Teaching Social Insurance in Higher Education

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INTRODUCTION

“Social insurance is perhaps the most fundamental debate in domestic public policy today. . . . The social insurance tradition is an essential part of our national economic life. . . . Therefore, our institutions of higher learning should be training students to appreciate what social insurance is . . . .”

Political science professor

The ongoing debates about the future of social insurance programs such as Social Security and Medicare raise questions about the public’s knowledge of the history of social insurance and about the impact these programs have on millions of Americans. In general, public conversations about social policies in the U.S. tend to focus on whether or not the nation can afford entitlements to social insurance rather than on the adequacy of benefits or on program improvements. Many American youth believe that Social Security will not be there for them when they grow older, a stark indicator that young people are not exposed to accurate information about the future of the program (Cook, 2003; Harris Interactive, 2005). The prevalence of this false belief about America’s “most beloved” social insurance program raises questions about whether and to what extent students are exposed to information about social insurance and, consequently, how prepared they are to understand its effects on their security in later life.

As an intergenerational collective of educators in and students of gerontology, we recognize the transformative power of education to provide students of all ages access to knowledge that allows them to more actively engage in their communities. We believe that teaching social insurance is integral to the mission of institutions of
higher education to prepare students for participation in the political, civic, and economic realms of social life. Consequently, we designed two complementary research projects to assess the frequency and content of teaching social insurance in college-level, aging-related courses: the first was a survey of gerontology faculty in California and Minnesota and the second was a series of key informant interviews with noted authors from the field of gerontology who have published widely on social insurance and/or teaching social insurance education. In the United States, old-age social insurance (in the forms of Social Security and Medicare) and other forms of social insurance (mainly workers' compensation) are often discussed separately. Consequently, in the study and the presentation of the results that follows, we focused primarily on teaching social insurance within those classes that can be broadly described as "aging courses."

In this paper, we use the results of both of these studies to argue that faculty who teach age related courses, and presumably faculty in other disciplines, need more awareness of and greater access to existing resources on teaching social insurance.
INTRODUCTION TO SOCIAL INSURANCE

Social insurance is a term used to describe a variety of interlocking policies and programs that insure workers and their families against economic insecurity resulting from unemployment due to injury, retirement, or death, and the costs of health care (www.nasi.org, retrieved December 11, 2007). In the United States, old-age social insurance (in the forms of Social Security and Medicare) and other forms of social insurance (mainly workers’ compensation) are often discussed separately. On a global scale, the history of social insurance dates back over a century. In response to the effects of the Industrial Revolution on the German people, then Chancellor Otto von Bismarck introduced a number of policies to safeguard the populace from financial ruin, including health insurance (1883), workers’ compensation (1884), and compulsory old age insurance (1889) (DeWitt, 2003).

Comparatively, the United States is considered a "late bloomer" in regard to social insurance, with the first state (Wisconsin) successfully enacting workers’ compensation legislation in 1911 and others following suit until such legislation passed in all states by 1959 (U.S. Department of Labor [US DOL], n.d.). Old age insurance (in the form of Social Security) was introduced at the federal level in 1935, followed by disability insurance in 1956 (Social Security Administration [SSA], 2005). As it was first introduced, disability insurance was limited to workers age 50 and over. This was revised in 1960 to insure all those who worked under Social Security for an extensive period of time (SSA, 2005). Despite the introduction
of Medicare (another social insurance program) and Medicaid (which is not a social insurance program because it relies on means testing) in 1965, the United States still remains the only industrialized nation without some form of guaranteed health care (Center for Medicare and Medicaid Services [CMS], 2006).

While there are diverse programs around the globe that can be described as social insurance, they all share two important characteristics: (1) they are government-sponsored insurance programs that protect citizens from predetermined outcomes that negatively impact their ability to participate in society (e.g., loss of income); and (2) they have a communal orientation that considers the entire population, rather than just the individual, when identifying, describing, and mitigating risk (DeWitt, 2003). The late Robert Ball, former Social Security Commissioner to three presidents (Kennedy, Johnson, and Nixon), outlines five unique characteristics of social insurance (1989, pp.71-79):

1. **Coverage:** there is equitable protection for the entire population; no one is forced into poverty in retirement.

2. **Earned Benefits:** all beneficiaries or their families contribute to the program; there is an earned right to benefits.

3. **Equality:** everyone is in the same boat; there is broad public support for the program; there are uniform defined benefits.

4. **Dedicated Financing:** a dedicated source of financing exists through the payroll tax; low-income workers can be covered at an affordable cost, cost containment and administrative efficiencies are realized.

5. **Responsibility for Program Purpose and Content:** there is a clear designation of congressional and federal administrative responsibility, there is program visibility (transparency) and public accountability.
Many of these concepts are embodied in the words delivered by President Franklin Delano Roosevelt upon signing the Social Security Act of 1935, which established the most well-regarded social insurance program in the United States:

"We have tried to frame a law which will give some measure of protection to the average citizen and his family against the loss of a job and against a poverty-ridden old age. It is ... a law that will take care of human needs and at the same time provide the United States with an economic structure of vastly greater soundness." (Presidential Statement on Signing the Social Security Act, August 14, 1935. from Bernstein and Bernstein, 1988).

The National Women’s Law Center identified six important characteristics that account for the widespread popularity of Social Security. The program provides: 1) retirement benefits that last for as long as you live, 2) guaranteed and defined retirement benefits, 3) annual cost of living adjustments, 4) a progressive benefit formula, 5) disability and survivor's benefits for families, and 6) automatic benefits for spouses and surviving spouses (National Women's Law Center, 2005). Because Social Security is supported by and provides benefits to all American workers, and because current workers pay the benefits of current retirees, the program creates a sense of intergenerational social solidarity.

Thus, unlike individual private insurance and personal investment programs, Social Security is considered a social insurance program because it is intended "to protect American workers and their families against life's adversities. Benefits are earned by contributions from a worker and his/her employer. Social Security is a matter of right, not charity" (Glasse, 2005, p.10). Social Security has been found to substantially improve health and quality of life for millions of Americans, allowing millions of American men, women, and children to avoid poverty.
TEACHING SOCIAL INSURANCE: HISTORY

While there is a considerable body of literature, both scholarly and popular, on the critical debates surrounding social insurance, few studies report on strategies to best teach the issues to either students or the public. However, several notable initiatives over the last two decades provide teachers with resources and strategies for educating the general public and students in secondary and higher education. In this section we review some of these efforts and point to the need for further work to determine how widely faculty in higher education are teaching social insurance, what curricula or strategies they are using, and what teaching strategies are most effective in educating students about this topic.

In 1989, the Nelson Cruikshank Social Insurance Study Project, operating with the support of the Save Our Security Education Fund, published a 121-page curriculum aimed at high school and adult education audiences, Social Security in the USA: A Discussion Guide to Social Insurance Plans (Kingson, Berkowitz, & Pratt, 1989). The guide provides (1) an overview of social insurance programs (including Social Security’s old age, survivors and disability insurance [OASDI]; Medicare; unemployment insurance; workers’ compensation; public employee retirement, survivors, and disability programs; etc); (2) a history of the genesis of social insurance programs in the societal challenges created by industrialization and the creation of comprehensive social insurance programs in the late 19th and early 20th centuries; and (3) a detailed explanation of the current Social Security and Medicare programs. This is followed by a discussion in question and answer
format of the current and future issues we face in maintaining social insurance programs, including specific questions related to the impact of the programs on young Americans. Finally, the guide provides lesson plans to accompany each of the chapters in the book, including learning objectives and suggestions for how to use each chapter, facilitate individual activities, and lead group discussions on each key topic. The guide also includes discussion questions, definitions of terms, and activities for applied learning for each lesson unit. In addition, it provides teachers with a small list of references and organizations to contact for more information.

The National Academy for Social Insurance (NASI) has been a leader in providing a variety of resources to educate the public and policymakers about social insurance (many of which are listed in the resource section of this paper). For seventeen years, NASI has sponsored the Washington Internship on Social Insurance through which upper-level undergraduates, recent college graduates, and Masters’ degree students work on projects under the direction of NASI staff members. Interns engage in policy analysis, track legislation, participate in seminars, and write reports on social insurance. Since its inception, 200 students have completed NASI’s internship program.

In 2005, NASI hosted a Social Security Academy designed to “deepen young people’s understanding of Social Security issues” (NASI, 2005, p.3). The target audience was summer interns working for Congressional offices, government agencies, advocacy groups, think tanks, and local universities. Over 100 students attended at least some part of this program. The program included presentations on
why young people should care about Social Security, the values reflected in the Social Security debate, and public opinion on Social Security. Participants worked in small groups to explore options to address the solvency issue and learned communications skills. Attendees at the NASI academy took pre- and posttests to measure change in knowledge about Social Security. The average score on the pretest was 54 (on a 100-point scale), and the average score on the posttest was 66, an increase of 12 points.

Additionally, in 2006, NASI held a Medicare Academy designed to educate young people on the issue of Medicare. The academy was attended by 112 summer student interns who heard presentations by experts on Medicare, worked in small groups to look at proposals for reform, and completed an exercise where they were asked to choose a Medicare Part D provider for a fictitious older couple. In between the academy’s two sessions they did homework, each student contacting an elder who had experiences with Medicare. Forty-nine participants completed pre- and posttests measuring their knowledge of key facts and concepts about Medicare. The average score (on a 10-point scale) was five on the pretest and seven on the posttest.

At NASI’s one-day 2007 summer academy, “Can We Afford Our Parents’ and Grandparents’ Retirement?,” 83 interns learned about the impact of the baby boom cohort on U.S. society; heard from experts on federal retirement and health security programs; and listened to presentations about various options to reform Medicare, Medicaid, and Social Security. As part of an exercise, participants created their own plans for reform and received feedback on these plans from NASI members with
Capital Hill experience. Participants were given both pre- and posttests to assess their knowledge of Social Security and Medicare. The post-test indicated a seven percent increase in knowledge following participation in the exercise.

Economists Holahan and Schug (2000) suggested a strategy for teaching students about the Social Security Trust Fund. The authors presented a flow chart that shows how money flows between payroll taxpayers, retired beneficiaries, and the Treasury, and how a flow of bonds is used to keep track of surpluses and deficits in the Trust Fund. They defined four key terms – deficit, surplus, debt, and reserve – and presented a new graph to show the paths these four variables take through time. They concluded with suggestions about how to stimulate further discussion of Social Security once the students understand the role of the Trust Fund.

Since the 1990s, the Maxwell School Center for Policy Research at Syracuse University has been developing policy-oriented curriculum components for gerontology faculty, including materials on economic and health security. The Center’s curricula include outlines of key concepts and a bibliography of print and online resources. The Center has hosted a series of summer workshops that assist faculty across multiple disciplines to use the Center’s resources as the basis for teaching modules for their classes.

Based on participation in the Center for Policy Research’s 2000 summer workshop, “Getting Aging Public Policy into the Curriculum,” Cianciolo et al. (2001) designed three teaching modules, including one on Social Security reform. Cianciolo and her colleagues advocated for a cooperative learning strategy as a way
of engaging the students in the issues at stake. The strategy has instructors serving as resources to students who undertake active learning projects, including obtaining their own Social Security earnings statements, identifying and addressing in small discussion groups their own concerns regarding Social Security, and role playing. The authors provide suggestions for utilizing cooperative learning strategies in an effective manner. Additionally, Cianciolo and Henderson (2003), discuss a similar teaching module on Medicare.

In an unpublished master’s thesis, Donahoe (2002) compared knowledge of students who heard a fact-based lecture on Social Security with students who heard the same lecture plus stories from Social Security recipients. She found that both strategies significantly increased student knowledge. The group exposed to the lecture and personal stories showed a greater increase in knowledge, but the differences between the two strategies were not statistically significant. The small sample size (n=41) and other methodological issues limit the generalizability of these findings.

Brown (2003) described an initiative of Mountain State Geriatric Education Center to develop and deliver public policy information to health care professionals in West Virginia. The curriculum module focuses on what role the government will play in the future of social insurance programs. Students reviewed the history, principles, and possible policy reforms of Social Security. During the development stage, the curriculum was presented at national aging-related conferences, examined by a statewide advisory board, and supplemented with responses to a
A survey designed to illuminate the information most relevant to health care providers.

AARP’s Office of Academic Affairs created a “Teaching Social Security” curriculum in 2005 that was made available to anyone requesting it through AARP’s web site and through the Association for Gerontology in Higher Education. While there was significant interest in the curriculum, response to a survey conducted by Andrew Achenbaum to find out about faculty members’ use of the curriculum was disappointing. After having received no feedback from an email sent to every 15th person who requested the learning materials, Achenbaum made phone calls to randomly selected recipients. He found that few recipients had examined it, and no one reported how they had used or intended to use it (Achenbaum, 2007).

The Syracuse University workshops, the NASI internships and academies, the AARP curriculum, and the few published curriculum resources on social insurance represent an ambitious effort to share strategies for teaching social insurance in higher education, providing in some cases very detailed lesson plans for discussion and active learning. There appears to be, however, no published data on the actual use of these materials nor on the implementation of the strategies recommended in the trainings or materials. We do not know, therefore, how widely faculty who teach policy and aging or other aging-related courses are using these and other materials, how useful faculty find these materials to be, or what the most effective classroom strategies are for educating students about social insurance. The research conducted in 2006 by the authors of this paper was designed as an attempt...
to begin to fill this gap in knowledge. Our online survey and key informant interviews, described in following section, provide a starting point for the needed study of teaching about social insurance in higher education in the United States today.
STUDY DESIGN

There have been few attempts to assess the frequency and quality of conversations about social insurance in higher education. In an effort to build this literature, we conducted an exploratory research project that involved both a brief survey of a sample of educators in two states, and a series of key informant interviews with leaders in the field of social insurance research and teaching. Our goal with this two-pronged approach was to develop an understanding of the inclusion of social insurance in classes that focus on aging. We chose classes that focus on aging because they are most likely to address social insurance by emphasizing the importance of Social Security and Medicare for older adults and people with disabilities, and by extension, those students who are studying to work with them.

The survey

To take an initial “snapshot” of the current and future levels of teaching social insurance, we developed a 10-question survey. The answer choices for each question were limited to yes/no responses or a list of preselected answers (which included an option to fill in the blank after selecting “other”). We intentionally kept the survey short in an attempt to maximize our response rate.

To create a sampling frame for this study, we contacted the forty-two (42) institutional representatives for the Association for Gerontology in Higher Education (AGHE) from member institutions located in Minnesota and California.
and requested a list of faculty teaching courses related to aging. Minnesota and California were chosen because the study researchers were located in these two states and believed that faculty members would respond to a “local” survey. Additionally, California and Minnesota are two states with a large number of colleges and universities (and a large number of gerontology programs), and consequently has the potential to provide insight into the larger national picture.

The resultant sampling frame included the names and e-mail addresses of 386 faculty members, of which 308 were deemed viable candidates. We used Zoomerang, an electronic survey software program, to collect data for the survey between May and October of 2006.

Key Informant Interviews

For the key informant telephone interviews, we asked respondents to discuss their experience with teaching social insurance in the classroom to identify challenges they faced when teaching about social insurance, and to share effective strategies for addressing these challenges. We conducted interviews with nine scholars: four sociologists, two political scientists, a social worker, a gerontologist, and a historian.

Key informants are persons who are able to provide specialized knowledge due to their insider status on the issue of inquiry. Information gained from these types of interviews is not intended to be generalizable to a larger population, but rather to provide rich data from people who have particular expertise on the subject and can help the researchers make sense of findings and map out the terrain for
future research. Eight out of nine key informants were located at major research universities, and all are highly productive and respected scholars in the area of social policy and social insurance. Eight out of the nine scholars chosen as key informants for this study had strong publishing records in the area of social insurance, allowing us to attribute any reported difficulties in teaching social insurance to factors other than limited knowledge on the subject. We believe that the challenges in teaching identified by these scholars would elucidate the challenges identified in the survey data. In addition to questions about their teaching, we asked their thoughts about the place of social policy and social insurance in their discipline, how they thought gerontology organizations could help inform students and the public about social insurance, and what other organizational alliances and resources would be helpful to increase public understanding of social insurance.

**Study Limitations**

Despite our best efforts at maximizing our response rate, our final sample for the two-state survey included 83 faculty members, approximately a twenty-seven percent (27%) response rate\(^1\). While this response rate falls within the average (20-30%) estimated by online survey providers (Zoomerang, 2008; Websurvey@UW, 2007; Hamilton, 2003), we recognize that our results are subject to both non-response and volunteer biases. Research comparing online surveys to mail and telephone surveys suggest that response rates are generally lower for online surveys

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\(^1\) Although our initial sample was out of 386 educators, we calculate our response rate out of a total of 308 because of surveys that were “bounced back” due to e-mail accounts that were expired, over capacity, or incorrect, and those that were returned because educators had retired, moved to other universities, or died.
than for mail or telephone surveys (Kraut et al., 2004). Despite lower response rates, online surveys are the most cost effective means of data collection, especially when the target population is technologically savvy and affiliated with higher education institutions (Matsuo, McIntyre, Tomazic, & Katz, 2004).

On the one hand, the data we collected cannot be used to explain why nearly three-quarters of the sampling frame did not respond to the survey. We are unable to determine if those who did not respond to the survey are systematically different than those who did. For example, it is possible that a greater number of faculty who did not respond to the survey do not teach social insurance in their aging courses.

On the other hand, because our data provide information about only those who responded to the survey, we must be careful about the claims we make based on these data. It is possible that those who responded to the survey are systematically different than those who did not. For example, those who responded to the survey might be more politically active (in general or in relation to social insurance) than those who did not, explaining the high rates of political involvement described in the “Political Engagement of Faculty” subsection on page 22. Additionally, our response rate limits our ability to generalize the results of the survey to the larger population of faculty who teach aging courses in California and/or Minnesota. Consequently, the research findings presented below are specific to the sample we generated.
RESEARCH FINDINGS

This section reviews findings of our study that explore how college and university faculty teach social insurance. As described above, this study involved an online survey of California and Minnesota faculty who teach aging-related courses, and nine in-depth interviews with scholars (key informants) who have published on the issue of social insurance or who have been active in creating curricula for teaching social insurance. The quantitative survey data reveal how knowledgeable faculty in two states are on the topic of social insurance, how widely social insurance is being taught in higher education in the two states, and what resources faculty are using and/or would like to have available to them. The qualitative data\textsuperscript{2} from the key informant interviews provide some provocative information about how experts communicate with their students, what barriers they experience, and what strategies they have used to address those barriers.

\textit{Characteristics of Faculty Who Teach Social Insurance}

\textquote{In sociology, \textit{[teaching about social insurance] is a natural way for them to get into this issue of what sociology is about – seeing beyond the individual.}}

\textbf{Sociology professor}

The majority (61\%, n=51) of the 83 respondents to the online survey indicated that they were currently teaching social insurance as part of their gerontology courses. In addition to teaching across a range of educational levels (undergraduate, graduate, and postdoctoral), faculty engaged in teaching social insurance in aging-

\textsuperscript{2} The key informant interviews were all conducted by the same researcher (L.R). Interviews were recorded and transcribed. Some of the qualitative data presented in this paper were edited for clarity, with text in brackets indicating researcher additions.
related courses were distributed across a variety of fields and disciplines including: demography, economics, gerontology, health policy, health law, medicine/geriatrics, history, political science, public health, social policy, social work, and sociology.³

The emphasis on specific social insurance programs was unevenly distributed with Medicare receiving almost universal coverage (92%, n=47), followed by Social Security (71%, n=36) and long-term care and community-based services (61%, n=31). Universal health care, unemployment insurance, workers’ compensation, and other programs (such as state-run public programs) were addressed by less than 20% of the faculty who teach social insurance.

When asked to rate their knowledge of social insurance (where 1 indicated “not informed at all” and 5 represented “extremely well informed”), faculty who reported teaching social insurance had a mean score of 3.86. Both the median and mode were 4.0, which suggests that teachers of social insurance consider themselves to be well informed on the subject matter.

**Faculty Use of Existing Educational Curricula and Resources**

“It’s not just about grandma – it’s about you ... What you are trying to get them to do is identify with the stranger; identify with the other.”

History professor

As discussed in the history section of this paper (pages 8-14), there have been a number of resources developed to facilitate the integration of social insurance into college-level gerontology courses. In the online survey, almost all of the educators who reported teaching social insurance utilized at least one resource to aid their

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³ We developed this list of fields and disciplines from our analysis of the course titles that faculty provided in response to the question, “In what courses do you teach about social insurance?”
teaching (96%, n=49). A sizable majority of those who teach social insurance reported accessing multiple educational aids (73%, n=37). More than half reported using the AARP curriculum (n=33) and/or the Center for Medicare and Medicaid Services (CMS) resources (n=31) while just under half reported using the Social Security Administration’s curriculum (n=26). Other curricular aids included educator-developed materials and materials/information from the Syracuse Center for Policy Research (n=6), Students for Social Security/Concerned Scientists in Aging (n=3), AGHE workshops taught by Liebig & Grabinski (n=3), and the Concord Coalition (n=2). Twelve educators who teach social insurance selected “other” educational curricula and resources, including the Kaiser Family Foundation, Families USA, and the Urban Institute.

**Characteristics of Faculty Who Do Not Teach Social Insurance**

“...those who are going out to work in social work settings including for the Social Security Administration, Area Agencies on Aging, commissions on aging, county workers who will be working directly with issues regarding social insurance... may walk in without good education on social insurance. That’s a real concern.”

*Gerontology professor*

One-third of faculty members who teach aging-related courses reported that social insurance was not currently integrated into their curriculum. Indeed, an overwhelming majority (81%, n=26) felt that the topic of social insurance was not relevant to their courses. This is unsettling. There are few courses in gerontology (actually in any social or health sciences discipline – economics, sociology, demography, anthropology, nursing, etc.) in which at least some cursory discussion of the history or the impact of social insurance is “not relevant.” If a necessary
precursor to thoughtful social insurance development, evaluation and reform is student exposure to accurate information on social insurance in the United States, then curricula on social insurance need to be integrated in various disciplines.

Interestingly, more than one-third (41%, n=13) of those who were not currently teaching social insurance were interested in teaching about it in the future. We approach this finding with cautious optimism. On the one hand, it is encouraging that there is interest in teaching social insurance. However, as highlighted earlier, even those who are currently teaching about social insurance are not making full use of the educational resources and aids at their disposal. The task before us is to tap into this potential interest in teaching social insurance and connect these people with the resources that will support their learning and capacity to teach on the topic. Another task is to determine the barriers to teaching about social insurance principles and what can be done to reduce or eliminate these barriers.

**Political Engagement of Faculty**

“The socialization of our faculty is not to roll up your sleeves and go with the politicians.”

Political science professor

Many respondents to the online survey reported that they engaged in a number of personal political actions related to social insurance, which suggests that indifference may not be a common sentiment among the faculty. More than half of respondents (59%, n=49) including faculty members that do and do not currently
teach social insurance, engaged in at least one of the following activities (listed in order of frequency): contacting a member of Congress (n=26), speaking publicly about social insurance (n=24), joining an advocacy organization (n=23), testifying at government hearings (n=16), writing letters to the editor (n=15), organizing a public event (n=9), and/or organizing a university event (n=9). More than three-quarters (76%, n=39) of those who teach social insurance reported being involved in a political action related to social security. It is even more interesting that just under one-third (31%, n=10) of those who reported that they do not teach social insurance indicated that they were involved in at least one of the activities listed above. This may mean that, although professors in aging see the importance of social insurance and are acting publicly on their beliefs about social insurance, they may be facing barriers to teaching on the topic despite their knowledge and passion for the subject. Again, the methodological limitations of the study prevent us from drawing definitive insights on this and other issues, and we recommend further exploration of this finding in future research.

**Barriers to Teaching Social Insurance in Gerontology**

*Limited Knowledge about Social Insurance*

When asked to rate their knowledge of social insurance (where 1 indicated “not informed at all” and 5 represented “extremely well informed”), faculty members who reported that they were not currently teaching about social insurance had a mean score of 2.4. The median for this group was lower than 2, despite a mode of 3.
Not surprisingly, faculty members who teach about social insurance seem to be better informed than those who do not, which suggests a relationship between one’s knowledge of the topic and the extent to which it is in incorporated into his or her teaching.

**Limited Knowledge about Existing Educational Curricula and Aids**

We provided a list of teaching resources to faculty members and asked them to indicate the resources they would find useful for teaching about social insurance. Many educators who currently taught about social insurance selected the currently available types of resources that we highlighted in the history section of this paper (pages 4-6). For example, more than half of the educators who responded to the survey (regardless of whether or not they were currently teaching about social insurance) expressed a desire for handouts/fact sheets (63%, n=52) or slide presentations (54%, n=45). Additionally, more than one-third of these educators were interested in: sample classroom activities (47%, n=39), sample assignments (46%, n=38), an annotated bibliography (45%, n=37), reading lists (40%, n=33), sample quizzes (36%, n=30), and/or talking points (34%, n=38), each of which are included in the AARP, CMS and Social Security Administration curricula. Faculty also expressed interest in: a list of guest speakers (27%, n=22), service-learning opportunities (18%, n=15), and/or student internships (15%, n=12) to support their teaching.

These findings lead us to wonder: Which parts of existing resources are being used by educators and to what extent? Furthermore, we question how truly aware
these educators are of these quality resources. The implication is that one key barrier to increasing the frequency and the quality of teaching about social insurance in higher education might be educators’ lack of awareness and access to existing resources.

**Structural Barriers Within the Academy**

“I think that if you went back 40 or 50 years or even farther that you would find that in economics programs and political science programs and perhaps sociology departments that the study of social insurance and public administration of social insurance was a much more lively and well regarded area. I don’t think there’s that same commitment at the level of higher education today…. the most prestigious subfields of the discipline and the most prominent powers within the discipline and the gatekeepers at the top of the discipline I think are committed to a much more rigorous, ostensibly value-free and policy-devoid kind of political science....”

**Political science professor**

One of the interesting themes that emerged from the key informant interviews is that faculty members recognize the shift in the focus away from teaching about social insurance within academic departments and disciplines. While one of the key informants drew a connection between this change and rise of postmodern theory in the academy, there were a number of other reasons that key informants indicated, including lack of faculty knowledge and preparedness, lack of time in the given course, and lack of departmental support for policy-relevant teaching. Another political science professor addressed the need for social insurance to be included in a variety of courses. She commented that, “You can’t leave it up to those who teach the public policy course.... You should infuse policy into everything you teach.”
Institutionalized Ageism

“Institutionalized Ageism

“Ageism - even though we're all going to grow older – remains, it seems to me, a true barrier. We either discuss older people as greedy geezers or we just ignore them...we ignore the fact that a lot of senior citizens are women... The causes of it, I think, are partly structural, partly fear of death, partly fear of not being in control and not wanting to do anything about it.”

History professor

“And then, above and beyond that, [students’] assumptions about Social Security being there for them... the issue of ‘why should I have to pay for the current population if it’s not going to be there for me?’”

Gerontology professor

It is surprising that key informants frequently identified ageism as a barrier to teaching social insurance. Respondents reported that ageism operates on a number of levels: students’ ageism (which relates in part to the indifference discussed below); the shift in focus away from social insurance/age-related programs (Social Security, Medicare) in many departments focused on aging; and the framing of older people as negative, burdensome, or problematic. This third manifestation of ageism is often perpetuated in the structure of classes themselves. As one sociologist pointed out, “Every social problems text has a chapter on the elderly, as though they were a problem.” There seems to be a persistent “elder as other” attitude among our students, resulting in the perception that Social Security, Medicare, and discussions around sustainability and reform are distant and distinct from their own lives.

Student Indifference and Exposure to Misinformation

“Structural barriers are less important than the wide open spaces of indifference.”

History professor
“People don’t understand that [Social Security] should be redistributive. Most people think ‘if I took this money and I put it in the stock market, I’d have more money.’ But there’s no redistribution of the risk, of responsibility.”

Sociology professor

Students enter classrooms with varying degrees of exposure to public policy processes and social insurance programs. However, key informants consistently commented on two feelings commonly expressed by students: their lack of interest in social insurance as a topic and their strong, if inaccurate, beliefs about social insurance programs, especially Social Security. These seem to mutually reinforce one another, erecting barriers for all students. For example, several key informants reported that students in the classroom share the misconception that Social Security will definitely not be there for them when they grow older. As one sociologist with experience teaching social insurance explained, “I always have a moment when I say: How many say Social Security won’t be there when you get old? Nearly everyone raises their hand.”

One of the key concepts that faculty seem to struggle with imparting to students is collective responsibility in a society that prizes, as one gerontology faculty member describes it, the “me/my” mentality. Central to addressing the indifference and misinformation of students about social insurance is changing and expanding their conceptualization of social and public policy from one that focuses on benefiting individuals to one that focuses on benefiting the public and collective good. As a history professor instructs, “…we should be talking not only about what’s the solution for me, but what does this do for my brothers and sisters, some of whom are much better off than I am and some of whom are not.”
Future Research

Given the dearth of prior research on this topic, both the online survey and the key informant interviews were designed to provide information regarding the teaching of social insurance in aging-related courses. Because of time constraints on the part of respondents and financial constraints of the research (e.g., using an online survey), we asked broad questions aimed at ascertaining the best overall sense of the current level of and interest in teaching social insurance in college and university-level courses on aging. Clearly, future research on this topic is necessary and should be expanded to address the following issues:

- The priority and inclusion afforded to social insurance education within a range of aging courses;
- The priority and inclusion afforded to social insurance education within gerontology and geriatric curricula more broadly, and for different types of degree and certificate programs within the field;
- The frequency of teaching of social insurance in courses other than aging courses, and within particular disciplines;
- Student interest in learning about social insurance;
- Student perspectives on the quality of social insurance teaching; and
- Impact of teaching on social insurance on student learning.

Further, future research on teaching social insurance at the college and university level (in aging or other courses) should be based on a national sample, with methods (e.g., telephone interview and follow up) designed to ensure higher
response rates. This would dramatically improve the generalizability of the results by increasing the sample size, diminishing the effects of geographic differences, and reducing the nonresponse bias. In addition, expanding the study to a national sample would allow for the incorporation of different types of higher education institutions such as community colleges and health professions/health sciences programs. Furthermore, a national-level study would provide the opportunity to focus on other important aspects of teaching social insurance, including student perspectives and the variability in types of social insurance education across disciplines and programs.

While social insurance is a crucial topic in aging studies (both gerontology and geriatrics), it is important in many other disciplines as well. Given this topic’s relevance to the citizen and leader roles that all students and young adults will play in shaping our society now and in the future, answers are needed to the questions raised above so that changes may be made at the institutional, programmatic, and disciplinary levels to augment the quality and frequency of teaching and learning about social insurance in the United States and around the globe.
Successful Strategies for Teaching and Learning

The key informants were aware of many of the various resources that are available on teaching social insurance, and shared a number of strategies that they use to successfully integrate social insurance into their curricula and classrooms. As one history professor explained, his goal when teaching social insurance was to foster a “moral twinge” in students akin to that which they felt about issues such as gay rights and abortion. Faculty seemed hopeful that, as in the words of one political science professor, “Training about social insurance, exposure to debates about social insurance, could really bring these issues back into public discourse . . . not as . . . shrill attacks from each side but as a real discussion of what role insurance should play in a dynamic capitalist economy of the 21st century.”

Across various disciplines, key informants identified a number of activities (primarily focused on Social Security) that they hoped would be replicable for those faculty who seek ways to present social insurance to students in a meaningful way. Many of the key informants described appealing to the students on a personal level by engaging them in conversations about their own families, exploring case studies that put a human face on the issue, and helping the students articulate and critically evaluate arguments from both sides of the privatization debates. For example, one sociologist explained how the experiences of students in the classroom can be used as a teaching opportunity. He asks his students, “How many [of you]
have benefited from Social Security through survivors’ or disability benefits?” In every class, some students raise their hands, and this revelation widens students’ understanding of who benefits from the program. He suggested developing an on-campus speaker’s bureau composed of students and others who benefited from Social Security (such as those who have been able to go to college as a result of receiving survivors’ benefits as a result of the death of a parent).

Another key informant brought the outside community into the classroom via a panel that afforded students the opportunity to interact with a group of women with a diverse set of experiences related to Social Security. The panel included three women: one had no benefits because she did not pay into Social Security; one had a wealthy husband and access to his benefits; and the third woman received benefits based on her own work record. According to this faculty member, these guests help make Social Security come alive for students.

Additionally, faculty reported using a wide array of non-academic primary sources (both historical and contemporary) to cultivate students’ abilities to critically evaluate materials from multiple perspectives on social insurance. As one sociologist explained, it was important to “carefully, slowly, systematically” explain social insurance in a historical and international context, helping students see the consequences of the different choices made by the United States and other industrialized nations. She further commented on the importance of helping students understand their own potential financial futures in relation to proposed reforms that shift Social Security away from defined benefits to a defined
contribution pension plan. Lastly, a number of respondents highlighted in-class debates as useful activities that allow students to explore the conflicting viewpoints that surround the public discussion of many social insurance programs.

It is our intention, given the current lack of knowledge about available resources, that the following section on resources will serve as a toolkit for professors who are interested in learning more about the vast array of information, resources, and teaching aids that are readily available. It is clear that efforts are needed in order to dispel myths about social insurance and existing social programs, to discourage ageist attitudes among students, and to allow students the opportunity to engage in this topic area in ways that benefit their overall learning, their growth as citizens, and our future society.
REFERENCES


TEACHING AIDS

The following section will review and present ideas and resources for social insurance lesson plans. These resources include PowerPoint presentations, lesson plans, syllabi, tests, reference lists, ideas for civic engagement, and recommended websites, fact sheets/primers/web resources, articles/reports, and books. Resources recommended by the authors of this paper are bolded.

PowerPoint Presentations

Consider using information from PowerPoint presentations that have already been developed and made available by trustworthy sources. Be sure to give proper credit to the authors of each of these presentations. See: [www.studentsforsocialsecurity.org](http://www.studentsforsocialsecurity.org) for PowerPoint presentations on topics relevant to social insurance. Also, consider making your own PowerPoint presentations dynamic and interesting with graphs, photographs, and cartoons. We found several visual educational materials through a quick search on Google Images ([www.images.google.com](http://www.images.google.com)) of social insurance, Social Security, and Medicare. Many organizations create, use and post figures, graphs, photographs, and cartoons on their websites, here are a few sites where you are guaranteed to find graphics:

- Center on Budget and Policy Priorities
- National Academy of Social Insurance
- National Committee to Preserve Social Security and Medicare
- Organisation for Economic Co-operation and Development (OECD)
- Social Security Administration.

Several websites also provide PowerPoint presentations that may be used in the classroom:

- [Students for Social Security and Concerned Scientists in Aging](http://www.studentsforsocialsecurity.org/getactive/organizers_toolkit.html)
- [Older Americans 2006 PowerPoint Slides](http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2006_Documents/slides/OA_2006.ppt)

Lesson Plans

Social Security and social insurance can be exciting topics to be discussed in the classroom. It is often helpful to engage students by talking about how Social Security and social insurance relate to them personally.

- Benefits Calculators
1. As in-class or homework assignment, ask students to use one of
the following calculators to determine their retirement income.
How would their benefits be different in the current Social
Security system and a privatized system? What factors contribute
to these calculations?
   a. Center for Economic and Policy Research
      http://www.cepr.net/calculators/ss/calculator.html
   b. AARP Retirement Calculator
   c. Social Security Administration
      http://www.ssa.gov/planners/calculators.htm
   d. Urban Institute: Income and Benefits Policy Center
      http://www.urban.org/content/PolicyCenters/Income_Benefits/Overview.htm
   e. Center for Budget and Policy Priorities
      http://www.workingamerica.org/issues/socialsecurity/calculator.htm

- **Social Security Game (American Academy of Actuaries)**
  1. In an internet-ready classroom, log onto the AAA website
     (http://www.actuary.org/socialsecurity/game.html).
  2. Explain to the students the mission of the AAA
  3. Walk the students through the AAA game, giving them a choice as
     a class to vote and justify their positions on the reform options.

- **Close to Home**
  1. Ask how many people in the class worked at some job for money last year?
     About how much of their income was withheld in taxes? In developing this
discussion, it is important to highlight the different programs to which
students’ taxes go (Social Security, Medicare, and other categories that
may be withheld from paychecks).
  2. Ask how many people in the class have someone in their immediate family
     who benefits from a social insurance program? How do they feel about
     social insurance programs? Are there elements of the program that are
dissatisfying to them? In what ways has the social insurance program
     affected their entire family?
  3. Ask how many people in the room expect to benefit from social insurance
     programs at some point in their life. Will they retire some day? At about
     what age? How many people in this room think they're going to collect
     Social Security when they get to retirement age? Why (or why not)? Will
     they rely on Medicare to cover their health care costs?
**The Classroom Debate**
1. Separate students in the class into three groups.
2. Allow students time in a computer lab (or as homework) to identify position statements from organizations related to social insurance.
3. Let the third group of students vote on which team (pro or against) made the most convincing case.

**60 Second Elevator Speech**
1. Break classroom into groups of three.
2. Instruct each group to create and present a 60 second speech stating their position on an issue related to social insurance. They may consider how they would describe social insurance programs to a child and how they could condense an argument to a 60 second elevator ride.
3. Rate the teams based on their debating technique and on the number of ideas they can get across in 60 seconds. For more information on social insurance from a child’s point of view, check out the Social Security Administration’s website for kids (http://www.ssa.gov/kids/kids.htm).

**IRS Teachers Lesson Plan**
Follow the IRS’s Teacher Lesson Plan on Taxes in US History: The Social Security Act of 1935.

**Syllabi**

Many instructors post classroom material online, creating a virtual library of syllabi. Below are links to several syllabi.

1. **AGHE Collection of Syllabi for Courses in Aging**
   http://www.aghe.org/site/aghewebsite/content.php?type=1&id=7963
2. **National Institute on Aging Curriculum**
   http://agingcenters.org/syllabi/
3. **Policy Oriented Gerontology Curriculum by Syracuse University Maxwell School Center for Policy Research**
   http://www-cpr.maxwell.svr.edu/gero_ed
4. **New York State Gerontology Curriculum Resource Guide**
   http://www.ithaca.edu/aging/guide/introduction.html
5. "Social Gerontology" (by Marsha Smith) available at:
   http://www.augustana.edu/academics/sociology/department/syllabi/so305.pdf
   http://www.as.uky.edu/Admin/faculty/viewdocs/sociology/archive/SOC_433sy1.doc
7. A law course by Peter W. Martin of the Legal Information Institute at Cornell (http://www.law.cornell.edu/socsec/course)
Tests

1. Social Security: What’s in it for Younger People?
   http://www.njfac.org/socialsecurity.php
2. “Some Facts Related to the Aging Process: True or False?”
   http://depts.washington.edu/geroctr/Curriculum3/ClassExercises/AgingFactsExercise-Questions.doc. For answers to the questions, see:
3. What’s your aging IQ? The National Institute on Aging offers a quiz of 20 true/false questions about aging that may useful with students. For a copy, see:
   http://www.niapublications.org/tipsheets/pdf/Whats_Your_Aging_IQ.pdf
4. For Erdman Palmore's "Facts on Aging" quiz, visit:

Reference Lists

1. AGHE’s Brief Bibliography Series
   http://www.aghe.org/site/aghewebsite/content.php?type=1&id=8076
2. Western Libraries Sociology: Geriatrics and Gerontology Resources
   http://www.library.wwu.edu/ref/subjects/sociology/sociology.html

Civic Engagement

Here are some suggested activities are not limited to the classroom:

- **Write a Letter to the Editor or an Op-Ed to a campus, local, or national newspaper.**

- Make a pledge to protect Social Security. Create a pledge stating your position on an important issue related to social insurance (privatization, reducing benefits, Medicare Part D, disability, etc.) and collect signatures supporting your position. Distribute pledge with signatures to stakeholders on the issue.

- Call the White House Comment Line (202) 456-1111 or your congressional representatives (202) 225-3121 to voice your opinion about issues relevant to social insurance. Encourage others to do the same.

- Start or contribute to blogs and online reviews of articles about social insurance.
➢ Organize a table during an event fair at school to educate fellow students about social insurance. Collect signatures on petitions or have students write letters to their congressional representatives.

➢ Identify and contact local organizations, politicians, businesses, and advocates interested in issues related to social insurance. Those interested might include: the Gray Panthers, Independent Living Resource Centers, adult day facilities, Long term Care Ombudsman Programs, labor unions, AARP, Rock the Vote, and academic departments (community studies, sociology, psychology, economics, political science, cultural studies, women’s studies, gerontology, social work, health care, etc). Ask these people to share information and events, and offer your services as a speaker, activist, etc.

➢ Visit websites and contribute to campaigns relevant to social insurance. Websites often run campaigns to support certain issues and can use your help. See our website list for ideas.
# Web Sites

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## Fact Sheets, Primers, and Web Resources

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