2004 and 2014. Data for 2014 in all countries except Canada (2011), France (2013), the Netherlands (2013), New Zealand (2012), Switzerland (2013), and the U.K. (2013). Amenable mortality causes based on Nolte and McKee (2004). Mortality and population data derived from WHO mortality files (Sept. 2016); population data for Canada and the U.S. derived from the Human Mortality Database. Age-specific rates standardized to the European Standard Population (2013).



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Exhibit 5

Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP.
 Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Accessed at:

https://www.commonwealthfund.org/sites/default/files/documents/media_files_publications_fund_report_2017_jul_pdf_schneider_mirror_mirror_exhibits.pdf

Supporting Question 2

Featured Source

Source D: Kaiser Health News article: [Canada’s Single-Payer Health System: What Is True? What Is False?](#)

True or False: Canada’s health care system is universally regarded as an international ideal.

FALSE. The Commonwealth Fund, an American nonprofit, ranks Canada’s system above America’s — but it fares poorly compared with some others, placing ninth out of 11 Western systems. (The United States is in last place.) Metrics include equity, access to health care and outcomes.

True or False: Canada’s single-payer system covers everything for everyone.

FALSE. For hospitals and doctors, Canadian patients won’t pay a dollar out-of-pocket. But Canada doesn’t cover dental and vision care, prescription medications, psychotherapists and physical therapy. About two-thirds of Canadians get private insurance to supplement Canadian “Medicare,” as it’s known.

True or False: Canada spends a lot less on health care than the United States does, but gets a much better deal.

TRUE. The Canadian Institute for Health Information estimates that in 2017 the country will have spent about 11.5 percent of its gross domestic product on health care. The United States, by contrast, spends about 18 percent. And life expectancy up north is greater, according to the World Health Organization.

True or False: Canadians are pouring over the border to get care in the U.S.

FALSE. No evidence suggests Canadians are fleeing en masse for treatment in the United States. A [recent report](#) suggesting this has come under scrutiny, with [experts raising](#) serious methodology concerns. There are certainly circumstances when the Canadian government will transport a patient out of the country for care that is not available — or unavailable in a timely manner — in Canada. When this happens, it is covered by Canadian Medicare.

True or False: Canadians often die waiting for health care, since the system is plagued by long waits.

FALSE. Wait times in Canada are typically longer for non-emergency, specialty procedures — think knee surgeries, diagnostic MRIs or cataract surgery. But emergency care is prioritized and usually placed at the front of the line. [Research suggests](#) that most Canadians experience wait times comparable to those of their American neighbors.

True or False: In Canada, everyone has the same insurance. Even if you're rich, you can't pay your way into better treatment.

TRUE. Everyone is equal under the eyes of Canadian Medicare. It's illegal to buy private insurance that competes with the government's, so wealthier Canadians can't buy their way ahead of the queue.

True or False: Doctors in Canada work for the government and hate it.

FALSE. Primary care doctors work for themselves, but their fees are negotiated and paid by the government. There was a serious exodus of Canadian doctors in the 1990s, but that has since reversed. In the mid-2000s, more Canadian doctors were returning from the United States than leaving. At this point, [research suggests](#), southern migration is negligible.

True or False: Canada's single payer system has solved the problem of health costs.

FALSE. Canada spends far less on health care than does the United States, but it too [is grappling](#) with the climbing cost of medical treatment. Health care accounts for [almost 40 percent](#) of provincial budgets.

Accessed at: <https://khn.org/news/canadas-single-payer-health-system-what-is-true-what-is-false/>