

Social Work Students' Attitudes and Perceptions About the Affordable Care Act

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**SOCIAL WORK STUDENTS' ATTITUDES AND PERCEPTIONS ABOUT
THE AFFORDABLE CARE ACT**

by

YVICHESS A. GODDARD

A thesis submitted in partial fulfillment of requirements
for the Honors in the Major Program in Social Work
in the College of Health and Public Affairs
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

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Thesis Chair: Mary Ann Burg, Ph.D., LCSW

ABSTRACT

Objectives: Few research studies have analyzed college students' attitudes of health reform caused by the Affordable Care Act (ACA). Specifically, no studies exist looking at undergraduate and graduate social work students' views on current health reform. The study will ask two questions: (1) What do Social Work students know about the components and potential impacts of the ACA, and (2) Are there any characteristics of students associated with their level of knowledge or attitudes about the Act? **Methods:** A 53-item survey questionnaire inquiring knowledge, attitudes, and perceptions related to health reform and the Affordable Care Act was dispersed to a convenience sample of 105 undergraduate and graduate social work students from the University of Central Florida School of Social Work in January-February 2014. **Results:** Students had favorable views on how the health reform will be funded and how health reform could support specific social issues such as acknowledging the need for reform and believing health care should be a basic right. There were fewer clear trends in students' attitudes about reform implementation and knowledge of specific ACA provisions. There were no significant associations between student's knowledge of the ACA and their insurance status or political affiliation. **Conclusions:** Students' beliefs on health reform are inconsistent. Ethnicity was the only demographic characteristic that affected students' views. This study advocates the need for more in-depth health policy education within the social work program curriculum.

DEDICATION

Foremost, I would like to thank my Lord Jesus Christ for giving me the hard work ethic and motivation to complete this thesis. To my family and friends: thank you for encouraging me to never give up on what I start and always believing in me.

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INTRODUCTION

In March 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law (Andrews, Darnell, McBride & Gehlert, 2013; Klees et.al, 2011). The ACA's impact on access to care and health services included changes in general insurance coverage, affordability, health promotion and disease prevention, and controlling costs (Darnell & Lawlor, 2012; Gorin, 2011).

The individual mandate of the ACA requires individuals to obtain health insurance and provide evidence of coverage, whether it is through an employer, Medicaid, Medicare, the State Children's Health Insurance Program (CHIP), or coverage through the health exchange market (Darnell & Lawlor, 2012). Major provisions of the Affordable Care Act provide additional coverage and assistance for health expenses. Section 1001 of the Act permits young adults up to the age of 26 to remain on their parents' insurance plans (American Public Health Association, 2011). In the 2010 fiscal year, \$500 million was funded for preventative health services and public health programs. The amount will be raised to \$2 billion by 2015 (American Public Health Association, 2011).

Among the provisions of the new health care bill, the ACA provides expanded coverage through Medicare (e.g., with preventative services fully funded). Since the law's enactment, prescription drugs under Part D of the Medicare program will be partially financed by state and federal governments to cover the current coverage gap known as the "donut hole" (Darnell & Lawlor, 2012; American Public Health Association, 2011). Citizens were provided a \$250 rebate in 2010 for coverage; in 2011 and subsequent years, individuals will receive a 50% discount on name-brand prescriptions (Klees et.al, 2011).

The ACA also provides expansion of Medicaid eligibility (if states accept the option). In June 2012, the Supreme Court decided that states could not be mandated to implement the ACA's Medicaid expansion coverage (Reisch, 2012; Smith, Gifford, Ellis, Rudowitz & Snyder, 2013). Currently, 25 states have decided to increase Medicaid programs (Smith, Gifford, Ellis, Rudowitz & Snyder, 2013). States that decide to receive the additional Medicaid coverage are given 100 percent federal funding for the costs of Medicaid expansion from 2014-2016 (Darnell & Lawlor, 2012; Smith et. al, 2013). From 2017-2019, the federal contributions will eventually decrease and reach 90 percent by the year 2020 (Smith et. al, 2013). Beginning in 2014, Medicaid expansions will take place, and provide coverage for people who fall at or under 133% of the federal poverty line (FPL) (Darnell & Lawlor, 2012; Klees et.al, 2011). Families and individuals who fall between 133% and 400% of the FPL qualify for additional subsidies to pay for insurance (Darnell & Lawlor, 2012). Health services are provided for many individuals of various representative groups including families, mothers and children, and pregnant women (Klees et.al, 2011). The next provisions to be enacted under the ACA are health exchanges, coverage of Medicaid and Children's Health Programs (CHIP), and health promotion and disease prevention subsidies (Darnell & Lawlor, 2012). CHIP focuses to provide aid to children of low-income families that do not surpass 200% of the FPL, or 150% of a state's level of Medicaid eligibility (Davis, 2001). Federal funds are given to states who decide to expand coverage. States are provided matching dollars, allowing states to increase services and care to Americans (Darnell & Lawlor, 2012). States have the option of developing CHIP by deciding either to include CHIP in their Medicaid program as an extension, or having a separate program (Darnell & Lawlor, 2012; Klees et.al, 2011).

Organizations and programs are being implemented to assist in the delivery, quality, and cost control of health services. Examples include accountable care organizations (ACOs) which are managed by health care providers, and patient-centered medical homes (PCMHs), designed to implement the full scope of care required to keep individuals healthy (Andrews et. al, 2013; Smith et. al, 2013).

LITERATURE REVIEW

History of Health Care Reform in the U.S.

Healthcare reform has experienced many legislative changes almost a century prior to the passing of the Affordable Care Act. In 1912, President Theodore Roosevelt proposed health insurance for every American (Darnell & Lawlor, 2012; Davis, 2001). The American Association for Labor Legislation suggested the development of the first comprehensive health insurance bill in 1915. A major provision within the bill included providing medical coverage for workers receiving lower paying wages and their dependents (Darnell & Lawlor, 2012). Another attempt at achieving universal health coverage was under President Franklin D. Roosevelt's Social Security Act of 1935. The bill originally included national health insurance, but was dropped due to the possibility that the bill would not be supported (Darnell & Lawlor, 2012). The Wagner-Murray-Dingell bill, the first of its kind sponsored by congressmen, aimed to provide hospital care to employees and retirees (American Historical Association, 2013). The original draft of the bill was created to be added to the Social Security Act but was opposed because it was perceived as "socialized medicine" (American Historical Association, 2013). In 1945, President Harry S. Truman was known as the first president to bring a national health bill to Congress. Of the portions endorsed, only one part of the bill, the Hospital Survey and Construction Act, was signed into law (Darnell & Lawlor, 2012). President Truman's proposal fought for funds to construct hospitals and essential health establishments, to expand grants for public health services, and to increase coverage for additional medical care (American Historical Association, 2013). Provisions within Truman's bill helped pave the way for the enactment of Medicare in 1965 (Darnell & Lawlor, 2012; Skocpol, 1995).

When Medicaid was established into law in 1965, its purpose was to provide coverage to people in low-income groups. The program was funded by federal and state taxes (Darnell & Lawlor, 2012; Davis, 2001). Medicare was created and provides health insurance for citizens 65 and older, and the disabled.

In 1970, Senator Edward Kennedy and Democratic U.S. House of Representative from Michigan Martha Griffiths drafted a plan for universal health insurance. It was designed to be implemented through the federal government and financed through taxes obtained through employment and general tax revenues (Darnell & Lawlor, 2012). During his presidency, President Richard Nixon attempted to produce a national insurance plan aimed to benefit the private sector. It planned to enforce employee coverage for businesses with 25 or more employees (Darnell & Lawlor, 2012). During his bid for presidency, President Jimmy Carter rallied for an extensive health insurance plan to include minimum standards for employer-mandated care and employer contributions towards employees' insurance; however, he later dropped it to focus on the issue of inflation at that time (Darnell & Lawlor, 2012; Davis, 2001).

A need for health reform was evidenced by increases in health spending. From 1960-1993, expenditures increased from 5.2 percent to 13.8 percent of the gross domestic product (Klees, Wolfe & Curtis, 2011). In 1992-1993, President Bill Clinton proposed a detailed and transformative bill that included: an individual mandate requiring citizens to purchase insurance; an employer mandate in which employers were required to partially fund employee's plans; an expansion in Medicare services including extended prescription drug coverage; and the "pay-or-play" approach (Darnell & Lawlor, 2012; Skocpol, 1995). The "pay-or-play" would require employers to supply a health insurance plan for employees or pay towards a public state fund. Although President Clinton had a high support rating and the public had hopes of available

insurance, the bill did not pass (Skocpol, 1995). President Clinton saw the need for systematic changes in healthcare that focused on maintaining costs, managing care, and broadening coverage for more people (Brown, 1996; Davis, 2001). He hoped to utilize insurance markets on the federal and state level to develop high-quality managed care plans (Skocpol, 1995).

In 1997, CHIP was enacted as part of the Balanced Budget Act by the 105th Congress (Davis, 2001). A federal means-tested assistance, the program is funded through federal and state dollars, and is implemented through a few options: Medicaid expansion, development of a new program, or a combination of the two (Davis, 2001).

In 2006, the state of Massachusetts, under governor Mitt Romney, integrated a mandatory private insurance requirement for citizens while providing Medicaid expansions (Darnell & Lawlor, 2012). Medicaid coverage was provided to pregnant women and parents with dependent children living at or below 200% of the federal poverty line (FPL) (Klees et.al, 2011). State assistance was given to qualified individuals who fell in the 150%-300% FPL range. Outreach efforts were targeted to uninsured citizens, documented and undocumented immigrants, and uninsured young adults 18-26 years old, named the “young invincibles” (Klees et.al, 2011). The success of the state’s reform was due to the collaboration of special interest groups and negotiation from congressional committees on what provisions should be included (Darnell & Lawlor, 2012). By 2008, the percentage of uninsured citizens decreased to 4.1 percent, almost four times less than the national average of 15.1 percent (Klees et.al, 2011).

Common themes that circulate in the successes and failures of health reform implementation include the power of big interest groups (e.g. pharmaceutical and insurance companies), public opinions on the laws, and the actions of politicians and congressmen (Darnell

& Lawlor, 2012). Over the history of proposed comprehensive health plans, similar strategies have been used to finance health coverage for the uninsured. Four consistent strategies include: federal tax aid, federal health insurance programs, federal- and state-sponsored health insurance programs, and the growth of employer coverage (Davis, 2001).

The history and legislative amendments to the U.S. health system influence its current profit and expenditure characteristics. It is estimated that the current health care system is a \$2.5 trillion industry (Darnell & Lawlor, 2012; Klees et.al, 2011). By 2020, health care spending is projected to be \$4.6 trillion (Klees et.al, 2011).

Insurance Coverage among Americans

The impact of Medicaid and Medicare for public health assistance cannot be denied. Medicaid and Medicare cover 1 in 3 Americans, equating to 107 million beneficiaries (Darnell & Lawlor, 2012). CHIP covers 5 million children (Darnell & Lawlor, 2012). According to Davis' (2001) study, almost a quarter of the total uninsured population is children. Of the Medicare funds spent for public assistance, 40% are given to individuals, called dual-eligibles, who receive both Medicaid and Medicare (Darnell & Lawlor, 2012). In 2010, it was estimated that 9.1 million Medicare beneficiaries were also provided some sort of Medicaid supplemental coverage (Klees et.al, 2011). Medicare is the largest health insurance program and the second largest social insurance program in the country after Social Security (Klees et.al, 2011). These growths in public assistance are supported by Americans, evidenced by 81% favoring uninsured individuals' involvement in Medicare, Medicaid, and CHIP (Davis, 2001). The same study found that 79% of people supported being offered tax credits or other assistance to purchase insurance.

76% favored regulations requiring businesses to partially fund employees' health insurance (Davis, 2001).

Prior to the anticipated expansions in Medicaid, it was the largest funding source for medical and health-related assistance for low-income people (Klees et.al, 2011). States are required to cover “categorically needy” eligibility groups that include: families with children under the age of 6 who have incomes at or below 133% of the FPL; pregnant women with income at or below 133% FPL; all children under 19 years old with incomes below the FPL; and beneficiaries of Supplemental Security Income (Klees et.al, 2011). Basic services covered under Medicaid include inpatient and outpatient hospital care, and prenatal and postpartum-related care (Klees et.al, 2011). It is estimated that the Medicaid expansion will provide coverage for an additional 15.9 million people across the country, covering half of about 32 million currently uninsured (Darnell & Lawlor, 2012; Gorin, 2011). In 2014, the enrollment of persons in the Medicaid program is expected to increase by 19.5 million (Klees et.al, 2011). Behavioral health services will be expanded in the Medicaid program, to include annual wellness visits, allowing 30 million people to obtain these services under the law (Klees et.al, 2011; American Public Health Association, 2011). States have the option of increasing care for individuals who are institutionalized (Klees et.al, 2011). Despite the various increases in Medicaid services, it is interesting that the growth of Medicaid enrollment in 2013 decreased to approximately 2.5 percent, the lowest growth rate post-Recession (Smith et. al, 2013). There are hopeful anticipations of an 8.8 percent enrollment growth for 2014 (Smith et. al, 2013). The differences in enrollment projections are contributed to the ACA's implementation of state Medicaid expansions beginning in 2014.

In the first two years of the ACA's implementation, the percentage of people with private health insurance diminished from 62.5 percent to 62.2 percent (Rodean, 2013). However, public health insurance rose from 19.8 percent to 20.9 percent from 2010-2012 (Rodean, 2013). By 2014, private insurance beneficiaries are expected to increase to 13.9 million, as private health insurance spending reaches 9.4 percent (Klees et.al, 2011).

Under the ACA, employers with 50 or more employees are required to offer a form of insurance coverage (Darnell & Lawlor, 2012). Employers are given incentives for controlling costs, which entails offering lower premiums on insurance plans provided to employees (Orszag & Emanuel, 2010). Individuals who are not offered employer-based health plans are able to get insurance through health exchanges, which are market places for consumers to purchase health insurance specific to their needs (Gorin, 2011). Alternative benefit plans (ABPs) may be options, depending on states' decisions to provide them. These alternatives include state employee coverage and coverage approved by the Department of Health and Human Services (HHS) (Smith et. al, 2013).

Many undocumented immigrants do not receive health insurance assistance under the health reform, except for labor and delivery services (Darnell & Lawlor, 2012). Under ACA, Medicaid and CHIP eligibility requirements are not changed to supply care to legal and illegal immigrants (Darnell & Lawlor, 2012; Davis, 2001). However, \$11 billion over the next 5 years is allocated to fund health centers within the community to provide primary health care services and resources to underrepresented groups, including undocumented workers (Darnell & Lawlor, 2012).

Public Opinion of the Affordable Care Act

Since the March 2010 passing of the ACA, research polls have been conducted to analyze the American public's beliefs about the Act. The Kaiser Family Foundation has distributed surveys since then to look at changing trends in knowledge on specific provisions. One of the major provisions under the law is that individuals can no longer be denied health coverage due to pre-existing conditions. 52% of Americans said they or someone in their family has a pre-existing condition (Kaiser Family Foundation, 2011). Within the same data, people were asked if they believed persons with pre-existing conditions would benefit from changes in health access and delivery due to the Act. There was a difference in the belief that individuals with pre-existing conditions would be protected. 60% of people who did not live with someone with a pre-existing condition believed these individuals' healthcare would be improved, compared to 44% of those who lived with someone with a pre-existing condition (Kaiser Family Foundation, 2011).

As of March 2013, the majority of Americans have an overall unfavorable view of the Act, while many people still have no opinion. Of individuals who favored the reform, they supported Medicaid, health services, and insurance expansion. Those who did not support the reform did not favor the individual mandate and expressed reservations of government participation in health care (Kaiser Family Foundation, 2013). Political party affiliation was also a contributing factor in Americans' beliefs, with Democratic-leaning individuals favoring Medicaid expansion and the individual mandate the most (Kaiser Family Foundation, 2013; Brodie, Deane & Cho, 2011). Democrats were most likely to support the Act, with Republican and Independent parties shifting percentages in their support of the law (Kaiser Family Foundation, 2013; Brodie, Deane & Cho, 2011). In other polls taken in various parts of the

nation, researchers have seen that people who self-identify as Democrats are most supportive of the law. Schlesinger (2011) believes health reform is perceived through political principles, not socio-demographic factors or a region's ability to gain federal assistance for health funds. Hindman (2012) analyzed people's beliefs in health reform and party identification as main factors of knowledge gap in the perception of the current health reform. Kaiser Family Foundation (2013) looks at the socio-demographic and political identities of its poll participants.

Students' Perceptions of Health Care Reform

Currently, only two articles look at students' thoughts and attitudes about the ACA- one with a sample of medical students and the other with graduate social work students. Medical students believe a priority in any healthcare policy should be expanded healthcare access, regardless of someone's capability to pay for services (Huntoon, McCluney, Scannell, Wiley, Bruno, Andrews, & Gorman, 2011; Wilkes et al., 1994). Students were asked about their understanding of the legislation's major points; if the current health system needs reform; if healthcare quality will change as a result of the legislation; if healthcare access will be extended; and if costs will be controlled (Huntoon et al., 2011; Golden, Gammonley, Hunt, Olsen & Issenberg, 2013). It was discovered that students agreed that healthcare reform was essential and that there was uncertainty of the ACA's terms, such as whether the ACA will improve access to care (Golden et al., 2013). Compared to medical and nurse practitioner students, social work students were more hopeful that the ACA will produce lasting beneficial results and help contain costs (Golden et al., 2013).

A few studies have looked at medical students' beliefs about reform and access to health services. Students were asked about their perspectives on healthcare concepts and access to care.

They believed that everyone should be granted access to health services (Wilkes, Skootsky, Hodgson, Slavin & Wilkerson, 1994; Frank, Modi, Elon & Coughlin, 2008; Markham, Sawhney, Butler & Diamond, 2001). In past U.S. health reforms and legislations, research has shown that students exhibit opinions about implementation of care, but have little understanding of the legislative components to support their thoughts (Wilkes et al., 1994). Research indicates that political leanings affect opinions about health reform (Brodie et. al, 2011; Kaiser Family Foundation, 2013). Studies have shown that demographic factors influence perception of care. Gender and ethnicity were contributing factors in students' perceptions of whether access to healthcare would be improved. Attitudes toward managed care, gender, access to care, and distribution of health services played roles in students' beliefs (Wilkes et al., 1994). One study found that students' participation in a learning seminar increased beliefs that healthcare should have a social justice orientation. After the seminar, there was a percentage increase in students' thoughts agreeing that health services should support social issues and benefit the well-being of society (Markham et al., 2001).

Research has also shown the benefit of assessing possible correlations between students' views of health reform and their personal experience with receiving public assistance. Castillo & Becerra (2012) analyzed social work students' perceptions on the cause of poverty as influenced by factors such as gender, race and ethnicity, educational status, and socioeconomic status. Students who received federal assistance were more likely to state that it lead to individuals' further dependence on society and the government (Castillo & Becerra, 2012).

RESEARCH QUESTIONS

Purpose and Significance

The purpose of this study is to explore and analyze social work students' perceptions of the Affordable Care Act and demographic factors that influence perception in order to improve the training of social work students so they are better prepared to assist clients in accessing the ACA reform measures. The study will also look at future implications for social work roles needed within the health care sector. As more medical and mental health services are provided through the health reform, it is estimated that through 2020, there will be a 34% increase in health care social work positions and a 31% increase in mental health social work positions, meaning there will be a need for over 90,000 social workers (Bureau of Labor Statistics, 2012). This study will contribute to the current body of knowledge because it is the first study to solely look at social work students' perceptions of the ACA.

It is imperative to look at future social work practitioners' views because they are often the client's first point of contact when navigating through health services. Professional social workers' level of training in the various types of health care coverage and knowledge of the ACA's phases of implementation will have an impact on how citizens gain access to different reform measures. Because of this, social workers' opinions about the Act and understanding their political leanings may be important in how they obtain knowledge, what they choose to learn about the reform, and how much they promote client access to the myriad of reform components.

Research Questions

The primary purpose of this study is to discover how to improve student training about the Affordable Care Act. The specific aims of this study are to collect data on the following two

research questions: (1) What do social work students know about the components and potential impacts of ACA; and (2) Are there any characteristics of social work students associated with their level of knowledge and their attitudes about the ACA and health reform?

Four independent variables were assessed: students' characteristics (e.g. race and ethnicity, political party affiliation, whether students have health coverage); prior experience working in a healthcare setting; students' primary career area of interest; and students' level of matriculation (undergraduate v. graduate). The study will look at five dependent variables: perception of the need for health reform; perception that health costs will be reduced; perception that disparities in health will be reduced; perception that reform will expand access to care; and perception on the need for government intervention in providing healthcare.

METHODOLOGY

This study used a cross sectional survey design. The researcher constructed the 53-item anonymous survey, adapting survey questions found in previous surveys, such as the Kaiser Family Foundation's polls, Huntoon et. al's (2011) study and Golden et. al's (2013) study. Additional questions were created to understand student views based on previous studies conducted. This survey asks more in-depth questions of the ACA's major provisions. These questions identified specific areas related to social work students' views, such as opinions on what vulnerable groups/populations of people will have greater access to care and beliefs on the professional social worker's role within the healthcare sector. No personal identifiers were collected from the research participants. There were five parts of the survey and two demographic sections inquiring general attitudes and perceptions of the ACA. Survey questions utilized a five-point Likert scale to include "strongly agree", "agree", "unsure", "disagree" and "strongly disagree". Some questions were asked with "yes", "no", or "I don't know" responses.

The first set of questions included 16 items deriving students' knowledge and beliefs on health care reform, such as whether access to care will be improved. Next, an 11-item questionnaire asked students' knowledge on whether health services will be expanded to specific groups/populations (e.g. persons with pre-existing conditions and individuals with mental illnesses or disorders). This section was based on ACA policy implementations that will either benefit or restrict certain groups. Third, a 7-item Likert scale questionnaire asked students' views on what they believe health reform will accomplish in regards to state Medicaid expansions and the creation of more public health social services. Then, students' perceptions of social work roles within healthcare were examined using a 6-item Likert scale. Last, students were asked 6 Likert scale questions about their personal experience with health coverage and if they have

assisted a client with accessing health services within their internship field placement. The survey consisted of five pages and took approximately ten minutes to complete. Prior to dissemination of the survey, a pilot study was conducted with five participants, not part of the study's sample. The researcher timed how long it took participants to complete the survey, and requested verbal feedback afterwards. Suggestions that were provided include: (1) Participants' hesitation in answering how much their annual income was; (2) The request to move questions asking students whether they have health insurance to the end of the survey so that students would not be distracted by the many questions of personal information being asked at the beginning of the survey; (3) Including "Black" as a selection for race/ethnicity for individuals who do not identify as African-American; (4) The suggestion to explain terminology in survey questions, such as "individual mandate"; and (5) Removing a survey question phrased as a double negative. Pilot respondents were satisfied with the survey's length and the amount of time required completing it (which was between ten and fifteen minutes). Respondents were appreciative that questions were categorized in separate sections and felt that each question was concise in what was being asked. They noticed that questions appeared to have a more negative approach (e.g. "The ACA will not improve health quality" or "I believe the Act will not allow more people to qualify for Medicare"). The researcher justified keeping these questions in order for respondents to critically think of the questions being asked and for them to not get used to a consistent question format. In November 2013, the revised survey and study protocol was reviewed and granted an "exempt" status by the UCF Institutional Review Board (IRB) the following month (form found in Appendix).

Hard-copy surveys were distributed by the researcher in four School of Social Work classes during January and February 2014. The researcher requested and obtained permission

from four UCF School of Social Work professors to use their classes as the sample. The researcher introduced the survey to each class and assurance of the voluntary nature of the survey, informed consent, and confidentiality were provided to each class. The researcher explained the purpose of the exploratory study and shared that future studies will support this one to further enhance health policy education within the Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs. Students were also informed that there were no monetary incentives for their participation and that students were not obligated to answer every question. Besides basic demographic questions (age, race/ethnicity, party affiliation, class enrollment and matriculation, career area of interest, work experience in a health setting, and information on health insurance coverage), students were not asked for other information of personal identification. The purpose of this was so that surveys could not be traced back to research respondents. Hardcopies of the informed consent and confidentiality forms were also provided for students to read (forms found in Appendix).

The total sample consisted of a convenience sample of 105 undergraduate and graduate-level social work students enrolled in a Social Work in Health Settings or Policy Analysis and Social Change class. Twenty-nine surveys were collected from the undergraduate Social Work in Health Settings class, twenty-seven surveys came from the graduate Social Work in Health Settings class, and forty-nine surveys were obtained from the two graduate Policy Analysis classes. Since the study utilized the convenience sampling technique, the sample was gathered due to close proximity. Students were surveyed in January and February 2014 about their knowledge, attitudes, and perceptions about the Affordable Care Act. Data from the surveys was entered by the researcher into an Excel spreadsheet and uploaded into the Statistical Package for the Social Sciences (SPSS 17.0) system for further analysis. Descriptive data analysis was used

to explore all the univariate survey responses. Hypothesized bivariate associations between variables were explored via chi-square analyses.

RESULTS

Demographics of Survey Respondents

The mean age of the sample was 28.1 years with almost 70% of students falling in the 19-26 year old age range. As shown by Figure 1, there was a diverse representation of ethnicities in the student sample. Further demographics in Table 1 show there was a variety of student identities regarding party affiliation, class year standing, and class enrollment. For example, the majority of students (54.8%) identified their party affiliation as Democrat. Republicans and Independents displayed smaller representation (14.4% and 23.1%, respectively). Almost three-quarters of the study sample were MSW students (72.3%), while over a quarter were BSW students (27.7%). Table 2 displays students' primary interests in social work practice. The top three areas were: Children, Youth, and Families (37.1%), Health Care (21.9%), and Mental Health/Substance Abuse (18.1%). Over half of the sample (52.4%) has prior experience working in a healthcare setting (Figure 2).

Figure 1: Students' Ethnicity Representations

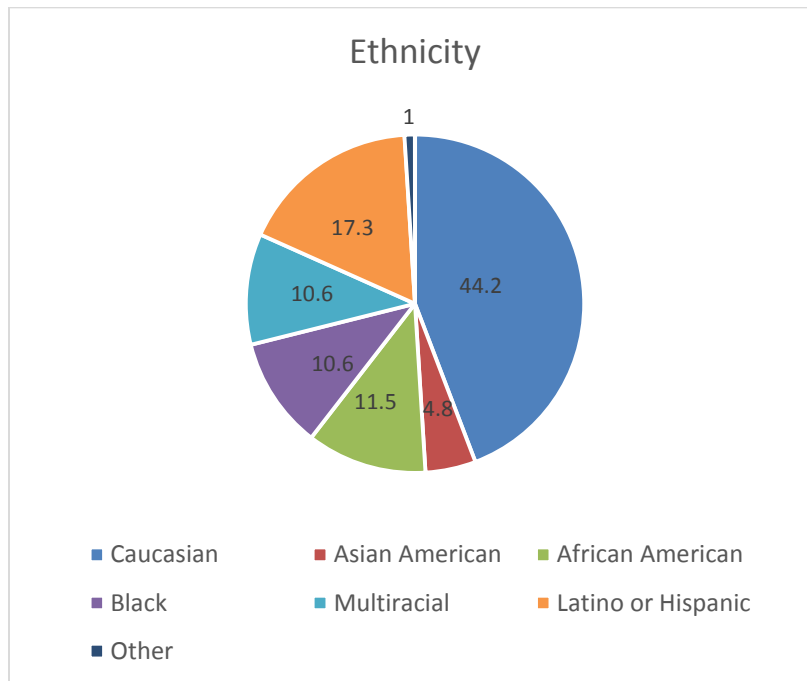


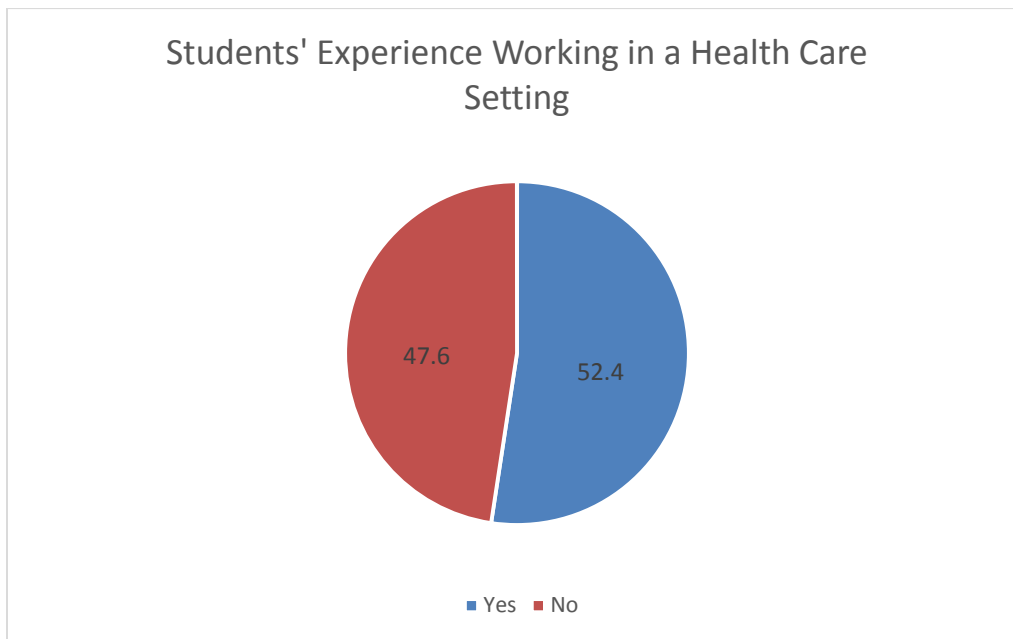
Table 1: Party Affiliation, Class Standing, and Class Enrollment

Characteristic	N	%
Party Affiliation		
Democrat	57	54.8
Republican	15	14.4
Independent	24	23.1
Other	6	5.8
None	2	1.9
Class Standing		
First year BSW	18	17.1
Second year BSW	11	10.5
First year MSW	14	13.3
Second year MSW	62	59.0
Class Enrollment		
Policy Analysis	49	46.7
Social Work in Health	56	53.3

Table 2: Primary Social Work Career Area of Interest

Career Area of Interest	N	% of Total Sample
Children, Youth, and Families	39	37.1
Healthcare	23	21.9
Mental Health/Substance Abuse	19	18.1
Gerontology	4	3.8
Community Organization	3	2.9
Government/Policy	8	7.6
Other	9	8.6
Total	105	100.0

Figure 2: Students' Experience Working in a Health Care Setting



Research Question 1: What Do Social Work Students Know About the Components of the ACA and the Potential Impacts of the ACA?

Respondents' Knowledge and Beliefs about Health Care Reform. Concerning students' knowledge of the current status of the ACA, 65.4% believe the law is currently implemented and 33.7% do not know (Figure 3).

Figure 3: Students' Knowledge of the ACA's Current Legislative Status

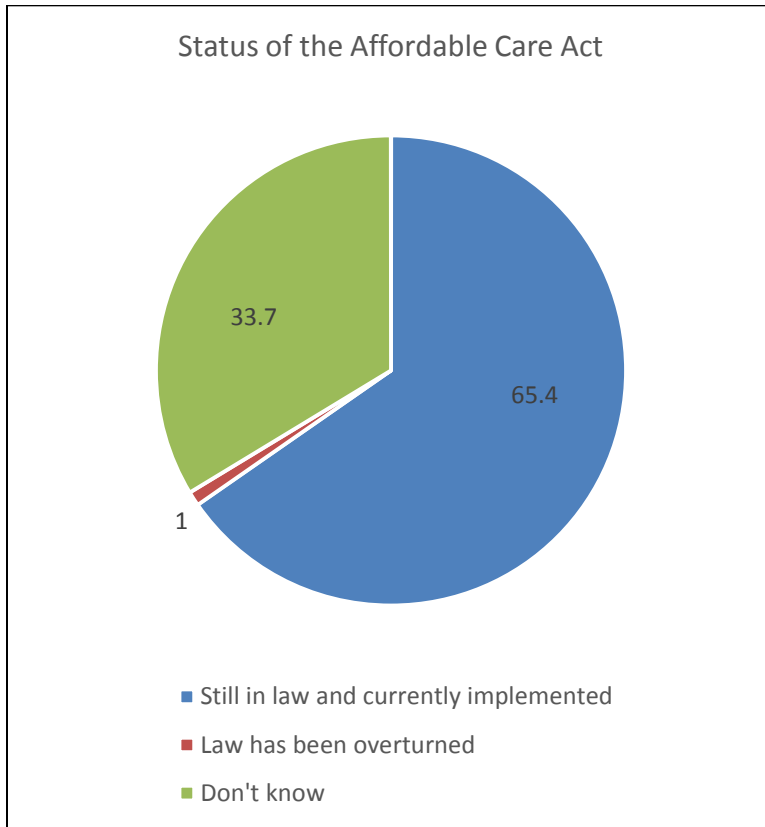


Table 3 categorizes students' responses to questions based on knowledge and beliefs about the ACA and health reform. Overall, students believe that health reform is needed (87.5%). Almost all the students (96.1%) believe health care should be a basic right accessible to each person. Although students recognize the need for reform, less than half of respondents (49%) support the ACA. They are uncertain if care quality will improve while lowering costs. Almost fifty-two percent are unsure if quality will improve and 48.1% are not sure if costs will be reduced. Students are hopeful that services will be expanded to potential groups/populations.

Table 3: Knowledge and Beliefs about the Affordable Care Act & Health Reform

Item	Strongly Disagree		Disagree		Unsure		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
Health reform needed	3	2.9	1	1.0	9	8.7	34	32.7	57	54.8
Will not improve health care quality	5	4.9	24	23.3	53	51.5	16	15.5	5	4.9
Will expand access to care	2	1.9	4	3.8	36	34.6	48	46.2	14	13.5
Will not reduce health costs	1	1.0	19	18.3	50	48.1	21	20.2	13	12.5
Government funds will be provided for ACA-related programs	4	3.8	16	15.4	39	37.5	36	34.6	9	8.7
General support about the ACA	3	2.9	11	10.6	39	37.5	38	36.5	13	12.5
Believe health care is a basic right	1	1.0	3	2.9	0	0	33	31.7	67	64.4

Respondents' Beliefs of What Health Care Reform Will Accomplish. Beliefs of what the health reform will accomplish are displayed in Table 4. Students believe that psychosocial disparities should be reduced and health services be made more accessible to people of various demographic variables such as socioeconomic statuses, race/ethnicity, and if they have insurance coverage. They also believe that government intervention and social services should be increased to assist in the delivery of services, but students have mixed feelings of service implementation.

Table 4: Beliefs of What Health Care Reform Will Accomplish

Item	Strongly Disagree		Disagree		Unsure		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
Health services can be easily accessible	8	7.7	31	29.8	8	7.7	37	35.6	20	19.2
Reform will not reduce health disparities	7	6.7	24	23.1	44	42.3	25	24.0	4	3.8
Believe individuals will become too dependent on government for assistance	16	15.5	44	42.7	29	28.2	11	10.7	3	2.9
Believe the public sector should pay taxes to fund social service assistance for individuals unable to afford insurance	3	2.9	19	18.3	16	15.4	46	44.2	20	19.2
Believe the government has the right to implement the <i>individual mandate</i> if people decide not to purchase insurance	51	49.0	34	32.7	7	6.7	11	10.6	1	1.0
Due to health reform, believe purchasing insurance will become more difficult	3	2.9	23	22.1	48	46.2	21	20.2	9	8.7
Believe the government should not have a greater role in providing insurance	18	17.3	42	40.4	19	18.3	19	18.3	6	5.8
Believe health reform will achieve goals of providing more care while reducing costs	7	6.8	23	22.3	47	45.6	24	23.3	2	1.9

Respondents' Beliefs of Expanded Health Services for Groups and Populations

Students have a favorable view that health services will be expanded for groups/populations and psychosocial factors that may be potential barriers to care (Table 5). The majority of students believe prescription medications will be made more accessible (53.3%) and two-thirds (66.7%) believe individuals with pre-existing conditions will have greater access to care. Concerning social factors, almost sixty-four percent believe minority groups will have greater access, and almost seventy percent (68.6%) believe services will be made more accessible for children and young adults.

There was a significant association between the responses to the item that the ACA will not reduce disparities and the item that minorities will have greater access to care (Table 9). Only 35.8% of respondents who believe that disparities will be reduced also believe that minorities will have greater access. In contrast, 57.1% of students who say disparities will not be reduced believe minorities will not have greater access to care (**Chi-square=16.439; p=0.037**).

Table 5: Beliefs of Expanded Health Services for Groups and Populations

Item	Yes		No		I Don't Know	
	N	%	N	%	N	%
Expanded access for prescription medications	56	53.3	14	13.3	35	33.3
Expanded access for individuals with pre-existing conditions	70	66.7	15	14.3	20	19.0
Expanded access for individuals with mental illnesses/disorders	50	47.6	16	15.2	39	37.1
Expanded access for minorities	67	63.8	15	14.3	23	21.9
Expanded access for individuals living in rural regions	45	42.9	21	20.0	39	37.1
Expanded access for individuals living below the federal poverty line (FPL)	60	57.1	22	21.0	23	21.9
Expanded access for individuals living 100-300% of the FPL	35	33.3	35	33.3	35	33.3
Expanded access for children and young adults	72	68.6	10	9.5	23	21.9
Expanded access for immigrants and undocumented individuals	19	18.3	35	33.7	50	48.1
Expanded access for individuals obtaining sexual and reproductive health services	47	44.8	16	15.2	42	40.0
Expanded access for individuals suffering from alcohol and drug addictions	23	21.9	23	21.9	59	56.2

Table 6: Belief that ACA Will Not Reduce Disparities & Belief that Minorities Will Have Greater Access to Care

	Yes		No		I Don't Know	
	N	%	N	%	N	%
ACA Will Not Reduce Disparities						
Strongly Disagree	4	57.1	1	14.3	2	28.6
Disagree	20	83.3	2	8.3	2	8.3
Unsure	29	65.9	3	6.8	12	27.3
Agree	13	52.0	6	24.0	6	24.0
Strongly Agree	1	25.0	2	50.0	1	25.0
Total	67	64.4	14	13.5	23	22.1

There was a relationship between believing that the ACA will not reduce disparities and the belief that individuals with pre-existing conditions will have greater access to care (Table 7). There was unanimous support that persons with pre-existing conditions will have greater access to care among students who state disparities will be reduced (**Chi-square=16.439; p=0.037**).

This observance does not include *strongly agree* responses.

Table 7: Belief that ACA Will Not Reduce Disparities & Belief that Individuals with Pre-Existing Conditions Will Have Greater Access to Care

	Yes		No		I Don't Know	
	N	%	N	%	N	%
ACA Will Not Reduce Disparities						
Strongly Disagree	3	42.9	2	28.6	2	28.6
Disagree	24	100.0	0	0.0	0	0.0
Unsure	26	59.1	7	15.9	11	25.0
Agree	15	60.0	4	16.0	6	24.0
Strongly Agree	2	50.0	1	25.0	1	25.0
Total	70	67.3	14	13.5	20	19.2

Also, there was overwhelming support for extended coverage among children and young adults, regardless of whether students believe there will be increased access for this population (Table 8). 92.2% of respondents support the insurance extension, while less than 2% did not (**Chi-square=14.004; p=0.030**).

Table 8: Belief that Children & Young Adults Will Have Greater Access to Care & Support for Extended Insurance Coverage up to Age 26

Belief that Children & Young Adults Will Have Greater Access to Care	Disagree		Unsure		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%
Yes	0	0.0	2	2.8	25	34.7	45	62.5
No	0	0.0	1	11.1	2	22.2	6	66.7
I Don't Know	2	9.1	3	13.6	3	13.6	14	63.6
Total	2	1.9	6	5.8	30	29.1	65	63.1

Respondents' Beliefs on Major ACA Provisions. Table 9 shows that students are unsure of their stance on some of the major ACA legislative provisions. Only thirty-nine percent of students knew of Florida's decision not to expand Medicaid and over half the students were unsure of their support for this decision. More uncertainty is evidenced by two-thirds of respondents who did not know if more people will qualify for Medicare and almost fifty-percent (48.5%) were unsure that public health-related social services will be expanded (Table 10).

Table 9: Beliefs on Major ACA Provisions (Part I)

Item	Yes		No		I Don't Know	
	N	%	N	%	N	%
Knowledge on Florida's Medicaid expansion	40	38.5	64	61.5	--	--
Support for Florida's decision on not expanding Medicaid	16	15.5	35	34.0	52	50.5

Table 10: Beliefs on Major ACA Provisions (Part II)

Item	Strongly Disagree		Disagree		Unsure		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
Believe the ACA will not allow more people to qualify for Medicare	4	3.9	15	14.7	68	66.7	14	13.7	1	1.0
Support the extension of coverage for young adults up to age 26	0	0	2	1.9	6	5.8	30	29.1	65	63.1
Believe health reform will create more social services in sexual, wellness, and public health	0	0	11	10.7	50	48.5	28	27.2	14	13.6
Believe medical treatment will not be provided for everyone who needs it	4	3.9	17	16.5	36	35.0	32	31.1	14	13.6

Student Beliefs About Social Work Roles in Health Care Reform and Interdisciplinary Teams. Students do not believe their peers have a firm understanding of the ACA (Table 11), as 57.7% believe other social work students do not comprehend the major ACA provisions. 58.7% are unsure whether other students support the ACA.

Students have favorable outlooks on professional social workers' abilities to impact the health care system. Almost ninety percent believe social workers are essential in helping clients

navigate the insurance marketplace created under the reform and ninety-three percent are confident social workers can advocate for health policy reforms. One setback is that 63.4% of students do not feel social workers are respected within health interdisciplinary teams.

Table 11: Beliefs of Social Work Roles in Health Care Reform and Interdisciplinary Teams

Item	Strongly Disagree		Disagree		Unsure		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
Believe other students understand the major ACA provisions	15	14.4	45	43.3	31	29.8	11	10.6	2	1.9
Believe majority of students do not support the ACA	5	4.8	33	31.7	61	58.7	3	2.9	2	1.9
Believe social workers are essential in assisting individuals navigate the new health insurance plans	1	1.0	0	0.0	10	9.6	55	52.9	38	36.5
Believe social workers are not respected within health interdisciplinary teams	1	1.0	17	16.3	20	19.2	43	41.3	23	22.1
Believe social workers are able to advocate and make changes in health reform policies	1	1.0	2	1.9	4	3.8	48	46.2	49	47.1
Believe other health professionals need to know more about the ACA than social workers	8	7.7	34	32.7	30	28.8	16	15.4	16	15.4

Respondents' Personal Experiences and Beliefs about Health Care Reform. According to the data in Table 12, students do not have much exposure to the ACA's effects. Less than 5% of

students have tried applying for health insurance through the marketplace, since 71.2% currently have health insurance. Only a small portion of students (10.5%) receive Medicaid, Medicare, or other health-related government assistance. Within their field placement, only 12.4% of students have helped a client with obtaining community health resources/services, and only 14.3% have learned of ACA policies in their placement.

Table 12: Personal Experiences and Beliefs about Health Care Reform

Item	Yes		No		I Don't Know/Not Applicable	
	N	%	N	%	N	%
Receive Medicare, Medicaid, or other government-sponsored aid	11	10.5	88	83.8	6	5.7
Family receives Medicare, Medicaid, or other government-sponsored aid	51	48.6	44	41.9	10	9.5
Have health insurance	74	71.2	30	28.8	0	0
Have private health insurance	57	54.8	43	41.3	4	3.8
Have applied for insurance under the ACA marketplace	5	4.8	99	95.2	0	0
Have assisted a client in accessing ACA programs/services	13	12.4	75	71.4	17	16.2
Learned of ACA policies within field placement	15	14.3	77	73.3	13	12.4

Research Question 2: Are There Any Characteristics of Students Associated with Their Level of Knowledge and Their Attitudes About the ACA?

Cross-tabulation chi-square analyses showed two statistically significance associations with race/ethnicity: the need for health reform and knowledge of the Affordable Care Act’s current implementation. The relationship between ethnicity and the need for reform showed that Black and Multi-Racial students unanimously agreed on the need for reform. The lowest percentage believing reform is needed came from African-American students (75%). A quarter of African-American students were unsure if reform is needed (**Chi-square=19.341; p=0.036; Table 13**). Next, the correlation between ethnicity and knowledge of the ACA’s current legislative status showed that 8 in 10 Caucasian students knew it was actively implemented, the highest percentage of any ethnic group. Over half of Latino students did not know the legislative status, compared to less than 1 in 5 Caucasian students who were unsure (**Chi-square=33.448; p=0.030; Table 14**).

Table 13: Ethnicity & Perception that Health Reform is Needed

Ethnicity	Strongly Disagree		Disagree		Unsure		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
Caucasian	2	4.4	0	0.0	5	11.1	13	28.9	25	55.6
Asian	0	0.0	1	20.0	0	0.0	2	40.0	2	40.0
African-American	0	0.0	0	0.0	3	25.0	4	33.3	5	41.7
Black	0	0.0	0	0.0	0	0	3	27.3	8	72.7
Multi-Racial	0	0.0	0	0.0	0	0.0	7	63.6	4	36.4
Latino	1	5.6	0	0.0	1	5.6	5	27.8	11	61.1
Total	3	2.9	1	1.0	9	8.8	34	33.3	55	53.9

Table 14: Ethnicity & Current Legislative Status of the ACA

Ethnicity	Yes		No		I Don't Know	
	N	%	N	%	N	%
Caucasian	37	82.2	0	0.0	8	17.8
Asian	3	60.0	0	0.0	2	40.0
African-American	6	50.0	1	8.3	5	41.7
Black	7	63.6	0	0.0	4	36.4
Multi-Racial	5	45.5	0	0.0	6	54.5
Latino	8	44.4	0	0.0	10	55.6
Total	66	64.7	1	1.0	35	34.3

DISCUSSION

There were inconsistent results concerning students' knowledge on the specific legislative provisions of the ACA. While 9 in 10 students favored the young adult insurance extension, they were unsure of their knowledge on Florida's decision not to expand Medicaid and whether Medicare qualifications will be increased (61.5% and 66.7%, respectively).

Although students agree that health reform is needed, support for the law, and believe health care is a basic right, eight in ten students had unfavorable views on the government's right to enact the *individual mandate*. Students feel it is important to provide support, through taxes, for individuals who cannot afford health care, yet they do not want to be mandated to do so. Students are optimistic that individuals will not become dependent on the government for care.

Evaluations of social work students and practitioners' roles within health settings were marked with inconsistent results. Students were not confident that their peers understand major ACA provisions. Nine in ten students believe social workers are capable of serving as a navigator, advocate, and policy reformer in the health care system. The data showed that students have not been directly impacted by changes resulting from the ACA nor have they learned much about the law in their field placements.

Organizational aspects of health reform were marked with inconsistent attitudes. Half of students are unsure whether there will be improvements in care quality. Forty-two percent of students are not confident that health disparities will be reduced and that more care will be provided while reducing costs. However, most are optimistic that services will be expanded for the majority of impacted groups/populations except immigrants/undocumented individuals and persons suffering from alcohol/drug addictions, where they are uncertain.

Of the demographic variable information collected, race/ethnicity was the only factor that produced statistically significant associations in regards to the need for health reform and students' knowledge on the current legislative status of the Affordable Care Act. It is interesting that no other characteristic (e.g. party affiliation) proved to be statistically significant. Since the study did not prove that students have legislative knowledge to support their opinions on reform, their perceptions are likely to be based on their personal experiences. Students' ethnicity appears to play a role in forming their views of health reform. This discovery suggests that future studies should closely examine how race/ethnicity plays a factor in the development of opinions about health reform, perhaps through individual experience in accessing care and through different ways of obtaining knowledge about reform.

The researcher believed political affiliation would have an impact on student views just as it did in Kaiser Family Foundation's polls. There were no significant associations on the impact of party affiliation, evidence of insurance coverage, or career interest within healthcare/mental health in students' knowledge of the ACA. Schlesinger (2011) argued that health reform is perceived from political views, not demographic characteristics, but this study did not support that finding. Party affiliation may not have been statistically significant because students may not necessarily identify with the major political parties. The researcher received feedback from respondents after surveys were collected, and discovered that the majority of students are registered under a major party to be able to vote in state primaries. Thus, the question of party affiliation does not necessarily mean students' political ideologies match Democratic or Republican views. These findings agree with Wilkes et al. (1994), in that students' opinions are based on how care should be implemented, but do not have political beliefs to support those perceptions. Another similarity found within the literature was that

social work students were optimistic that the ACA will produce beneficial results and help contain costs (Golden et. al., 2013). It appears that social work students' perceptions of health reform were filtered through a predominately social justice-oriented lens rather than through party affiliation.

With student perceptions, there were inconsistent patterns in agreement, disagreement, and neutrality of ACA views. Students showed favorable views of health reform funding, with 2 in 5 respondents believing there will be adequate funding for health programs. They support that taxes should be collected for programs serving individuals who want insurance but cannot afford it. Overall, students have limited legislative knowledge on health reform, but have ideal perceptions of how services should be accessed and ideations of what the ACA will accomplish within the micro and mezzo systems of social work practice.

CONCLUSION

This exploratory study yielded a substantial amount of information on social work students' perceptions of the Affordable Care Act and provides additional knowledge on students' views of reform. It showed that students have minimal legislative knowledge but have mostly optimistic, social justice-oriented views on the expansion of health services and implementation of care. This study provides an opportunity to plan future studies further assessing how students obtain their understanding of health reform. It is crucial to properly comprehend student views in order to implement effective health policy educational techniques that will inform students. To begin this, the survey instrument should be tested for validity and reliability. Also, in a future study the survey items could be summed to create a total knowledge score to more efficiently explore what variables affect knowledge about reform. This will provide greater insight compared to the current inconsistent data found in the study.

This is one of the first studies to look exclusively at social work students' views, which is essential to prepare them for the immense growth of social work roles within the health care sector in the upcoming years. The data from this study can be utilized to inspire discussions and advocacy for implementing health policy education within social work classes in order to provide the needed knowledge for all students who are likely to come into contact with clients needing health services in the reform era.

Several limitations were found in this study. First, validity and reliability were not proven in this study's survey tool, since it was composed from various sources, such as the Kaiser Family Foundation polls, Huntoon et. al's (2011) study, and Golden et. al's (2013) study. Second, there was not a true representation of the social work student population since a

convenience sample was used. It was surprising that more than half the sample had prior experience in a healthcare setting. Considering that Florida has many opportunities for medical/healthcare social work jobs, this makes sense. However, it may not be the case for every state. Third, age was not truly represented, as the mean age of this sample was 28.1 years old. Social work programs are typically comprised of students from different walks of life; thirty-five percent of the sample did not fill in their age. Last, the sample was not representative of the number of uninsured people in the country. The majority of students have insurance, so the assumption is that they have little exposure to legislative changes associated with health reform. This is also evidenced by the small percentage of students who have actually navigated the insurance marketplace on Health Care.gov. For the purpose of obtaining knowledge on students' views, this method was beneficial. The last limitation of this study, that further emphasizes the need for validity and reliability, is that this study only measured students' perceived knowledge of health reform, not the actual legislative knowledge. Therefore, it is difficult to comprehend how much students actually know about the Act.

Based on the previous studies that gathered students' understandings of the ACA, Huntoon et. al (2011) and Golden et. al (2013) also discovered there was overwhelming support that reform is needed. Uncertainty exists as to whether quality of care will be improved. This study contrasts with Wilkes et. al (1994) in regards to government participation in healthcare. Wilkes found that the majority of students believe the government should fund national health care, while this study's sample does not believe so.

The study succeeded in providing additional knowledge of future implications for social work education, primarily assessing future social work practitioners' views. Three suggestions can be used to help students become prepared to work in social services. First, a learning seminar

can be created explaining how the ACA can affect various clientele populations, whether it is providing health-related services for children and families, assisting clients with Medicaid applications, or educating interdisciplinary teams on how health policy affects their practice. This can be done within Social Work Policy courses. Viewing healthcare through a social justice framework is already accomplished through the NASW Code of Ethics core competency of alleviating social injustice and benefiting the well-being of society (National Association of Social Workers, 2008). Second, the elective course, Social Work in Health Settings, provides an incredible opportunity to emphasize the importance of critically assessing and solving health-related issues by providing a knowledge base on analyzing health policies. An interactive activity of navigating the Health Care.gov website provides a chance to experience what it is like to register for insurance and can be followed with a class discussion.

Third, Field Education can help students develop their professional self. Instructors can encourage students to discuss ACA effects in implementing care and dictating social work practice within their agency. There can be one supervisory log discussing how applicable policies affect clients at the students' field placement. Health policy education should be woven in as many courses and learning seminars to allow students to be informed on the major provisions and social services available in the community. This way, students will be adequately prepared to provide quality case management to their clients within their field placements, volunteer positions, or paid social service jobs.

This research study serves as one of the first to assess social work students' attitudes and perceptions of the Affordable Care Act. Without this study, there would be no research focusing only on social work students' views, which is imperative for social work students to eventually

fill critical healthcare roles: assisting patients to navigate the health care system, coordinating patient care and case management, and providing behavioral health services (Gorin, 2011).

Advocacy is crucial, especially for underrepresented individuals in states that decide not to expand Medicaid expansion (Reisch, 2012). The ACA will provide greater opportunities for community-based care. Social work education and training prepares students to assess environmental and socioeconomic factors affecting people in rural regions (Reisch, 2012; Andrews, Darnell, McBride & Gehlert, 2013). Enrollment assistance is needed within state programs for staff management, volunteer training, and program funding (Smith, Gifford, Ellis, Rudowitz & Snyder, 2013). Social work researchers are needed to evaluate qualities of care for various health services and behavioral health care. This study aims to empower social work educators to develop and implement health policy educational trainings to better equip BSW and MSW students to provide effective, well-informed, and quality practice to their clients—currently and in the future.

**APPENDIX A: SURVEY EXPLANATION OF
RESEARCH AND INFORMED CONSENT**

Social Work Students' Attitudes and Perceptions about the Affordable Care Act

You are being invited to take part in a research study. This is a survey that is intended to explore students' attitudes and knowledge about health care reform and the Patient Protection and Affordable Care Act. This survey will take you approximately five to ten minutes to complete. Your participation in this survey is entirely voluntary. There are no consequences or benefits in choosing to complete it. You can choose to answer any questions you wish and to skip any questions you wish. The survey is anonymous and your answers cannot be linked back to you in any way.

The survey is part of the Honors in the Major research project being completed by Yvi Goddard, co-principal investigator on this study.

If you have any questions, concerns, or complaints about this research, please contact the Principal Investigator, Mary Ann Burg, PhD, Professor, School of Social Work, University of Central Florida, (407) 823-6167, or by email at m.burg@ucf.edu.

Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research or to report a complaint please contact the IRB contact about your rights in the study:

Institutional Review Board
University of Central Florida
Office of Research & Commercialization
121201 Research Parkway
Suite 501
Orlando, FL 32826-3246
(407)823-2901

APPENDIX B: SURVEY FORM

Demographic Information

We need to collect some demographic information for our analysis. The data you provide will be confidential. Please answer all the questions as completely as possible.

Age (please write):

How would you describe your ethnicity? (Only pick one)

- | | |
|--|---|
| <input type="checkbox"/> Caucasian (white, not Hispanic) | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Latino or Hispanic (not white) |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Black | |

Which party do you most identify with? (Only pick one)

- Republican
 Democrat
 Independent
 Other (Please specify) _____

I am a:

- BSW student
 Are you a: 1st year student 2nd year student
- MSW student
 Are you a: 1st year student 2nd year student

I am in a:

- Policy class
 Social Work in Health Settings class

Primary Career Area of Interest (only select one):

- Children, Youth & Families
 Healthcare
 Mental Health/Substance Abuse
 Gerontology
 Community Organizing and Development
 Government and Policy
 Other (please list): _____

I have experience working in a healthcare setting:

- Yes
 No

The survey is comprised of a total of five sections asking about your attitudes and perceptions about the Patient Protection and Affordability Care Act (PPACA), the new health care reform law. Part 4 contains questions about social work students' and social work practitioners' in relation to working within healthcare systems.

Part 1

Please answer each question to the best of your knowledge.

1. Of the following statements, which do you believe best describes the current status of the PPACA?
 It is still the law and is currently implemented
 It has been overturned by the Supreme Court and is no longer a law
 It has been repealed by Congress and is no longer a law
 I do not know

2. The current American health care system needs to be reformed.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

3. PPACA will not improve health care quality.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

4. PPACA will expand access to health care.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

5. PPACA will not reduce health care costs.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

6. I am not confident that the government will provide enough money to fund the programs in the PPACA.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

7. Which statement best describes your attitude towards the health care reform legislation?
 Strongly Support Support Neutral Do not support Strongly do not support

8. I believe access to health care is a basic right.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

9. I believe I can access the health services I need without much trouble.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

10. I believe the Act will not reduce disparities in health access.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

11. Due to the PPACA, I believe individuals will become too dependent on the healthcare system.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
12. If someone is unable to afford health insurance, I believe the public should pay taxes to fund social services for these individuals.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
13. I believe the government has the right to penalize me if I do not wish to have medical coverage.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
14. Due to the PPACA, I believe purchasing health insurance will be more challenging.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
15. I believe the federal government should not have a bigger role in providing health insurance.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
16. Overall, I believe the healthcare reform will achieve its goals of providing more coverage while reducing health costs.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

Part 2

The following questions ask about your personal opinions regarding whether certain populations will have greater access to care under the Act. Each question begins with the following statement.

I believe the reform will extend health care access for the following people and/or populations:

1. Individuals needing prescription medications.
 Yes No I don't know
2. Individuals with pre-existing conditions.
 Yes No I don't know
3. Individuals diagnosed with mental illnesses or disorders.
 Yes No I don't know
4. Minorities
 Yes No I don't know
5. Individuals living in rural regions.
 Yes No I don't know
6. Individuals and families living below the poverty line.
 Yes No I don't know

7. Individuals and families living 100-300% above the poverty line.

Yes No I don't know

8. Children and young adults.

Yes No I don't know

9. Immigrants and undocumented individuals.

Yes No I don't know

10. Individuals utilizing resources for sexual and reproductive health.

Yes No I don't know

11. People suffering from alcohol or drug addictions.

Yes No I don't know

Part 3

The following questions ask about your knowledge on specific provisions of the PPACA.

1. I am knowledgeable about my state's decision on Medicaid expansion.

Yes No I don't know

2. I support my states' decision on Medicaid expansion.

Yes No I don't know

3. I believe the Act will not allow more people to qualify for Medicare.

Strongly Agree Agree Unsure Disagree Strongly Disagree

4. I support the extension of coverage for young adults to the age of 26 on their parents' health insurance plan.

Strongly Agree Agree Unsure Disagree Strongly Disagree

5. I believe the reform will create more social service programs in sexual, wellness, and public health initiatives.

Strongly Agree Agree Unsure Disagree Strongly Disagree

6. I believe medical treatment will not be provided for everyone who needs it

Strongly Agree Agree Unsure Disagree Strongly Disagree

Part 4

The following questions ask for your opinion on social workers' role within the healthcare system in relation to the PPACA.

1. I believe most social work students understand the major provisions of the PPACA.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
2. I believe the majority of social work students do not support the PPACA.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
3. I believe social work practitioners are essential in helping individuals navigate the new health insurance plans.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
4. I believe social workers are not well respected within health interdisciplinary teams.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
5. I believe social workers are able to advocate and make changes in reform policies.
 Strongly Agree Agree Unsure Disagree Strongly Disagree
6. I believe other health professionals need to know more about the PPACA than social workers.
 Strongly Agree Agree Unsure Disagree Strongly Disagree

Part 5

The following questions ask about your personal experiences obtaining health care services.

1. I currently receive Medicare, Medicaid, or other government-sponsored health insurance.
 Yes No I don't know
2. Someone in my family currently receives Medicare, Medicaid, or other government-sponsored health insurance.
 Yes No I don't know
3. I have health insurance.
 Yes No I don't know
4. I have private health insurance.
 Yes No I don't know
5. I have applied for health coverage under the Affordable Care Act
 Yes No
6. Have you helped a client access any of the Affordable Care Act programs?
 Yes No N/A
7. Have you learned about any of the ACA policies in your field internship?
 Yes No N/A

**APPENDIX C: INSTITUTIONAL REVIEW BOARD
APPROVAL OF HUMAN RESEARCH**



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**

To: **Mary A. Burg and Co-PI: Yvichess Abigail Goddard**

Date: **December 11, 2013**

Dear Researcher:

On 12/11/2013, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: Social Work Students' Attitudes and Perceptions about the Affordable Care Act
Investigator: Mary A Burg
IRB Number: SBE-13-09786
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 12/11/2013 08:48:44 AM EST

A handwritten signature in black ink that reads 'Joanne Muratori'.

IRB Coordinator

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