

# Appendix C.—Glossary of Acronyms, Glossary of Terms, Acknowledgments, Health Program Advisory Committee Members

---

## Glossary of Acronyms

ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration (PHS)	HSA	Health Services Administration (PHS)
AIS	abbreviated injury scale	HSQB	Health Standards and Quality Bureau (HCFA)
APTD	Aid to the Permanently and Totally Disabled Program	HUD	Department of Housing and Urban Development
ATCB	Architectural and Transportation Compliance Board	ICF/MR	Intermediate Care Facilities for the Mentally Retarded
BRP	Beneficiary Rehabilitation Program (SSDI)	IDE	investigational device exemption
BSSR	Bureau of Social Science Research, Inc.	IEP	individualized educational program
CBA	cost-benefit analysis	IHP	individualized habilitation plan
CBO	Congressional Budget Office (U.S. Congress)	ILC	independent living center (also see CIL)
CEA	cost-effectiveness analysis	IRSG	Insurance Rehabilitation Study Group
CETA	Comprehensive Employment and Training Act	IWRP	individualized written rehabilitation program
CIL	center for independent living (also can be ILC)	LRE	least restrictive environment
COMSAT	Communications Satellite Corp.	NARF	National Association of Rehabilitation Facilities
CRS	Congressional Research Service (Library of Congress)	NARIC	National Rehabilitation Information Center
DD	developmental disability (ies)	NAS	National Academy of Sciences
DHEW	Department of Health, Education, and Welfare (now DHHS)	NASA	National Aeronautics and Space Administration
DHHS	Department of Health and Human Services	NBS	National Bureau of Standards
DME	durable medical equipment	NCHCT	National Center for Health Care Technology (OASH)
DOD	Department of Defense	NCHS	National Center for Health Statistics (OASH)
DOE	Department of Education	NCHSR	National Center for Health Services Research (OASH)
DOL	Department of Labor	NEI	National Eye Institute (NIH)
DOT	Department of Transportation	NHTSC	National Highway Traffic Safety Administration
FAI	functional assessment inventory	NIA	National Institute on Aging (NIH)
FDA	Food and Drug Administration (PHS)	NIADDK	National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases
GAO	General Accounting Office (U.S. Congress)	NICHD	National Institute of Child Health and Human Development (NIH)
GMENAC	Graduate Medical Education National Advisory Committee	NIH	National Institutes of Health (PHS)
HCFA	Health Care Financing Administration (DHHS)	NIHR	National Institute of Handicapped Research (DOE)
HEW	See DHEW	NINCDS	National Institute of Neurological and Communicative Disorders and Stroke (NIH)
HHS	See DHHS	NSC	National Safety Council
HP	habilitation plan (developmental disabilities)	NSF	National Science Foundation
HRA	Health Resources Administration (PHS)		

OASH	Office of the Assistant Secretary for Health (DHHS)
OHDS	Office of Human Development Services (DHHS)
OHI	Office for Handicapped individuals (DOE)
OHRST	Office of Health Research, Statistics and Technology (OASH)
OPPR	Office of Policy Planning and Research (HCFA)
OSE	Office of Special Education (Department of Education)
OSMA	Office of Small Manufacturers' Assistance (FDA)
OTA	Office of Technology Assessment (U.S. Congress)
PHS	Public Health Service (DHHS)
R&D	research and development
REC	rehabilitation engineering center (NIHR)
RER&D	Rehabilitation Engineering Research and Development Program (VA)
RI	rehabilitation indicators
RSA	Rehabilitation Services Administration (DOE)
RTC	research and training center (NIHR); sometimes seen as R&TC
SBA	Small Business Administration
SGA	substantial gainful activity
SSA	Social Security Administration (DHHS)
SSDI	Social Security Disability Insurance Program (SSA)
SSI	Supplemental Security Income Program (SSA)
SSI-VR	Supplemental Security Income-Vocational Rehabilitation Program (SSA)
TASH	Technical Aids and Systems for the Handicapped, Inc.
VA	Veterans Administration
VDI	vehicle deformation index
VR	vocational rehabilitation

## Glossary of Terms\*

**Allied health provider:** A specially trained and licensed (when necessary) health worker who provides direct services to clients which supplement, complement, or support the professional functions of physicians, dentists, podiatrists, or nurses. Types

of allied health providers include physical therapists, speech therapists, occupational therapists, rehabilitation counselors, rehabilitation engineers, orthotic and prosthetic technologists, and social workers.

**Appropriate technology:** A term used in this report to mean the appropriate development and, especially, *application* of technology to eliminate or reduce an impairment, disabling condition, or a handicapping condition. It does not refer to the intermediate- or low-capital technology movement.

**Attendant care services:** Services that are provided by an attendant in assisting a severely disabled person, usually a person needing a wheelchair for mobility, with basic activities of daily living so that the disabled person may live more independently.

**Comprehensive technology assessment:** See "technology assessment."

**Cost-benefit analysis (CBA):** An analytical technique that compares the costs of a project or technological application to the resultant benefits, with both costs and benefits expressed by the same measure. This measure is nearly always monetary.

**Cost-effectiveness analysis (CEA):** An analytical technique that compares the costs of a project or of alternative projects to the resultant benefits, with cost and benefits/effectiveness not expressed by the same measure. Costs are usually expressed in dollars, but benefits/effectiveness are ordinarily expressed in terms such as "lives saved," "disability avoided," "quality-adjusted life years (QALYs) saved," or any other relevant objectives. Also, when benefits / effectiveness are difficult to express in a common metric, they may be presented as an "array."

**Development disability (DD):** A severe, chronic disability that is attributable to mental or physical impairments that are manifested before the person reaches age 22, which is likely to continue indefinitely, and which results in substantial functional limitations in three or more of the following categories: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency.

**Device (medical):** Any physical item, excluding drugs, used in medical care (including instruments, apparatus, machines, implants, and reagents).

**Disability:** A term used to denote the presence of one or more functional limitations. A person with a disability has a limited ability or an inability to perform one or more basic life functions (e. g., walking) at a level considered "typical."

**Drug:** Any chemical or biological substance that may be applied to, ingested by, or injected into humans in order to prevent, treat, or diagnose disease or other medical conditions.

\* OTA would like to thank Marvin Kornbluh of the Congressional Research Service for sharing his glossary of disability-related terms with us.

**Durable medical equipment (DME):** A category for reimbursement under Medicare, part B, which refers to equipment that: 1) can withstand repeated use, 2) serves primarily a medical purpose, 3) is not generally useful in the absence of an illness or an injury, and 4) is appropriate for use in the home. Examples of DME include hospital beds and accessories, wheelchairs and accessories, canes and crutches.

**Efficacy:** The probability of benefit to individuals in a defined population from a medical technology applied for a given medical problem under ideal conditions of use.

**Functional limitation:** An inability to perform some basic life activity (e.g., walking, grasping, or speaking) at a "typical" level due to an underlying physical or medical condition.

**Habilitation:** The process of the combined and coordinated use of medical, social, educational, and vocational services for training individuals born with limited functional ability to attain the highest possible level of functional ability. Also called "rehabilitation."

**Handicap:** Inability to perform one or more life functions (e.g., eating, conversing, working) at a "typical" level, caused by the interaction of an individual's disability with the physical and social environments in which that person is functioning or expected to function.

**Impairment:** A physiological, anatomical, or mental loss or "abnormality" caused by accident, disease, or congenital condition. An impairment may be the underlying cause of a disability.

**Incidence:** In epidemiology, the number of cases of disease, infection, or some other event having their onset during a prescribed period of time in relation to the unit of population in which they occur. It measures morbidity or other events as they happen over a period of time.

**Independent living center (ILC):** A program that provides or organizes services to assist disabled individuals experience independent living (the ability to make one's own decisions and assume responsibility for one's own life), including integration into the community to the maximum extent feasible or desirable, and access to support services in order to maintain independence.

**Least restrictive environment (LRE):** A concept incorporated into the Education For All Handicapped Children Act that means that handicapped children must be educated to the maximum extent appropriate with nonhandicapped children. Appropriateness is the factor that determines whether a child will be educated in the regular classroom or in another set-

ting such as a special classroom, a special (separate) school, at home, or in a hospital or other institution.

**Mainstreaming:** A process that assists or enables disabled persons to live, work, and learn in the same settings as nondisabled persons. The term is often used to refer to the process of educating disabled children with nondisabled ones in the same classrooms and schools. A more accurate term might be "integration."

**Medicaid:** A Federal program that is administered and operated individually by each participating State government that provides medical benefits to certain low-income persons in need of health and medical care. Disabled individuals who receive Supplemental Security Income (SSI) payments (see SSI) also receive Medicaid benefits.

**Medical technology:** The drugs, devices, and medical and surgical procedures used in medical care, and the organizational and support systems within which such care is provided.

**Medicare:** A nationwide, federally administered health insurance program authorized in 1965 to cover the cost of hospitalization, medical care, and some related services for eligible persons over age 65, persons receiving Social Security Disability Insurance (SSDI) payments for 2 years (see SSDI), and persons with end-stage renal disease. Medicare consists of two separate but coordinated programs-hospital insurance (part A) and supplementary medical insurance (part B). Health insurance protection is available to insured persons without regard to income.

**Morbidity:** A measure of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence. Sometimes used to refer to any episode of disease. See also "mortality (death)."

**Mortality (death):** A measure of deaths, used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time.

**Prevalence:** In epidemiology, the number of cases of disease, infected persons, or persons with disabilities or some other condition, present at a particular time and in relation to the size of the population. It is a measure of morbidity at a point in time.

**Procedure (medical or surgical):** A medical technology involving any combination of drugs, devices, and provider skills and abilities. For example, an appendectomy may involve at least drugs (for anesthesia), monitoring devices, surgical devices, and physicians', nurses', and support staffs' skilled actions.

**Rehabilitation:** The process of the combined and coordinated use of medical, social, educational, and vocational services for training or retraining individuals, who have become disabled, to the highest possible level of functional ability. Also called “habilitation.”

**Rehabilitation engineer:** A professional who coordinates various concepts, techniques, and developments in engineering, psychology, systems information, medical and rehabilitation practice, and information regarding diseases or handicaps, to assist disabled persons in the rehabilitation process by providing specific solutions to problems these individuals face in utilizing their abilities.

**Rehabilitation engineering center (REC):** A research center devoted to research in specific rehabilitation engineering topics funded by the National Institute of Handicapped Research. Since 1971, 12 RECs have been established in the United States, with 3 collaborating centers overseas.

**Rehabilitation physician specialist (physiatrist):** A physician who has completed postgraduate medical education in the specialty of rehabilitation medicine and who provides medical rehabilitative services and organizes systems of care in the community, obtains resources for clients and programs, conducts research, and provides education on disability.

**Research and training center (RTC):** A university-based research center funded by the National Institute of Handicapped Research that performs research in one of the following areas of the rehabilitation field—medical rehabilitation, mental retardation rehabilitation, vocational rehabilitation, deafness rehabilitation, blindness rehabilitation, and mental health rehabilitation—and conducts training programs for rehabilitation and health care professionals in the specialty area.

**Related services:** An entitlement under the Education for All Handicapped Children Act to available technologies in the form of aids and services that are necessary for educating a disabled child in the least restrictive environment (LRE). (See LRE. )

**Risk:** A measure of the probability of an adverse or untoward outcome’s occurring and the severity of the resultant harm to health of individuals in a defined population associated with use of a medical technology applied for a given medical problem under specified conditions of use.

**Risk-benefit analysis:** The formal comparison of the probability and level of adverse or untoward outcomes versus positive outcomes for any given action. The comparison of outcomes does not take into consideration the resource costs involved in the intended action.

**Safety:** A judgment of the acceptability of risk (see above) in a specified situation.

**Special education:** The process of teaching children with disabilities, particularly children who have emotional illness, specific learning disabilities, or mental retardation. Also refers to the process of teaching children with unusually high intellectual potential.

**Social Security Disability Insurance (SSDI):** A Federal social insurance program for workers who have contributed to the social security retirement program and become disabled before retirement age. Beneficiaries receive monthly cash payments.

**Substantial gainful activity (SGA):** An earnings test used in the determination of eligibility for the Social Security Disability Insurance or Supplemental Security Income programs. In order to be considered disabled under either program, an individual must have a severe impairment and cannot be engaging in SGA, or earning more than \$300 per month. Earnings above the SGA limit automatically cause a determination of “not disabled.”

**Supplemental Security Income (SSI):** A Federal income support program for low-income disabled, aged, and blind persons. Eligibility for the monthly cash payments is based on the individual’s current status without regard to previous work or contributions to a trust fund. Some States supplement the Federal benefit.

**Technology:** The application of organized knowledge to practical ends.

**Technology assessment:** A comprehensive form of policy research that examines the technical, economic, and social consequences of technological applications. It is especially concerned with unintended, indirect, or delayed social impacts. In health policy, the term has also come to mean any form of policy analysis concerned with medical technology, especially the evaluation of efficacy and safety. The comprehensive form of technology assessment is then termed “comprehensive technology assessment.”

**Vocational rehabilitation:** In general, the process of utilizing services and assistive devices to enable a disabled individual to enter or return to gainful employment. Specifically, vocational rehabilitation refers to the program authorized by the Rehabilitation Act of 1973, as amended, which provides Federal grants to State rehabilitation agencies to provide vocational rehabilitation services. The Vocational Rehabilitation program is administered at the Federal level by the Rehabilitation Services Administration.

## Acknowledgments

This project has benefited from the advice of a great many people in addition to the Advisory Panel, the Health Program Advisory Committee, special consultants, and contractors. The staff would like to especially thank the following individuals for their assistance and support.

Bruce Archambault, Council of State Administrators of Vocational Rehabilitation  
 Association of Handicapped Artists, Inc.  
 Robert L. Beadles, Research Triangle Institute  
 Pat Berilgen, Great Oaks Center  
 Carol Berman, Department of Education  
 Harold Buzzell, Department of Education  
 David Campbell, DC\* - Designs in Sound  
 Jeffrey Cohn, Washington, D.C.  
 Frank Coombs, Veterans Administration  
 Barry Corbet, Golden, Colorado  
 Joan Costello, University of Chicago  
 Thomas Cowley, Phonic Ear, Inc.  
 W. Palmer Dearing, Blue Cross and Blue Shield Associations  
 Thomas Drury, National Center for Health Statistics  
 George Engstrom, National Institute of Handicapped Research  
 Barbara Finberg, Carnegie Corp.  
 Richard Flaherty, Health Industry Manufacturers Association  
 Donald Galvin, Michigan State University  
 Margaret Giannini, Veterans Administration  
 John Gliedman, New York City  
 Anna C. Hofmarm, Phonic Ear, Inc.  
 John Kal, Federal Aviation Administration  
 Richard LeClair, National Institute of Handicapped Research  
 Harriet Loeb, Washington, D.C.  
 David Martin, Health and Welfare Canada  
 Howard Matthews, Senate Committee on Labor and Human Resources  
 Richard Melia, National Institute of Handicapped Research  
 Michael Mittelman, Aetna Life & Casualty  
 Danny Naylor, Great Oaks Center  
 Seymour Perry, National Institutes of Health  
 Roger Peterson, Institute for Economic Development  
 Ronald Philips, National Aeronautics and Space Administration  
 Margaret Porter, Department of Health and Human Services  
 Ruth Purtilo, Massachusetts General Hospital  
 James Reswick, National Institute of Handicapped Research

Reese Robrahn, American Coalition of Citizens With Disabilities  
 Cheryl Rogers, University of Chicago  
 David Saks, Organization for the Use of the Telephone  
 1. Richard Savage, Yale University  
 Eugene Schneller, Union College  
 Edward Sontag, Department of Education  
 Joseph Traub, National Institute of Handicapped Research  
 Donald Vargo, National Aeronautics and Space Administration  
 Claude Whitehead, New Jersey Association of Rehabilitation Facilities  
 George Willingmyre, Health Industry Manufacturers Association  
 Ronald Wilson, National Center for Health Statistics  
 Harold Yucker, Hofstra University  
 Irving Zola, Brandeis University

## Health Program Advisory Committee Members

Sidney S. Lee, *Chairman*  
 Vice President, Michael Reese Hospital and Medical Center  
 Stuart H. Altman  
 Dean, Florence Heller School  
 Brandeis University  
 Robert M. Ball  
 Institute of Medicine  
 National Academy of Sciences  
 Lewis H. Butler  
 Health Policy Program, School of Medicine  
 University of California, San Francisco  
 Kurt Deuschle  
 Mount Sinai School of Medicine  
 Zita Fearon  
 Consumer Commission on the Accreditation of Health Services, Inc.  
 Rashi Fein  
 Center for Community Health and Medical Care  
 Harvard Medical School  
 Melvin A. Glasser  
 Committee for National Health Insurance  
 Patricia King  
 Georgetown Law Center  
 Joyce C. Lashof  
 Dean, School of Public Health  
 University of California, Berkeley  
 Mark Lepper  
 Vice President for Inter-Institutional Affairs  
 Rush-Presbyterian-St. Luke's Medical Center

Margaret Mahoney  
President, The Commonwealth Fund

Frederick Mosteller  
Department of Health Policy and Management  
Harvard School of Public Health

Beverlee Myers  
Director, Department of Health Services  
State of California

Mitchell Rabkin  
General Director  
Beth Israel Hospital

Frederick C. Robbins  
President, Institute of Medicine  
National Academy of Sciences

Rosemary Stevens  
Department of History and Sociology of Science  
University of Pennsylvania

Kerr White  
Rockefeller Foundation