

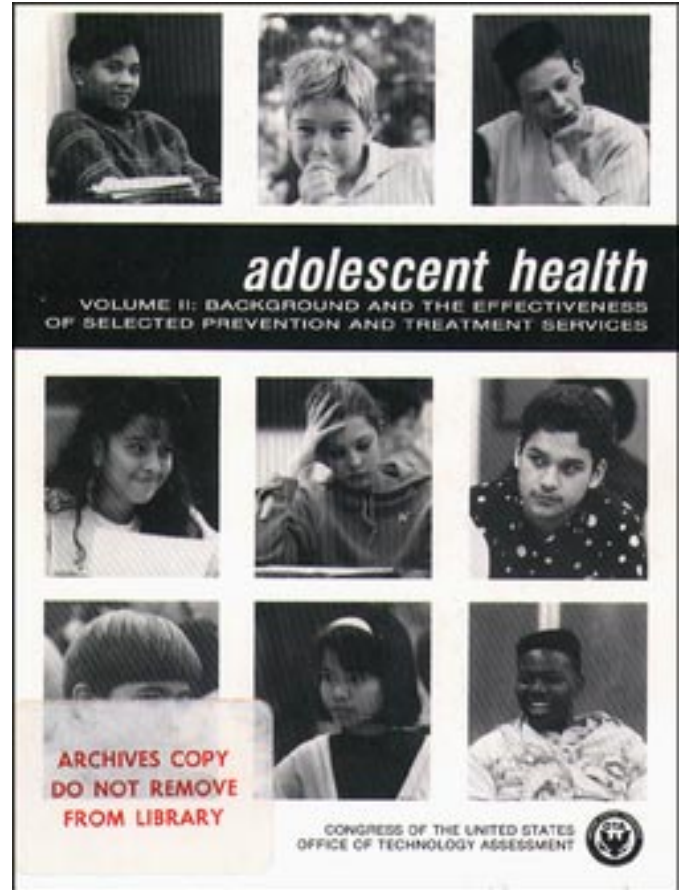
*Adolescent Health, Vol. II: Background and  
the Effectiveness of Selected Prevention and  
Treatment Services*

October 1991

OTA-H-466

NTIS order #PB92-157577

GPO stock #052-003-01235-9



Recommended Citation:

U.S. Congress, Office of Technology Assessment, *Adolescent Health-Volume II: Background and the Effectiveness of Selected Prevention and Treatment Services, OTA-H-466* (Washington, DC: U.S. Government Printing Office, November 1991).

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For sale by the U. S. Government Printing Office  
Superintendent of Documents, Mail Stop SSOP, Washington, DC 20540-3402

**ISBN 0-16 -035981-3**

## Foreword

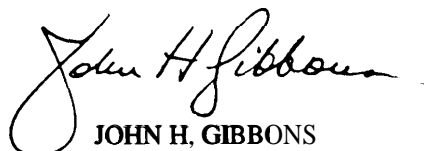
Adolescence, the poet suggested, “is the one age [that] defeats the metaphor.” In many respects, such as legal and financial dependence, adolescents are still children; in other respects, such as physical development, they approach and then reach adult status. In part because they experience profound biological, emotional, intellectual and social changes, adolescents as a group-and some adolescents more than others-are uniquely vulnerable to the impact of many of the Nation’s social policies. For numerous reasons, policymakers and the public have long struggled with the establishment of appropriate health-related policies and programs for adolescents.

OTA’s report responds to the request of numerous Members of Congress to review the physical, emotional, and behavioral health status of contemporary American adolescents, including adolescents in groups who might be more likely to be in special need of health-related interventions: adolescents living in poverty, adolescents from racial and ethnic minority groups, Native American adolescents, and adolescents in rural areas. In addition, OTA was asked to: 1) identify risk and protective factors for adolescent health problems and integrate national data in order to understand the clustering of specific adolescent problems, 2) evaluate options in the organization of health services and technologies available to adolescents (including accessibility and financing), 3) assess options in the conduct of national health surveys to improve collection of adolescent health statistics, and 4) identify gaps in research on the health and behavior of adolescents.

Senator Daniel K. Inouye, Chairman of the Senate Select Committee on Indian Affairs, and Senator Nancy Landon Kassebaum, Ranking Minority Member of the Subcommittee on Education, Arts, and Humanities of the Senate Committee on Labor and Human Resources, were the lead requesters of OTA’s adolescent health study. Requesters included chairmen or Ranking Minority Members of the Senate Appropriations Committee, the Senate Commerce, Science, and Transportation Committee, the Senate Finance Committee, the Senate Labor and Human Resources Committee, the Senate Small Business Committee, the Senate Veterans’ Affairs Committee, and the House Interior and Insular Affairs Committee; and the Chairman and six senatorial members of the congressional Technology Assessment Board. A letter of support was received from the House Select Committee on Children, Youth, and Families.

This OTA assessment is being published in three volumes: Volume I, *Summary and Policy Options*; Volume II, *Background and the Effectiveness of Selected Prevention and Treatment Services*; and Volume III, *Crosscutting Issues in the Delivery of Health and Related Services*. Volume I was published in April 1991, and Volume III was published in June 1991. Two related reports have already been issued as part of this study (see appendix A in Volume I).

OTA was greatly assisted by an advisory panel, chaired by Felton Earls, Professor of Behavioral Sciences at the Harvard University School of Public Health. Michael I. Cohen, Chairman of the Department of Pediatrics at the Albert Einstein College of Medicine in New York, served as vice chairman. In addition, many individuals from academia, the Federal Government, the private sector, and the public provided information and reviewed drafts of the assessment. OTA would like to especially thank Carnegie Corporation of New York, and its operating program, the Carnegie Council on Adolescent Development, for their generous and diverse assistance throughout the course of this assessment. Finally, the members of our Youth Advisory Panel-a group of 21 individuals ages 10 through 19, who met often with OTA staff, with OTA’s advisory panel, and with workshop participants-were essential to the study. These young people provided the adolescent perspective on health concerns of importance to young people, and made valuable suggestions for improving health services and health policy. The final responsibility for the content of the assessment rests with OTA.



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NOTE: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.

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<sup>1</sup>Until July 1990

<sup>2</sup>From October 1988 to March 1990

<sup>3</sup>From December 1988 to August 1990

<sup>4</sup>From June 1990

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<sup>6</sup>From April to September 1990

<sup>7</sup>From May to August 1990

<sup>8</sup>From November 1989 to May 1990

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● Supported by Carnegie Corporation of New York and the Carnegie Council on Adolescent Development,

Volume II

# **BACKGROUND AND THE EFFECTIVENESS OF SELECTED PREVENTION AND TREATMENT**