

Trinity College

Trinity College Digital Repository

Senior Theses and Projects

Student Scholarship

Spring 2004

Who Knows What and How? Knowledge of Health Care & Education Systems Among Hartford Parents

Gerald Eugene
Trinity College

Follow this and additional works at: <https://digitalrepository.trincoll.edu/theses>



Part of the [Education Commons](#)

Recommended Citation

Eugene, Gerald, "Who Knows What and How? Knowledge of Health Care & Education Systems Among Hartford Parents". Senior Theses, Trinity College, Hartford, CT 2004.

Trinity College Digital Repository, <https://digitalrepository.trincoll.edu/theses/99>

**Who Knows What and How?
Knowledge of Health Care
& Education Systems
Among Hartford Parents**

Gerald Y. Eugene

Ed Senior Research Project

Trinity College

Dec. 15, 2003

Who Knows What and How?
Knowledge of Health Care & Education Systems
Among Hartford Parents

Health care has always been a very important topic of discussion and debate. From nationwide Medicaid reform to privatized premium changes, it is no doubt that health is arguably the number one concern of parents for their children. Another issue that is just as equally important is Education. With the introduction of the No Child Left Behind Act, certain school systems have risen while others have declined in reputation and performance. Regardless of these factors, many parents still find the education of their children just as equally important as their health. Or do they?

Research Question

Hartford is a growing city with many paradoxes. Once known as the nation's insurance capitol, we see more and more insurance agencies leaving Hartford. Also, being one of the poorest cities in the country, the education system is a failing one, with almost all public schools in the Hartford Education system labeled as failing. The new influx of Magnet schools have attempted to try to alleviate this problem, but it still persists and stronger than ever before. As stated before, health care and education are two very important issues to parents and Hartford is no exception to that statement. However, which do Hartford parents find more important? I decided to investigate what Hartford parents knew about health care and education systems to try and analyze whether they actually were more concerned about either topic. Specifically, my research question was:

What do Hartford parents know about health care and education systems and how do they acquire this information? Specifically, I wanted to investigate what parents knew about state aid programs Husky, Saga and ConnPACE, which underwent major changes effective October 1st, 2003. Many of these changes would affect many families in Hartford and I wanted to get an assessment as to who knew if these changes occurred. Also, I wanted to investigate what parents knew about the No Child Left Behind Act because it plays a major role in how many schools operate and see success. Hartford in particular is interesting because it now focuses heavily on test scores, specifically the CMT (Connecticut Mastery Test) to assess if a school is failing or not. I also wanted to find out how these parents received or got this information.

Thesis

Based on my research, my thesis is broken down in two parts with subparts, which are:

- 1) Almost all parents were unaware of the changes made in HUSKY, SAGA, ConnPACE and didn't know about the No Child Left Behind Act;
 - a) The status of state aid (HUSKY, SAGA, ConnPACE) as supposed to privatized health insurance affects parent's knowledge of these changes in these programs.
- 2) Much of the information parents received/acquired about these changes were from health centers, doctor visits, free clinics, youth and community centers and organizations and hospitals.
 - a) Hartford parents were more involved with their child/children's health care than education.

Almost all the parents were unaware of the changes made in HUSKY, SAGA and ConnPACE. What is meant by unaware is that they either heard very little of these

changes or they didn't hear anything about them at all. What is interesting is that while the majority of the participants received some form of either one of the three state aid programs, they didn't know these changes took place at all. However, I also found in my research that the status of one's health insurance played a significant role in what people knew. Specifically, all the people who had privatized insurance knew about the changes made while the people who received state aid didn't know about the changes except for a few exceptions. Also, all the people who didn't have any types of insurance didn't know about the changes. The same is true of the knowledge of the No Child Left Behind Act. Overall, most of the parents with the exception of a couple of parents didn't know about either the changes or the NCLBA.

I found it interesting where parents received the information about the changes and the NCBLA. With the exception of a few outliers, all the parents who knew about the information acquired the information from hospitals, health centers, doctor visits, free clinics, youth and community centers, organizations, and other forms of civic and community centers/organizations. This is totally contrary to where I thought parents would receive most of the information, which would be from brochures, packets, booklets and other forms of public endorsements produced by the Connecticut Department of Social Services, which oversees the state aid programs and the federal government which would produce information on the No Child Left Behind Act. It cannot be said that HUSKY, SAGA, ConnPACE and NCLBA did not/does not produce such information. However, such information was not acquired by the participants in my study.

My research also showed that involvement in health care and education was too important to dismiss. It is more of a subpart of the acquirement of information because my research showed that many of the parents who didn't know or acquire the information on the changes or NCLBA were still involved in their child/children's health care and education. In terms of involvement, parents were more involved with their child's health care than education. What is meant by involvement is how much these parents participate in activities, events that were related to either education or health care. In terms of health care, involvement would mean how much these parents participate in activities such as taking their child to the doctor, emergencies, or other health activities concerning their child/children. In terms of education, involvement would mean how often did these parents participate in activities such as parent-teacher conferences, parent-teacher association meetings and events, volunteer in the schools, concerts, assemblies, ceremonies, etc. Based on these terms, my research showed that parents were more involved with health care.

Significance

An article in Education Week dated Sept. 2003 discussed about what people knew about the No Child Left Behind Act. The article stated this:

The Phi Delta Kappa/Gallup poll of the nation's attitudes toward public schools found that 40 percent of the respondents knew very little and 36 percent knew nothing at all about the legislation

(NCLBA) passed nearly two years ago.¹

I found this article to be disturbing because it discussed that on a national level what people knew about the No Child Left Behind Act. The results, as stated above, are rather alarming because the NCLBA has played a major impact in the reshaping of America's education and for people not to be aware of what has been going on is alarming in itself. However, this article made me think even more because while a poll was taken on a national level, no forms of this poll have been reproduced to see what parents in Hartford know about not only the NCLBA but also the health care changes that have been taken place. This is one of the main reasons why I wanted to conduct this research. No such study has investigated what Hartford parents know about these important topics. I believe that investigation into these topics will raise answers, issues and concerns that have never been addressed before. Another reason why I feel this project is significant is to help companies, specifically insurance companies, do a better job in ensuring quality and service. The results in my research will show that indeed parents need to be better informed by these companies. Finally, this research could be a great segway to many other types of research that would be similar but asking more probing, deeper questions that are related to this topic, but takes it much further.

Background

It is essential to provide some background information about these programs to understand the purpose of this research. As stated earlier, the health care programs are state aid, meaning they are intended for people who cannot afford privatized insurance. HUSKY is a state and federally funded program that provides insurance to eligible

¹ "Public Ignorant of 'No Child' Law, Poll finds, *Education Week*, <http://www.edweek.org/ew/story.cfm?slug=01gallup.h23>

children in the state of Connecticut under the age of 19. HUSKY is broken into two parts, A and B. HUSKY A is also Title 19, which is Medicaid. It is a free program and currently has four HUSKY health care plans to choose from. Children can have other forms of insurance as well as HUSKY A. HUSKY B is also called CHIP (Children's Health Insurance Program). It is a low cost program with three health care plans to choose from and is for children who have no insurance. Whether a child gets HUSKY A or B is determined on the number of people in the family as well as their income. Many parents, especially single parents, depend on HUSKY for their child/children's health insurance. However, there were several changes made in the HUSKY program effective October 1st, 2003. One of the biggest changes was the elimination of continuous coverage of legal immigrants. With the exception of certain immigrant status (refugees, asylees, Cuban, Haitian, Amerasian immigrants, honorably discharged, already enrolled, etc.), immigrants living in the United States less than five years who apply for HUSKY after June 30th, 2003 will not be eligible.² This is an extremely important concern in Hartford because of the influx of European, Asian, and West Indian immigrants over the past five years. Many of these families currently do not have health care insurance for their children let alone themselves.

SAGA (State-Administered General Assistance) is a state funded program that provides cash and medical assistance to eligible people and families who cannot meet/afford their basic needs and are ineligible for Medicaid To be eligible for SAGA, one must: 1) not have enough income/savings to meet basic needs; and 2) unable to work

² HUSKY Outreach News article, Conn. Children's Health Project.
www.childrenshealthcouncil.org/covering/archive/Aug26_update.htm

for medical and or other reasons.³ SAGA provides families basic medical services and emergency medical assistance excluding special services, such as eye care, optical hardware (glasses), podiatry, chiropractic, etc. As effective October 1st, 2003, the major changes made in SAGA are that cash assistance will be reduced and prescription co-payments will increase. This is another major concern for people and families who need the cash assistance badly and who find it difficult to pay the co-payments. These changes will just make the situation even more difficult.

ConnPACE is a Connecticut program for senior citizens and people with disabilities. It helps these individuals with the cost of prescription drugs. To be eligible, one must be either at least 65yrs old or disabled and over the 18 years old. One must have lived in Connecticut for at least 6 months before applying and not have insurance and or Medicaid that provides for prescription costs. However, there were several big changes made in ConnPACE. The two major changes made are the addition of the asset test and an estate recovery provision. The asset test is a new form to evaluate who is eligible for ConnPACE. It requires senior citizens to provide information about all assets, including savings. This new form is discriminatory toward seniors who do not have company pensions and saved for themselves because these savings will prohibit them from being eligible to receive assistance from ConnPACE. Here’s an example of how the asset test works, courtesy of the United Seniors in Action:⁴

Senior #1	Senior #2
Income:	Income:
\$10,000 (Social Security)	\$10,000 (Social Security)
\$ 6,000 (Company Pension)	\$ 4,400 (Interest on \$110k Retirement Savings)

³ Connecticut Department of Social Services Q&A on SAGA

⁴ fact sheet from United Seniors in Action, www.unitedseniorsinaction.org/alerts/120303_fact_sheet.htm

Total Income: \$16,000	Total Income: \$14,400

In this situation, Senior #1 would receive ConnPACE assistance while Senior #2 would not. This affects the 50,00 people who are currently enrolled in ConnPACE and the many more seniors who are discouraged to enroll because of the asset test. The other change, which is the estate recovery provision, allows the state to recover all assets and possessions of seniors who have passed away with debt and the debt which was owed by these seniors are passed on their beneficiaries to provide payment to the state. This obviously is unfortunate for many people and families who cannot provide the funds to pay off the debt.

The No Child Left Behind Act (NCLBA), implemented by President Bush as of 2001, is a national education reform plan that seeks to improve student achievement and change America's school culture. Its overview is to help schools become stronger and overall goal is to not leave any child behind. Specifically, it is broken down into four main categories:⁵

- 1) Accountability for results – this means schools now become accountable of their test scores. This emphasizes the importance of test scores nationwide and a school's reputation becomes synonymous with its test scores.
- 2) Emphasis on doing what works based on scientific research – this tries to create strategies that are scientifically based rather than education based because scientific based seems to “provide results.”
- 3) Expanded parental options - parents now have more options in terms of their child's schooling. Parents now have vouchers, which gives parents the option of

⁵ Overview of NCLBA, www.ed.gov/nclb/overview/intro/index.html

taking their child out of a school and placing them in another school without paying for the cost.

- 4) Expanded local control and flexibility – this takes away the direct control of how the NCLBA should be enforced from the federal government to the state and even down to local government. In other words, there are general guidelines but how those guidelines are enforced is dependant on the state.

This act is a major changing point in America's education because it changes the cultures of schools, which are more focused now on test scores and achievement. Hartford is a special case because its test scores, while have risen, are still one of the lowest in the state of Connecticut. Add some scandal in previous years of skewing the results of the CMT test scores to make Hartford look better and you have a situation that is dire and currently at a critical point. The NCBLA is crucial for parents to know and understand to know how it is implemented in Hartford.

Methods

I found going about investigating my research question was more difficult than I imagined. First, I had to go about figuring out what was the best method at investigating my research question. I realized that interviewing parents was the best form for my primary sources because I was not looking for statistics but more personal accounts of what these parents wanted to share. I felt interviews would allow me to get deeper not only toward what was happening but also why. For example, I felt an interview would help me try to understand why parents were receiving their information in certain places or why more parents were involved in health care as supposed to education. The questions can be answered more thoroughly in an interview, which gives me a better picture of what parents really are going through.

After figuring out how I wanted to collect my data, I needed to next come up with how I was going to find people to interview. Since I did not have access to a vehicle, all my interviews were based in Hartford, which suited me fine because I wanted to concentrate my study mainly on Hartford because of my vested interest in Hartford and also that my research question asked what Hartford parents knew. I initially tried to get contacts from schools, youth centers and certain organizations to get my interviews from parents. However, I realized that it was increasingly difficult to get these parents to interview because of their demanding schedules. I soon learned that the target places to get contacts were different organizations and centers that catered toward what I was trying to investigate. Health centers and free clinics proved to be wonderful places to interview people because many of these people wanted to be interviewed and talk about their experiences. I also got several of my contacts from the organization that I had an internship with and proved to be very resourceful, being the primary place where I received my information on the health care programs.

What is important to note is that most of my participants came from health centers and free clinics, which would mean that many of these parents were of low-income status. While I originally was going to request people's income, I soon realized that it was an important factor in my research but not the most important factor. I decided in my questions not to ask about a parent's income because I felt many parents would be uncomfortable answering such a question. Also, it was difficult to try to interview people of different incomes because most of the people who were of close proximity to me were of low-income status. If I wanted to have a pool of different incomes, then I would have had to leave Hartford in greater Hartford in certain areas, such as Bloomfield, Avon,

West Hartford, Newington, etc, and this was not possible. Therefore, I decided to tackle the question of income in a different manner. I instead asked people what type of insurance they had and based on their answer I can assess their general income level. For example, someone with privatized insurance would have a higher income than someone with state aid because the person with private insurance has to pay for their insurance while the person with state aid doesn't pay because they cannot afford private insurance.

Before I physically went to interview people, I had to receive permission from the Institutional Review Board (IRB). I had to create consent forms and show the questions that I would ask parents. This whole IRB process was to ensure that ethical guidelines in research would be met and confidentiality would be addressed and confirmed. I confirmed that I would keep all names and organizations confidential in my research. Instead, I labeled the parents as Participant #1, Participant #2, etc. I asked parents a total of 10 questions, 5 concerning health care while 5 were about education. My questions focused on asking what parents knew about these changes, how they felt about them and where they got their information, the information I was trying to investigate. Since many of the participants didn't have much time, my interviews averaged 15-20 minutes, with the exception of two interviews that lasted 45 minutes and 30 minutes.

Results

I had a total of 17 interviews. All the participants are residents of Hartford and range from the ages of 21 to 54 years old. Almost all the residents were women except for 3 men. Here is the basic information of the participants:

Marital status,

6 married, 3 divorced and 8 single.

Ethnicity

7 Hispanic (4 Puerto Rican, 2 Dominican, 1 Peruvian)

5 West Indian (2 Jamaican, 1 Haitian, 1 Trinidadian, 1 Grenadian)

3 African-American

1 Albanian

1 Caucasian

Geographic Location

8 live in North end of Hartford (mostly African-American and West Indian)

7 live in South end of Hartford (mostly Hispanic)

2 live in Hartford city, downtown (mixture of concentrated ethnic areas)

Initially, I could not find any correlations or common trends in my data. It was rather confusing and very mixed. However, I looked deeper into the data to uncover several common trends. While I found some interesting similarities, most were insignificant to my research. For example, of the 8 people who were single, all except 1 were female and 4 of the remaining 7 single females were of Hispanic origin. This is an interesting similarity in my data but it doesn't attempt to answer any of the questions I asked in my interviews nor is it really significant in my analysis of my research. However, it cannot and will not be dismissed because it may be a clue toward some ethnic analysis which will be discussed later. Nevertheless, the three most common trends are: 1) the knowledge people knew of either health care or education, 2) how involved they were in health care and education and 3) how they acquired their information.

What do parents know?

When breaking down the results in terms of knowledge, the number of parents who knew about either health care or education was almost identical. It is important to note that only 11 out of the 17 participants had health insurance, and of those 11 people 7 were state aid while 4 had privatized insurance. When asked if parents knew about the changes made in HUSKY, SAGA and ConnPACE, only 6 participants knew about the changes and or heard of it. When asked about the No Child Left Behind Act, only 7 participants knew about the act and or heard of it. When looking at the results, the number of parents who knew about both changes made in health care and the NCLBA was only 5 out of 17. One interesting finding in the results was that all the parents with privatized insurance knew about both the changes and the NCLBA, meaning that 4 out of the 6 parents knew about the changes made in state aid and 4 out of the 7 participants knew about the No Child Left Behind Act.

How Involved Are They?

As stated earlier in the paper, involvement is defined as how often parents participate in activities/ events, etc. that are related to health care and education. Overall, parents were more involved in health care than school activities. Specifically, 14 of the 17 parents stated they were very involved in their child's health care. One of the most common answers parents gave was something similar to, "I have to use it all the time. My son is always sick with..." or an answer such as "I always have to go to the free clinic/emergency room to get help..."⁶ In terms of involvement in education, only about 8 of the 17 parents stated they were involved in their child's school events and activities. The most common answer parents gave was similar to, "I can't go because I work so

⁶ To see full answers, see Appendix

much.”⁷ It is important to note that no question was asked concerning were parents more involved in health care or education. Instead, these results were based on each individual question and those questions were then compared to each other.

How did they acquire the information?

Unlike the other question, I was able to combine the answers of both topics health and education because I asked the same question for both, which was Where did they learn about the changes/it (NCLBA). Also, several parents acquired information about health care, but not the education aspect, so this question was not about where they acquired information about both topics but more where they acquired the information about either topic. Therefore, there are parents who received information about only one topic or both. Out of the 17 people: 9 stated first time in the interview; 5 stated through centers, clinics, hospitals, organizations, churches, etc; 2 through brochures, packets, booklets, etc; and 1 through another form, which was the internet. The most common answer parents gave overall was, “I’m finding out right now.”

Analysis

Initially it was extremely difficult to analyze my data. I couldn’t make any inferences or any assumptions because I didn’t know what I was looking for. However, I realized that there were many sub-questions that I needed to ask about my data. One of the first questions that came to mind when analyzing my data was if the difference between state aid and privatized insurance had any effect on the levels of knowledge participants had, specifically the changes in HUSKY, SAGA, ConnPACE and NCLBA. The answer to that question is yes. The results were very interesting because I expected

⁷ Participant #1

that those who were on state aid would know more information about the changes made in these state programs. However, almost the exact opposite happened. Only 2 of the 6 people who knew about these changes were actually on state aid. The rest of the people were on privatized insurance. Therefore, the obvious question to ask is what can explain such a result.

There aren't many plausible explanations to such results. Nevertheless, there is one explanation that could be considered credible. Based on the answers the parents gave in terms of involvement, I noticed that all the parents who were in privatized insurance stated that they were involved in both their child/children's health and education. One parent in particular stated that "Me and my husband are very very involved with their work. I help with social studies, history, reading . . ." This is an example of the involvement parents with privatized insurance had with their children. It is obvious from the answers given that these parents are heavily involved with their child/children's health care and education. Therefore, one can make a claim that because these parents are heavily involved, then they would also know more information about issues related to health and education. Overall, although all the parents with privatized insurance knew about the information asked, the parents in general did not know about them, which can mean that many of the parents with state aid in Hartford in fact don't know about the changes being made or about the NCLBA.

However, it is very important to note that the lack of knowledge of the information asked does not equal lack of concern. In other words, although many parents did not know about the information being asked, they were still very concerned about the changes. Initially, my thesis stated that Hartford parents were more concerned about their

child's health care versus education. However, I realized this was the wrong statement that didn't correlate with what my research question was trying to ask. I already assessed before that education and health care were important issues, meaning that parents would care about them regardless.

My data proves that parents indeed were concerned about both health care and education just as equally and individually. I used tone of voice and mannerisms in the interviews as indicators of concern. Most parents showed more concern about the changes in health care rather than education. This point is specific to the health care changes because I didn't ask any questions on how parents felt about the No Child Left Behind Act. However, it still relates to the education aspect because of the mannerisms parents had in the interviews. When parents were asked what they felt about the changes made in the three state aid programs, the answers were almost the same except for one exception. All the parents were appalled, disgusted, upset in some form about these changes. Here's a perfect example from one parent:⁸

This is such bs. I can't believe these companies can get away with this stuff. See, this is what makes America so f&#\$%#d up. I am one of the lucky ones. I still have insurance. But what about all those other people who don't have any? Those Immigrants? This is just a shame.

What is interesting about this parent is that this parent was on state aid. Another parent who was on privatized insurance felt similar feelings when asked about their feelings about the changes. This parent stated, "And I thought Blue Cross was bad. What

⁸ Excerpt, Participant #14

about all those immigrants with no insurance now?”⁹ Other parents showed concern by their tones and facial expressions. Many of the parents had tones of frustration, disbelief and disgust. In terms of their facial expressions, many parents seemed irritated and many frowned when I explained to them the changes that were made in these programs. This shows that state aid versus privatized insurance did not affect the concern parents showed.

Nevertheless, the question of privatized versus state aid was not the only question. Another question that was just as relevant was why were parents more involved with health care as supposed to education? There are several reasons that can explain this question. First and foremost, many parents found health care more of a priority. What is meant by priority is that many parents found health care a more pressing concern because it was immediate, directly affecting their child’s well being. One parent stated that “My kid’s education is important, but their health is much more important to me. How can they function in school if they’re sick?”¹⁰ Although education affects their child, it is not more apparent to many parents as health care. Several parents discussed in the interview that their child was sick often. One parent stated that “I have to use it (HUSKY insurance) all the time. My son is always sick... and I have to take him to his doctor a lot.”¹¹ Many parents, regardless of their status of insurance, gave similar responses.

⁹ Excerpt, Participant #8

¹⁰ Excerpt, Participant #12

¹¹ Excerpt, Participant #1

On the other hand, one reason parents were less involved with their child's education was the lack of time and their job commitments. Although I didn't ask parents about their occupations, it is very obvious in the answers concerning their involvement with education that many of these parents were busy with jobs and other activities that prevented them from being involved with their child's school. Common answers to their level of involvement included statements such as "I go when I get a chance," or "I can't go because I work so much" or "I wish I could but I can't. I have to pay the bills." However, as stated before about concern, the same is true here. The level of involvement is not reflective of the concern parents had about education. All parents showed concern when they spoke of their involvement with education.

One parent in particular was interesting because of their answer to why they were not as involved. This parent stated that "I am too embarrassed to go because I can't read. I don't want people to make fun of me." While I have my own assumptions of the participants who could not read, this participant was the only one who openly admitted that they could not read. I felt this was very important to add because many parents in Hartford either are illiterate or cannot read or speak English. The lack to communicate with one's child about their schoolwork would indeed limit their levels of involvement. While Hartford is doing a better job with bilingual education, there are still many parents who do not go to school events because of their embarrassment, confusion when they go and overall frustration. While this parent couldn't communicate about their child's education, they still showed concern.

The final part of the analysis is why were parents acquiring most of their information from certain services/organizations? For one, many places such as civic and youth

community centers, health clinics, hospitals, organizations, etc. are excellent sources to get information. Many of these places upon arrival have this information on the walls, in little pamphlets or pieces of paper in eyesight of people who go to these places. However, the biggest thing to note that the only people who will know about these changes and other information will be those who come to these places. When these people come to these places, it is unclear whether they actually pay attention to these pieces of information. Have they become desensitized to the information? Perhaps. Or could they be more concerned about the reason they came to the place?

The latter sounds more plausible because many people who come to receive services from these places do just that. Those who actually pay attention are then intrigued and leave the place telling others, which is a form of word of mouth. Word of mouth is one of the most effective and hurtful ways to spread information. It is effective because it makes the information being relayed personal. The people giving and receiving information by word of mouth feel they have to figure out how the information relates personally, a characteristic common to all human beings. One parent learned about the changes made in HUSKY, SAGA and ConnPACE through a conversation held among peers after a church service. Word of mouth is also hurtful because it cannot be the only form of distribution of the information. For example, while this parent learned through word of mouth, it was the only such case among the participants. No other participant stated they learned through word of mouth so one can conclude that while word of mouth is good it is equally as bad if no one is spreading the word.

Another point of interest was the lack of parents who acquired the information through brochures, packets, etc. This completely shocked me because while many of the

centers, organizations, etc. had these brochures, parents were not stating that they were receiving information specifically from brochures and other similar forms of distribution. One possible explanation is that these centers supplied the information but the information could not be sufficient enough for the number of people they accept in their doors everyday. Many people come to these places and take the information and possibly these places simply run out of information. Funding is always a problem for any organization/service and possibly their lack of funding could affect the number of material they are able to distribute. Also, maybe funding prevents these people from updating the information they have so people are given the wrong information. Besides these centers however, another reason people don't receive the information through brochures and such could be that their address changed and they were unable to receive the information. As stated before, literacy places a big factor because while some parents may have received the information, they cannot read and therefore the information is basically useless.

Conclusions

So what does this all say about Health care and education, specifically in Hartford? While general assumptions cannot be made based on this limited study, certain claims can be speculated for further study. First, while health care and education are two very important issues, they are not well known among people, regardless of status. This is very important because companies, especially insurance companies and the federal government, need to realize new strategies that can enhance where people receive their information so they can become more informed and become more involved.

Another thing this research has done is to open up doors to further study in different aspects of the project. There were plenty of different approaches I could have taken with the research but I had to stick to my research question. However, the issue of ethnicity and its effect is a very important one. In my results I showed the breakdown of the participant's ethnicity. One further study could be if a participant's ethnicity affected their level of knowledge, involvement and how they acquired the information. Then it could continue to be a comparative study among ethnicities and how that affects these three issues. Another way this research could be studied further is the impact of marital status. I noticed that the majority of the single parents in my study were young women, meaning many of them had their children when they were in their late teens. Could the marital status of a parent, especially being a single female, affect what they knew? There are so many other possible ways my project could take further study.

Nevertheless, I hope that this study will show that although people have different kinds of insurance, it does not decrease their concern of these issues and other issues related to them. I also hope that insurance companies will really look at this study and try to figure out ways they can improve their services for their consumers.

Bibliography

* Overview of No Child Left Behind Act, U.S. Department of Education
www.ed.gov/nclb/overview/intro/index.html

* ConnPACE fact sheet, United Seniors in Action
www.unitedseniorsinaction.org/alerts/120303_fact_sheet.htm

* Update on HUSKY Program, Conn. Children's Health Project August Report
www.childrenshealthcouncil.org/covering/archive/Aug26_update.htm

* Fact sheet on SAGA, Connecticut Department of Social Services Q&A on SAGA

* Gehring, John. "Public Ignorant of 'No Child' Law, Poll finds." *Education Week*, Sept. 3, 2003. Vol. 23, number 01, page 14

<http://www.edweek.org/ew/ewstory.cfm?slug=01gallup.h23>

* Q&A of SAGA, Connecticut Department of Social Services, Financial Assistance

<http://www.dss.state.ct.us/svcs/financial.htm>

* Fact sheets on SAGA, HUSKY, Caring For Families Coalition