Students Implement the Affordable Care Act:

A Model for Interdisciplinary, Undergraduate Teaching, Research and Public Sociology

Introduction

Passage of the Patient Protection and Affordable Care Act (ACA) in 2010, the subsequent Supreme Court ruling on the constitutionality of the ACA in 2012, and the political wrangling over defunding the implementation of the policy, created a unique situation for citizens to provide meaningful and needed assistance to peers regarding a major social policy change. Across the country, but particularly in states that did not create their own insurance exchanges, there arose a dramatic need for information about how to navigate the system to access health insurance. In addition, many people needed assistance in understanding the complexity of the health insurance options, as they were enrolling in insurance for the first time in their lives.

Non-profits, specifically those which had long been working in the field of health advocacy, quickly organized to fill the information and assistance void by training groups of volunteers to provide public talks about the ACA and by offering enrollment assistance as Certified Application Counselors. In states with limited political will toward the implementation of the ACA, few resources were provided at the state level for public education and enrollment assistance. The resources that were available, through the federal government and private foundations, were generally focused in urban areas, where higher population concentration meant a greater impact in terms of sheer numbers of people. This left rural areas in many states at a double disadvantage, with less institutional capacity and fewer resources to deal with the new law.

As faculty at a liberal arts university in a rural section of Pennsylvania, a state that did not expand Medicaid and did not set up a state-based insurance exchange system, we found ourselves both professionally and personally in exactly the situation outlined above, and with the potential to do something about it with our students. This article is an overview and analysis of the applied teaching and action research project we created in response to this situation. Engaging with the phenomenon of the implementation of the ACA became an opportunity for interdisciplinary undergraduate research, learning and public sociology.

Context and Background

During the summer of 2013, we worked with two students, Wen, a philosophy major, and Hayden, a sociology major, to complete a health needs assessment in a local school district. The district had received grants to remodel the football stadium, with the intention of turning it into an athletic center that included a track open to the community. Their belief was that cardiovascular and mental health measures in the district would improve through access to a clean safe space to walk. This concern was reinforced by the data our students generated, through interviews and mapping of the district, finding that the community scored poorly on walkability scores, had high levels of obesity and cardiovascular health problems, and that residents had interest in the track as a space for activity.

While gathering these data, one of the questions Hayden and Wen asked local health organizational leaders was, ‘What is the biggest health problem in your community?’ Bette, director of the only free health clinic in the district, said, unexpectedly, ‘Lack of insurance, and not enough resources to help people get signed up once ACA enrollment starts.’

The Central Susquehanna Affordable Care Act Project emerged from this response. We immediately contacted her to schedule a follow-up interview specifically about the ACA. Carl completed this interview, and by the end of a two-hour discussion, he had recognized the likely lacuna of support for the implementation of the ACA in our five-county region. This led to a series of teaching and outreach decisions, which we list here in brief, as a set up for examining them more fully throughout the paper. First, Carl revamped his Sociology of Medicine class, one that he had been teaching for years, to focus it specifically on the implementation of the ACA. This helped recruit students to the project and provided a structured teaching environment where collaborative learning was used as the key pedagogical principle (Van Auken 2013). Second, Brandn created a research and evaluation structure for the project, so that we could gather information that would be useful both conceptually and programmatically in following years. Third, Kristal developed an enrollment assistance plan, to coordinate and facilitate an appropriate approach to providing enrollment assistance in the region. Fourth, Eric and Neil offered support for project management, and supervised management students who helped create and promote the structure of the project through strategic planning. And fifth, we all began to recruit students, build partnerships at both the local and state levels with non-profits, and learn about the ACA as a policy and social program.

Literature Review

The teaching pedagogy we used for the ACA project can be described as combining action research and service-learning, embedded in a community context. Action research is a reflective inquiry approach that is focused on action and change, and is used heavily by change agents working in social systems (Greenwood and Levin 2007). Action research is a participatory, democratic process in which practical knowledge is obtained, knowledge upon which action is then based. Many see it as an important research method for those seeking to elucidate and effect answers to complex questions that are imbedded in social situations and contexts of change (Boyd 2009; Reason and Bradbury 2007; Stoeker 2005). In the present context, action research and learning were utilized by the organizers of the project to continuously gather field data and reflect upon challenges associated with ACA implementation in ways that pushed the action agenda forward in terms of producing better service outcomes for citizens in the area. A key tenet of action research is that researchers collaborate with stakeholders in an egalitarian way without any presuppositions regarding an “expert status” of the researchers (Baum, MacDougall, and Smith 2006; Walter 1991). In the case of the ACA project, we did not relate to community partners as experts but rather as equal partners, as we each played a significant role in defining what the project and research should entail, and each participated in collecting and analyzing data.

We drew as well upon the framework of service-learning by emphasizing critical thinking and personal reflection for students while encouraging community, civic engagement, and personal responsibility. As Eyler and Giles (1999) note, service-learning involves a multitude of learning activities. Students engage in interpersonal learning by re-evaluating personal values and motivations while building a connection and commitment to the community. Academic material is applied in context, which produces a continuous challenge to old conceptions and allows students to reflect on the new material. Cognitive development is enhanced as students are challenged to use critical thinking and problem solving skills in complex settings. Transformation occurs within students as they think about things in new ways to move their own learning and action in a new direction. In addition, learning about citizenship occurs as students better understand social issues relevant to their own community.

Our project sought to enact social justice and to do so through the creation of citizen-scholars in our student volunteers (Lewis 2004; Mobley 2007). We found, after having created it, that the ACA project had operated at the nexus of many goals within the service-learning program agenda. Specifically, we followed a modified version of the observation-action-analysis-reflection sequence of service learning (Marullo, Moayedi, and Cooke 2009). Our process was one of discover-create-implement-share-evaluate. This sequence highlights fortuitous and unexpected experiences, enables us to connect our work with both students and community members in meaningful ways, and recognizes the value of assessing program effectiveness in tandem with personal and group reflections, which are classics of service-learning.

Project Description

Building on the pedagogical and research traditions described above, we created a structure for the ACA project focused around the ideas of evaluation, education, and enrollment. Within each of these categories, we articulated a set of applied and action research components as well as service-learning components. It struck us throughout the process how pieces of the project became interdependent. Enrollment could not unfold without education, and evaluation of our work and the implementation of the ACA generated new opportunities for offering enrollment support. We found it particularly rewarding to have meetings with both students and faculty to discuss this dynamic process. Seeing professors adapt on the fly empowered our students to do the same.

In addition to the fluid process, our orientation towards the community set a tone for students and the new faculty who joined us. For example, we did not pre-define the people we worked with in the community as being ‘lower than us’ in any way. They self-selected and we presented ourselves simply as people who could understand this system and help them do the same. But we did not have all the answers, and each new case presented circumstances that stymied us and humbled us. This made it easy to recognize, quite honestly, that we simply have different skills and needs, and thus should not be embarrassed by or over-confident about these abilities. Just as we get our cars fixed by mechanics, and our meat butchered by a butcher, residents felt comfortable getting help navigating a website from students and receiving explanations about complex systems from professors. We were operating in our socially defined roles in the community. It was remarkable how openly residents spoke of their poverty or health needs, for example, given this safe social and structural space with the students.

Carl and Brandn began giving public talks, both in local communities and on-campus, as a prelude to the ACA open enrollment period that began in October 2013. We quickly recognized that a remarkable amount of politically oriented, non-information was filling the newspapers, websites, and nightly newscasts about the ACA. This observation was supported by research undertaken by the Kaiser Family Foundation, who found that in September 2013, only 17% of survey respondents stated they had seen ads about ACA that actually provided them with information (KFF 2013). During the months of September, October and November, the two of us gave fifteen talks with a total attendance of approximately 400 people. These included talks on campus, at local libraries, Kiwanis meetings, health coalitions, and at regional workshops on the ACA. We were asked to be on television and local talk radio. We became known as the local experts, even reaching a point that state representatives began forwarding individuals to our group, knowing that we would be able to answer their questions. We purchased a cell phone with a dedicated line just for fielding calls from the community. As we talked in different communities and with different groups, we learned which parts of the ACA were most confusing, most important, and continued to pare down and focus on providing relevant information for those attending. For example, the average age of people who attended public talks was over the age of 50, and so it was important to include information about how enrollment in insurance through the ACA could provide a bridge to Medicare, and how the ACA affected Medicare options.

Through on-campus talks about the upcoming enrollment, the Sociology of Medicine course, existing relationships with students, and word of mouth, we developed a working group of students who were interested in learning more about the ACA and providing enrollment assistance. Ten students joined the project during the fall semester, and we developed working teams of students based upon their interest areas and majors, and then held weekly planning meetings to dole out and agree upon tasks to complete.

The cross-disciplinary team had a dramatic effect, functionally and culturally. Functionally, for example, a student majoring in English created an informational brochure. Two Management students created a strategic plan for the entire enrollment project. Sociology students began a bibliography about ACA and completed statistical portraits of the health and insurance coverage needs in the region. And all of us, students and faculty together, started and completed the Center for Medicare and Medicaid Services (CMS) Certified Application Counselor Training Program. We gained access to this training through our partnership with Bette, as her clinic had been certified as a Certified Application Counselor Organization. This designation gave our team access to the federal training materials, and allowed us to feel comfortable with ourselves as newly minted insurance support experts. In other words, it was a necessary step to taking action on the research and background work generated at the outset of the project. Socially and pedagogically, this interdisciplinary team provided a safe environment for participants to be very open about their strengths and weaknesses. We built trust around our differences.

By the end of the fall semester of 2013, we had certified 12 students, 2 faculty, and 3 community members. We also recruited 8 additional students to complete the trainings and to help us with enrollment assistance once they returned from the winter break. In addition, through existing research relationships, we connected with faculty in the nursing and social work programs at another local university and expanded our network of trained enrollment assisters to include an additional 2 faculty and 8 students. This allowed us to expand our geographic scope and to build upon an existing cross-institutional relationship that has produced a string of community-based research projects (Marullo, Moayedi, and Cooke 2009; Green et al., 2014).

By this time we had developed a solid enrollment assistance capacity, and therefore felt comfortable creating partnerships with local libraries and churches, offering to provide enrollment assistance five times a week, for three hours at a time, for the months of January, February, and March. We also had time to fully develop an evaluation research design for the enrollment process, and to create a simple survey for our enrollees to complete. The survey gave us quantitative data about those we helped, and allowed us to ask individuals if they would be willing to be contacted by our group for a follow-up interview during the summer of 2014 (as the next stage of the research project). This represented the major impact phase of our work.

Three additional keys to our success occurred during the fall semester. One, we further strengthened and operationalized the relationship mentioned above with a nearby university, which allowed us to better cover the five-county region. Second, Bette secured a grant from the Highmark Foundation, of which a small amount could be used for enrollment assistance. We used this money to hire a member of our group, Kristal, to function as project coordinator, which allowed increases in breadth and depth of our work, and centralized the work by coordinating the appointment schedule and offering information about the ACA over the phone as a first point of contact for many. Third, we expanded our connections with state-level organizations also involved with ACA implementation as a way to both offer insight and to gain information from the experiences of others who worked hard to cover the gap in enrollment assistance left by government and private entities.

Outcomes

By the end of open enrollment in March 2014, the combined efforts of students and faculty at the two universities helped 160 individuals enroll in health insurance plans through the ACA. Sam, Adam, Cherra and Jess covered Saturday morning in our town library. Gia and Raissa drove 45 minutes every Friday to provide enrollment assistance. Drake, Kellye, and Hayden spent Monday evenings providing enrollment assistance in an adjacent community. Emily and Grace continued to provide managerial support for the program. Alliyah organized a group of students to protest the lack of Medicaid expansion at the state capital. Dejda, Catherine, Adam, Will and Collin wrote research proposals and received grants to work on summer research about the post-enrollment experiences of individuals and organizations with the ACA. These students, representing 10 different majors and all ages, reflect the range of ways students used the broader action research project to meet their individual needs and interests. The ACA action research project has continued to be framed as education, enrollment and evaluation, and within each of these aspects, students have been able to learn, reflect and act within the given context of ACA implementation.

By the end of the first enrollment period, we fielded nearly 500 phone calls, often having to inform individuals that because Medicaid was not expanded in Pennsylvania, and because they made less than the $11,500 threshold for an individual to qualify for a subsidy through the ACA, they could not receive any help paying for health insurance at this time. The Medicaid gap, as the income zone between $0 and $11,500 is called, became a particularly important learning and action issue for students, and one that catalyzed actions like participating in a rally at the state capital building as well as many smaller, more personal reflections on the nature of poverty, politics and social structures. As a result of many conversations after a morning of providing enrollment assistance, Adam proposed to spend the summer researching the influence of the Medicaid gap on individuals’ political orientation and affiliation.

In addition to student research projects, the data gathered through surveys, field notes and participant observation by students and faculty during the initial stages of the ACA project have allowed us to act not only by providing enrollment assistance, but also by engaging with the policy process. Our experiences have allowed us to contribute to policy documents being put together by state agencies and we have developed stronger community ties with organizations across the state and region. We have also written public commentaries on the ACA in rural areas for online media outlets.

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

Analysis

As we have continued to follow the news about ACA enrollment and implementation, and look toward the next enrollment cycle, we have also been reflecting upon this project as an interdisciplinary undergraduate experiment in public sociology. Having articulated the project free of analysis, we now identify the structural and conceptual elements out of which we built the project.

**Structures**

*University Setting*

A project of this scope, that includes advertising, public organizing, public education, student training, and day-to-day logistics does not happen without significant staff support. Brandn’s position at the University, as Director of the {a research} Program, provided him the freedom and time to coordinate, develop, and co-create this project. Our ability to hire Kristal, as she completed the final sections of her dissertation, to manage the project for a very small amount of money, should be noted as an uncommon addition to many research projects. We both, to be candid, became so engaged with the work, both as enrollment assisters and as educators, that financial compensation was not necessary for our participation in the project. Carl had the freedom to adjust his Sociology of Medicine course, as well as his community-engaged research course during the spring semester, to connect students to the project. Eric and Neil, through their participation in a {an applied teaching center} that was newly developing on campus, were able to engage with the project while completing university service requirements. Finally, we had financial resources to be able to offer some of the students, in particular those who helped to manage the project, an hourly wage commensurate with pay at the university for work-study jobs.

For us to have qualified staff support, both within the university structure and through hiring of Kristal, to manage the project allowed faculty to integrate a project of this scope into courses with little leg work. It allowed the students to gain access to complex community settings, and into cultural and class settings with which they usually do not get to easily engage. It also allowed us to extend the staff roles at the university to function as a contemporary and de facto extension service for a complex and nuanced federal policy change directly impacting the lives of residents in our region.

*Community Setting*

This project would not have happened, nor would it have been able to operate at the scope outlined above, without Bette, and the free clinic she runs, and the willingness of libraries to provide free space for us to offer enrollment assistance. In addition, the access we had to local information outlets, whether through purchasing of advertisement spaces in the newspapers or through the local talk radio host with whom we have an informal relationship, allowed us to share our opportunities for enrollment assistance with the region. We were strategic about how complex communication can be in rural area, especially in places where the internet does not function as a primary information source. Talking to the Kiwanis meeting in a small town ten miles from campus proved a far more effective means of getting the word out than Facebook. This was particularly enlightening, for example, to our marketing students who could not have expected this given the way they gain their own information.

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

**Concepts**

Throughout the literature on engaged learning of all types – service-learning, action research, cultural immersions, etc. – the key pedagogical assertion is that students learn better when they are put into non-classroom situations that illuminate the concepts presented through the classroom (Hoschild Jr. et al. 2014). It is the notion of experience, that we learn by doing and by meeting people, that drives these educational practices. It is also the case, however, that this strategy is limited by an often-narrow understanding of social problems, idealism about how social change can be effected, and a diminishing return on student energy across the life of the project (Lewis 2004). We, like many who create community-based education and research projects, did not know how this work was going to unfold, and it is only in retrospect that we can begin to see transferable teaching concepts that may enable others to replicate our program.

First, the saliency of the social issue and the complexity of the problems associated with implementing the ACA in a non-Medicaid expansion state were essential to the continued intellectual engagement by the students. Our students, and anyone who got involved with ACA as a volunteer or employee, was experiencing the implementation of the most significant social welfare policy change in the United States in the past fifty years (Jacobs and Skocpol 2010; Starr 2012). This was unique and a powerful motivation for our students. But there was also a more personal side. During our bi-weekly meetings with all of the students, for example, we found that they often had been learning on their own about a detail of the ACA or insurance plans to be able to more fully and completely explain and manipulate the systems to the benefit of our clients.

We expect that such profound motivations will decrease over the next five years, as the ACA becomes standardized, the bugs on the website are solved, and the country reflects on the value of affordable health care. However, for the time being, students’ sociological imaginations were captured by the ability to see abstract and new-to-them social and policy structures change in the moment, and for the impacts of those changes to be seen and felt by individuals who students could meet and from whom they could learn while also helping (Marullo, Moayedi, and Cooke 2009). They were in the thick of something very real, with very real, life changing implications.

Second, we created an organizational structure that mirrored the social structure of the class of individuals that we had hoped to help. Too often, it is our observation that service-learning and participatory research programs impose a middle-class social organizational matrix into a working-class social situation. The informal, and highly personalized, nature of trust development among our community partners and clients needed to occur with class awareness in mind. This meant helping the students learn how to pay attention to the social mores of the clients, the styles of jokes, the topics of casual conversation, and the traditional amounts of silence allowed in between topics of conversation. Students learned how to cross boundaries and to switch cultural codes, lessons often highlighted in international travel experiences, a mile away from campus. We also had to adjust our schedules to those of the community. Enrollment assistance was generally held in the evenings and on the weekends (we think the fact that four students showed up every Saturday morning at 9 am for three months speaks volumes about their commitment to the project!). We also met on neutral territory, like libraries, churches and the free clinic, rather than in our offices or somewhere else on campus.

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

**Conclusion**

Over an eight-month period of time, August 2013-March 2014, we developed what we believe to be a highly successful and innovative teaching, community-service, and action research program on the ACA. Success is evaluated on three grounds: did the students learn key sociological concepts? Did the community gain a tangible and quantifiable benefit? Are traditional research outputs being generated?

We collected self-assessments from the students, and saw them synthesize their experiences in research posters presented at an end of the semester, on-campus, research poster session. They spoke of the positive influence of the semester, during which they volunteered roughly 6 hours a week, wrote field notes, and participated in bi-weekly group processing meetings. All of the students, when asked via anonymous assessment, wanted to be involved next year, a retention rate we rarely experience with any program.

The community, defined as individuals who were in need of enrollment help, received a clear and tangible benefit. As stated above, we helped to enroll 160 people in insurance plans, and have received referrals and phone calls from others in the community who immediately trust us because we have been vetted by friends and family members. Our upcoming research, which will be interviews with enrollees, will enable us to see which percentage of these individuals have used the coverage and how it has impacted their health.

Finally, our professional scholarship has benefited greatly from this experience, as we have two papers under review and have been able to publish a commentary article and assist with the creation of a federal policy document on the health reform.

It is our hope, and one we are more than willing to discuss with anyone who is interested, that the Central Susquehanna Affordable Care Act can be an example for other university professionals to use to provide enrollment assistance during the next three to five years. Our expectation is that the neediest families, those near the financial margins and without easy access to or comfort with computers, will continue to slide through the cracks in federal and state enrollment mechanisms. Eventually the program will adapt and learn how to better integrate individuals into the systems, like Medicare and food assistance programs have done. There is no benefit to waiting, as the opportunities to assist community members in a way that enables and enhances long term health access also provide ways to engage our students and ourselves in meaningful and engaged research, teaching, and service. We also believe that this project helped administration within our university understand a mechanism for a type of community engagement that goes beyond traditional service learning opportunities. Housed through our {a research} Program and our {an applied teaching center} activities such as this put undergraduate applied research at the heart of our learning experiences. With research at the core, concerns about helping to implement a potentially controversial social program were all but eliminated, allowing our students to do remarkable work in an applied setting with real research and community outcomes.

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