

EXPLORING PPACA COMPLIANCE WITHIN THE BODY ART INDUSTRY

by

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ABSTRACT

The purpose of this study was to explore how a marginalized population such as tattoo artists and body piercers plan to make decisions regarding the new health care requirement to have health care insurance. Interviews were initially conducted with eight participants in the Bakersfield, California area in 2014. A Long Interview process was the method and content analysis was used to analyze data. Seven of the participants were re-contacted in 2016 to find how they did make decisions. Four participants remain noncompliant.

The results indicated that social media is now a primary influence on decision making on an issue when individuals have fragmented knowledge, and the primary motivation for compliance in this study was parental responsibility. Recommendations included a creative social media campaign using music and celebrities; proof of compliance through local licensing; and a simplified enrollment process.

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CHAPTER ONE

INTRODUCTION

On March 23, 2010 United States President Barack Obama ("U.S. Senate roll," 2009), with the cooperation of the 111th United States Congress, signed into law the Patient Protection and Affordable Care Act (PPACA). The narrowly passed law's purpose addressed some of the disparities in the mounting costs incurred with providing and obtaining health care services. The PPACA also allows Americans greater access to health insurance benefits, and thus, greater access to health care providers and their services. The ratified PPACA provides avenues for the poor to obtain health benefits through Medicaid in states that expanded the Medicaid Program. A policy which dictates that the employed have access to health benefits at the place of employment or while self-employed directs individuals to the State's Health Benefit Exchange (HBE) as they seek to become compliant with PPACA law. Becoming enrolled in the insurance plans may be easier for some individuals than others, for example those marginalized.

A marginalized population within my local community has been identified as those generating income within the 'body art' industry in downtown Bakersfield, California. It has been posited that classifying some of the influences which guide the decision making process within the chosen group will be of value to those formulating PPACA educational outreach materials. The ethnographic approach of the research concentrated on the sociology of motivating drivers, with findings having implications for effective implementation.

Statement of the Problem

Because it is widely held that people generating income in the body art industry are classified as independent contractors rather than employees, the burden falls on the contractors themselves to provide their own health benefits, as well as pay their own self-employment taxes.

Small business owners are not responsible for withholding employment taxes for independent contractors, and the entire burden is on the contractor to comply with income tax regulations.

The United States Department of the Treasury's Internal Revenue Bulletin: 2013-39 dictated that as of January 2014 compliance with the laws of the PPACA shall be enforced through a "Shared Responsibility Payment for Not Maintaining Minimum Essential Coverage", more commonly known as the 'individual mandate'. Those who are found not to have maintained this Minimum Essential Coverage (MEC) for themselves and their dependents are assessed a tax burden based on the number of months lacking health benefit coverage. In order to become compliant with the laws set forth in the PPACA and avoid penalty, people generating money in the body art industry are going to have to decide whether it makes better sense for them to enroll in a health benefit package or maintain the risk of penalization as they file their income taxes.

Purpose of the Study

With numerous provisions of PPACA having taken effect in the past few years, some people have been excited to be included in the health care benefit coverage provided in PPACA, yet many willing participants may still be unsure of how to obtain health care insurance coverage. The process is simplified for personnel of companies with 50 or more employees—the company is required to offer health care insurance options. In businesses with fewer than 50 employees, PPACA offers tax deductions for the employer, but the mandate is on the employee to obtain health insurance. There appears to be little guidance or direction for the independently employed. This study will explore how one segment of a marginalized population makes decisions and may result in insight into the decision making process that effects the implementation of the PPACA law. The potential benefits of this study included a possibility for increased citizen engagement within marginalized populations by means of best guiding them

through the process of obtaining health benefit coverage, or verifying compliance with PPACA law. Understanding the influencing dynamic in the decision making process of the selected marginalized population may now assist the effectiveness in the selection of motivating resources which could be used in the production of an optimal educational approach to increase PPACA compliance amongst marginalized populations.

CHAPTER TWO

REVIEW of the LITERATURE

The purpose of this chapter to review the literature on marginalized populations, the small business aspects of body art, decision making theory and the motivation theory Maslow's Hierarchy.

The PPACA

With the PPACA decree, the Federal government set-up a website called Healthcare.gov in an effort to provide information and guidance for compliance expectations. Each state was called upon to create their own health care benefit exchange; California's federally mandated health benefit exchange is called Covered California. In the initial phases of PPACA, opportunities to purchase into a Minimum Essential Coverage (MEC) health benefit plan are incented with the opportunity to receive income tax relief for those purchasing a health benefit plan. As of 2014, the encouragement to maintain a MEC health benefit plan changed into an individual mandate for coverage which carries a penalty fee for non-compliance. The penalties are to be levied on an individual's Internal Revenue Service yearly income tax filing. From 2014-16 penalties have increased in monetary value each year in an effort to increase compliance with the PPACA individual mandate. In 2014 the 'fee' for noncompliance was set at \$95 per person, rising to \$395 in 2005 and progressively increasing in 2016 to \$695 per individual person that the taxpayer is responsible for as the head of household. (U.S.C. Title 26. 2010.) In order to verify compliance with PPACA law, health benefit providers are required to give beneficiaries an IRS form 1095 which is included during the annual filing of income tax forms.

Because people employed in the body art industry are generally understood to be self-

employed independent contractors, their efforts into following PPACA law should focus on the Covered California website located on the internet at: [<http://www.coveredca.com/>], where they may be able to learn more about health benefit offerings. Upon the passage of PPACA, California was the first state in the nation to set-up its health benefit exchange (Jacobs, et.al. 2012). In 2010 the California health benefit exchange created a platform for small businesses to explore the purchasing into health benefit system through the Small Business Health Options Program (SHOP) in order to increase PPACA compliance. The program is now referred the Covered California for Small Business which assists self-employed persons to compare and choose an approved health benefit plan. Companies and individuals may go to the Covered California website to find out more information about the different MEC satisfying health care benefit packages. A self-employed person may choose to purchase into a plan independently, or if they are within the Federal Poverty Level (FPL) guidelines, enroll in Medicaid.

Enticements for small business or independent contractor participation are nothing new, “Congress implemented a 25 percent deduction on self-employed health insurance premiums in 1987 and made it permanent in 1994. The self-employed received even better news in 2003 when premiums became 100 percent deductible.” (Norris, 2015) A study on the professionalization of the body art industry in Washington found “a situation where occupational practitioners pick and choose among informal and formal strategies in order to restructure themselves in response to threats to their control” (Maroto, 2010). In her study, “Professionalizing Body Art A Marginalized Occupational Group’s Use of Informal and Formal Strategies of Control”, Maroto (2010) has made a major contribution to the body art conversation in asserting that employees Do not follow a set pattern of professionalization, which demonstrates the need to expand

dominant ideas of the professions” (Maroto, M.L.).

A recent University of California Los Angeles policy study found that enforcing Minimum Coverage Requirement (MCR) regulations “will reduce California’s eligible uninsured population from 4.63 million to 3.76 million” but if the MCR mandate is not imposed the reduction in non-compliance will only drop “from 4.63 million to 4.02 million by 2019” (Kominski, et al. 2012). Another University of California Berkley policy study based on the California Simulation of Insurance Markets (CalSIM) found that “9 out of 10 non elderly Californians will be insured when the Affordable Care Act is fully implemented.” The study further posits that “between 1.2 and 1.6 million individuals will be newly enrolled in Medi-Cal” and predicts that there will be “between 3 and just under 4 million people who remain uninsured. One million of whom will not be eligible for coverage due to immigration status.” (Jacobs, K. et al. 2012). Working in conjunction with Ogilvy Public Relations, “Covered California’s earned, paid and owned efforts have been specifically designed to reach multicultural and multilingual audiences in the languages and forms that best resonate with them.” Covered California has indeed initiated outreach campaigns for “multicultural, and multiannual audiences”, but the promotion appears lacking in outreach efforts directed toward marginalized population compliance (Seymore, C., 2016.). In November 2015 Covered California held a 10-day forty-two stop bus tour christened ‘Spotlight on Coverage’ which aimed to “raise awareness among eligible Californians — regardless of language or culture — about the availability of affordable health coverage. It “generated national, statewide and local coverage from more than 90 print, broadcast and online outlets” (Seymore, C.).

Decision Making Theory

Understanding the decision making process driving this group, one might consider Cohen, Olsen and March “Garbage Can Model” where the authors illustrate the model by breaking it down into three general properties. The first property is “Problematic Preferences”. (Cohen, M.D. et al. 1972) Basically, it’s hard for one solution to fit all parties because different people have different needs. A single person may have a different motivation to comply with the PPACA than a person with a preexisting health condition, or a family with children. Everyone has different needs and different need levels, and everyone desires direction as they seek to have their particular level of need met. The second property, “Unclear Technology” Cohen almost perfectly describes this group, because those employed within this industry are all ‘independent small businesses’ and those with more income or more experience handling business matters may handle business differently than the lesser experienced. They often operate on a “trial and effort basis”, and not everybody operates within the group with the same level of understanding and knowledge. The final property, “Fluid Participation”, speaks of the different levels of motivation to participate that an individual may have. Everybody is driven by a different desire. Cohen has collected these properties, he put them in a metaphorical ‘garbage can’, and he looked at the collection in his can and called it “Organized Chaos”. (Cohen, et al.) Cohen then goes on to consider the manner with which he can accommodate his group with such individually dissimilar goals and ambiguous circumstances, then he strives for a clearer understanding of the means of activating the decision making process for purposes of accomplishing a multidimensional goal. It is expected this theory may explain the actions of individuals in this study.

CHAPTER THREE

METHOD

The research design for this qualitative study was non-experimental research. The first phase of the project was completed in Spring 2013 and the follow-up section in Spring 2016. The research plan was submitted to the California State University Institutional Review Board and approved in 2013 (Appendix A).

Method

The method used in this research was a qualitative approach known as the “Long Interview” (McCracken 1988). Sampling from a group of 8-10, participant’s data will undergo a content analysis which then may be analyzed in a method best described by J.F. Dye et al as: “Constant Comparison” with a metaphorical “Kaleidoscope” of data fine tuning to assist the analysis process. (Dye, Schatz, Rosenberg & Coleman, 2000).

Added to the method informally is non participant observation derived from a life time of experience with marginalized communities in Kern County---for example in bars, body art, local music scene and dog shows. This provides a background for making meaning in qualitative research.

Sample Frame

‘The sample frame was all individuals employed or operating a small business and involved in the tattooing or body art field.

Sample. The sample actually used was a purposive sample of subjects located in the Bakersfield area of Kern County between the years 2012-2016. Subjects will consist of people speaking English and generating income in the body art industry in downtown Bakersfield, California. By approaching a person employed within this identified occupation and engaging in

conversation, a 'snowballing' effect may take place identifying unintended themes or subject matter which may be useful to the research and leading to the next subject. The study is focused solely on these occupations within the body art industry. A potential interviewee may be approached and asked face-to-face if they are willing to participate in the study. If it is agreeable, then a convenient time and place will be set by the interviewee. The researcher is at ease with this populace due to lifelong experience within the body art and nightclub entertainment industry; also, based on over 30 years of first-hand experience working in cash-based industries.

Data Collection

Data will be collected in face-to-face interviews of one to one and a half hours and the material recorded and transcribed. The location will be determined by the participant and may be at the place of employment. Data and participant confidentiality will be protected by coding interviews. Informed consents (see Appendix) will be kept and stored under a double lock in the home of the researcher for a period of three years. Notes and other materials will be destroyed when the research report has been accepted by the faculty. It will be shredded.

Data Analysis

Data will undergo analysis using the constant comparison method to "...to common questions [and] analyze different perspectives on central issues" (Patton, 1990). Themes of factors within the decision making process will be identified and described. Pooled data will then be analyzed in a method best described by J.F. Dye *et al* as: "Constant Comparison" with a metaphorical "Kaleidoscope" of data fine tuning to assist the analysis process (Coleman, Dye, Rosenberg & Schatz, 2000). Constant comparison is a style of qualitative research based on the 'grounded theory' approach, which sets out to "generate theories that explain how some aspect of the social world 'works'" (Cohen & Crabtree, 2008).

Added to the analysis are the observations and interpretations of the researcher as a non-participant in this community.

Limitations

Time is always a limitation. In the case of this researcher the health of the researcher or rather illness and disease process may cause interruptions in data collection and analysis process.

CHAPTER FOUR

RESULTS

The data was derived from non-participant observation and long interviews with participants, and follow up sessions after the implementation of the PPACA in downtown Bakersfield body art environment. Interviews consist of seven male tattooers and one female piercer all of whom generate income at three tattoo shops in downtown Bakersfield, California. The subject ages ranged from those in their early twenties to those in their late forties. Subject ethnicities were Caucasian, Caucasian/Hispanic mixed, an Hispanic, and a Hmong. Follow up interviews were held with 7 of the eight participants. The eighth participant was in jail at the time.

Findings

The themes in identifying how one segment of a marginalized population –tattoo and body art specialists---anticipated making decisions and made decisions is presented in the Table below.

TABLE--- Influences on Decision Making

Influences---In early years Family and Peers; then Manufacturer's Reputations;

now Social Media

Fragmented Knowledge---Internet, Word of Mouth, Celebrities

Motivation for Compliance----Dependent Children

Influences

As noted in Table 1 the influences on decision making changed over time.

Family and peer influence early. In examining the responses of the eight research subjects, it can be noted that family and peer influence were the primary drivers behind the decisions on how to generate income with a clear majority of subjects citing family influence and the rest of subjects citing peer influence as a factor in getting started in the industry. peer influence then rises to a supermajority of subject responses, and finally half of the subjects reported that family influence was a primary motivating factor in their decision to make a large purchase. Themes that were identified consistently held celebrity influence and internet and social media as primary factors in their decision making efforts. It was observed that every one of the subjects had access to the internet through a computer, whether at work or home, or through a 'smart-phone' device. Subject responses concerning manufacturer's reputation and product features were also prevalent as to what they were looking for, while word of mouth and family influence gave indication on how they may be willing to accept educational information.

Manufacturers reputation now social media. However, as subjects were motivated to make large purchases, manufacturer's reputation takes precedence with nearly all subject responses mentioning manufacturer reputation, in some form, as a motivator in their decision making process.

Social media. Subjects consistently agreed that celebrity and social media were the primary methods of information outreach to this marginalized community, and half of the subjects responded that a word of mouth campaign would be an effective tool.

Fragmented Knowledge

Subject responses were consistently uncertain as to the requirements of PPACA law and were equally unsure of where to best gather clear and concise information on the subject. Subjects who had tried to navigate the Covered California Health Benefit Exchange were put off by the experience, and called for its simplification. Due to the deficiency of instruction, responses were scattered with uncertainty about what to do. In response to the upcoming election, those that have chosen to remain PPACA non-compliant have been given encouragement that the PPACA may still be ruled unconstitutional. on whether subjects were PPACA compliant was prevalent in 2014 and still persists in 2016, which demonstrates a need for further PPACA educational information.

When asked, “How would you go about getting information out to people about the new healthcare law? If you could develop the perfect process, what would it look like?” Several creative outreach efforts already exist. The YouTube parody is proof. As well, there are internet websites and social media pages for Healthcare.gov and the different state’s health benefit exchanges. The Covered California Facebook page has well over 215, 000 people who have ‘liked’ the page. The posted demographics had the page experiencing a 32% increase in ‘likes’. It was not used by most participants.

Motivation for Compliance

Half of the subjects were PPACA compliant through their own efforts or means. One subject with a pre-existing condition (diabetes) had a privately purchased HMO insurance plan, which was switched to a PPACA sponsored program and the subject experienced a notable, \$540, decrease in out of pocket premium expenses as well as savings on co-pays for doctor visits and prescriptions. The subjects with dependent children have all taken measures to arrange for

health benefits for their children. Subjects receiving health benefits through a government sponsored program were encouraged to stay the course, along with the subject receiving benefits on their parents' paid health benefit plan. The subject receiving health benefits on the plan of their significant other had experienced a break-up in the relationship, which left the subject PPACA non-compliant. Facing an impending child custody hearing, the subject launched a self-motivated effort to provide financial support for his daughter. He left his position as co-owner of a shop, and obtained employment in the transportation industry where he was able to access a company offered health benefit plan. Acknowledging his efforts, he has not only climbed the ranks of employment due to rapid promotion, but was awarded primary custody of his child. The remaining subjects were consciously PPACA non-compliant.

Analysis

The categories discovered include how the decision making in this group changed over time. However formal education or governmental influence has never been a part of the process. This indicates that Covered California may never be a source of information regarding the PPACA. It was not a surprise that half the sample remains non compliant.

Importantly, each and every tattoo shop has music playing while the people working perform their individual tasks. These are creative people who thrive with creative sounds waving in the background. The music they play in tattoo shops may come from a playlist, but more often than not these new internet music sites like Pandora or Spotify are used for their music playlist offerings. This researcher with an inside perspective is comfortable saying that it may very well be a good idea to borrow from the brilliance of Bob Dorough, a noted Jazz vocalist, who recruited his fellow jazz vocalists Jackie Sheldon, Blossom Dearie, and others to help him create one of the most creative and effective educational campaigns of the 1970s with ABC's

Schoolhouse Rock musical cartoon shorts. Utilizing the delivery effectiveness of an animated media, prosocial messages can be sub-plotted within the focus of the storyline. (Preiss. 2007)

The sub contextual message of song brings on a reversal to educational resistance, a melantonia.

As a researcher I was constantly left with the feeling that discussing PPACA information appeared to be a unpleasant topic; however, I believe the displeasure may be displaced by disguising the information within musical intonation.

Subjects lacking PPACA knowledge are willing to self-educate on legal compliance issues as they were with new regulatory laws governing their industry in California Assembly Bill 300. A simplified procedure is called for by the subjects and is found to be a valid request after my personally attempting to navigate the Covered California website. Further studies may be warranted on the simplification of the Covered California process. Questions arising around the attitudes of PPACA compliance should note that every subject is compliant with the Kern County Health Department's Body Art Program which monitors the local industry and licenses those who have passed a Blood Borne Pathogen program examination. So it must be noted that this marginalized population is willing to comply with regulatory efforts in order to conduct business. An additional requirement for the dispensing of the license providing proof of PPACA compliance by requesting a copy of IRS form 1095 could serve as a motivating factor.

Theory

As predicted the Garbage Can Model of Decision Making Cohen fits this study. The process of decision making revealed that solutions did not fit all participants, knowledge was fragmented, and motivation to comply role specific, thus demonstrating the "problematic preference" stream in the theory. The Covered California site and the technology associated with it demonstrated the "unclear technology" stream of the theory. Finally, "fluid participation was

evident as participants change significant others, job paths, and places of employment.

In applying Cohen's "Garbage Can Model" to this group, you can almost imagine that this marginalized population is actually contained inside a garbage can, and it is Covered California's job to crumple up (disguise) PPACA outreach information and toss it into the can to see if this differently motivated crowd might be enticed into compliance. Crumple up a newspaper article defining the PPACA compliance requirements, and it may very well bounce off the side of the can. However, if you toss a celebrity parody viral video, that may make it into the can. A bus tour through town, may not make it into the can, but an animated, musically presented message very well may. Cohen's can itself should be looked upon as an opportunity to reach this chaotic crowd with their differing needs.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to explore how a marginalized population such as tattoo artists and body piercers plan to make decisions regarding the new health care requirement to have health care insurance. Interviews were initially conducted with eight participants in the Bakersfield, California area in 2014. Seven of the participants were re-contacted in 2016 to find how they did make decisions. Four participants remain noncompliant. The results indicated that social media is now a primary influence on decision making on an issue when individuals have fragmented knowledge, and the primary motivation for compliance was parental responsibility.

Recommendations

A kaleidoscope's striking arrangements, are shaped by an association of mirrors, angles and ordinary objects functioning in scientific fashion. Keeping in line with the constant comparison method, the metaphorical kaleidoscope's fractals of colorful information have begun to align themselves. After a subject divulgence about his efforts to resist any sort of PPACA outreach education into consideration, it became a focus to figure out a path around the obstacle of this type of resistance to educational outreach programs. Then another Subject added that the American media has some sort of obligation to assist the government's educational outreach for PPACA information.

Recommendation One: A Creative Social Media Campaign

A revamped social media SEO campaign is a means to an end. Subjects regularly called for internet access to information regarding PPACA that they could access on their own time. The problem for the researcher was that one avenue already existed, they were just unaware of

its existence. It is incumbent on these PPACA information sites that they convey the message that PPACA compliance will not bring exploitation to them. However, government could generate creative outreach programs. This particular marginalized population is not going to show up at a bus tour. They more than likely will not watch or listen to a nightly news program, or read a newspaper concerning PPACA compliance; however, a ‘goofy celebrity’ viral video with the President of the United States of America engaging in parody will garner their attention. It may be best for a mixed media campaign appealing to the television, video streaming, and radio audiences. It was posited that a “Schoolhouse Rocks!” style approach may work best at traversing the three mediums.

Recommendation Two: Redundant Proof of Compliance

Currently compliance is monitored by filing a 1095 on your income tax filings, which leaves a loophole for people who do not file income tax statements to fly under the radar. For those employed in the body art industry in Bakersfield, a PPACA compliance check conducted by the local Kern County Health Department requiring the filing of a form 1095 upon application for Blood Born Pathogen Certification Program may increase motivation for PPACA compliance.

Recommendation Three: A Simplification of the Enrollment Process.

People who may be interested in enrolling in a PPACA approved MEC benefit plan are often confused by the process. There are open enrollment limitations, and people who may be interested in enrollment may choose not to do so thinking that they missed the open window. Simplifying the process for marginalized populations, especially those prone to high risk health conditions may require special governmental intervention. Private insurers may be reluctant to pursue outreach.

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APPENDIX A

Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

PROJECT TITLE: An Examination of the Decision Making Process Within a Marginalized Population.

I understand that the purpose of this study is to try to understand what motivates people in cash based careers like the tattoo and body modification industry to comply with the PPACA (Obama Care) mandate.

I understand that I will be interviewed by a student researcher at a time and place of my choosing. The interview may take about 60-to-90 minutes, and will be audio recorded. My name will not appear in any of the recordings or transcripts. Only the student researcher and faculty advisor will have access to these recordings, which will be kept in a locked file cabinet while not in use. I may be contacted by the student- researcher for a follow-up interview to discuss findings, or to clear up any misunderstandings.

I understand that information which might link me to my interview data will be kept confidential. A number or false nickname will appear on collected tapes or printed materials. No one will be able to associate my name with my data. The recorded interviews may be transcribed by the student-researcher. The consent forms, the audio-recordings, and the personal information sheets will all be destroyed after the completion of the study

I understand that I am free to choose not to participate in this study. But, if I do choose to participate I am free to withdraw at any time—even in the middle of an interview—without penalty. This means that I can ask to have the tape-recorder turned off at any time during the interview. If this happens, the student-researcher will make notes based on my responses to the interview questions. If I choose not to participate, or to withdraw during the course of the study, I may do so.

Data will be used to complete a student thesis regarding the decision making process of employees in the tattoo and body modification industry. The conclusion of this project may result in a best practices guide and can be made available upon request.

Benefits: I understand that this study may or may not be of direct benefit to me. It has not been designed to provide direct benefits to participants. Rather, it is hoped that the knowledge gained from this study will help outreach coordinators.

Risks: I expect that I will experience a minimum of risk, discomfort or stress while participating in this study. However, some questions may be personal and thought-provoking or emotional in nature. If I do become uncomfortable during the interview, the interview will stop and additional time will be available to talk about these thoughts. Should I need further assistance with residual emotional feelings after the interview, I may contact the sponsor to obtain a referral to the county mental health center: Mary K. Shell Mental Health Center (800) 991-5272.

If I have further questions about the research itself, or if I wish to obtain a summary of the results of the research, I may contact:

S. Tom Richardson, Jr.

2831 Panama Street

Bakersfield, CA 93301

s.tom.richardson.jr@gmail.com

(661) 748-3559

In addition, I may contact the MSA-HCM faculty member serving as thesis/project committee chair with questions about the research, or if I have a research-related problem:

Dr. BJ Moore

Assistant Professor - Department of Business & Public Administration

California State University, Bakersfield

Bakersfield, CA 93311-1099

bjmoore@csub.edu

661-654-3026

For questions regarding my rights as a research subject, I may contact:

Dr. Steve Suter

University Research Ethics Review Coordinator

Institutional Review Board/Human Subjects Research

Department of Psychology

California State University, Bakersfield

Bakersfield, CA 93311-1099

(661) 654-2373

Authorization: I have read this form completely and have decided that I will participate in the study described. The general purpose, the requirements of participation and possible hazards and inconveniences of participating have been explained to my satisfaction. I will be given a copy of this consent form. My signature indicates my consent to participate.

Signatures:

Participant: _____ Date: _____

Researcher: _____ Date: _____

Authorization: I have been informed of my privacy rights, and agree for this interview to be recorded for the purpose of transcription and response categorization. It is the responsibility of the researcher to protect the integrity of materials both written and recorded by keeping materials in a locked box within a secure facility. All materials will be erased or destroyed upon this study's completion. This completed consent form will be held for one (1) year after the study's completion

Signatures:

Participant: _____ Date: _____

Researcher: _____ Date: _____

APPENDIX B



CSU Bakersfield

Academic Affairs

Office of the Grants, Research, and Sponsored Programs (GRaSP)

Mail Stop: 24 DDH Room 108
9001 Stockdale Highway
Bakersfield, California 93311-1022

(661) 654-2231
(661) 654-3342 FAX
www.csub.edu

Institutional Review Board for Human Subjects Research

Date: 28 April 2014
To: S. Tom Richardson, Jr., PPA Student
cc: Paul Newberry, IRB Chair
B. J. Moore, Public Policy and Administration
From: Steve Suter, University Research Ethics Review Coordinator
Subject: Protocol 14-33: Authorization Following Exemption from Full Review

Anne Duran, Ph.D.
Department of Psychology
Scientific Concerns

Roseanna McCleary, Ph.D.
Masters of Social Work
Scientific Concerns

Steven Gamboa, Ph.D.
Department of Phil/Rel Studies
Nonscientific/Humanistic Concerns

Lily Alvarez, B.A.
Kern County Mental Health
Community Issues/Concerns

Grant Herndon
Schools Legal Service
Community Issues/Concerns

Kathleen Gilchrist, Ph.D.
Department of Nursing
Scientific Concerns

Paul Newberry, Ph.D.
Department of Philosophy/
Religious Studies
Nonscientific/Humanistic Concerns
IRB/HSR Chair

Tony Alteparkian, Ed.D.
Teacher Education
Nonscientific/Humanistic Concerns

Steve Suter, Ph.D.
Department of Psychology
Research Ethics Review Coordinator
and IRB/HSR Secretary

I am pleased to inform you that your protocol, "**An Examination of the Decision-Making Process within a Marginalized Population**", has been approved, following exemption from full review. This research activity was exempted as defined in Paragraph 46.101 of Title 45, *Code of Federal Regulations* based on the following criteria: (1) Research involving the use of [standardized] educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, UNLESS: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, and (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Authorization is based on the protocol received April 21st, 2014 and your revisions and clarifications in response to reviewer comments completed on April 28th, 2014. **This authorization is strictly limited to the specific activities that have been authorized by the IRB. In conducting this research, the investigator must carefully review the final, authorized version of the protocol to ensure that the research is conducted as authorized by the IRB.** If you want to modify these activities, notify the IRB in advance so proposed changes can be reviewed. If you have any questions, or there are any unanticipated problems or adverse reactions, please contact me immediately." **The PI is responsible for ensuring that all research personnel who participate in data collection and/or obtaining informed consent are HSPT-Certified.** The following person[s], only, are authorized to interact with subjects in collecting data, in obtaining informed consent, or interacting with data having personal identifiers.

Human Subjects Protection Training Certified:

S. Tom Richardson, Jr. [4-17-2014] & B. J. Moore [6-04-2007]

Any signed consent documents must be retained for at least three years to enable research compliance monitoring and in case of concerns by research participants. Consent forms may be stored longer at the discretion of the principal investigator [PI]. The PI is responsible for retaining consent forms. If the PI is a student, the faculty supervisor is responsible for the consent forms. The consent forms must be stored so that only the authorized investigators or representatives of the IRB have access. At the end of the retention period the consent forms must be destroyed [not re-cycled or thrown away]. Please destroy all audio tapes after scoring.

This authorization will be valid until the end of March 2015.

Steve Suter, University Research Ethics Review Coordinator