THE IMPACT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ON THE HEALTH EDUCATION PROFESSION AS PERCEIVED BY THE LEADERS OF THE PROFESSION: AN EXPLORATORY STUDY

A Thesis

by

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ABSTRACT

The major legislation, the *Patient Protection and Affordable Care Act,* is attempting to overhaul the health care system in the United States. Health educators need to understand how this health care policy will impact the profession. Forecasted with change, this study's goal was to provide preliminary insights into the perceived impact of the Affordable Care Act and changes that could occur within the health education profession as a result of this major health care reform legislation.

Seven knowledgeable, experienced, and well-respected leaders of the health education profession participated in this qualitative research study. Semi-structured, exploratory interviews were conducted with six participants and one participant provided written responses to the interview protocol questions. After each interview, a thematic analysis was conducted on the participants' responses. Five themes emerged from the interviews: (1) a fragmented sick-care system, (2) ACA becomes law: the participants' reactions, (3) ACA becomes law: the profession's reactions, (4) impact on the profession, and (5) health education in 2020.

The changes the Affordable Care Act is attempting to make to the health care system are no secret. There is potential for health educators to do something they have never been able to do before because of the Affordable Care Act, but action must be taken by these professionals. The positive elements of this legislation need to be protected, strengthened and verified, and further action needs to be taken to assure all

critical components for creating a truly reformed health care system are incorporated into future legislation.

Future research focused on investigating the impact the Affordable Care Act has on the health education profession should be conducted on a regular basis. As more mandates within the law are enacted over time, the impact on the profession, more than likely, will shift. It is also recommended future research seek to quantify the impact the legislation has on the profession.

DEDICATION

To Mark Davis, Buzz Pruitt, and my family for always believing in me.

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CHAPTER I

INTRODUCTION

How will the health care reform law, the Patient Protection and Affordable Care Act, impact emerging young health education professionals? How will it impact veterans in the profession? This health care reform legislation could influence the future direction of the profession. The number and types of jobs available to health educators could be shaped by this law. The mandates within the legislation could even alter the way health educators respond to the needs of their clients. And, reform of the health care system could ignite a reform in health education preparatory programs.

Health educators need to understand how these policy changes will impact the profession. To assist in unfolding the implications of this massive health care reform legislation, highly respected leaders of the health education profession were invited to participate in an exploratory study investigating the law's impact on the health education profession.

The study employed semi-structured, exploratory interview data collection methods and thematic analysis. The findings are discussed by the five major themes that emerged from the interviews, and significant aspects of these findings are provided in this report including recommendations for the health education profession. This study's goal was to provide preliminary insights into the impact of the Patient Protection and Affordable Care Act and changes that could occur within the health education profession as a result of this major health care reform legislation.

Summary of the Patient Protection and Affordable Care Act

On March 23, 2010, the Patient Protection and Affordable Care Act (henceforth referred to as the Affordable Care Act) was signed into law by President Barack Obama. The 906-page document organized into ten titles, maps the direction for change regarding the health care system of the U.S. (The Patient Protection and Affordable Care Act, 2010). The law amended existing acts, such as the Public Health Service Act of 1944, the Internal Revenue Code of 1986, the Health Insurance Portability and Accountability Act of 1996, and numerous other acts (Legislative History of P.L. 111-118, 2010).

Though it was made law the day it was signed by the President, most provisions of the Affordable Care Act take effect over several years. As written within the law, by year 2018, every provision within the Affordable Care Act will be in full effect, most being implemented by 2014 (The Patient Protection and Affordable Care Act, 2010). To date, provisions to the health care system that have taken effect include, but are not limited to, extending health insurance coverage to early retirees and young adults; prohibiting the denial of health insurance coverage based on pre-existing condition(s); strengthening the infrastructure of community health centers and expanding medical services; providing free preventive care for seniors; requiring new health plans to provide, at a minimum, coverage for preventive services, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women; and eliminating cost-sharing for Medicare-covered preventive services recommended by the U.S. Preventive Services Task Force. The Affordable

Care Act also waived the Medicare deductible for colorectal cancer screening tests, authorized Medicare coverage for a personalized prevention plan, provided funds for the Prevention and Public Health Fund in support of preventing disease and illness, and established the National Prevention, Health Promotion and Public Health Council (The Henry J. Kaiser Family Foundation, 2012).

In the upcoming years, the Affordable Care Act will seek to provide a new understanding of health disparities and strive to fight the disparities that exist in the U.S., improve preventive health coverage, provide additional funding for the Children's Health Insurance Program (CHIP), establish health insurance exchanges, promote individual responsibility, increase access to Medicaid, and make care more affordable (U.S. Department of Health and Human Services, 2011).

The Affordable Care Act is not without controversy, and due to political action it will no doubt change. In fact, its constitutionality has been challenged and upheld by the United States Supreme Court. As it stands, it is the law. And, with any law, there are implications, both positive and negative. The Affordable Care Act has impacted, and will continue to impact, the health care professions including the profession of health education. Therefore, exploring the perceptions of leading health educators regarding the impact of this newly passed health care law on the health education profession is timely and critical.

Purpose

The purpose of this research was to provide the health education profession with new knowledge about the perceptions of its leaders regarding the Affordable Care Act.

To fulfill this purpose, the objectives of the research were to (1) make known the perceptions of leading health educators on the topic of the Affordable Care Act's impact on the health education profession since its enactment in year 2010, (2) make known the perceived future implications of the Affordable Care Act on the health education profession as described by leading health educators, and (3) explore projected changes to the health education profession resulting from the passage of the Affordable Care Act as perceived by leading health educators.

Value

The leaders of the health education profession are highly influential and well respected professionals. Collectively, these people have served and/or are currently serving in many roles in the health education profession, and making key decisions about the field. The perceptions of these leaders will likely shape the path of the profession in the future. By understanding the view of leading health educators regarding the law's impact, health education professionals can begin to develop an approach for making the most of emerging opportunities while also strategizing to overcome potential obstacles such as political influence.

Author's Position

Stated by Lincoln and Guba (1985), "contextual inquiry *demands* a human instrument, one fully adaptive to the indeterminate situation that will be encountered. The human instrument builds upon his or her *tacit* knowledge as much as if not more than upon propositional knowledge" (p. 187). As the human instrument, it is important to make known to readers my position. I designed the protocol questions (with the

assistance of my thesis committee), transcribed, unitized, analyzed, and reported the findings of this research. According to Denzin (2001) as cited by Bulpitt and Martin (2010) said, "we all see 'situations and structures in terms of prior understandings and prior interpretations," therefore, a brief description of my background is provided to assist readers with understanding how I drew conclusions to the findings (p.12).

My training in health began in August of 2007 during my undergraduate studies at Texas A&M University. I graduated with a Bachelor of Science in Health in May 2009. In August of 2009, I entered into the graduate program at Texas A&M University to pursue a Master of Science in Health Education. I became a Certified Health Education Specialist (CHES) in October of 2010 and hold an active status with the National Commission for Health Education Credentialing, Inc. (NCEHC).

I am affiliated with a number of health education professional organizations similar to much of the participants of this study. In April of 2010, I was inducted into the national health education professional honorary, Eta Sigma Gamma (ESG), Alpha Pi Chapter. In May 2011, I joined the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) and affiliate, American Association for Health Education (AAHE). I am also a member of the national professional organizations: American School Health Association (ASHA) and Society for Public Health Education (SOPHE).

My professional background, aside from a student, began in August of 2009 functioning as a graduate teaching assistant for health courses, Introduction to the Discipline and Health Program Evaluation. In 2010, I assisted in the Texas A&M

University/Texas Education Agency HIV Materials Review Process as a graduate research assistant. Lastly, since January of 2011, I have functioned as the external, independent project evaluator for a program included in the Teen Pregnancy Prevention-Replication of Evidence Based Program Models study funded through the Consolidated Appropriations Act.

As a budding health education professional, I have within me a passion for improving the health, happiness, and well-being of others and an invested interest in the growth of the health education profession. Since the study's focus is on the health education profession, I have a special interest in the responses that emerged from the participants in the interviews. Acting as the instrument for the study, I made every effort possible to conduct the thematic analysis of the content in a manner that truly represented the participants' responses. Techniques utilized to assist this effort were member checking with participants, peer debriefing with the researcher's advising committee chair, and reflexive journaling by the researcher throughout the planning, interviewing, analyzing, and reporting phases of the study.

CHAPTER II

METHOD

A qualitative research study was conducted to begin to understand the Affordable Care Act's impact on the profession as perceived by leaders of the profession. As described by Denzin and Lincoln (1994), "qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (p. 2). Qualitative research methods were elected over quantitative methods for the adaptability characteristics of qualitative research (Lincoln and Guba, 1985). This study aimed to identify the participants' perceptions and to paint a picture of the context in which these leaders perceived an impact. In other words, making known from the participants' professional and personal knowledge and experiences with the health education profession and health care legislation in the United States how and why perceptions were created by participants.

Semi-structured, exploratory interviews were performed with each leader recruited to participate in the study. Dexter (1970) described interviews as a purposeful conversation between the researcher and the respondent. Open-ended questions and probes are used to "yield in-depth responses about people's experiences, perceptions, opinions, feelings, and knowledge" (Patton, 2002, p. 4). To focus the conversation on exploring the purpose of the study, semi-structure interviewing was used. Interviews were guided by key questions but were not bound only to those questions. These key questions were formulated with familiarity of both the Affordable Care Act and the

Health Education profession. The advisory committee for this research reviewed and helped shape the final version of the drafted protocol questions. Additional open-ended probing questions emerged directly from the conversations being had during the interviews. One-on-one interviews were utilized to isolate each participant's perceptions and to limit others' perceptions from manipulating viewpoints which could occur in settings such as focus groups. A description of the recruitment, the participants, the procedures, and the data analysis method of this study is provided below.

Recruitment

In order to gain the most insight, purposive sampling was utilized in the participant selection process. Purposive sampling, as Erlandson, Harris, Skipper and Allen (1993) described, "increases the range of data exposed and maximizes the researcher's ability to identify emerging themes that take adequate account of contextual conditions and cultural norms" (p. 82). For this study, knowledgeable, experienced, and well-respected health education professionals were recruited. The inclusion criteria for participation were active board membership in a national health education professional organization, such as the American Association for Health Education (AAHE), American School Health Association (ASHA), Eta Sigma Gamma (ESG), National Commission for Health Education Credentialing, Inc. (NCHEC), Society for Public Health Education (SOPHE), and/or recognition by other health educators as a leader in the profession. It was assumed that meeting these criteria would result in the selection of health educators that were knowledgeable and up-to-date on current events, such as the

Affordable Care Act. These inclusion criteria also assured participants were highly involved in the health education profession, in leadership roles.

Using the professional organizations' website, a list of leaders in the health education profession was drafted. With the assistance of a prominent health educator, names of highly influential health educators were added to the list. In total, eighteen candidates were invited to take part in the study. Contact information for the candidates was obtained through public domain sites. Initial contact was made by mailing a personalized invitation letter (Appendix A), an IRB approved participant information sheet, and a list of the interview protocol questions (Appendix B) through the United States Postal Service. Two weeks following the mailed invitations, the researcher called the office of each candidate to confirm the invitation was received and provide more information about the study. Candidates who agreed to participate were scheduled an interview time and date, and a reminder email was sent to each participant days prior to the scheduled interview.

Participants

In total, eighteen leaders of the health education profession were invited to participate in the study. Of the eighteen invited, seven participated. Five participants were interviewed by phone, one interviewed by Skype, and one emailed written responses to the protocol interview questions. At the time of the interviews, five participants were serving in leadership positions for the health education professional organizations: American Association for Health Education (AAHE), American School Health Association (ASHA), Eta Sigma Gamma (ESG), National Commission for

Health Education Credentialing, Inc. (NCHEC), and Society for Public Health Education (SOPHE). One participant recently declared himself retired although still played an active and influential role in the profession. And lastly, one participant, a past president for the American Academy of Health Behavior, was recognized by other health educators as a leader in the profession. Participants consisted of five males and two females. One participant had worked in the health education profession for over 40 years, two participants for over 35 years, one participant for over 20 years, one participant for over 15 years, and one participant for over 5 years.

Discomfort with the subject matter, lack of time to participate, expertise in a non-health education related field, and recent return to the United States were reasons why four candidates' declined the invitation. Four candidates initially responded with an interest in participating but were later unable to be contacted to schedule an interview time and day. Contact made with three candidates by way of postal mail, phone, and email were all unsuccessful, and therefore, they did not participate in the study.

Procedures

Interviews were conducted in the fall of 2011; approximately a year and a half after the Affordable Care Act was signed into law. At the start of each scheduled interview, the researcher called participants using the participant-provided preferred number. Each participant was informed of the study, its purpose, the information sheet, and the use of the digital audio recorder and hand-written notes to document responses. The researcher then asked for the participants' audio recorded verbal consent to

voluntarily participate in the study. After all questions related to the study's purpose and procedures were answered, the interview process began.

During the interviews, the researcher utilized, but was not limited to, the interview protocol questions as a guide for identifying the perceptions of the participants. Established before the first interview, the interview protocol questions were designed to elicit information from participants about their thoughts prior to and after the bill passed into law, their perceptions of the health education profession's reaction, and the predicted future implications for the profession as a result of the law. Additional questions were drafted and utilized throughout the interviews to gain more insight from participants on how the profession had been or will be impacted by the Affordable Care Act. Lastly, unstructured questions emerged throughout the dialogue.

At the conclusion of each interview, the researcher asked if participants would like to make any additional comments about the study and its purpose. After all comments were made, the researcher thanked each participant for their time and responses. The digital audio recording device was then turned off. After completing the interview, a personalized thank you letter written by the researcher was mailed to each participant. All data were filed in a secure location.

Data Analysis

According to Lincoln and Guba (1985), "data analysis involves taking constructions gathered from the context and reconstructing them into meaningful wholes" (p. 333). Inductive data analysis was conducted for this study. Immediately following interviews, the researcher transcribed and unitized the data. The transcription

process consisted of first transcribing the audio recorded data. This was accomplished by listening to the audio recordings at small pieces at a time, pausing the recording, transcribing the information heard into a word document, rewinding the recording, and confirming the transcription was correct before listening to another small piece of an interview. To verify the transcriptions were accurately transcribed, an outside person reviewed audio recordings and transcriptions. To maintain participant confidentiality, ideas and quotes contributed by participants were identified numerically, such as "Participant 1". Approximately 281 minutes of recording were transcribed, and the average interview took about four hours to transcribe.

After transcription, the researcher unitized the information. Unitizing data as defined by Erlandson et al. (1993), is "disaggregating data into the smallest pieces of information that may stand alone as independent thoughts in the absence of additional information other than a broad understanding of the context" (p. 117). There were 802 units of data in this study "that [served] as the basis for defining categories" (Linoln and Guba, 1985, p. 344). Each unit of data was coded with the source (interview transcription page number), type of respondent (I = Interviewee), episode (interview number), and unit number. The units were then printed and cut to stand alone on slips of paper.

Next, the units were categorized. Emergent categorization was described by Erlandson et al. (1993, p. 118), as a five step process: (1) read the first unit of data, (2) read the second unit of data, (3) proceed in this fashion until all units have been assigned to categories, (4) Develop category titles or descriptive sentences or both that distinguish

each category from the others, and (5) start over. By starting over, the researcher was able to focus on the content of each category and move units from one category to another. From the categories, grounded theories—"theories that follow from data rather than preceding them"—were developed (Erlandson et al., 1993, p. 112).

Lastly, findings were reported. Prior to finalizing, the study's report was distributed to participants allowing them the opportunity to review their responses and expand their thoughts. After the report was reviewed, a final report was drafted.

Trustworthiness

Four criteria appropriate to establish trustworthiness are credibility, transferability, dependability, and confirmability. These criteria are equivalent to internal and external validity, reliability, and objectivity within the conventional paradigm (Lincoln and Guba, 1985).

To establish credibility, member checking and peer debriefing were used throughout the study. Lincoln and Guba (1985) made known the importance of member checking by stating:

> If the investigator is able to purport that his or her reconstructions are recognizable to audience members as adequate representations of their own (and multiple) realities, it is essential that they be given the opportunity to react to them. (p. 314)

During the interview process with each participant, the researcher verbally "played back" a summary of responses. This resulted in a reaction from the participants of either confirmation or the participant proceeded on with clarifying their responses. Additional

member checking was conducted by distributing a report draft to participants for a final opportunity to react to reconstructions. Peer debriefing, another technique utilized in this study to establish credibility, was used multiple times throughout the analysis and reporting processes. During peer debriefing, the researcher "[steps] out of the context being studied to review perceptions, insights, and analyses with professionals outside the context" (Erlandson et al., 1993, p.31). Peer debriefing occurred three times during the data collection process and six times during the data analysis processes (unitization, categorization, and reporting).

Purposive sampling, described in the recruitment section of this chapter, was a strategy employed to facilitate transferability. The last technique "that has broad-ranging application to all four areas [credibility, transferability, dependability, and confirmability]…is the reflexive journal" (Lincoln and Guba, 1985, p. 327). Lincoln and Guba (1985) described this technique as "a kind of diary in which the investigator on a daily basis, or as needed, records a variety of information about *self* (hence the term "reflexive") and *method*" (p. 327). Reflexive journaling was conducted weekly throughout the study.

CHAPTER III

FINDINGS

Through a thematic analysis of the content, five themes emerged from the interviews. These were (1) a fragmented sick-care system, (2) ACA becomes law: the participants' reactions, (3) ACA becomes law: the profession's reactions, (4) impact on the profession, and (5) health education in 2020.

A Fragmented, Sick-Care System

Issues Fueling the Need for Reform

Access, delivery, and cost were three major areas of concern with the current health care system identified by participants in this study. According to the panel of experts, the pool of under and uninsured was growing as health care insurance had become beyond the reach of more and more Americans. Many families were making too much money to qualify for government assistance but, too little to afford private insurance. And, those able to access employee health insurance plans experienced new burdens of paying more for their health care because employers could no longer accommodate the increases in costs without potentially injuring their business. To put the cost increases into perspective, Participant 4 stated, "health insurance premiums have gone up three to ten times faster than college tuition last year." The need for coverage and care remained the same but the substantial increase in cost made health insurance and health care unaffordable to a growing segment of the population.

Also noted was that having a pre-existing medical condition kept many Americans from being able to access health insurance. Participant 6 described this issue as "the saddest stories of the past. People couldn't get insurance if they had a pre-existing condition that really was going to require a lot more money than they could ever hope to have to care for them in the long term." The costs associated with treatment and maintenance of a pre-existing medical condition were great, and those living with such medical conditions relied on health insurance plans to cover some of the treatment and maintenance costs. As prices for insurance soared, more and more of the financial burden was born by those living with pre-existing medical conditions, leaving some even disqualified for insurance.

In the current delivery system, the un-sustainability of Medicare and Social Security added to the need for reform as Participant 4 stressed, "something has to happen." Many retired individuals and individuals over the age of 65 relied solely on these programs to assist covering the costs of medical expenses including prescription drugs. Increasing financial strains were placed on those receiving Medicare and Social Security as costs drove members to pay more and more medical expenses out-of-pocket. Also, with talk of the Social Security program "running dry", those currently contributing to the program felt apprehensive about not being guaranteed financial support upon retirement. According to the participants of this study, these issues of rising cost and access to health care and insurance for seniors fueled the need for reform.

Participants made known another area that crippled the health care system: the long history of a tremendous amount of resources allocated to tertiary prevention while

primary and secondary prevention efforts were continuously underfunded, and at times, de-funded. Participant 3 put the disproportionate allocation of funds into perspective when she stated, “every dollar [spent] on health care, typically less than one cent goes to prevention.” Though tertiary prevention is considered important, “we pride ourselves on heroic medicines instead of investing money into more prevention to prevent the things we’re spending a ton of money on fixing later” (Participant 3). Participants suggested that though it takes time to see the impact of primary and secondary prevention efforts, the current focus on tertiary treatment was costing the nation financially. As Participant 4 said about health education, “A little investment on the front end can save a tremendous amount of money on the back end with regard to health care.” According to the participants, spending money on health education now is more affordable than continuously spending money on treatment.

This panel of experts believed that not only did the allocation of resources set a tone for where the nation’s health care system’s priorities were, but also what health care services were deemed reimbursable. Primary and secondary prevention services provided by public health educators had yet to be recognized as reimbursable services. Many tertiary services, like those in the clinical setting, were classified as third party reimbursable.

These were just some of the issues identified by interviewed health education professionals who described their reasons for the need for reform. This nation’s health care system was, as Participant 3 described, “a fragmented, sick-care system,” allowing more and more Americans to fall through the cracks because costs of health insurance

and care were beyond the affordability of many, and the nation was focused on fixing the sick rather than providing support for prevention.

Hope and Trepidation

There were many reasons why this panel of health education experts expressed feelings of hope when President Obama proposed his health care legislation. As mentioned above, basic care had become financially beyond the reach of even the average citizen and all participants believed basic health care should be affordable for all people. The medically indigent population, persons who could not afford health insurance or health care and did not qualify for assistance through Medicaid, was, according to health education leaders, expanding. Care accessed by this uninsured population had driven up the nation's cost of health care dramatically. Participants also hoped people with pre-existing medical conditions, such as rheumatoid arthritis, asthma, cancer, and heart disease, would no longer be denied coverage by health insurance companies. Hope also rested in the want for a greater emphasis on public health and prevention by providing a sustainable funding source for more programs, research, and training. And lastly, participants hoped the proposed bill would become law because it would represent a major stride toward creating a true health care system as opposed to what really existed—a fragmented, sick-care system.

In the campaign for presidency, President Obama committed to making the reformation of the health care system a high priority. His intentions were to make it the cornerstone of his administration. This commitment along with the political composition in Congress at the time President Obama proposed the health care reform bill created a

source of hope and optimism: “It seemed that this was the right time” to pass a health care reform law (Participant 5). The threat of not obtaining the necessary votes to push the bill to law was significantly reduced because the House of Representatives and Senate of the 111th United States Congress had a democratic majority. Lastly, the generational change of the new president in office brought hope to many—“a hope that he would bring a new approach to dealing with it legislatively than what had been done in the past” (Participant 5).

While hope existed, participants also spoke of feelings of trepidation. Many questioned if a health care reform bill could actually be passed into law. There were flashbacks experienced by participants of the unsuccessful efforts of former President Clinton and first lady Hillary Clinton in the early 1990s to pass a similar piece of legislation focused on reforming the health care system. The history of this tried and failed attempt impacted the participants’ belief in Congress’ ability to come to an agreement on the newly proposed health care reform bill drafted by President Obama’s administration.

Another source of skepticism identified by participants stemmed from the strength and growing power of the health insurance industry. Between the 1960s and early 2000s, the health insurance industry had dramatic growth in strength, which left doubt in many whether any legislation could be passed, limiting the control of this industry. As Participant 6 described, “it seemed very tough to expect that one could overcome their lobbying power and their purchasing power for Congressional votes.” With the industry’s strong influence on policy makers, participant 6 expressed his

reservations about Congress' ability to overcome this influence and get reform passed into law.

ACA Becomes Law: The Participants' Reactions

On March 23, 2010, President Barack Obama signed into law the Affordable Care Act. Participants were asked to describe their immediate reaction to the passage. In doing so, participants also detailed their reaction as they found out more about what was in the Affordable Care Act.

The participants' immediate reaction to the health care reform bill becoming law was excitement. It had finally become a reality; one which Participant 7 believed was long overdue: "the wealthiest country in the world should have had coverage for all citizens a long time ago." Legislation for a universal health care system had been discussed for decades by many presidents, and "President Obama [was] the first to make it happen" (Participant 7). This legislation, Participant 2 explained, allowed for every person in the United States to have a home for health care. People could feel more like a partner in their own health care: "They would have somebody that knew them, understood them and that they could establish that trusting relationship" (Participant 2). She further went on to say that people who had a home for health care tended to use the system more appropriately, which could in turn reduce the costs associated with health care.

Many participants were also very optimistic about the potential implications the provisions within the law could have on the health education profession. A greater emphasis on prevention nation-wide was evident in the law with the inclusion of the

Prevention and Public Health Fund, “the nation’s first mandatory funding stream dedicated to improving our nation’s public health” (American Public Health Association, 2012). Many participants perceived the greater focus and allocation of resources for prevention would shed a new light of importance on the positive impact of public health and health education on the nation’s health.

Though participants were incredibly hopeful to see great change, some questioned the focus of the law because it was passed so quickly. Several participants expressed it was necessary for the bill to proceed through legislation rapidly because the, then approaching, congressional elections would have changed the composition of Congress in favor of those opposed to the bill. But, some participants questioned if all the components needed to truly transform this fragmented, sick-care system could be incorporated into the Affordable Care Act. Only further investigating the provisions within the law provided the answer.

After further exploring the very lengthy and complex law, many participants were left to wonder how the components of the law would be executed. Participant 3 stated, “We know what changes are supposed to be made. The questions I’m hearing the most is how is this going to be implemented?” Since certain pieces of the legislation go into effect gradually over a number of years, many details will not be constructed for years to come. The way in which the law will play out still remains unknown which, could potentially put an unknown status on what exactly public health educators will be called to do as a result of this legislation.

After reading more of the Affordable Care Act, participants observed that health educators were not directly called to act in the legislation. Participant 2 stated, “I have not seen health education as far as the profession in and of itself, specifically named. What I have seen has been health education, a general term.” Though provisions within the law focused on directing more resources to primary and secondary prevention, health educators were not listed to lead these prevention efforts, and the law failed to guarantee access to reimbursement for full services provided by these health professionals.

A source of disappointment stemmed from the law’s lack of addressing critical components influential to a successful health care system. Participant 5 stated that “when Barack Obama won the elections, it turned out that he couldn’t get passed health reform in the broadest context so what he did get passed was the Affordable Care Act.” The Affordable Care Act has a heavy focus on health insurance, medical insurance companies, and medical providers, and omits many other items critical for the health care system to function properly and efficiently. Participant 5 stated:

> Even if we were to achieve the mythical 100% coverage, which this bill does not achieve by any standards, but even if we could, it doesn’t guarantee access to care, reimbursement for full services, and the language contrary to what I was hoping doesn’t provide quite the opening that I thought it would provide.

Many felt the attempt to reform the health care system with the Affordable Care Act fell short of doing just that. The law, though a significant achievement, was thought to be “minuscule compared to the magnitude of the problem” with the health care system in the United States (Participant 5).

Feelings of trepidation experienced before the Affordable Care Act became law persisted after its passage because the Affordable Care Act had been, and continues to be, under attack. Only time will tell if it will be able to avoid from being "killed, overturned, undermined, or underfunded" once the balance of Congress changes (Participant 6). Questions about the constitutionality[1] of the law and threats from major political parties also provoked this state of worry by the profession. One component within the law whose fate was a topic of interest was the Prevention and Public Health Fund. Under fire during the 2011 balanced budget meetings, the resources intended for prevention and wellness were at risk of being diverted elsewhere:

> The problem with the lower amount of funding is that all of these things are being asked in the provisions without the funding. But it's going to be difficult to improve public health training and have the centers and the fellowships and all of that that the provisions in the act indicates we'd have when there is no funding for it. (Participant 3)

A stable source of funding for public health in this legislation are not certain, and the expectation to execute the tasks mandated in the Affordable Care Act could remain even without the resources and funds to do so.

Overall, many leaders of the health education profession interviewed believed the Affordable Care Act was a first "baby" step representing change. Though it seemed small and, to some extent, limited compared to what was needed to fix the health care system, it was nonetheless change in the right direction.

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[1] On June 28, 2012, the United States Supreme Court ruled the Affordable Care Act as constitutional.

ACA Becomes Law: The Profession's Reaction

> *We're assuming that we don't have to change. We just have to learn about this law. But the implications of this law [are] that everything will change if it works.* (Participant 5)

Different opinions existed among participants regarding the law's potential impact on the health education profession. A couple participants perceived that some health educators believe the law will not affect the profession. This perception could impact the reaction, or lack thereof, health educators have in regards to actively searching and seizing opportunities present in the Affordable Care Act.

In general though, participants summarized the health education profession's reaction to the Affordable Care Act into three stages. First, the profession was pleased about the passage of the Affordable Care Act and began investigating the provisions within the law. Then, participants perceived many in the profession entered into a wait-and-see stage while others, mostly professional organizations, were still trying to figure out what the law meant for the profession. Lastly, as opposition to the Affordable Care Act mounted, participants perceived the profession entered stage three—feeling fearful. As described by participants at the time of their interviews, roughly a year and a half after the Affordable Care Act was signed into law, the profession mainly rested in the wait-and-see stage, but was now, more so than ever, fearful of losing what had been gained because of this legislation.

Stage 1: Pleased

Participants perceived most health educators were very pleased the law was passed. The profession, largely through its professional organizations, had been supporting politicians in favor of health reform and policies that supported the work of health educators for decades. As talks about health reform grew during the 2008 election season, the health education professional organizations became much more involved in supporting candidates in favor of health reform. With decades-worth of energy directed towards advocating on behalf of the profession through methods such as conferences (e.g., the Health Education Advocacy Summit) and numerous letters to congressmen and women, the health education profession reacted with joy when the bill became law. Health educators around the world were pleased that something finally had happened. Some "don't know if all the pieces of the [Affordable Care Act] is the right answer…but something [had] to happen" (Participant 4). The health care system needed change and passage of this legislation marked just that: change.

Stage 2: Wait-and-See

At the time of their interview, roughly a year and a half after the Affordable Care Act was signed into law, participants in this study perceived the health education profession to be in a wait-and-see response stage. Not much had been seen or done on behalf of the profession in regards to this law other than acknowledging "this is a great thing" (Participant 4). Most of the participants believed this wait-and-see stage was realistic because there was no guarantee the act would remain law. Even if it were to remain intact, the mandated funds for prevention were in jeopardy due to the state of the

economy. And sadly, there was a history of primary and secondary prevention being underfunded or defunded entirely.

Another explanation for the profession's wait-and-see mentality, according to the panel of experts, pertained to the focus of the profession elsewhere. Much activity identified by participants had been seen around the reauthorization of the Elementary and Secondary Education Act, No Child Left Behind. As described by three participants, the profession was also in the process of merging two large health education organizations, the American Association for Health Education (AAHE) and the Society for Public Health Education (SOPHE). These two events alone consumed a tremendous amount of time and energy of the health education professionals. It was not stated, though, that these two events were more important than the Affordable Care Act, but it was specified that merging the two professional organizations into one unified voice could give the profession the strength needed to enhance its support among policy makers and other professions. And even in the process of merging, there were conversations among leaders about some of the items outlined in the Affordable Care Act, but these conversations were not necessarily happening because of the law.

The panel of experts also mentioned the language and the way in which the law was written were contributing factors to the profession's wait-and-see stance. The language of the law was very complex and vague. One participant believed the health education profession should not be "too critical of [itself] for not having a clear response to [this legislation] because we're still trying to figure out what it is we should be responding to" (Participant 6). Also, with the provisions within the law scheduled to be

enacted over a number of years, participants suggested there were few things to respond to just yet. Many of the provisions within the law are going into effect each year through 2018, and therefore, many health educators and their employers had not yet been influenced too substantially by the law. This could and should change as the provisions roll out. Participant 6 predicted "a growing agitation of health educators for some concerted effort of the profession." He suggested the profession should be working to influence the various agencies in the US Department of Health and Human Services charged with writing the regulations for the provisions that could support health educators and the profession.

Not all participants believed the profession's wait-and-see mentality was an acceptable response. With threats to the funding and constitutionality of the Affordable Care Act lurking, the profession's inertia, some participants believed, prevented potential growth of the profession from failing to seize unique opportunities this legislation created. It stalled the profession from being able to provide evidence that supported the mandates within the Affordable Care Act. One participant in particular felt the profession had not yet taken on the act as a challenge and, therefore, was missing a huge opportunity. He stated, "here we are a year after passage of this massive legislative reform, and I am uncertain that health educators are able to document significant achievements as a result of this reform" (Participant 5). The importance of producing evidence of success as a result of the Affordable Care Act could play a key role in whether the law is sustained or more importantly, the public health prevention funds are maintained. According to Participant 5, the profession needed to take this law

on in a constructive way by systematically examining how everything health educators know and will know about patients, prevention, and the health care system will change and what the implications of that change are for health educators.

One area of the profession credited for taking action was the health education professional organizations. Though roughly half of the participants were unaware of efforts made or being made by professional organizations in regards to the Affordable Care Act, the other half claimed the organizations were discussing the law and its implications. Participant 5 described the health education professional organizations' involvement as:

> All have been very vocal, very active, very supportive of the Affordable Care Act. And looking for ways to effectively leverage the benefits in the legislation to improve the practice of health education and improve the benefits for people we work with…been very active. It is not a small issue.

Likewise, Participant 3 stated that items within the law, such as universal coverage and a market place to choose health insurance were being discussed. The potential impact on the profession, research and practice from implementing provisions like these were being investigated.

While still operating with a wait-and-see mentality, the start of the 2012 presidential campaign cycle shifted any focus that was geared for investigating opportunities within the law to now not losing ground made from its passage. At that time, the profession entered stage 3: being fearful.

Stage 3: Fearful

There had always been vocal opponents of the Affordable Care Act, but it seemed as though opposing voices grew louder and stronger as the nation's economy began to sink and the 2012 presidential campaign cycle began to draw near. Negative characterizations of the law such as "job killer" and "Obama Care," the question of the legislation's constitutionality (now established by the Supreme Court), and the threat that the next president would kill the legislation, diverted the profession's focus (Participant 4). As Participant 5 exclaimed, "I really believe we are in a situation people are afraid that if the wrong people get elected next November, we're going to lose it or some of it." If the Affordable Care Act were to be completely or partially repealed, the profession was fearful that the gains the profession made with getting provisions supporting the work of public health professionals and highlighting the importance of prevention would now be lost. These threats created enough fear to avert the attention of the profession from trying to figure out how to best use the law to, now, focusing on how to keep it.

With threats to the Affordable Care Act growing, advocacy voices grew louder in the profession. But the message some participants heard health educators advocate on behalf of the law were directed more from a state of "fear of losing" than a state of "this is what we have gained." Participant 5 stated that he heard health educators ask, "how do we advocate to make sure that we don't lose it?" "So our attention is being distracted from using what we have more effectively to trying to spend all of our time figuring out

how to not lose what we've got" (Participant 5). He recommended the profession spend more time talking about what we can do with what we have.

With the participants' perceptions of the profession's reaction to the Affordable Care Act identified, the next section discusses the potential impact the law could have on the health education profession.

Impact on the Profession

Impact March 2010-August 2011

There were mixed responses when participants were asked if, to date, the Affordable Care Act had impacted the health education profession. While many said there had not yet been an impact, some believed there had been.

Most of the participants in this study believed the health education profession had yet to experience a substantial impact from the Affordable Care Act since its passage in March 2010: "I'd be pretty blunt to say at this point that it's had very minimal impact in terms of health education" (Participant 1). For example, Participant 3 mentioned there had been little impact on the health education professional organizations in terms of how boards function and make decisions. The employment rate of health educators did not shift much either. Participant 1 said he did not have employers in his office saying, "Hey, send us more of your grad students because we've got jobs for them as a result of [the Affordable Care Act]." Another area apparently not impacted was the health education preparatory programs. Participants stated other than informing students of the provisions and letting them know this was their future, not much had been done in anticipation of the mandates within the law.

The lack of impact from the time the bill became law to the participants' interview date was perceived to be a result of a number of factors, one being the timeframe of implementation. The law was written to be phased-in gradually over a number of years through 2018, with the majority of mandates in effect by the end of year 2014. The participants suggested that it was premature for the health education profession to really see an impact because the law and provisions that apply most to the health education profession had not been in place long enough to be felt. Participant 4 stated, "It takes time to see these kinds of things begin to get traction." Not only will it take time to see change in the way health education professionals and other non-health professionals respond as a result of the legislation, but also, to see a change in the health and wellbeing of served populations.

It was also believed by participants that once all the mandates within the law were in full implementation and had been for a number of years, the health education profession would have a greater understanding of the newly reformed health care system—an understanding that could influence the profession. As it stood in the fall of 2011 when participants were interviewed, only a handful of mandates were enacted. Described by the participants earlier in this section, there was little to be felt among the profession so far. But, as more and more mandates are put into action, the impact was believed by participants to be more considerable. Once the entire law is in full implementation, the true impact could have an exponentially greater effect on the profession and this nation's health outcomes.

Some participants also perceived the debate in Congress about the constitutionality of the Affordable Care Act could have lessened or even delayed any impact on the profession. Participant 4 believed the controversy and very vocal opposition to the law could have diluted any impact it might have had.

Even though a significant impact had not yet been experienced by health educators, the law, as Participant 3 described, had "shed light on the importance of the public health workforce and public health and health education in general." One action by President Obama supporting this notion was the appointment of the American Cancer Society Chief Executive Officer, Dr. John Seffrin, a trained health educator, to the advisory group for the new National Prevention, Health Promotion and Public Health Council. Participant 3 was excited to see "some of our scholars in the field of health education being appointed by the president to advise these groups that are going to be making these decisions regarding health reform and national prevention programs." The inclusion of health educators in influential roles, such as advisory groups, made a statement about the importance of health educators and allowed the profession to have more voice in certain areas.

Another reason some participants felt the Affordable Care Act had shed light on the importance of the profession's work was because of the inclusion of the Prevention and Public Health Fund into the law. Having legislation in place that recognized the importance of, and provided support for, preventative health services established in many participants a sense of support from policy makers. The recognition and allocation of resources to do work in prevention and public health had made some health educators

feel as though the profession and the work of health educators were finally coming to the forefront: “Because of the prevention component to this, everybody realizes that the clinical side of this is not enough to reduce the cost of health care, and to improve the health status of populations, we need public health educators as well” (Participant 5). Participants also believed the emphasis on prevention had made a few more people aware of who health educators were and the importance of the health education profession. With more funds and resources directed towards preventative health, there was recognition that prevention helped save money or at least reduced the trajectory of how the United States was spending its health care dollars.

The Affordable Care Act also played an influential role in driving the health education profession deeper into third party reimbursement discussions. Participants stated the profession was investigating reimbursement for services. Described by participants, questions included in these discussions were: (1) is there enough support written within the law for health educators to make the case for third party reimbursement, (2) could becoming a credentialed field propel the profession towards third party reimbursement, (3) what would it look like if the health education profession were to attain third party reimbursement, (4) what eligibility criteria would need to be met in order to receive reimbursement for services, and (5) how could this impact the health education profession? This panel of experts believed there is an opportunity for the health education profession to seek third party reimbursement of services from the Affordable Care Act. Therefore, the profession was discussing the implications of reimbursement and if seizing this opportunity would be beneficial to the profession.

Participant 6 was directly impacted by the Affordable Care Act. He responded to requests for certain kinds of information from the National Prevention, Health Promotion and Public Health Council that was established by the Department of Health and Human Services under the provisions outlined in the Affordable Care Act. The Council was charged with laying out the plans for the public health, prevention and promotion dimensions within the Act. Participant 6 also served on a number of committees and task forces that report to the Council to influence the direction of funds within the Affordable Care Act toward prevention and health promotion in the community and public health levels of intervention. He pointed out that "evidence from the actual delivery of services in communities…will fill the gap in our knowledge of what works" (Participant 6). The Affordable Care Act's provisions for a National Prevention, Health Promotion and Public Health Council requires this kind of evidence from health educators in communities, that is more generalizable, and more applicable and relevant to most communities. With the exception of this participant, all other participants stated the Affordable Care Act had not yet had an impact on their roles as health educators.

Future Impact

Informed of the mandates within the law, participants gave their predictions of how the Affordable Care Act would impact the future of the health education profession if all provisions were to be executed as planned. Every participant forecasted there will be some kind of impact on the profession. It was predicted there will be opportunities for the profession but not without some challenges as well.

Opportunities for Health Educators.

"The opportunity for health educators to get better at what we can do is enormous" (Participant 5). Five areas of opportunity were identified by participants: (1) funding, (2) patient education and health care settings, (3) worksite health promotion, (4) training, and (5) total health care team.

Participants voiced support for the increase in funds to do public health promotion and prevention, as described in the Affordable Care Act. They believed these funds could provide the health education profession an enormous opportunity to do great work and be recognized, more so than ever, for the impact of that great work. Funding opportunities within the Affordable Care Act recalled by the participants were worksite health grants, public health workforce training grants, midcareer training grants and fellowships, community health workforce grants, school-based health center grants, community transformation grants, and funds directed towards prevention. Some of these funding opportunities listed by participants were applicable to health educators, while others were more applicable to health care providers such as physicians. But, if the funding mandated through the Affordable Care Act were to be delivered as intended, opportunities that currently did not exist, nor had ever existed, for health educators would become reality. The number of health education jobs would increase "by a predicted 18%," Participant 3 stated. Workforce training would improve. The market for recruiting students into the profession would be boosted. A greater stream of research centered on evidence-based procedures and elements supporting the functionality and improvement of the health care system would be born. And the capacity in which health

educators' work would grow because the more resources allocated to health educators, the easier it would be for them to "do [their] job more effectively and efficiently" (Participant 3).

Another area of opportunity many participants predicted was the major shift towards individual, patient education because "[it] is going to be a substantial driver of what health educators are going to be asked to do" (Participant 6). This shift was described as an opportunity as well as a challenge. Participant 6 stated:

> Based on the previous nature of health care legislation, I think what is going to happen to the profession is that there is going to be a major shift toward patient education as the focus as it did in the 1970s with the Medicare and Medicaid and the Regional and Comprehensive Health Planning and HMO Act.

This could drive health educators away from their public health roots and more towards individual (patient) education. Participant 6 described this potential departure from public health as the "unfortunate aspect" of the law. Even though there were more health educators to fill the positions of both patient education and public health education, the challenge lies in the training. Are health educators trained well enough to take on the responsibilities of patient education? What could result are patient education specialists from other fields, such as nutritionists, diabetes educators, and asthma educators, filling this need.

Businesses that hire health educators, such as Kaiser Permanente, HMOs, and health care systems were projected to be impacted by the Affordable Care Act. It was believed that these areas have the best opportunities for health educators "to apply the

skills of health education with real people, in real time, in circumstances that have the necessary support surrounding them to make a difference" (Participant 6). Therefore, participants predicted that health educators working in these kinds of settings have great opportunities to make a difference at the individual, patient education level. Participant 6 also believed the Affordable Care Act is attempting to replicate the HMO system's model to the scale of the entire United States population:

> Some of our best evidence of what can or could work in hundreds of different circumstances of the Affordable Care Act come from studies done in Kaiser Permanente and the Group Health Cooperative of Puget Sound and a few other HMOs around the country that have had a research unit to help evaluate the innovations that health educators brought.

Evaluations emerging from health educators working in these settings could play a major role in providing crucial evidence of the Affordable Care Act's impact on the health care system.

The impact the Affordable Care Act would have on employer groups was predicted by some participants to drive worksite health promotion programs. Most employers have been charged with the responsibility to offer health insurance to employees. In order to reduce the potentially heavy burden on employers to provide such coverage, worksite health promotion programs could be sought by employers. Health educators, well qualified to lead such programs, should, according to some participants, seize this opportunity to enhance the number of health educators working in worksite settings. Participant 4 stressed that the phrase "cost containment" needs to be part of the

vocabulary of health educators in order to really grab the attention of employers who hire health educators. More health educators will be recruited to lead company-wide worksite health promotion programs if they can communicate to employers the financial pay-offs.

Participants also predicted health education training in the future will be influenced by the Affordable Care Act. The law provides a map of where the health care system is headed. In order to become a key player in reforming the health care system, health education preparatory programs have to adapt to this forward-thinking health care approach. Courses offered in preparation programs should, according to these experts, be influenced in a direction that prepares health educators to be qualified to lead the prevention and wellness mandates listed within the Affordable Care Act. Participant 4 stated, "forward thinking institutions are already… preparing health educators to do some of the specific functions outlined in [the Affordable Care Act]." He predicted more institutions will do the same in the future.

Lastly, participants stated there is an emphasis within the Affordable Care Act on creating total health care teams. These teams were described to be comprised of all the health care service personnel a patient may have, such as a primary care physician, dentist, dietician, pharmacist, and specialists. Every member of the total health care team would have access to medical information of a patient such as family history of diseases, prescribed drugs, emergency visits, and dietary restrictions. The participants of this study aspired for health educators to be considered a critical member of this total health care team and believed the opportunity is available. But, in order for that to occur, "we

need to demonstrate a capacity to make as much of an impact on health as any other profession" (Participant 5). Health educators have to demonstrate that their prevention efforts reduce patient re-admittance into hospitals and improve the health and wellbeing of patients.

Challenges for Health Educators.

Though participants predicted many opportunities will emerge in the future for health education professionals as a result of the Affordable Care Act, participants also predicted health educators will encounter challenges: (1) negative characterization of prevention funds as "slush fund," (2) clarification of the legislation and health education credentialing, (3) training not for today but for tomorrow, and (4) competition among non-health educators.

With the downturn of the economy, the focus of the nation had been diverted more towards job creation and reduction of government spending. During the 2011 Congressional balanced budget meeting, one item on the "chopping block" was the Prevention and Public Health Fund. This fund was labeled by "people who don't like it" as a slush fund— "something that can be taken out to balance budgets" (Participant 2). With the state of the nation's economy, defunding or underfunding the public health and wellness services mandated in the Affordable Care Act was a real possibility. Public health educators had a long history of working in conditions with limited resources, and as participant 3 stated multiple times, had still been able to positively impact and shape this nation's health. But the challenge faced now and to come was to detach the term "slush" from funds aimed at prevention and wellness.

Another challenge health educators are predicted to face is clarification of the language in which the Affordable Care Act is written. As noted by some participants, the Affordable Care Act had already impacted the profession by triggering deeper discussions about third party reimbursement. Participants indicated that there were components within the legislation that lent themselves to the work of health educators. As described by Participant 5, "the language around prevention and the operational side of the law suggested that health educators [have] a potentially huge role to play." The language could provide the opening the profession needs to make the case for reimbursement of services. Rather than being merely suggestive, however, the legislation needs to be more direct. Without the language being clear, "the health educator's role will be minimized inappropriately so, but minimized nonetheless" (Participant 5).

Also recommended was further clarification of the Certified Health Education Specialist certification. Participant 6 described:

> There will be some pressure, some draw, for us to try to get some kind of a further clarification for our certification… The question will be whether the [Certified Health Education Specialist] certification will justify health educators getting reimbursed for their role in patient education, self-care education, parent education, whatever roles we may be called upon to play as more people have coverage for such things.

Strengthening the suggestive language in the legislation and clarifying the certification of health educators was recommended in order to get the profession one step closer to attaining the third party reimbursement status.

One challenge the profession has continued to face, according to this panel, is training health educators now for what they will experience once they are in the field practicing. Technology is advancing at a rate so rapid that by the time a freshman student reaches his/her senior year, the science base for health education will have changed: "I am not certain that the training programs are training our students effectively to practice five years from now because of this dramatic change" (Participant 5). With the nation being more technologically driven, the health education profession has to be able to adapt training methods to the "changes-with-the-wind" technology.

One of the up-and-coming changes to the health care system is the electronic storage of medical records. As described by many participants, all the health care services received by an individual, such as prescribed drugs, immunizations, check-ups, surgeries, etc., will be stored on a plastic card for the individual to present to any practitioner she/he will see over their lifetime. The challenge for health educators will be to identify all the ways to use this new tool to the advantage of the profession.

Also, with the progression of technology, new insight is emerging from other fields. The health education profession and professional preparation programs should take the information from the work done in these other fields of science and technology and apply it to their benefit. As participant 5 stated, "I don't know any health education program that is adapting theory to accommodate the sciences that are coming out of

physics, nano-technology, bio-engineering or genomics—to accommodate those theories in such a way that we can understand the implications of those things" (Participant 5). An example he gave came in the form of a question to be pondered, "if there's a personalized medicine based on the genome, why wouldn't we also imagine there wouldn't be a personalized health education based on the genome as well?" (Participant 5).

Lastly, participants predicted the health education professionals will be in competition with non-health educators to do health education work. According to some participants, the market for doing health education was predicted to increase but whether those positions are filled by trained and certified health educators is somewhat uncertain. The profession had seen all too often instances in which a social worker, nurse, or a non-health teacher was assigned the duties of a health educator for many reasons such as trying to reduce costs of hiring and third-party reimbursement status. The lack of health education training could create a burden on the non-health educator and risk jeopardizing the hard work and reputation of trained Certified Health Education Specialists. One interviewee in particular stated he was "hesitant to be extremely hopeful about how [the law] ends up playing itself out for the health education profession" because competition continued to persist throughout many settings in which health educators work (Participant 1). The challenge for health educators will be to effectively communicate the importance of hiring a trained health educator, not only to employers, but to other professionals as well. The profession should educate society about the roles,

responsibilities, and services of health educators so people will begin demanding more highly qualified health educators to deliver the services requested.

Also, with the downturn of the economy, health education positions have increasingly been filled with baccalaureate level trained health educators because master's or doctoral level trained professionals are too expensive to hire. This presents a challenge for the profession. "Over-qualified" health educators were forecasted to be in competition with other less-trained individuals. The quality, effectiveness, and efficiency of work done could be determined by the level of training received. It could be a challenge for the profession to provide the evidence in support of the law's impact on the health care system if the most qualified health educators are turned away.

This next section, written in present tense, describes the health education profession as participants see it in the year 2020.

Health Education in 2020

The year is 2020. Every mandate within the Affordable Care Act passed into law in 2010 is in effect and has been for at least two years. Below is the picture of the health education profession as participants envision it.

Operating through a universal health care system, most everyone in the United States has access to health insurance, and the delivery of health care services is more affordable. Cost—acting as a barrier to accessing health care services—is now reduced and in some cases with preventive services such as immunizations and mammography screenings, eliminated. As a result, there is an increase in the use of preventive services by all populations.

The health education profession has been called on to assist in informing Americans of their rights stated in the Affordable Care Act. Education about the newly free and affordable services available to everyone and ways to utilize the health care system in the most appropriate manner are also tasks for health educators. As health educators inform society at large of the changes that have come about from the Affordable Care Act, the profession is marketing itself and helping others understand prevention. More people understand the importance of health educators and their mission to improve the quality of life. Therefore, people are becoming more informed consumers demanding and expecting better health education and services.

Health educators also now have access to data they have never had access to before from the new approaches in data collection. The new data and resources are being utilized by the profession in ways that assist with making better prevention programs, reaching populations that have never been reached before, combating chronic diseases and illnesses using different approaches, and improving the health outcome of the nation.

There is evidence of coordination between the various levels of government and the health education profession for the purpose of promoting health by identifying populations at risk of disease and infection. By first identifying populations at risk, health educators can begin community organization efforts. The community organization initiatives, supported by the community transformation grants in the Affordable Care Act, strive to address each individual community's health concerns. The new community-based programs that have emerged are focused on improving the health

status of its members and preventing chronic diseases. These programs are led by a team of key community members and health professionals, all working cooperatively together to strengthen the program to the point of sustainability and improve health outcomes of its members.

Also present is coordination between health educators and health practitioners. Health care providers refer patients to health educators for nutrition, weight management, smoking cessation, stress management and other areas that influence the overall health and wellbeing of an individual. Health educators work in a total health care team setting assisting with the development and implementation of patient wellness plans.

With the Prevention and Public Health Fund still intact, public health has more money to build the public health infrastructure. The greater national commitment to public health and prevention denies the use of funds for non-public health issues establishing a more stable source of funding for public health. Health educators have more resources to produce an impact on this nation's health beyond what has been done in the past. Now, there will be enough funds to hire health educators for the sole purpose of targeting one health topic such as adolescent sexual health opposed to the multiple topics people in public health departments have been required to juggle every day.

There are more opportunities to train inter-professionally because of the heavy focus on total health care teams. While in training, clinical professionals, health educators, and public health practitioners practice functioning as a total health care team. Health education training programs in university settings "refine their programs to be

responsive to the jobs that are going to be available" as a result of this legislation (Participant 4). Not only is training at the university setting improving, but workforce training is improving from the available funds in the Affordable Care Act.

Health educators remain in the profession because the job market has improved. A boom of employee, individual, and community wellness programs is present, and health educators are key team players in changing the behaviors of people in these populations. In attempts to contain health care costs, employers contract health educators to design and implement turn-key worksite health programs for their employees. Organizations like hospitals, nursing homes, and assisted living communities contract with health promotion professionals for targeted populations in the Affordable Care Act like Medicare and Medicaid recipients.

The Affordable Care Act also channels more health educators into working for health care systems rather than public health agencies. A larger portion of health educators are devoting their entire careers to interventions in health care settings to prevent over-utilization of health services; reduce unnecessary emergency room visits; increase appropriate use of pharmaceuticals designed to help reduce health risks such as hypertension, asthma, and diabetes; and provide support to patients in their self care treatment plan. This is where the "profession will [be] revitalized and be oriented to roles that they have perhaps paid less attention to in recent years. That will make for full employment of health educators probably" (Participant 6).

The increase in prevention and wellness positions for health educators means there is new value in the work done in this area of health. There is an increase in jobs

requiring a certificate for hire; employers seek out Certified Health Education Specialists or Master Certified Health Education Specialists. Employers want health educators that are highly trained and qualified to lead their employees and clients into a better, healthier tomorrow. With the increase in health education positions requiring the certification, the certification density of health educators has increased. An increase in certification density also means there are more well-trained health educators filling the health education positions.

With the nation's new commitment to prevention, health education professionals have the opportunity to make their case for third party reimbursement:

> Universal access to prevention will be covered by the Affordable Care Act and therefore, health education in all settings, not just clinical settings but in all settings that demonstrate a capacity to reduce the risk of illness or disease [is] reimbursable, and that [makes] health education a sustainable profession in much the same way as clinical professions are sustainable. (Participant 5)

The year 2020 looks very promising for health educators. But much work has to be done to make this picture a reality. This next section describes the advice participants offered for health education professionals about the Affordable Care Act.

Advice from the Leaders of the Health Education Profession

The Affordable Care Act is a massive piece of legislation attempting to overhaul the health care system, a system in which health educators are highly involved. Participants provided advice to health educators about the Affordable Care Act and its potential impact on the profession.

The first piece of advice offered was to look it up and read it. The Affordable Care Act is a very long and complex document to read, but that should not deter health educators from researching credible sites that provide simplified summaries of the provisions and meaning. While studying the law, health educators should explore the opportunities that are presented throughout the legislation and begin strategizing ways to take advantage of those opportunities. With this legislation and other health reform laws that are to come, the health care system has and will continue to change. It is critical for health educators to investigate the impact these changes could have on how and to whom services are provided.

Furthermore, studying the law will assist with advocacy efforts, another piece of advice offered by participants. For laws that could weaken or kill the progress that has been made in allocating funds for prevention and public health, health educators should raise their voices. As Participant 2 said, “Use your voice. If you want it to happen, you have to ask for it.” This panel’s advice was that advocacy efforts should go beyond politicians:

> Too long we’ve kind of sat back and done a good job of marketing and talking to ourselves about what we can do well, but we need to start breaking outside of our profession and letting others know what we’re doing. (Participant 3)

The profession should not only advocate to congressmen and women but also to the general public and other professions about the importance of prevention. Advocacy efforts to the general public and professions other than health education could take the form of education. Educating the public on the role health educators play in improving

the health of America and the importance of prevention could result in more support for health educators. If the profession were to recruit the voices of other professions and the public, then greater strides could be made in improving the sustainability of the public health funding for public health and prevention.

Getting involved with organizations, such as the American Public Health Association (APHA) and the Society for Public Health Education (SOPHE), was a third piece of advice for health educators. These professional organizations have established committees involved in investigating and advocating for the Affordable Care Act and the public health prevention funds. By joining and actively participating in these organizations, members receive up-to-date information on issues surrounding the Affordable Care Act. Also, members are provided with recommended actions that should be taken by health educators to strengthen mandates supporting the work of health educators and refuting against those that put the Prevention and Public Health Fund in jeopardy.

With the major emphasis on patient education, Participant 6 advised health educators to "devote their career to protecting the public health function of health education while seizing upon the opportunity the Affordable Care Act will give in medical care, clinical, HMOs, and other settings responding to the Act." Keeping its primary focus on public health, health educators should seek opportunities to integrate patient education in to their focus.

Certified Health Education Specialists should be able to document accountability. There should be documentation that health educators are able to do their

job more effectively and efficiently, and therefore, improve health outcomes as a result of the Affordable Care Act. Health educators should strive to be able to say "this law makes something possible that we could not do before" (Participant 5). According to this panel, health educators must study the law, apply what is learned, and produce evidence supporting that the law was necessary to see such results. Health educators need to prove that the law improved the health education practice; "otherwise, I think the law is not going to be meaningful" (Participant 5). "We as health educators, one of our challenges is not only what we're going to do with this law but how are we going to prove as a result of this law, we improved our practice" (Participant 5).

At the end of the day, the Affordable Care Act is the law. Just like every other law that has been passed or will be passed in the future, it is critical for health educators and the health education profession to explore the positives that could result from the passage, investigate the barriers that could inhibit us from progressing toward our profession's mission, understand the law's limitations, and strategically organize a system for taking the fullest advantage of it for the growth and prosperity of the health education profession. The Affordable Care Act is a start, but more action must be taken to truly reform the health care system.

CHAPTER IV

DISCUSSION

The Need for Reform

There was an agreement among interviewed leading health educators for the need to reform the health care system. As described by the panel of experts, the current health care system functioned more like a fragmented, sick-care system. Medicare and Social Security were labeled as unsustainable and running dry. Increasingly more Americans had fallen through the cracks into an uninsured status due to increased health care costs, reduced or dropped employer health care plans, denied eligibility for government assistance, and limited, high priced options for those living with pre-existing medical conditions. As reported by the U.S. Census Bureau, approximately 46.3 million people in 2008 and approximately 50.6 million people in 2009 lacked health insurance (DeNavas-Walt, C., Proctor, B. & Smith, J., 2010). In the absence of health reform, it was predicted by 2019 the number of uninsured nonelderly persons would reach 54 million (Collins, Davis, Nicholson, Rustgi, and Nuzum, 2010).

Also adding fuel to the fire of needed reform reported by participants, the nation had long established a high priority towards tertiary prevention, fixing the sick, while continuously underfunding and, at times, defunding primary and secondary prevention initiatives. Described as a barrier, Cogan (2011) said:

> The public health-health care barrier that has focused our health care system on cure rather than prevention — is both conceptual and functional.[4] For over 50

> years, separate goals, methods, and resources have divided public health and health care. Although "mutually dependent and interactive,"[5] both fields have operated separately for the last half century, leading to a dominance of individual-based, curative medicine and a lack of population-based preventive health measures. The consequences of this division have been an expensive and poorly performing health care system that shuns preventive care in favor of curative interventions.[6] (p. 355)

In 2009, only 3.1 percent ($76.2 billion) of the nation's overall healthcare expenditures ($2.5 trillion) was spent on public health (U.S. Centers for Medicare and Medicaid Services, 2012). The health care system in the United States was the most expensive in the world and yet was ranked last among industrialized nations in mortality from preventable conditions (Gable, 2011; The Commonwealth Fund Commission on a High Performance Health System, 2008).

When health care reform became a major topic of interest in the 2008 election and President Obama made reform his top priority in office, this panel of experts was hopeful the proposed bill would address many of these issues identified above. Though feeling hopeful, many participants of this study initially had doubts from the tried-but-failed previous attempt at passing a health care reform law during the Clinton Administration. As reported in Modern Healthcare (2012), former President Theodore Roosevelt endorsed national health insurance during his 1912 presidency campaign platform. Since then, national health insurance had been a topic of discussion, and debate, by many government officials. Proposals for national health insurance by

Presidents Nixon, Carter, and Clinton were all unsuccessful (Quadagno, 2005; Starr, 1982).

The Reaction: Participant and Profession

When the Affordable Care Act was signed into law on March 23, 2010, the participants expressed feelings of excitement that health care reform legislation had finally become a reality. There were feelings of hope that many issues crippling the health care system would be addressed in the newly passed law, but also hesitancy because of the speediness of its passage into law. After investigating the contents of the very lengthy and complex document, this expert panel believed many good things came about from the passage of the Affordable Care Act such as funding dedicated to do prevention, workforce training, and community transformation; improved affordability and accessibility of health care services; and provisions targeted to improve and expand Medicare and Medicaid programs. But, there were many areas of the health care system that needed reform and this legislation fell short in addressing those areas. Participants believed the ambiguous language of the legislation clouded the potential opening for health educators to justify third party reimbursement of services. And, though the intentions were for a universal health care system, the Affordable Care Act failed to address many critical components for creating such a system for health care. This legislation was considered by this panel of experts a step in the right direction, but it was just that, a step.

Since the enactment, the panel of experts believed the profession experienced three stages of reactions to the Affordable Care Act. First, health educators were pleased

the law was passed and were looking forward to the mandates. Then, while some health educators were trying to investigate new opportunities emerging from this legislation, many were in a wait-and-see stage. According to this panel of experts, this static state of mind was due to the profession's focus elsewhere, such as the reauthorization of the No Child Left Behind Act and the merger between American Association for Health Education (AAHE) and Society for Public Health Education (SOPHE). Another reason, described by participants, for the wait-and-see stage was due to the very complex and vague language used in the legislation. As Participant 6 stated, "we're still trying to figure out what it is we should be responding to." While suspended in the wait-and-see stage, the profession was also fearful of losing what had been gained through this legislation. This fearful stage developed from the negative characterizations of the law ("Job Killer"), the question of its constitutionality[2], and the threats of the next president repealing it. All of these averted the profession's attention away from investigating how to best use the law to now, keep it.

The Law's Impact on the Profession

From the date the Affordable Care Act was signed into law to the date participants were interviewed, this panel of experts perceived the profession had not been significantly impacted by the health reform legislation. The only exception made to this by some participants was that the Affordable Care Act had shed light on the importance of public health, health education and prevention. Gable in his 2011 article, *The Patient Protection and Affordable Care Act, Public Health, and the Elusive Target*

[2] On June 28, 2012, the United States Supreme Court ruled the Affordable Care Act as constitutional.

of Human Rights, agreed with participants: "the attention given to expanding healthy communities by improving social determinants of health in the National Prevention Strategy recognizes the importance of underlying determinants of health" (p.348).

Though the impact has been minimal thus far, the panel of experts predicted there will be an impact on the profession in the future. They predicted new funding opportunities, a call for more patient educators and health educators functioning in health care settings, an increase in worksite health promotion programs, improved health education preparatory programs, and a shift towards total health care teams.

The future for health education looks promising but participants identified challenges the profession will be up against, including the Prevention and Public Health Fund being labeled a slush fund and threatened to be diverted elsewhere. Gable (2011) expands by stating:

> The law creates a Prevention and Public Health Fund, to which government allocated \$500 million in 2010 and \$750 million in 2011.[44] Despite these increased resources, the Fund is insufficiently resourced,[45] with weak promises to address unmet needs through additional "sums as may be necessary," provided by "any monies in the Treasury not otherwise appropriated."[46] Moreover, the Fund is politically fragile, as recent attempts to divert funding to other programs have occurred.[47] (p. 347)

Participants also said there is a need for further clarifying the language within the legislation to make the case for third party reimbursement of health educators; training

health educators not for today, but for tomorrow; and competing with non-health educators to do health education work.

The Future of Health Education

Participants of this study envisioned the health education profession in year 2020 as operating in a universal health care system. Health educators assist with informing Americans of their rights stated in the Affordable Care Act. In this initiative, health educators educate society about the importance of prevention and the mission of the health education profession. As a result, people have become more informed consumers who demand and expect better health education and services provided by health educators.

Participants also envision in year 2020, health educators have access to data that had never been accessible before due to the advancements in technology and data collection methods. Programs are being improved upon, new populations are being reached, and diseases and illnesses are being targeted from a different angle.

Coordination exists among the various levels of government and the health education profession in efforts to promote health by identifying populations at risk of disease and infection. This coordination also branches to community leaders in at-risk populations. The efforts of the government, the health education profession, and community leaders together create a community-based program targeting the risk factors influencing the health of the community. Coordination is present among health educators and health practitioners: "Health care providers [will be] referring people to health educators for nutrition, weight management, smoking cessation, stress management" and

other areas influencing the overall health and wellbeing of patients (Participant 2). First signs of coordination are seen with the June 16, 2011, released report of the National Prevention, Health Promotion, and Public Health Council (NPHPPHC). Authors state there are two categories of "partners in prevention"—"health care providers" and "communicators and educators" (U.S. Department of Health and Human Services, 2011, p. 12).

The health education profession has more financial support from the government to do primary and secondary prevention and make improvements to training. The profession is engaging in inter-professional training programs, has full employment of health educators, and made the case for third-party reimbursement for services. The nation's commitment to prevention has improved the job market for health educators. Health educators work in communities, worksites, public agencies, and healthcare settings, and all employers seek out Certified Health Education Specialists to meet their needs. The certification density of health educators has increased and more well-trained health educators fill health education positions. Lastly, health educators demonstrating a capacity to reduce the risk of illness or disease are reimbursed for their services making the health education profession a more financially sustainable profession.

With 2020 just eight short years away from present day 2012, the leaders of the health education profession must pave the way towards their utopian vision. A strategic plan to guide the profession must be organized to make significant strides towards this utopian vision of 2020.

The Advice from Leaders

Recommended by this panel of experts, health educators should read about the massive legislation from credible sources. Since health education professional organizations have educated their members about the law and events surrounding and impacting the law, participants advised health educators to become active members in these organizations. Galer-Unti (2012) advised health educators to sign-up for "action alerts" delivered through professional societies such as Society for Public Health Education. Other resources suggested by Galer-Unti were following Politico Pulse and the Kaiser Daily Health Policy Reports (Galer-Unti, 2012, p. 311). While becoming familiar with the Affordable Care Act, health educators should explore where opportunities will emerge and strategize ways to seize these opportunities. Health educators should also understand the Affordable Care Act's limitations.

It was also advised that health educators rally with loud voices in favor of the legislation and against bills that would weaken or kill the progress that has been made in securing funds for prevention and public health. Advocacy efforts should expand the scope of health educators speaking on behalf of the profession. Society needs a better understanding of the benefits from primary and secondary prevention. Society also needs to know the role health educators play in prevention, health promotion, and wellness. Creating a more informed society could result in the recruitment of pro-health education voices from outside of the profession.

Lastly, Certified Health Education Specialists must be able to provide documentation that the Affordable Care Act made it possible to do health education

more effectively and efficiently, and therefore, improved the health outcomes of people in the United States. Supporting this piece of advice from participants, Galer-Unti suggests: “It is important to continually provide information regarding the successes of programs that have directly benefitted from the funding and components of the law” (2012, p. 311). Health educators have to provide evidence that this law made something that was not yet possible in the health education profession, now possible.

Recommendations from the Researcher

The Need for Careful Study of Concrete Impact

Though value and insight has emerged from this preliminary study, investigating the impact the Affordable Care Act has on the health education profession using quantitative methods could add great substance to these findings. Three examples of measuring the impact in more concrete ways are tracking (1) the number of health education positions available (job creation), (2) the amount of funds allocated to primary and secondary prevention, and (3) the number of new populations health educators are able to serve as a result of the Affordable Care Act.

Studies, such as this one and others using quantitative methods, should be conducted on a regular basis. As the provisions within the Affordable Care Act go into effect over the course of the coming years, the impact the law has on the profession could shift. Immediately and years after the full enactment of the law, the impact the Affordable Care Act has on the health education profession will become clearer.

The Need for Continued Rigorous Evaluation

As stated by participants, it is imperative for health educators to provide documentation that the Affordable Care Act has positively influenced prevention and health outcomes in a way that was not possible without the law. In order to provide this documentation, it is critical for all programs and health reform initiatives emerging from the Affordable Care Act to be rigorously evaluated. From the evaluations, evidence of best practices in health education will emerge, which could lead to a more efficient use of funds and resources and more positive health outcomes. Continuing our efforts to identify best practices in health education through rigorous program evaluation initiatives made possible by this law, the profession will be able to provide evidence of what works. The direct health benefits resulting from the support of the Affordable Care Act will be identified.

The Need for Simplified Terminology

An unexpected finding of this study was the varied health education philosophies held by this panel of experts. Contrasting philosophies emerged, some participants stated "health education is a component of public health," while others view public health as a function of health education. Can a profession reach its mission while operating with multiple, even contrasting, philosophies?

Important to note was the terminology used throughout the study by this panel of experts. Participants used terms such as *health educator*, *public health educator*, and *public health*, sometimes interchangeably, making it difficult to interpret respondents' perceptions. Depending on the reader's philosophy of health education, some may

conclude, based on the results of this study, the profession will be more or less impacted by the Affordable Care Act. Should the terminology be more united across the profession? Participant 2 stated:

> Some community health educators deem themselves different than public health educators. There's also a newer terminology of population health that is being used by some groups. But no matter what, we're all serving the same people. Where we do it, how we do it, is different. So whether you use the term public health or population health, some of us work in schools, some of us work in universities, some of us work at worksite, some of us work at hospitals, some of us work for NGO's, some of us work for different kinds of nonprofits—American lung and American heart, those kinds of things, but we're all health educators.

Struggles to understand mount in people within the profession and the general public when multiple terms emerge to describe basically the same position just operating at a different capacity, such as schools, hospitals, etc. This confusion could impact the recruitment of funds, resources, training, effectiveness, and number of clients.

Study Limitations

There were constraints and limitations to this preliminary study. First, interviews were conducted a year and a half following the law's enactment. Since the time of the interviews, the impact perceived by the participants in present time could be different. Second, findings from the study are not to be generalized across the health education profession, including health education professionals. Rather, findings provide

preliminary insight into how the profession could be impacted as perceived by leaders. Third, the sample size of this study was small mainly due to the busy schedules of the invited participants. It could be worthwhile to survey the target population for a best timeframe to conduct such a study. Fourth, every variable influential to the impact of the Affordable Care Act on the health education profession may not have been made known by participants in this study. Fifth, the data collecting method was limited mostly to phone interviews, therefore, non-verbal gestures were unreported. And lastly, this study was focused on examining the impact the United States' health care reform, the Affordable Care Act, could have on the health education profession. The scope did not expand to other health care legislations, other nations, or other professions.

CHAPTER V

CONCLUSION

The health education profession has to take full advantage of every opportunity that presents itself in this baby step toward a new and improved health care system. It is clear the Affordable Care Act is not the end-all, be-all. As participants stated, the beneficial parts of this legislation need to be protected, strengthened and verified, and further action needs to be taken to assure all critical components for creating a true reformed health care system are incorporated into future legislation.

After conducting a simple word search in the Affordable Care Act, the term “health educator” is stated one time, “Certified Health Education Specialist” zero times, “Public Health Professional” five times, “Health Professionals” ninety-four times, “Health Promotion” forty-two times, and “Health Education” fifty-two times (The Patient Protection and Affordable Care Act, 2010). Though “health educator” is mentioned only once and “Certified Health Education Specialist” not at all in the Affordable Care Act, the general use of the terms health education, health professionals, and health promotion does provide, if acted upon, an opportunity for health educators to be extremely involved in the Affordable Care Act’s initiative to improve the United States health care system. Health educators should utilize the ambiguous nature of this legislation to their benefit. The changes the Affordable Care Act is attempting to make to the United States health care system are no secret. Health educators know what is coming, and know, as highly trained professionals, their capabilities. Health educators

should not keep the language of this legislation, or threats to it, from driving them to new heights in their profession.

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APPENDIX A

PERSONALIZED LETTER

Dear

I would like to invite you to participate in a study investigating the impact of the health care reform law, the *Patient Protection and Affordable Care Act*, on the health education profession as perceived by the leaders of the field. I am conducting this research under the guidance of Dr. Buzz Pruitt, Dr. Patricia Goodson, and Dr. Yvonna Lincoln, Texas A&M University. You were selected to participate because you currently serve on a board of a national health education professional organization and/or are recognized as a leader in the profession.

The purpose of this research is to provide the health education profession with new knowledge about the perceptions leaders hold regarding the Affordable Care Act's impact. The objectives of the research are to: 1.) make known the perceptions of leading health educators on the topic of the Affordable Care Act's impact on the health education profession since its enactment in year 2010, 2.) make known the perceived future implications of the Affordable Care Act on the health education profession as described by leading health educators, and 3.) explore projected changes to the health education profession resulting from the passage of the Affordable Care Act as perceived by leading health educators.

Your participation in this research entails agreeing to be interviewed by the principal investigator, Christine Gastmyer. Interviews will be audio recorded and conducted one of three ways: over the phone, using Skype, or in person. The interview should not take more than sixty minutes of your time. During the week of August 22nd-August 26th, I will be calling your office to discuss the details of the study and to ask for your consent to participate.

The questions that will be asked during the interview are attached to this letter for your perusal. Please take a moment to review and reflect on the questions. Also, enclosed is an information sheet which you may keep for your files. At the time of your scheduled interview, I will ask for your verbal consent to participate, which will be audio recorded.

I would like to emphasize that your participation is voluntary and you may decline to participate in the study. Your views, however, are extremely important to this research, as I try to uncover the impact of the health care reform law on the health education profession.

Thank you, in advance, for your consideration in this research. I look forward to talking with you in about a week.

Sincerely,
Christine Gastmyer, CHES
Texas A&M University

APPENDIX B

INTERVIEW PROTOCOL QUESTIONS

1. Tell me about when you first started hearing about this new health care law.
2. What was going through you mind when you heard about the law?
3. Were there any thoughts about how it could impact the health education profession? Describe to me those thoughts.
4. What comes to mind when you hear the words “Patient Protection and Affordable Care Act” and “Health Education Profession”?
5. Was there mention of the new health care law at any professional organization meetings? Take me to that meeting. Describe the atmosphere of the room, the conversations, any reactions from meeting attendees, etc.
6. The year is 2020. All provisions within the health care reform law passed in 2010 have been fully implemented for five years now. Describe to me the health education profession.
7. Describe any recommendations or advice you could offer to other health educators about the law and its potential impact on the profession.