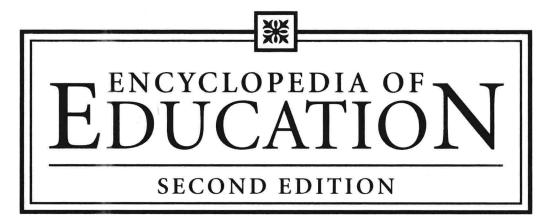


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SECOND EDITION



James W. Guthrie, Editor in Chief

VOLUME

5 Macdonald–Putnam

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# **Encyclopedia of Education, Second Edition**

James W. Guthrie, Editor in Chief

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# M

# MACDONALD, JAMES (1925–1983)

The work in curriculum theory of James Macdonald (1925–1983), Distinguished Professor of Education at the University of North Carolina at Greensboro, helped move the field beyond the traditional and scientific orientations of the 1950s and 1960s and toward an approach centered on human, ethical, and even spiritual considerations. Recognizing that schools were often dehumanizing and impersonal, Macdonald was a consistent critic of educational theory and practice that neglected the important work of helping students achieve their fullest potential as human beings in a democratic society.

Macdonald grew up in a small town in southern Wisconsin. First certified as a secondary school teacher in social studies, he briefly taught elementary school before enrolling in the doctoral program at the University of Wisconsin-Madison. There he studied under Virgil Herrick, a prominent professor of education whose analytic and conceptual work in curriculum theory would serve as a basis for Macdonald's own thought. Upon completing his doctoral degree, Macdonald taught at the University of Texas-Austin (1956-1957) and New York University (1957-1959) before returning to Wisconsin in 1959 as director of School Experimentation and Research at the University of Wisconsin-Milwaukee. In 1963 he moved to the University of Wisconsin-Madison as a professor in the Department of Curriculum and Instruction and the Department of Educational Policy. He returned to University of Wisconsin-Milwaukee in 1966 as a professor of Curriculum and Social and Philosophical Foundations of Education. In 1972 he accepted a position as Distinguished Professor of Education at the University

of North Carolina at Greensboro, where he remained until his death in 1983.

Throughout the course of its development, Macdonald's work reflected a systematic attempt to formulate a comprehensive curriculum theory that balanced the institutional, technocratic realities of schooling and educational research with human, ethical, and social ideals. He identified four stages through which his own thinking had evolved during the span of his career. The first stage was based on scientific theory and method and is reflected in Macdonald's work from the late 1950s and early 1960s. Taking his cue from Herrick, Macdonald's focus during this period was on building and explaining curriculum theory through scientific and empirical means.

Macdonald characterized the second stage of his thought as personalized humanism. During this time, Macdonald's work focused on understanding how schooling helped and hindered the development of students' self-concept. In his 1964 article, "An Image of Man: The Learner Himself," Macdonald extended humanist concepts popularized by psychologists like Carl Rogers and Abraham Maslow to processes of schooling. His concern was with human development, or becoming, and how schools and teachers could best facilitate the self-actualizing processes of their students.

By the late 1960s and early 1970s, Macdonald's thought had moved into a third stage, social humanism, which placed his earlier humanist concerns within a social and political context. His work of this period undertook an analytic critique of the social, bureaucratic, and institutional pressures on schooling and curriculum. His 1971 essay "The School as a Double Agent" took note of the conflict between

the democratic ideals of schooling and the repressive realities of its organizational, procedural, and institutional demands. In the 1978 essay "Curriculum, Consciousness, and Social Change," Macdonald reiterated his belief that the curriculum work done in schools should liberate the spiritual, intellectual, and physical potentiality of students in the interest of realizing the ideals inherent to democratic society.

Macdonald called the fourth stage in the development of his thought transcendentalism. In this stage, Macdonald extended his personalized and social humanist concerns into the area of culture. He argued for the need to transcend normal patterns of cultural awareness in order to promote the fullest realization of a student's sense of what it is to be human. In his 1974 article "A Transcendental Developmental Ideology of Education," Macdonald critiqued four basic conceptual models, or ideologies, of education and found each inadequate with respect to the justification of its underlying values. As an alternative to these four models, he proposed a transcendental developmental ideology based in part on the notion of aesthetic rationality, a form of knowledge that is both rational and intuitive.

Although Macdonald never published a booklength manuscript, he was a prolific essayist whose work appeared in a variety of scholarly and professional journals, edited books, and monographs. He was a regular presenter at professional conferences and gatherings. His work is widely associated with the curriculum field's reconceptualization, a movement in 1970s that sought to broaden the means and aims of curriculum theorizing by borrowing insights and methods from the humanities.

See also: Curriculum, School.

# BIBLIOGRAPHY

BURKE, MELVA M. 1985. "The Personal and Professional Journey of James B. Macdonald." *The Journal of Curriculum Theorizing* 6:84–119.

Macdonald, Bradley J., ed. 1995. Theory as a Prayerful Act: The Collected Essays of James B. Macdonald. New York: Lang.

MACDONALD, JAMES B., and ZARET, ESTHER, eds. 1975. Schools in Search of Meaning. Washington, DC: Association for Supervision and Curriculum Development.

PINAR, WILLIAM. 1995. "Introduction." In Theory as a Prayerful Act: The Collected Essays of James B.

Macdonald, ed. Bradley J. Macdonald. New York: Lang.

Schubert, William H. 1992. "On Mentorship: Examples from J. Harlan Shores and Others through Lenses Provided by James B. Macdonald." The Journal of Curriculum Theorizing 9:47—69.

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# **MAGNET SCHOOLS**

Magnet schools are public K–12 schools, or programs within schools, developed around a particular theme to promote racial and ethnic diversity. Magnet schools are based on the premise that all students do not learn in the same ways, and that if educators find a unifying theme or a different organizational structure for students with similar interests, those students will be motivated to learn more in all areas. In addition, magnet schools provide public choice within school districts.

If a magnet school attracts students and teachers, its chance of succeeding is greatly improved because those in attendance want to be there—they will have chosen that school. When a parent chooses a school for his or her child, that school is more likely to succeed for that child than would one to which that child was randomly assigned. These tenets underlie the development of magnet schools in America.

# History

In the United States during the 1960s some options to traditional public schools sprang up as a protest against racially segregated schools. These schools emphasized the basic subjects of reading, writing, and arithmetic, but they also included the study of the history of African Americans and the civil rights movement, and they were concerned with how schools could be tied to community needs. Some of these schools, called *street academies*, led to more permanent structures. Harlem Prep, for example, first funded by foundations, businesses, and industry, became one of the public schools of New York City.

The history of magnet schools is tied to the 1960s protest over school desegregation, and to the

educational reform model of public choice as a way to address educational inequality. Until the early 1970s federal district courts had directed school systems to implement desegregation policies. In Detroit the courts did not impose a multiple-district solution to segregation, but did approve special enrichment programs intended to help overcome the effects of past discrimination. In the wake of this decision, nearly every court order mandating that schools desegregate also included a voluntary component, which became known as magnet schools. The courts learned that by using a carrot instead of a stick, more desegregation would occur, and quality of education would improve at the same time.

In the late 1960s school districts across America were being torn apart by resistance to forced desegregation of the schools. Many parents moved to a suburban district to keep from having their children bused to a school away from the neighborhood. Others chose private education for their children. School administrators and boards of education began to try to find a voluntary way to reduce racial isolation.

The highly publicized violence and protests, as well as the white flight from public schools, made public school choice a school segregation remedy. As Lauri Steele and Roger Levine noted, by making available a curricular alternative, magnet schools were intended to provide incentives to parents to remain in the public school system while sending their children to integrated schools.

The first public school designed to reduce racial isolation by offering a school choice to parents was McCarver Elementary School in Tacoma, Washington, which opened in 1968. In 1969 Trotter Elementary School, in Boston, Massachusetts, opened for the same reasons. Both of these first attempts offered a new organizational pattern. They guaranteed continuous-progress education, in which students would progress at their own rates. Neither of these schools was called a magnet; they were referred to as alternative schools.

In 1970, with the assistance of \$6 million from the federal government, Minneapolis, Minnesota, mounted an alternative experiment in the southeast section of the city. This district opened four elementary schools and one high school with different organizational designs. Of the four elementary schools, the least structured was referred to as free, in which the students directed their own education. The second type was called open, and had an informal classroom design. The third was a continuous-progress school, and the fourth used a traditional approach, which Minneapolis called contemporary.

Following the pattern established in Minneapolis, Haaren High School in New York City, with the assistance of the Urban Coalition, broke into smaller units with more personalized instruction. Berkeley, California, also following the pattern established in the Minneapolis elementary schools, embarked on a full-scale alternative schools program, featuring basic-skills centers, environmentally-oriented programs, independent contracting for curriculum delivery with businesses, and more. The word magnet was still not being used, although these programs looked much like schools that are called magnets in the early twenty-first century.

Dallas, Texas, opened the first super high school in 1971. Designed around the concept of career strands, Skyline High School attracted students of all kinds-rich, poor, Hispanic, African-American, Asian, white-from all over the city. It even offered adult classes in the evenings. In fact the school rarely closed its doors. Some students came for a full-day program, others came part-time, and still others came after school.

# **Magnet Schools**

It was about this time that school administrators in Houston, Texas, in describing the effect of its Performing and Visual Arts School, said that it worked like a "magnet" in attracting students. The word appeared to catch on. By 1975 the term was being used to describe various types of fiscal assistance contemplated by the federal government.

In 1973 Cincinnati opened a wide range of school options, among them the first Montessori school in the public sector and the first foreign language school, both beginning in the primary grades. By 1980 most major cities had systems of magnets, but it was the federal courts, in ruling against school segregation, that caused the greatest surge in magnet education.

# Magnet Schools in the Early Twenty-First

Magnet schools and magnet programs continue to be used to reduce racial isolation, but they are increasingly considered superior options within the public sector for all students, even in districts of primarily one race. School districts offer anywhere from one to more than one hundred *themes* to attract students, including fine and performing arts, communications, humanities, wellness and health, education, international studies, language arts, technology, foreign languages, and many others.

North Dade Center for Modern Languages in Miami, Florida, specializes in modern languages and multicultural education for elementary students. The school's "magnet" is instruction in Spanish and French. Students at North Dade have excelled in all areas of the Stanford Achievement Test, scoring well above the national median. The Carver Center for the Arts and Technology in Baltimore, Maryland, is a public school with students in the ninth through twelfth grades that attracts students from a 600square-mile area. The students at Carver take ninety-minute block schedules that enable them to earn eleven additional credits beyond the Maryland state graduation requirements. Mabel Hoggard Magnet School is a K-5th grade school in Las Vegas, Nevada, that emphasizes math and science across the curriculum. The school has a partnership for student experience with the University of Nevada, Las Vegas, Engineering Department.

There are more than 4,000 magnet schools in the United States, and they are springing up in other countries, such as Canada and the Netherlands. The Dayton Accord, an agreement made to resolve the conflict in the former Yugoslavia, included a plan to develop a magnet school in Bosnia-Herzegovina. This school would promote cultural and ethnic diversity. Magnet schools in the United States come together to share their successes and struggles in a national non-profit membership organization: Magnet Schools of America (MSA).

# Magnet Schools of America

MSA is a national organization representing more than 4,000 magnet schools. It was founded to promote and advance the cause of magnet-school education. According to former executive director Dr. Donald Waldrip, MSA had its beginning in 1977, in the Dallas Independent School District. The first MSA conference featured Dr. Mario Fantini, dean of the University of Massachusetts School of Education and an advocate of public school choice; Dr. John B. Davis Jr., former Superintendent of the Minneapolis Public Schools, which was the first school system to adopt magnet schools; U.S. Senator John Glenn, who sponsored the first funding bill for magnet

schools; and the Honorable George Edwards, Chief Judge of the Sixth Circuit Court of Appeals and a voice for equity. Two more annual conferences were held—in 1978 in New Orleans and in 1979 in San Diego. Although Dr. Waldrip believed in 1979 that "everyone who was going to organize magnet schools had done so," after a seven-year hiatus the fourth conference was held in Milwaukee, and has been an annual event ever since. The conference offers staff development sessions, informational workshops, and opportunities to showcase magnet schools.

In 1991 Magnet Schools of America became a more formalized organization. At the tenth conference in Columbus, Ohio, a national board was elected, with Dr. Judith S. Stein serving as the first president. In 1994 MSA became a not-for-profit, 501(c)(3) corporation. For federally funded magnet schools (i.e., Magnet School Assistance Program grant recipients), MSA provides special technical assistance workshops on the development of new magnet schools, as well as programs for the improvement of existing schools.

# Mission of Magnet Schools of America

MSA's mission is to (1) promote the goals of desegregation, equity, and excellence through the expansion and improvement of magnet schools; (2) encourage the passage of legislation at both the state and national levels that will promote the development and improvement of magnet schools, (3) explore and establish linkages with other professional groups with similar interests, and (4) promote networking among magnet schools. MSA seeks to encourage America's businesses to become actively involved in magnet schools by supporting them both conceptually and financially. It also provides information for parents and community members on the benefits of magnet schools as public schools of choice, and acts as a national clearinghouse for information dissemination on magnet schools.

# The Federal Magnet Schools Assistance Program

The U.S. Department of Education has a competitive funding program for magnet schools, the Magnet School Assistance Program, which works in three-year cycles. Schools complete extensive applications based on a Request for Proposals from the federal government. Grant proposals can be quite extensive, sometimes running to several volumes. They include data on the community and school system, and re-

quire either a court-ordered or voluntary desegregation plan. The grant proposals are read by educators representing the various parts of the United States and the U.S. Department of Education and have a lengthy approval and encumbering process. The average grant is \$2 million, but grants can range upwards to \$4 million.

According to magnet school researchers Steele and Marion Eaton, the Magnet School Assistance Program was begun in 1984 to provide federal support for magnet schools that had desegregation plans, whether court-ordered or voluntary. The program provides funds to support the elimination, reduction, or prevention of minority isolation in elementary and secondary schools. Steel and Eaton note that federal support for magnet programs over the decade of the 1990s was substantial.

# Research and Popular Press

The National Educational Longitudinal Survey (NELS) is a popular study that surveyed all types of schools in 1988. After examining the NELS study, Adam Gamoran stated that he "found that magnet schools are more effective than regular schools at raising the proficiency of students in science, reading, and social studies." Furthermore, "magnet schools are more likely to serve disadvantaged students than comprehensive schools, yet they rate at least as well in academic climate, social attachment, and course taking" (Brooks, Stein, Waldrip, and Hale, p. 37).

Texas and Florida have the most magnet schools. Miami, Florida, and Orlando, Florida, were each labeled in 2001 as one of the "10 best cities for families" by Child magazine, based upon the magnet schools in these cities. Miami-Dade County and Palm Beach County, Florida, both have extensive magnet school programs. According to Working Mother magazine the "only downside [to magnet schools] seems to be that there aren't enough of them to fill the demand, and not enough space in the ones that exist" (Hanson-Harding, pp. 67-68). Magnet schools can be located by contacting the local education agency or Magnet Schools of America.

See also: ALTERNATIVE SCHOOLING; MULTICULTUR-AL EDUCATION.

# BIBLIOGRAPHY

BROOKS, ROBERT G.; STEIN, JUDITH S.; WALDRIP, DONALD R.; and HALE, PHALE D., eds. 1999. De-

- finitive Studies of Magnet Schools: Voices of Public School Choice. The Woodlands, TX: Magnet Schools of America.
- CHILD MAGAZINE. 2001. "The 10 Best Cities for Families." Child 67.
- Hanson-Harding, Brian. 2001. "The New School Lingo." Working Mother March: 65, 67.
- OLMSTEAD, PHYLLIS M., and STEIN, JUDITH S. 2001. Directory of Magnet Mentors, 2001. North Miami Beach, FL: Magnet Schools of America.
- STEELE, L., and LEVINE, R. 1994. Educational Innovation in Multiracial Contexts: The Growth of Magnet Schools in American Education. Washington, DC: American Institutes for Research.
- Steele, Lauri, and Eaton, Marion. 1996. Reducing, Eliminating, and Preventing Minority Isolation in American Schools: Impact of MSAP, Executive Summary. Washington, DC: American Institutes for Research.
- STEIN, JUDITH S.; OLMSTEAD, PHYLLIS M.; BROOKS, ROBERT G.; and HALE, PHALE D. 2000. Blueprint for Understanding and Operating Successful Magnet and Theme-Based Schools. Pembroke Pines, FL: ROC EdTech.
- WALDRIP, DONALD. 1998. "Executive Director's Column." CHOICE 8(4):2.

### INTERNET RESOURCE

Magnet Schools of America. 2002. <www. magnet.edu>.

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# MAINSTREAMING

See: Special Education.

# MAJOR

See: ACADEMIC MAJOR, THE.

# MANAGED CARE AND **CHILDREN**

Since the early 1980s the health care system in the United States has been radically transformed from

one dominated by fee-for-service arrangements to one dominated by managed care. Between 1980 and 2000 the number of Americans enrolled in some form of managed care rose fourteenfold. By that year, an estimated 140 million people were enrolled in health maintenance organizations (HMOs), one form of managed care. Because many children are beneficiaries of employment-based insurance, they are increasingly enrolled in managed-care plans, along with their parents. It is estimated that as of 1996, half of all insured children were enrolled in managed-care plans. Children are also being enrolled in managed-care plans through the nationwide conversion of state Medicaid programs from fee-for-service to managed care, and through the adoption of the State Child Health Insurance Program (SCHIP), which was enacted by Congress in 1997 to extend health insurance to low-income children who are ineligible for Medicaid, but whose family incomes are too low to afford private insurance. By 2000 most states had implemented managed-care programs for Medicaid and SCHIP beneficiaries.

# What Is Managed Care?

The term managed care refers to a variety of health care financing and delivery arrangements. The single unifying characteristic of these various approaches is that those enrolled are either encouraged or required to obtain care through a network of participating providers—providers that are selected by the managed-care organization and agree to abide by to the rules of that organization. This is in contrast to feefor-service arrangements, in which patients typically may seek care from any licensed health care professional or organization, and providers may perform services based on their individual judgments about what care is appropriate or needed. Under fee-forservice, however, an insurer may decide after the fact not to reimburse the health care provider or the patient for certain services received.

The primary purposes of limiting the range of providers available to enrolled patients under managed care are twofold: to control the patient's access to services, and to control the behavior of the providers. A limited network of providers not only restricts utilization to those providers in the plan, but also permits the plan to control participating providers with respect to patient utilization. By controlling access and utilization, plans can better control costs.

The ways in which managed-care plans control access and utilization varies among the different managed-care models. Plans vary in terms of the degree of risk that is placed on the physicians (as opposed to the plan or the payer); the relationship among the physicians within the network; and the exclusivity of the relationship between the plan (or an intermediary) and the medical group.

HMO plans generally have two defining characteristics: providers are at direct or indirect financial risk for providing services, and enrollees usually have no coverage for out-of-network use. The types of HMO plans are distinguished from each other by the type of physicians organization that delivers the services, and by the exclusivity of the relationship between the plan or intermediary and large medical groups.

Preferred provider organization (PPO) plans have three defining characteristics. First, they do not capitate or put their network physician members at risk. (Capitation is defined as a single payment to a provider per member per month of service, regardless of patient encounters.) PPOs generally pay physicians on a fee-for-service basis, often at a discount from usual, customary, and reasonable charges. Second, enrollees in a PPO plan usually receive services from a network of solo or small-group physicians and a network of hospitals that have nonexclusive relationships with the PPO (though some PPO enrollees receive services from large group practices). Third, PPO enrollees receive some benefit coverage if they obtain health care services from a nonnetwork provider.

Point-of-service (POS) plans may be thought of as HMOs with a PPO wraparound. They are defined by one typical characteristic. When services are needed (the point-of-service), enrollees can choose to obtain services out-of-network and still obtain some coverage for that service. POS-plan enrollees pay higher premiums than do those enrolled in traditional HMOs.

# Trends in Managed Care among Children

Since 1973, when Congress enacted the Health Maintenance Organization Act to support the development of HMOs, managed care has rapidly taken hold. By 1995 nearly three-quarters of Americans who received their health insurance through an employer were enrolled in a managed-care plan, up from 51 percent just two years earlier. Total membership in insurer-sponsored managed care at the end of the 1990's approached \$132 million. This widespread move toward managed care is largely a reflection of payers' interest in controlling their costs. Employers and government sponsors face increasing pressure to contain costs, including those related to health insurance for their employees. In some employer plans, as well as most Medicaid and SCHIP programs, consumers are no longer given the choice between managed care and open fee-forservice but are required to accept managed-care enrollment. Although both health insurance premium increases and Medicaid spending growth slowed in the late 1990s and into the twenty-first century, forecasters have predicted that managed care will continue to assume a greater proportion of the market.

The largest increases in managed-care enrollment have occurred in the private market. In 1996, 43 percent of insured persons were enrolled in HMOs. Managed care has also has taken over government insurance programs such as Medicaid. Since the early 1980s, when federal restrictions on managed-care enrollment were significantly relaxed, the number of Medicaid beneficiaries enrolled in managed care has risen. As a result, national enrollment rates in managed care grew fivefold during the 1990s. In California, where managed-care penetration is the greatest, half of all children with Medicaid coverage were enrolled in managed-care organizations in 1999. All states with SCHIP programs enroll participants in managed-care plans. Since Medicaid managed care involves mostly children, and SCHIP is exclusively for children, the adoption of managed care by these programs is significant. Indeed, managed care is becoming the norm for children. Nearly half of all insured children were enrolled in managed-care plans in 1996.

# Is Managed Care Good or Bad for Children?

Most observers agree that the transition from fee-for service arrangements to managed care presents both challenges and opportunities in the provision of services to children. Managed care has the potential to affect access to health care, the quality of care received, and health care costs in countless ways. Advocates of managed care contend that it can result in improvements over fee-for-service through improved coordination and convenience of health services, an emphasis on prevention, and establishing a medical home or continuity in health care. Opponents of managed care argue the opposite, contending that it has the potential to create barriers for children through financial disincentives to provide quality care, limitations on providers and services, and other system-related obstacles to care, particularly specialty care. Which of these perspectives is correct remains an unresolved question.

# Access, Quality, and Costs

Access. A major advantage of managed care over traditional fee-for-service delivery systems is that managed-care plans normally have more comprehensive information about their enrolled populations and can more effectively track service-use patterns. Managed-care plans can use data systems to develop strategies aimed at improving access to care and the quality of services received by children. A potential disadvantage is the strong incentive to control costs, which may limit needed medical services, particularly for vulnerable populations.

Despite these theoretical advantages and disadvantages, neither has been definitively proven. Studies assessing the impact of managed care on access to care among Medicaid-enrolled children in the early 1980s found that the use of routine preventive services was the same or slightly increased under Medicaid managed care compared to fee-for-service. However, compliance was below the recommended standards for check-ups set by the American Academy of Pediatrics and the federal Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program, which is a component of Medicaid specifying benefits that must be made available to enrolled children. Several more recent studies confirm this general finding. Researchers who examined eighteen access indicators found that only three of them showed statistically significant differences between children enrolled in managed care and children enrolled in traditional health plans. Children enrolled in managed care were more likely to receive physician services, more likely to have access to officebased care during evening or weekend hours, and more likely to report being very satisfied with the overall quality of care. However, the analysis also revealed some problem areas, including challenges getting appointments and contacting medical providers by telephone. Lack of strong evidence of differences in access to care has been found in other recent studies, as well.

One exception to this general finding relates to access to specialty medical care. There is evidence that children in managed-care plans face greater difficulties than others in obtaining pediatric specialty services. This is especially problematic for children with special health care needs (such as disabilities and chronic health problems) who are enrolled in plans that are more restrictive in terms of parents' ability to self-refer their children for specialty care.

Among general populations of HMO enrollees, children get more primary and preventive care, but they also get less specialist care and experience more provider access and organizational barriers to care. HMO enrollees are more likely to report a regular source of care than those enrolled in other types of insurance, but they are more likely to report access problems related to the organization of care delivery.

Quality. Little is known about the quality of care children receive in managed-care settings. Detecting differences related to quality is impeded by imprecise definitions of quality, as well as the lack of uniform methods of measuring it. While measuring quality is problematic regardless of the population of interest or the type of plans within which the population is enrolled, the lack of consistent and reliable methods of assessing quality in managed-care settings (especially given its widespread and rapid adoption), is of concern to many.

Nonetheless, some studies have attempted to assess the quality of managed care for children. By and large, these studies rely on parents' reported satisfaction with care and other services within the plan. (To date, no studies have been published that examined clinical differences or other direct measures of health status.) In general, the results are mixed. One major study found that over 95 percent of families generally reported high levels of satisfaction with their children's care regardless of the type of plan in which they are enrolled. This study found no strong evidence of significant differences in satisfaction with care or quality of care between children enrolled in managed care and fee-for-service health plans. This is in contrast to another study, which found evidence that families and providers are sometimes less satisfied under managed care.

Such mixed findings are also found when examining the experience of children in Medicaid managed care. One major study found no significant differences in parents' ratings of the health care experience comparing those of children in Medicaid managed care versus fee-for-service, while another found that Medicaid managed-care enrollees were slightly more satisfied than their counterparts in feefor-service plans. Interestingly, it appears that racial and ethnic minorities are generally less satisfied than their white counterparts. One study that found such differences concluded that language barriers largely account for the racial and ethnic disparities in satisfaction with care in Medicaid managed-care plans. These findings suggest the need for further research with diverse populations, such as African Americans, where language is not an issue in receiving care.

More research has been conducted on the impact of managed-care enrollment among general populations (rather than by age) and the majority of this work has focused on patient satisfaction. In general, these studies report that satisfaction with overall care was lower among HMOs, which also received fewer excellent ratings from enrollees regarding their visits with physicians. In addition, HMO enrollees were less confident that their physicians would refer them to needed specialty care than were consumers in non-HMO plans. All together, HMOs scored lower on eight out of nine satisfaction measures, with differences ranging from 3 to 7 percentage points, and enrollees reporting less satisfaction, lower levels of care, and less trust in their physicians.

Costs. Managed-care plans are nearly always designed to achieve some cost-savings. Despite this, few studies have examined the extent to which this promise is realized. Moreover, the bulk of pediatric research conducted thus far has focused on Medicaid populations. By and large, the research suggests that the extent to which managed care can lead to savings, at least among low-income children, is unclear. One major analysis of twelve evaluations of Medicaid managed-care programs for children found that seven studies reported a decrease in costs, two reported increased costs, and the remaining studies had mixed, unchanged, or unknown results. Other research has found savings up to 15 percent among children on welfare in managed care (compared with traditional fee-for-service Medicaid), while other experiments have produced little or no savings.

Among the general population, the findings are more certain. Compared to fee-for-service, enrollment in managed care has led to cost savings, particularly lower out-of-pocket costs for patients. Specifically, 10 percent of families enrolled in HMOs in one study paid more than \$1,000 in out-of-pocket expenses, compared with 17 percent of families enrolled in other types of plans. Consequently, HMO enrollees were less likely to cite financial problems as a barrier to care. However, they were more likely to report administrative barriers to care. It appears, though, that future cost savings may be limited, largely because lower costs to patients have translated into reduced profits for the health plans. As plans attempt to recoup these profits, out-of-pocket costs, such as co-payments for services, may rise.

# Conclusion

Because of the variability in managed-care plan organization and financing, much of the literature on managed care appears contradictory in its findings. In general, the research suggests that the extent to which managed care improves or impedes children's access to and utilization of quality care depends on the of type of managed care, the health status of children who are enrolled, and the circumstances under which they are enrolled (voluntary versus mandatory enrollment).

However, lack of more definitive data on access, quality, and costs, particularly among nonpoor children, suggests a need for more research on this subject. More and better information of the impact of managed-care enrollment on costs and quality are especially needed. These remain areas in which most information is anecdotal and largely speculative. Given that managed care is likely to remain a major, if not dominant, method of health care financing and delivery, it is critical that more is understood about its impact on children, so that any needed modifications in the design and organization can be made.

See also: HEALTH AND EDUCATION; HEALTH CARE AND CHILDREN.

# BIBLIOGRAPHY

- BERGMAN, DAVID A., and HOMER, CHARLES J. 1998. "Managed Care and the Quality of Children's Health Services." The Future of Children. 8(2):68-75.
- CARTLAND, JENNIFER, and YUDKOWSKY, BETH. 1992. "Barriers to Pediatric Referral in Managed Care Systems." Pediatrics 89:183-188.
- DEAL, LISA, and SHIONO, PATRICIA. 1998. "Medicaid Managed Care and Children: An Overview." The Future of Children 8(2):93-104.
- DELIA, DEREK; CANTOR, JOEL C.; and SANDMAN, DAVID. 2001. "Medicaid Managed Care in New York City: Recent Performance and Coming

- Challenges." American Journal of Public Health. 91:458-460.
- Fox, Harriet B., and McManus, Margaret A. 1998. "Improving State Medicaid Contracts and Plan Practices for Children with Special Health Care Needs." The Future of Children 8(2):105-119.
- Freund, Deborah; Rossiter, Louis F; Fox, Peter D; MEYER, JACK A; HURLEY, ROBERT E; CAREY, TIMOTHY S; and PAUL, JOHN R. 1989. "Evaluation of the Medicaid Competition Demonstrations." Health Care Financing Review 79:843-847.
- GANZ, MICHAEL LEE, and SISK, JANE E. 2000. "Evaluation of Medicaid Managed Care for Children: Access and Satisfaction." American Journal of Public Health 2:1947-1948.
- HEALTH INSURANCE ASSOCIATION OF AMERICA. 1999. Source Book of Health Insurance Data, 1999-2000. Washington, DC: Health Insurance Association of America.
- HURLEY, ROBERT E.; FREUND, DEBORAH; and PAUL, JOHN R. 1993. Managed Care in Medicaid: Lessons for Policy and Program Design. Ann Arbor, MI: Health Administration Press.
- JENSEN, GAIL A.; MORRISEY, MICHAEL A.; GAFFNEY, SHANNON; and LISTON, DEREK K. 1997. "The New Dominance of Managed Care: Insurance Trends in the 1990s." Health Affairs 16(1):125-136.
- LESLIE, LAUREL K.; SARAH, REBECCA; and PALFREY, JUDITH S. 1998. "Child Health Care in Changing Times." Pediatrics 101(4):746-751.
- Long, Sharon K., and Coughlin, Teresa A. 2001. "Impacts of Medicaid Managed Care on Children." Health Services Research 36(1):7-23.
- MAYNARD, CHARLES; RAMSEY, SCOTT; WICKIZER, Thomas; and Conrad, Douglas A. 2000. "Healthcare Charges and Use in Commercially Insured Children Enrolled in Managed Care Health Plans in Washington State." Maternal and Child Health Journal 4(1):29-38.
- MILLER, ROBERT, and LUFT, HAROLD. 1994. "Managed Care Plans: Characteristics, Growth and Premium Performance." Annual Review of Public Health 15:437-59.
- NEWACHECK, PAUL W.; HUNG, YUN-YI; MARCHI, KRISTEN S.; HUGHES, DANA C.; PITTER, CHRIS-

TIAN; and STODDARD, JEFFREY J. 2001. "The Impact of Managed Care on Children's Access, Satisfaction, Use, and Quality of Care." *Health Services Research* 2:315–334.

ROCHA, CYNTHIA J., and KABALK, LIZ E. 1999. "A Comparison Study of Access to Health Care under a Medicaid Managed Care Program." Health and Social Work. 24(3):169–179.

ROSENBACH MARGO L.; IRVIN, CAROL; and COULAM, ROBERT F. 1999. "Access for Low-Income Children: Is Health Insurance Enough?" *Pediatrics* 103(6):1167–1174.

ROWLAND, DIANE, and LYONS, BARBARA. 1987. "Mandatory HMO's for Milwaukee's Poor." Health Affairs. 6:87–100.

SIMPSON, LISA, and FRASER, IRENE. 1999. "Children and Managed Care: What Research Can, Can't, and Should Tell Us about the Impact." *Medical Care Research and Review* 56(2):13–36.

SISK, JANE E.; GORMAN, SHELIA A.; REISINGER, ANNE L.; GLIED, SHERRY A.; DUMOUCHEL, WILLIAM H.; and HYNES, MARGARET M. 1996. "Evaluation of Medicaid Managed Care: Satisfaction, Access and Use." *Journal of the American Medical Association* 276(1):50–55.

Weech-Maldonado, R.; Morales, Leo S.; Spritzer, Karen; Elliott, Marc; and Hayes, Ron D. 2001. "Racial and Ethnic Differences in Parents' Assessments of Pediatric Care in Medicaid Managed Care." *Health Services Research* 36(3):575–594.

Dana Hughes Karen Duderstadt

# MANN, HORACE (1796–1859)

Principal advocate of the nineteenth-century common school movement, Horace Mann became the catalyst for tuition-free public education and established the concept of state-sponsored free schools. The zeal with which Mann executed his plan for free schools was in keeping with the intellectual climate of Boston in the early days of the republic. The Mann contribution, state government sponsored education unfettered by sectarian control, made possible a democratic society rather than a government by elites. The atmosphere of early-nineteenth-

century Boston stimulated keen minds to correct social disharmonies caused by ignorance, intemperance, and human bondage. Reform that emanated from the Lockean notion that human nature may be improved by the actions of government motivated these New Englanders, who shaped social and political thought for generations.

Horace Mann was born in Franklin, Massachusetts, to Thomas Mann and Rebecca Stanley Mann. His parents lacked the means to educate their children beyond rudimentary ciphering and elementary reading. Therefore Mann's education consisted of no more than eight or ten weeks a year of sitting in tight rows on slab benches, learning from a schoolmaster barely out of his teens. Of his early schooling, Mann recalled, "Of all our faculties, the memory for words was the only one specially appealed to." A small lending library in Franklin circulated such books as John Bunyan's The Pilgrim's Progress. School days were minimal as the majority of the year was spent in haying, planting, and plowing. When Horace's father died of tuberculosis in 1809, the farm was left to an older son, Stanley Mann. The modest sum of \$200 was left to each child. Horace saved tuition by teaching his sister, Lydia, to read and write, instead of her attending school.

# **Education and Training**

Part of the bequest of Thomas Mann to Horace was spent on his tuition at Barrett's school. Horace was twenty in 1816, and his education to that point amounted to several dozen weeks scattered over nine years. At Barrett School under an exacting but sometimes intemperate schoolmaster, Mann first conjugated Latin verbs.

A half year at Barrett School fitted Mann for admission to the sophomore class at Brown University, where penury remained a constant problem for Mann. Mann graduated first in his class (1819) two years after arriving at the university. His oration, entitled "The Gradual Advancement of the Human Species in Dignity and Happiness," linked the success of the American political experiment directly to the development of its educational system. No valedictory speech has ever been more prophetic. Brown University president Asa Messer honored Mann by making him an instructor soon after his graduation. From 1820 until 1822 he taught Latin classics. Nine years later, Mann married Messer's daughter, Charlotte.

Mann's ambition was to train in the law at Judge Tapping Reeve's prestigious law school in Litchfield, Connecticut. At the time there was no better preparation for legal and political careers than Reeve's plain, free-standing law library located in the yard of his stately home in Litchfield. Meanwhile, Mann clerked in the office of Judge Fiske for thirteen months to earn tuition money. Mann arrived in Litchfield in 1822 for the course of study that took a year and a half and cost \$160. Then Mann became a clerk for Judge James Richardson in Dedham, Massachusetts, for several months until he was admitted to practice before the bar of the State of Massachusetts in 1823.

# Career and Contribution

Intemperance and the humane treatment of criminals were topics debated in polite society around Dedham, and Mann championed reforms ranging from temperance to religious toleration. He realized that through proper educating of the public, lasting change could be effected.

The positions of trust Mann achieved in Dedham in the 1820s made him confident to offer for the legislature in Massachusetts. The same year he was elected to the Dedham School Commission, he was also elected to the state's general assembly. Mann added the title legal counsel to the state supreme court, as well as commissioner to the new mental hospital, to his growing list of responsibilities.

After the death of his wife Charlotte in 1832, Mann liquidated his estate and resigned all offices, including his seat in the legislature. To those around him, it was apparent he planned to immerse himself in his work. Taking lodging at a boarding house in Boston, Mann joined the law firm of his old friend, Edward Loring. Boarders there were Boston notables such as Elizabeth Peabody, social crusader, and Reverend William Ellery Channing, the voice of Unitarianism in Boston. Elizabeth Peabody's sister, Mary, was there as well.

Friends persuaded him that he should stand for the Massachusetts senate in 1834 as a Whig. Mann had never competed politically at this level, and campaigns for senate races brought vitriolic debates not seen in his career before. As he celebrated his forty-first birthday, he contemplated his newest responsibility, president of the Massachusetts senate. This honor as a junior senator typifies the trust and respect colleagues placed in his judgment. One issue that the senate wrestled with for several years prior to Mann's election was how public education could better prepare people for citizenship in this expanding young republic. As senate president, Horace signed into law the bill creating the Massachusetts State Board of Education, unique for its time and designed to disseminate education information statewide and to improve curriculum, method, and facilities.

Educating the masses was also the concern of James G. Carter of Boston, and he published in 1825 the Outline for an Institute for the Education of Teachers. He wrote on the necessity of training teachers in the art of teaching. Normal schools were an outgrowth of this important early work in educational thought. Carter, a legislator, and Mann, president of the senate, maneuvered a revolutionary bill through both houses and to the desk of Governor Edward Everett.

The members of the board of the newly created State Department of Education selected Mann as its first secretary. Mann resigned his seat in the state senate. Mann, like many Bostonians, believed that the emphasis on public education held more promise than either government or religion for yielding lasting social reform. He accepted a 50 percent cut in pay, from \$3,000 a year to \$1,500. His personal journal records, "I have faith in the improvability of the race, in their accelerating improvability. . . . "

The struggle for common schools in Massachusetts defined the parameters of the free school movement for decades to come. Though Mann engaged in reforms such as temperance and the treatment of the insane, the perfection of the common school concept occupied his waking hours for the rest of his life. Mann argued that all citizens, regardless of race or economic status, should have equal access to a tuition-free, tax-supported public school system. Such a system must be responsive to all races and nonsectarian if society is to achieve the unshackled status of a true democracy.

Mann knew he had to convince the entire state that the common school system was desirable and worth the increased tax revenue. He conducted town meetings across the state, giving a speech "The Means and Objects of Common School Education." The obstacle was a populace that did not care whether more schooling was offered.

Mann's tour of the state's schools concluded with Salem, the town where Mary Peabody was teaching. Once more, he pleaded for a statewide system of tuition-free education that would, he claimed, break down the troubling hierarchy of class in American society. Mann had spent months on tour, and much of what he had encountered discouraged him. Revenue would have to be raised to build adequate schools and staff them with learned teachers. There was the problem of poor versus wealthy districts; and that of the poor counties' being able to offer an education comparable to that of wealthy counties. Inadequate instruction troubled Mann as much as broken-down school buildings. He contemplated teacher training academies, called *normal schools*, as a solution.

Required by state law to make an annual report to the legislature on the condition of the state's school districts and programs, Mann turned the legal mandate into a yearly treatise on educational philosophy and methods. His annual reports became his platform for launching new programs and educating the public on new ideas in pedagogy. He explored new ideas in school design and the teaching of reading by words rather than by alphabet letters. Simple instruction in daily hygiene was emphasized along with more interesting ways of teaching science. Mann saw education as the uniting force to bring understanding and toleration between factions of the populace, as well as between the various states themselves. One novel idea Mann put forth was that teachers should gather together periodically to share ideas.

Mann developed the special teacher training colleges that he called normal schools. Instruction expertise rose yearly because the normal schools graduated capable teachers and eliminated the unfit. With teaching skills garnered from the normal school programs, teachers looked forward to a higher pay scale. Horace Mann was certain that better schools coupled with compulsory education would cure the ills of society. Traditional education did not vanish quickly in Massachusetts, however. Many found that curriculum and instruction varied little from content and materials of their grandparents' time.

Mann recalled the small library he had known while growing up. He believed that every child should have that advantage, so he set up a library expansion program. Mann also liked the German kindergarten idea that his confidant, Mary Peabody, espoused. Horace married Mary Peabody in 1843 in the bookstore that her sister, Elizabeth, ran on West

Street, a store that was a gathering place for William Ellery Channing, Ralph Waldo Emerson, Margaret Fuller, Nathaniel Hawthorne, and Henry David Thoreau. Mary's sister, Sophia, had wed Nathaniel Hawthorne there a few months earlier. Horace wished to take a trip to Europe to visit common schools, so they settled upon that idea as their honeymoon.

One person Mann wanted to meet in England was Charles Dickens, the social reformer and novelist. Dickens gave Mann and his wife a tour of London's wretched east side. The squalor was worse by far than anything Mann had seen in America. The English schools did not impress Mann, either. Recitation and Anglican dogma dulled the student's appetite for intellectual stimulation. He was amazed that teachers talked in monotone voices and stood transfixed during lecture. The Manns traveled widely in England and on the continent. While touring the University of Berlin, Horace learned that Alexander von Humboldt had implemented a state certification process and written examinations for teachers. Horace realized that this is what he must do in Massachusetts to eliminate the problem of incompetent teachers.

Mann's seventh annual report to the board was written partly on the voyage home. The comparisons he made with European schools, especially German schools, offended school administrators. Critics questioned Mann's credentials to lead school reform. Mann stood his ground for five more years and continued to bring uniformity to programs and quality of instruction.

Mann saw revenue for education rise precipitously over the twelve years of his tenure (1836–1848). He popularized the idea of a centralized bureaucracy to manage primary and secondary education. He advised the legislature on fiscal responsibility in implementing equal programs throughout the state. He standardized the requirements for the diploma.

When the eighth congressional seat became vacant due to the death of John Quincy Adams, Mann ran for the office and was successful in his first federal election. The two terms he spent in Washington were neither satisfactory nor productive. He had disagreements with his loyal political friends Daniel Webster and Charles Sumner. Against a backdrop of the rising tension over slavery, Horace sought a way out after his second term.