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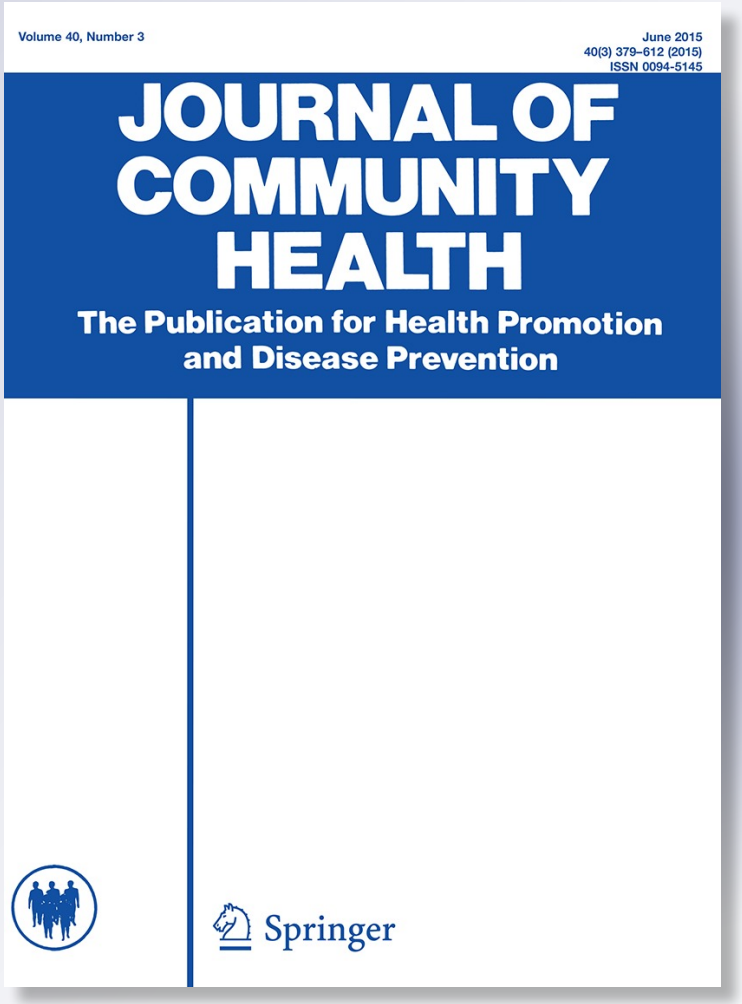

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REVIEW

Students Implement the Affordable Care Act: A Model for Undergraduate Teaching and Research in Community Health and Sociology

Brandn Green · Kristal Jones · Neil Boyd · Carl Milofsky · Eric Martin

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Abstract The implementation of the Affordable Care Act (ACA) provides an opportunity for undergraduate students to observe and experience first-hand changing social policies and their impacts for individuals and communities. This article overviews an action research and teaching project developed at an undergraduate liberal arts university and focused on providing ACA enrollment assistance as a way to support student engagement with community health. The project was oriented around education, enrollment and evaluation activities in the community, and students and faculty together reflected on and analyzed the experiences that came from the research and outreach project. Student learning centered around applying concepts of diversity and political agency to health policy and community health systems. Students reported and faculty observed an unexpected empowerment for students who were able to use their university-learned critical thinking skills to explain complex systems to a wide range of audiences. In addition, because the project was centered at a university with no health professions programs, the project provided students interested in community and public health with the opportunity to reflect on how health and access to health care is conditioned by social context. The structure and pedagogical approaches and implications of the action research and teaching project is presented here as a case study for how to engage undergraduates in questions of community and public health through the lens of health policy and community engagement.

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Introduction

Passage of the Patient Protection and Affordable Care Act (ACA) in 2010, the subsequent Supreme Court ruling on the constitutionality of the ACA in 2012, and the political wrangling over defunding the implementation of the policy, created a unique situation for citizens to provide meaningful and needed assistance to peers regarding a major health policy change [1]. Across the country, but particularly in states that did not create their own insurance exchanges, a need arose for information about how to navigate the ACA system to access health insurance during the first open enrollment period. Community health organizations quickly organized to fill the information and assistance void by training groups of volunteers to provide public talks about the ACA and by offering enrollment assistance as Certified Application Counselors. The few financial resources from both the federal government and private foundations that were made available in states with no political will to support ACA implementation generally funneled to urban areas, where higher population concentration meant a greater impact in terms of sheer numbers of people enrolled. This left rural areas in many states with multiple disadvantages including less institutional capacity and fewer resources to deal with the new law.

As faculty at a liberal arts university in a rural section of Pennsylvania, a state that in 2013 did not expand Medicaid and did not set up a state-based insurance exchange system, we found ourselves in the representative situation above. This article is an overview and analysis of the action research and teaching project we created in response to this

context, and the unexpected opportunity it provided our undergraduate students to engage in questions about how to support health and access to health care in rural communities. In the following sections, we describe the organization of the Central Susquehanna Affordable Care Act Project as an example of public sociology oriented toward community health, highlight key literatures that help to explain the teaching goals and outcomes of action research, and then apply these theories to the experiences of and impacts for students who participated in the initial phase of this research and teaching project. By creating opportunities for students to interact with health policy in a very direct way, we were able to engage with sociological concepts of diversity and political agency to help our student better understand the impacts of health policies while also contributing something concrete to our regional communities.

The ACA in Central PA Project

During the summer of 2013, we worked with two students to complete a health needs assessment in a local school district. One of the questions the students asked local health organizational leaders was, 'What is the biggest health problem in your community?' The director of the only free health clinic in the district, said, unexpectedly, 'Lack of insurance, and not enough resources to help people get signed up once ACA enrollment starts.' The Central Susquehanna Affordable Care Act Project emerged from this response, and from the observations made that exposing undergraduates to the public health system will support community health by engaging students with the specific needs of their communities [2]. Because we work at a liberal arts undergraduate university with no explicit health professions departments or programs, but where there is significant interest from students in pursuing careers in public health and related fields, we saw this as an opportunity to engage students in questions about how health and community are connected. The initial goals of the project oriented around providing education, enrollment and evaluation for the community during and after the first ACA enrollment cycle of 2013–14 as an entry point for teaching students about the sociological aspects of health and health care, and these goals provide the framework for the organization of the project.

Initially, the two lead professors on this project began giving public talks, both in local communities and on-campus, as a prelude to the ACA open enrollment period that began in October 2013. These included talks on campus, at local libraries, Kiwanis meetings, health coalitions, and at regional workshops on the ACA. We were asked to be on television and local talk radio, and state representatives began forwarding individuals to our group. One goal of giving public talks was simply to use our skills as academics to clarify and communicate the complexities of the ACA. However, we were also trying understand the need for enrollment assistance in our region, a need initially identified by Bette and confirmed by strong attendance at the informational talks. As the need became clear, we started to explore student interest in providing enrollment assistance as a learning and volunteer opportunity. Through on-campus talks about the upcoming enrollment, our sociology of medicine course, existing relationships with students, and word of mouth, we developed a working group of students who were interested in learning more about the ACA and providing enrollment assistance.

By the end of the fall semester of 2013, we had certified 12 students, two faculty, and three community members through the federal enrollment assistance certification system as Certified Application Counselors. We also recruited eight additional students to complete the trainings and to help us with enrollment assistance once they returned from the winter break. In addition, through existing research relationships, we connected with faculty in the nursing and social work programs at another local university and expanded our network of trained enrollment assisters to include an additional two faculty and eight students. This allowed us to expand our geographic scope and to build upon an existing cross-institutional relationship that has produced a string of community-based research projects [3].

Once we had developed a solid enrollment assistance capacity, we began providing enrollment assistance at local libraries and churches five times a week, for 3 h at a time, from January through March. Students took the lead on these sessions, sitting down with individuals and families and walking them through the process of filling out an online application within the insurance marketplace, explaining the tax credit/premium subsidy system, and then helping with the selection of an insurance plan that met the individuals' health and financial needs. Faculty were on hand to provide support to students in especially complex situations, but because much of the system was new to everyone, we were all learning together, a process that reinforced the overall tone of humility and mutuality that we as educators worked to build into this project. As a research and volunteer team, students and faculty also wrote field notes after each enrollment experience, and the team met together once every 2 weeks to discuss their observations from the field. It struck us throughout the process how pieces of the project became interdependent. Enrollment could not unfold without education and evaluation of our work, and the implementation of the ACA generated new opportunities for offering better enrollment support. We found it

particularly rewarding to have meetings where students and faculty both engaged in this dynamic process. Seeing their professors adapt on the fly empowered students to do the same.

As the project expanded, we recognized the need for more dedicated project management. We brought in two School of Management professors and immediately hired two management students. We found it particularly fruitful for students from different university divisions to learn and engage with each other functionally through the project, as they performed and then reflected on content, theory or administration of this work. We also expanded our connections with state-level organizations also involved with ACA implementation as a way to both offer insight and to gain information from the experiences of others who worked hard to cover the gap in enrollment assistance left by government and private entities. Finally, we fully developed an evaluation research design for the enrollment process, and to create a simple survey for our enrollees to complete. The survey gave us quantitative data about those we helped, and allowed us to ask individuals if they would be willing to be contacted by our group for a follow-up interview during the summer of 2014 (as the next stage of the research project). This represented the major applied impact phase of our work.

Action Research as Pedagogy

The teaching pedagogy we used throughout the ACA project can be described as action research embedded in a community context, an approach that has long been called for and increasingly used in teaching in health professions [2, 4, 5]. Action research is a reflective inquiry approach that is focused on action and change, in which practical knowledge is obtained and upon which action is then based [6]. A key tenet of action research is that researchers collaborate with stakeholders in an egalitarian way without any presuppositions regarding an "expert status" of the researchers [7]. Because the enrollment system was new to everyone, students, faculty and individuals needs insurance alike, we all came with partial but incomplete knowledge that needed to be combined to achieve the goals of providing enrollment support and actually acting for change. Many scholars also argue that action research is an important methodology for those seeking to elucidate and effect answers to complex questions that are imbedded in social situations and contexts of change [8, 9]. We built upon past experience with action research approaches and created learning opportunities for students by creating time for reflection upon challenges associated with ACA implementation in ways that pushed the action agenda forward by producing better service outcomes for citizens in the area.

Supporting student learning within an action research project requires instructors to engage with the multitude of learning activities inherent in service-learning, civic engagement and related community-based learning approaches [10]. Students engage in interpersonal learning by re-evaluating personal values and motivations while building a connection and commitment to the community. We drew specifically upon the observation-action-analysis-reflection sequence [11], which highlights fortuitous and unexpected experiences, enables us to connect our work with both students and community members in meaningful ways, and recognizes the value of assessing program effectiveness in tandem with personal and group reflections. Set within the context of a major change in health policy, engagement components of the ACA project moved toward the creation of citizen-scholars, and perhaps future community health workers, in our student volunteers [12–14]. Students' reflections, through field notes and groups discussions, on their experiences strengthened their political convictions about the ACA in particular and social policies more generally, and gave them a sense of political agency within the context of social change.

Project Outcomes and Impacts

Because the ACA project was organized around the principles of action research, the material outcomes and teaching impacts are conceptualized and measured in distinct ways. The applied, public outcomes of the ACA project have been measured mostly in numbers, based on the initial evaluation surveys and records kept throughout. By the end of open enrollment in March 2014, the combined efforts of students and faculty at the two universities helped 160 individuals enroll in health insurance plans through the ACA. The data gathered through surveys, field notes and participant observation by students and faculty during the initial stages of the ACA project allowed us to act not only by providing better and more appropriate enrollment assistance, but also by engaging with the policy process. Our experiences have allowed faculty to contribute to policy documents being put together by state agencies and we have developed stronger community ties with organizations across the state and region. Both students and faculty involved in the project have also written public commentaries on the ACA in rural areas for online media outlets.

The teaching and learning impacts of the ACA project for students are analyzed based on the goals of students' applying sociological concepts of diversity throughout the experiential action research process, and creating a sense of political agency based on community engagement experiences.

Learning Through Action Research

Throughout the literature on engaged learning of all types—health practicums, action research, cultural immersions, etc.—the key pedagogical assertion is that students learn better when they are put into non-classroom situations that illuminate the concepts presented through the classroom [2, 15, 16]. It is the notion of experience, that we learn by doing and by meeting people, that drives these educational practices. It is also the case that this strategy is limited by an often-narrow understanding of social problems and idealism about how community-level change can be effected [12]. By explicitly discussing and engaging with the multiple types of diversity that existed within and throughout the ACA project, we encouraged students to apply ideas of difference to the challenges and complexities they identified within the ACA as a health policy phenomenon.

From the outset, we created an organizational structure that mirrored the social structure of the class of individuals that we had hoped to help. Too often, it is our observation that action research community engagement projects impose a middle-class social organizational matrix into a working-class social situation. The informal, and highly personalized, nature of trust development among our community partners and clients needed to occur with class awareness in mind. This meant helping the students learn how to pay attention to the social mores of the clients, the styles of jokes, the topics of casual conversation, and the traditional amounts of silence allowed in between topics of conversation. Students learned how to cross boundaries and to switch cultural codes, lessons that are often highlighted in international travel experiences but that were in this case learned a mile away from campus. One student wrote, in the evaluation of the student experiences given at the end of the project, "I learned that poor people in the area are not what people at Bucknell stereotype as being 'townies,'" and another said, "I learned that everyone's story is valid, unique and interesting." We also had to adjust our schedules to those of the community. Enrollment assistance was generally held in the evenings and on the weekends, and we met on neutral territory, like libraries, churches and the free clinic, rather than in our offices or somewhere else on campus.

As students interacted with and reflected upon the diversity of experience, knowledge and need that exists within our region of Pennsylvania, they began to ask more precise and nuanced questions about the impact of this single health policy across a varied social landscape. These questions have pushed some of the students to go further: as a result of many conversations after a morning of providing enrollment assistance, one student proposed to spend the summer researching the influence of the Medicaid gap on individuals' political orientation and affiliation. Of the 20 students who worked with us, one has gone on to a graduate program in public health, one to do an advanced degree in social work, and another is headed to nursing school. The affiliated university with which we work, where student volunteers were all nursing or social work majors, is in the process of turning ACA enrollment assistance into an internship or practicum experience that counts toward professional training. Engaging with one aspect of health policy has opened the door to students' broad interest in understanding health in community, and how these concepts interact with one another.

Political Agency and Community Engagement

The saliency of the social issue and the complexity of the problems associated with implementing the ACA in a non-Medicaid expansion state were keys to the continued intellectual engagement by the students. Our students, and anyone who got involved with ACA as a volunteer or employee, was experiencing the implementation of the most significant social welfare policy change in the United States in the past 50 years [1]. This was unique and a powerful motivation for our students. During our bi-weekly meetings with all of the students, we found that they often had been learning on their own about a detail of the ACA or insurance plans to be able to more fully and completely explain and manipulate the systems to the benefit of our clients. We expect that such profound motivations will decrease over the next 5 years, as the ACA becomes standardized, the bugs on the website are solved, and the country reflects on the value of affordable health care.

However, there was also a more personal side, one that exists for students connected to many types of community engagement experiences that they find to be meaningful based on personal history or conviction. Students' sociological imaginations were captured by the ability to see abstract and new-to-them social and health policy structures change in the moment, and for the impacts of those changes to be seen and felt by individuals who students could meet and from whom they could learn while also helping [11]. They were in the thick of something very real, with very real, life changing implications. A third-year student wrote, "I truly, sincerely felt as though I was helping more than just serving food or providing childcare" while a second-year student wrote, "This project was different because I felt like I was helping residents instead of just commiserating." The Medicaid gap became a particularly important learning and action issue for students, and one that catalyzed actions like participating in a rally at the state capital building as well as many smaller, more personal reflections on the nature of poverty, politics and social structures. Students' continued dedication to waking

up early on Saturdays, staying late at the library on Thursday evenings, and ongoing contributions of field notes, news articles and observations.

One of the key features of providing enrollment assistance during the first cycle of ACA was learning how to work around and with the overly rigid website system. Our students, and the faculty who provided mentorship, developed an informal expertise in how to use the website, and how to translate the often complex reality of the individual or couple we were trying to help into a bureaucratized and structured form. It was this type of expertise—call it 'back of the napkin' expertise—that proved to be the most practical accumulated knowledge in our students. By the end of the enrollment cycle, students were able to navigate these dynamics without help from us; in fact, they reached a point of being able to offer advice and insight into complex individual cases we could not solve on our own. Our students had experiences of agency within a government system, and in turn provided the same feeling to a population of the community that often misses out on assistance programs because of the over-complexity of accessing and translating technical form information. Those were powerful moments to witness and we believe will stick as powerful learning moments for students and faculty alike.

Risks

As an action research project, we received IRB approval as faculty to administer and analyze survey data from individuals whom we helped with enrollment. A consent form was attached to the survey, and all the demographic information gathered was anonymous. Student volunteers were not included in the initial IRB application, as the research aspect of the project entailed just the survey, which was implemented by faculty. Those students who have continued onto the next stages of research, over the past summer and going forward, all then completed IRB addendums for their specific research projects.

To us, the more immediate risks within an action research project relate to the impacts of the action, rather than of the research. In the case of the ACA project, we addressed the risks associated with providing volunteer enrollment in several ways. As mentioned above, all enrollment assisters completed the federal Certified Application Counselor training. In addition, faculty, all of whom had completed additional trainings provided by a state-level health advocacy group, accompanied the students to each enrollment session. This enabled two of the central goals of the project, as we were able to guarantee that we provided high-level and accurate assistance to our clients and removed the stress for our students of needing to be a complete expert.

We worked to build trust with community partners and individuals throughout the project, and explicitly discussed these complexities with students. Simply put, we had to show up when we said we would show up, be thoughtfully engaged, provide a value to our partners, listen to their needs and wants, and overcome the individual insecurities that each of our enrollees exhibited when they called asking for help. Our students had to develop a personal style that enabled residents to feel comfortable and trusting enough to give social security numbers, personal financial histories, and often very personal details about complex family structures. The students unanimously spoke of how awed they were at the opportunity to hear these stories and to be a part of helping individuals gain access to insurance, and took the associated responsibility seriously. It was a rare chance for students to experience a goal of higher education, that the ability to take a complex system and to explain it in plain language makes possibilities into realities.

Pedagogical Implications

Providing teaching and learning opportunities that allowed students to reflect on the sociological concept of diversity in community and health systems is a key goal for us as educators. Engaging with public policy at a local level provides an excellent opportunity for students to critically analyze assumptions about difference; in the case of the ACA project, class and livelihood background were key themes throughout students' reflections on their learning experience. Because of the constantly changing nature of both the ACA system and available information, we as enrollment 'experts' did not have all the answers, and each new case presented circumstances that stymied us and humbled us. This made it easy to recognize, quite honestly, that we simply have different skills and needs, and thus should not be embarrassed by or over-confident about these abilities. Just as we get our cars fixed by mechanics, and our meat butchered by a butcher, residents felt comfortable getting help navigating a website from students and receiving explanations about complex systems from professors. We were operating in our socially defined roles in the community. It was remarkable how openly residents spoke of their poverty or health needs, for example, given this safe social and structural space with the students.

A second teaching goal of the ACA project was to provide opportunities for students to develop political agency through critical reflection on social policy. However, engaging with policy inherently means engaging with politics, which is usually not the purview of community engagement or necessarily of universities. Action research, however, provides a useful frame for articulating how

universities can provide learning opportunities for students that are not only engaged but also critical in the sociological sense of the word. This project helped the administration within our university understand a mechanism for a type of community engagement that goes beyond traditional opportunities. With research at the core, concerns about helping to implement a potentially controversial social program were all but eliminated, allowing our students to work and learn in an applied setting with real research and community outcomes.

Conclusion

The structure and review of this project suggests that students with an interest in health professions, including public health, can engage with the complexities of health in community through the lens of health policy. The literature on training health professions students through community engagement projects has focused mostly on medical students and those seeking advanced degrees [4, 17], although more recent calls have been made to include undergraduates in this process [2]. By drawing on social science research methodologies, including action research and community engagement, faculty with an interest in community health can support undergraduate students' work in communities while also providing public outreach and engaging in applied research. We present the case study of the ACA in Central PA research and teaching project as an example of how to incorporate public health, community health and sociology of medicine concepts into out-of-the-classroom research and teaching experiences.

This project has continued to evolve as we have reflected and built upon the initial experiences described in this paper. We as faculty are now working on research about the impacts of and weaknesses in ACA implementation and enrollment assistance, guided by student evaluation projects completed during the spring semester and by initial data analysis. We have a small dataset of survey responses from the people we helped to enroll, and we have a group of sixty people, with whom we have had initial contact through enrollment assistance, who were willing to be interviewed by our students this summer about their personal experiences with trying to navigate health care systems in rural areas without insurance. Two more students interviewed representatives of social service organizations that have a potential interest in ACA implementation to better understand their engagement, or lack thereof, with enrollment. The interviews and survey data will contribute not only further academic research outputs, but will also provide guidance for how best to structure and focus the education, enrollment and evaluation aspects of the ACA project going forward.

Given the specific skills and interests of university faculty and students, it is our hope that university involvement in ACA enrollment assistance will increase during the next 3–5 years. Our expectation is that the neediest families, those near the financial margins and without easy access to or comfort with computers, will continue to slide through the cracks in federal and state enrollment mechanisms that are not context-specific. Eventually the program will adapt and learn how to better integrate individuals into the systems, as Medicare and food assistance programs have done. However, opportunities will continue to exist to assist community members in a way that enables and enhances long term health access also provide ways to engage our students and ourselves in meaningful and engaged research, teaching, and service.

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