



SOCIAL WORK PERSPECTIVE ON COMMUNITY ORGANIZING AROUND STUDENT HEALTH INSURANCE AT A MIDWESTERN UNIVERSITY IN THE UNITED STATES: A CASE STUDY

Isaac R. Aklamanu, Ph.D.¹

¹*Assistant Professor of Social Work, Department of Sociology, Social Work, and Criminal Justice, Lamar University*

Abstract

Following the passage of the Affordable Care Act (ACA) in 2010, universities were prompted and advised to consider a policy-level change. In particular, universities had to consider whether or not to draft and adopt an ACA-compliant health insurance plan for students. Given that universities were not required to offer a student health insurance plan, students at a Midwestern university in 2011 developed a social action community organization to apply pressure on university administrators to ensure the development and adoption of an ACA-compliant student health insurance plan. The processes and strategies employed by this successful student community organization are discussed in the present case study. Recommendations for future student-led community organization projects on college campuses are provided.

Keywords

Action, Affordable Care Act, Community organizing, Demonstration, Health insurance, Midwestern University, Students, Passage

On March 23, 2010, the Patient Protection and Affordable Care Act (hereinafter referred to as the ACA) was signed into law by President Barack Obama (Rosenbaum, 2011). As Rosenbaum (2011) noted, “Through a series of extensions of and revisions to the multiple laws that together comprise[d] the federal legal framework for the U.S. health-care system, the act established[d] the basic legal protections that until now have been absent” (p. 130). Among other things, the passage of the ACA provided the nutrients for consumer empowerment. According to the U.S. Department of Health and Human Services (2015), the ACA featured the following transformations in healthcare law: (a) pre-existing condition exclusions were abolished, (b) lifetime limits on coverage were eliminated, (c) preventive care services were covered at no cost, (d) barriers that prohibited patients from seeking care at a hospital outside of the patient’s health plan’s network were eradicated, and (e) health insurance coverage was expanded. The passage of the ACA had multiple implications not only for individuals but also for institutions – such as colleges and universities in the United States.

Background

The passage of the ACA in 2010 resulted in a set of minimum standards to which insurance plans were required to adhere. For four years following the passage of the act, a particular Midwestern university – the one investigated in the present case study- failed to take any action to bring their self-funded student medical insurance plan into full compliance with the ACA. To the extent that provisions – in the form of waivers – for self-funded insurance plans were tendered during the healthcare system transition period (i.e., these types of plans were qualified as having met the minimum requirements during the 2014-2015 academic year), administrators at the university had little incentive to act swiftly; however, because the waiver was scheduled to end beginning in August of 2015, the action was necessary. As a result, a student-led community organizing effort was developed at the university.

The urgency of the herein-investigated community organizing effort was borne out of the understanding that universities in the United States are not required to offer student health insurance. Without a concerted effort to establish an ACA-compliant insurance plan at the university for the fall 2015 semester, students would have had to enter the health insurance marketplace in August of 2015. While some details of the process by which the

university selected a new student health insurance plan can be found in archived newspapers and official university documents, much of the community organizing activities designed to establish a health insurance plan for the 2015-2016 academic year at the university and ensure that said health insurance plan was compliant with the ACA are unknown. The present case study sought to (a) explore the strategies employed in this community organization effort and (b) understand the perceptions of students regarding the health insurance plan, to inform future organizing efforts on college campuses.

Methods

Research Questions

The following four research questions served as the foundation for inquiry in the current case study: what principles of community organization (see Rothman & Tropman, 1987) were used in the process of establishing a new health insurance plan at the university (RQ1); what strategies were employed during the community organization process (RQ2); what perceptions did students have of the health insurance plan at the university (RQ3); and what were the strengths and weaknesses of the community organization effort (RQ4)?

Population and Data Sources

The setting for the current case study was a Midwestern university. The population, in particular, was thus: those involved in the process of bringing the university into compliance with the ACA, as well as those affected by the insurance plan transition. Participants in the case study were current students and former students of the university. To answer research questions one, two, three, and four, the researcher interviewed the principal organizers of the community organization. The researcher expected this key informant to identify other important informants at various levels of action and decision-making (i.e., snowball technique), such as other students involved in the organizing efforts. In all, the researcher interviewed 23 key informants who were part of the community organizing efforts at the university to (a) provide saturation of data and (b) ensure diversity of opinion. In addition to conducting interviews, the researcher collected secondary data from local newspapers/media sources and official university documents to triangulate the data.

Interview Protocol

A semi-structured, open-ended interview format was chosen to collect data. While some interviews were conducted face-to-face, others were conducted over the phone. Regarding research question one (RQ1), the following interview questions were asked of those directly involved with the community organizing process. Firstly, the researcher asked informants to describe the overall intent of the community organizing process. Follow-up questions included, "Did it seem like the effort was intended to build community and capacity among the participants," "Did expert planners and evaluators direct the trajectory of the effort," and "Did participants organize to change a power dynamic or bring about a social change?"

The following questions were asked during interviews with organizers to provide an answer to research question two (RQ2): (1) how were leaders identified, (2) how was initial support generated, (3) how were tasks delegated, (4) how often did task groups meet and to what mission were they assigned, (5) how was the program institutionalized, and (6) how was the program evaluated?

Research question three (RQ3), which was bracketed from the other three research questions, was answered by engaging current students in an interview about their experiences with health insurance at the university. Students were screened based on whether or not they opted out of the student health insurance plan during the fall 2015 semester. Following the screening question, the proceeding interview question was asked: (1) "What has your experience been like with student health insurance at the university?" Probing questions, such as (2) "What are your perceptions specifically of the new health insurance plan?" and (3) "Has the new insurance plan been of benefit to you?" were asked during these interviews to provide additional data.

Regarding research question four (RQ4), the following questions were asked among the organizers: (1) What specific events or processes contributed to the success of the organizing effort, (2) What specific events or processes detracted from the success of the organizing effort, and (3) What would you have done differently? Data generated from student interviews were also used for RQ4 to illustrate features of the community organizing process that might have contributed to or detracted from effective practice.

Data Analysis

This section presents a summary of combined interview data and the secondary data from newspapers and university documents which served as the constellation of information for an understanding of the following:

- (a) the community organization process
- (b) student perceptions of the health insurance plan were generated.

During each interview, two investigators were present. While one investigator asked the interview questions, the other investigator recorded handwritten notes (Sim & Wright, 2002). Following the compilation of interview notes and secondary data documents, all data were content analyzed (Vaismoradi, et al., 2013). Themes from the data analysis process are presented in the results section of the current study.

Research Question 1

	Social Action Model	Community Dev. Model	Social Planning Model
Television Interview	✓		
Newspaper Review		✓	
1st Interview respondent		✓	
2nd Interview respondent	✓		
3rd Interview respondent	✓		

Table 1

Table 1. displays a summary of research question one which will help understand the three community organization models from Rothman and Tropman (1987) that were featured in the community organizing effort. Based on interviews with three people involved in the organization and a review of one newspaper article as well as a television interview with one of the organizers, two models seemed to emerge from the data as clearly evident: (1) social action was the dominant model in the process, as the students at the university (i.e., the powerless in the situation) sought to organize in large numbers to pressure the university’s board of trustees (i.e., the powerful) – via means to be elucidated momentarily – to vote in the affirmative on a newly proposed health insurance policy; (2) community development was the passive model in the process, as (a) some relationship building and coaching among a broad cross-section of students at the university occurred and (b) resources currently available within the community were exclusively employed to accomplish the mission; however, this orientation process was subservient to the dominant task-oriented nature of the organization.

Research Question 2

	Approved	Not In Support	Total
One-on-one Conversations	40	13	53
GPSC and USG Resolution Vote	35	6	41
Postcards	700	300	1000
Undergraduate student organizations support	83	22	105

Table.2

Table 2 presents a summary of research question two which was developed to understand the strategies used by the organizers to establish and carry out their community organization. Firstly, it was important to understand how leaders were identified. While analyzing the qualitative data generated in the current study, the researcher noticed that a consistent story regarding the genesis of the leadership identification process was evident: it wasn’t the lead organizer that identified the problem regarding the switch point on student health insurance, but rather one of the organization members actively involved on a health insurance committee at the university during the Summer of 2014. The enthusiasm of this organization member about ensuring that university students were provided with an insurance plan provided an impetus for further action. Specifically, she approached the president of the Graduate and Professional Students Council (GPSC), a council on which she also served, to determine if an organizing effort could take place to establish an ACA-compliant health insurance plan at the university.

GPSC’s president, at the time, was familiar with community organizing principles and suggested that a community organizing effort around the issue of student health insurance would be beneficial. After discussions with the university president regarding the proposed initiative and what would be needed to effect change, the GPSC president recruited several leaders: the president of the Undergraduate Students Government (USG), a law student, the president of the Graduate Student Union (GAU), the health insurance director at the university, the vice chancellor for axillary services, the director of the pharmacy, and students with competencies in digital media and design. In this respect, aspects of coalition building (Wolff, 2001) materialized on the campus during the fall of 2014.

Five themes emerged from the data regarding methods of generating initial support for the effort. Firstly, several one-on-one conversations occurred between the president of the GPSC and administrators at the university of which 40 out of 53 approved it. Secondly, the GPSC and the USG passed resolutions in support of an ACA-compliant health insurance plan – a step that was necessary before a vote by the university board of trustees which 35 out of 41 gave their approval. Thirdly, the organization developed a postcard as a means of soliciting support

from undergraduate students – as the president of the university suggested that such support would be needed in front of the board of trustees. In total, 1,000 postcards were printed (on which information about the health insurance switch point was included), but only 700 were signed and returned by undergraduate students in support of the scheme. Fourthly, registered student organizations at the university were informed of the switch point and asked to send letters to the board in support of an ACA-compliant plan. Fifthly, the organization sent four members to a board of trustees meeting to give persuasive speeches during the public speaking time slot. An unexpected outcome of this action, in particular, was thus: the local news media happened to be at the meeting and asked organization members to elaborate on their intentions.

While subcommittees were not formed within the organization, role delegation occurred among individual members of the organization. Largely, roles and responsibilities were assigned to members within the organization based on the reasons for their initial recruitment. In other words, the student recruited with digital media and design skills was tasked with working on the postcards, while the law student and the organization member on the health insurance committee at the university were tasked with handling the technical aspects involved in discerning – among a range of insurance company proposals-which plan would be best suited for students at the university. The president of the GPSC was tasked with overall leadership and engaging in communications with administrators, while the USG president was tasked with initiating conversations among undergraduates about the health insurance switch point. The organization members met collectively twice a month during the first few months of the effort to summarize their labors, but, closer to the summer of 2015, they met collectively twice per week.

Results from interviews with the organizers showed that institutionalization occurred via a unanimous vote by the university board of trustees to approve an ACA-compliant student health insurance plan in April 2015. In this respect, the social action project was successful. However, neither evaluation of the process of the organizing effort nor the implementation of the plan occurred. Organization members consistently reported that (a) data was not collected following the implementation of the plan to gauge student satisfaction or dissatisfaction and (b) information distribution initiatives aimed at informing students of the new health insurance plan did not take place. Elaboration on the effects of this oversight can be read within the results from research question three.

Research Question 3

Subjects	Enrolled	Not Enrolled	Total
Students Contacted	17	23	40

Table. 3

The third research question was developed to understand the perceptions of students regarding health insurance at the university. After approaching 40 students at the university about the student insurance plan, 17 interviews were conducted as only 17 of the 40 students approached were registered under the university health insurance plan. Three themes emerged from the qualitative data regarding this research question. Firstly, students consistently confused the affordable six-dollar clinic visit fee (which is a benefit anchored to a per-semester health center student fee separate from the student health insurance plan) with the student insurance plan. For example, one student stated, “My experience with the student health insurance has been great because it is very handy to only have to pay six dollars to see a doctor on campus.”

Secondly, students complained that they were unaware – at the beginning of the Fall 2015 semester – that a new health insurance plan was implemented at the university. Some noticed that the insurance fee increased by approximately 150 dollars, but these students did not understand that this fee increase was accompanied by a range of benefits provided by the ACA.

Thirdly, some students stated that they learned about the new health insurance plan and its benefits because of a conversation with the university pharmacist. Confusion about a dramatic decrease in the cost of prescriptions prompted a question directed at the pharmacist, at which point the pharmacist explained the new insurance plan.

Research Question 4

	YES	NO	Total
Support by Undergraduate Students	83	17	100
Significant Media Coverage	75	25	100
An organization led by a charismatic and persistent leader	65	35	100

The fourth research question was developed to understand the overall strengths and weaknesses of the organization. To answer this question, the researcher analyzed a combined data set (i.e., interviews with organizers, interviews with students, and collected secondary data sources). The results showed that the organization had several strengths: (1) 83 out of 100 undergraduates pledged their support for the insurance plan via postcards, (2) 75 of 100 students are of the view that the organizing effort generated significant amounts of media coverage. Also,

71 of 100 students believe that the organization was headed by a charismatic and persistent leader. Collectively, these strengths contributed to the success of the effort; however, there were also many weaknesses. For example, all the organizers interviewed in the study noted that their efforts should have begun much earlier. That is, they should have garnered undergraduate support and engaged in conversations with the board of trustees sooner. Another weakness of the effort was that: following the passage of the new insurance policy, undergraduate and graduate students were not uniformly educated about the policy change and its benefits.

Conclusions

The present case study illustrated the power of social action, especially from the perspective of social work as a method of community organizing on a college campus. Because the features of community development, within the organization were not maintained after the passage of the new health insurance plan, however, some lessons can be learned. In particular, if community development efforts are not cultivated following the achievement of a social action goal, the benefits to be gained from the effort may go unnoticed. In this particular case study, because university students were not educated on the health insurance plan transition or the benefits to be harvested from the chosen ACA-compliant plan, students could not take full advantage of the rewards tied to the social action effort. The results of the present study show that the organization disbanded after the vote by the board of trustees. Students at the university could have benefited from concerted efforts on the part of the organizers to maintain their organization and disseminate information about the new health insurance plan. This is something social work students can learn from to engage communities to create awareness and education about social justice and injustices, especially in underserved, underprivileged communities.

References

- Ayala, G. X., & Elder, J. P. (2011). Qualitative methods to ensure the acceptability of behavioral and social interventions to the target population. *Journal of Public Health Dentistry*, 71(1), 69-79.
- Rosenbaum, S. (2011). The Patient Protection and Affordable Care Act: Implications for public health policy and practice. *Public Health Reports*, 126(1), 130-135.
- Rothman, J., & Tropman, J. E. (1987). Models of community organization and macro-practice perspectives: Their mixing and phasing. In F. M. Cox, J. Erlich, J. Rothman, and J. E. Tropman (Eds.), *Strategies of community organization* (4th ed., pp. 3-26). Peacock Publishing.
- Sim, J., & Wright, C. (2002). *Research in health care: Concepts, designs, and methods*. Nelson Thornes Limited.
- U. S. Department of Health and Human Services. (2015). *Patient Protection and Affordable Care Act: About the law*. <http://www.hhs.gov/healthcare/rights/>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15, 398-405. DOI: 10.1111/nhs.12048
- Wolff, T. (2001). Practitioner's guide to successful coalitions. *American Journal of Community Psychology*, 29(2), 173-191.