

APPENDIXES

GLOSSARY OF ABBREVIATIONS AND TERMS

Abbreviations

- AAP —American Academy of Pediatrics
 ACOG —American College of Obstetrics and Gynecology
 ADAMHA—Alcohol, Drug Abuse, and Mental Health Administration (Public Health Service)
 AFDC —Aid to Families With Dependent Children
 AIDS —acquired immunodeficiency syndrome
 AMA —American Medical Association
 CASSP —Child and Adolescent Service System Program (National Institute of Mental Health)
 CDC —Centers for Disease Control (Public Health Service)
 CFR —Code of Federal Regulations
 CHAMPUS —Civilian Health and Medical Program of the Uniformed Services (U.S. Department of Defense)
 CHC —community health center
 CPO —Center for Population Options
 DHHS —U.S. Department of Health and Human Services
 DSM-III —*Diagnostic and Statistical Manual*, 3rd edition
 EPSDT—Early and Periodic Screening, Diagnosis, and Treatment program (Medicaid)
 ERISA —Employee Retirement and Income Security Act (Public Law 92-104)
 FR —Federal Register
 FSA —Family Support Administration (U.S. Department of Health and Human Services)
 HCFA —Health Care Financing Administration (U.S. Department of Health and Human Services)
 Hispanic —Hispanic Health and Nutrition
 HANES Examination Survey (National Center for Health Statistics)
 HIV —human immunodeficiency virus
 HMO —health maintenance organization
 HRSA —Health Resources and Services Administration (Public Health Service)
 IHS —Indian Health Service (Public Health Service)
 IQ —intelligence quotient
 JOBS —Job Opportunity and Basic Skills training program (Family Support Administration)
 NAMCS —National Ambulatory Medical Care Survey (National Center for Health Statistics)
 NCHS —National Center for Health Statistics (Centers for Disease Control)
 NHANES —National Health and Nutrition Examination Survey (National Center for Health Statistics)
 NHIS —National Health Interview Survey (National Center for Health Statistics)
 NIH —National Institutes of Health (Public Health Service)
 NIMH —National Institute of Mental Health (Alcohol, Drug Abuse, and Mental Health Administration)
 NSFG—National Survey of Family Growth (National Center for Health Statistics)
 OASH -Office of the Assistant Secretary for Health (U.S. Department of Health and Human Services)
 OB/GYN -obstetrics/gynecology
 OBRA-81 -Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35)
 OBRA-89 --Omnibus Budget Reconciliation Act of 1989 (Public Law 101-239)
 OBRA-90 -Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508)
 OHDS -Office of Human Development Services (U.S. Department of Health and Human Services)
 OJJDP -Office of Juvenile Justice and Delinquency Prevention (U.S. Department of Justice)
 OTA --Office of Technology Assessment (U.S. Congress)
 PHS —U.S. Public Health Service (U.S. Department of Health and Human Services)
 PPO —preferred provider organization
 SAM-The Society for Adolescent Medicine
 SLHC —school-linked health center
 SPRANS —special projects of regional and national significance
 SSI —Supplemental Security Income program (U.S. Department of Health and Human Services)
 STD —sexually transmitted disease
 VISTA —Volunteers in Service to America (ACTION)
 WIC —Special Supplemental Food Program for Women, Infants, and Children (U.S. Department of Agriculture)

Terms

Access: Potential and actual entry of a population into the health care delivery system. Elements of access include availability, affordability, and approachability.

Acute condition: A problem or disease of limited duration, as opposed to chronic. According to the DHHS National Center for Health Statistics, a condition is considered acute if: 1) it was first noticed no longer than 3 months before the reference date of the interview and 2) it is not one of the conditions considered *chronic* regardless of the time of onset. However, any acute condition is not associated with either at least one doctor visit or at least 1 day of restricted activity is considered to be of minor consequence and is excluded from the final data produced by the DHHS National Center for Health Statistics' *National Health Interview Survey*.

Adolescence: Definitions of adolescence vary, and many observers agree that a definition based on age alone is not sufficient. Adolescence typically takes place during the second decade of life, and is initiated by *puberty*, although physical and other changes occur (i.e., in height, weight, head size, facial structure, facial expression, and cognitive abilities). As used by OTA, adolescence most often refers to the period of life from ages 10 through 18. See *early adolescence*, *middle adolescence*, *late adolescence*, *younger adolescents*, *older adolescents*.

Adolescent health: **Narrow** definitions of adolescent health might be the absence of physical disease and disability and the absence of engagement in health-compromising behaviors that lead to the so-called *new morbidities*. A broader definition would also include positive components of health (e.g., social competence); and health and well-being from the perspective of adolescents themselves (e.g., perceived quality of life). A fully realized view of adolescent health would also consider the impact of social (e.g., families, schools, communities, policies) and physical (e.g., fluoridation, automobile and highway design and construction) influences on health and would be sensitive to developmental changes that occur during adolescence. See also *health*.

Adolescent medicine: A certified medical subspecialty of pediatrics, focusing on the care of adolescents. See *pediatrician*.

Advocacy: Refers to support, coordination and linkage to experts, individuals, groups, and institutions who may help adolescents. May be provided by parents or others known to an adolescents.

Age of majority: The age at which by law a person is entitled to the management of his or her own affairs and to the enjoyment of civic rights. Currently, the age of majority is set at age 18 in every State but Alaska, Nebraska, and Wyoming, where the age is 19.

AIDS (acquired immunodeficiency syndrome): A disease caused by *human immunodeficiency virus (HIV)* and characterized by a deficiency of the immune system. The primary defect in AIDS is an acquired, persistent, quantitative functional depression within the T4 subset of lymphocytes. This depression often leads to infections caused by micro-organisms that usually do not produce infections in individuals with normal immunity. HIV infection can be transmitted from one infected individual to another by means that include the sharing of a contaminated intravenous needle and engaging in *unprotected sexual intercourse* (i.e., intercourse without the use of condoms).

Aid to Families With Dependent Children (AFDC) program: A program, established by the Social Security Act of 1935, providing cash payments to needy children (and their caretakers) who lack support because at least one parent is dead, disabled, continually absent from the home, or unemployed. Eligible families must meet income and resource criteria specified by the State.

Alcohol abuse: See *substance abuse*.

Alcohol, drug abuse, and mental health (ADM) block grant: The major Federal program providing funds to States for outpatient alcohol, drug abuse, and mental health treatment programs. (Funds are not allowed to be used for *inpatient* services.) States receive a share of the ADM block grant appropriation through a formula based in part on the size of the State population (Subpart 1, part B of title XIX of the Public Health Service Act). The ADM block grant is administered by the Office of Treatment Improvement in the Alcohol, Drug Abuse, and Mental Health Administration in DHHS.

Ambulatory care: Health care services provided to patients who are not inpatients of hospitals or other residential facilities (e.g., residential treatment centers, nursing homes). May include care provided in a hospital on an *outpatient* basis. But see *National Ambulatory Medical Care Survey*, *National Health Interview Survey*, *office visit*, and *physician contact*.

Anticipatory guidance: The provision of health education, information, or counseling about topics important to health, optimally before problems have arisen.

Block grants: Sums of Federal funds allotted to State agencies (e.g., education, health) which may be passed onto local agencies. States determine the mix of services provided and the population served and are accountable to the Federal Government only to the extent that funds are spent in accordance with program requirements. Sometimes, however, set-asides are required for specific population groups.

Case law: The body of law created by judicial opinions rendered in legal cases in contrast to statutory law generated by legislatures.

Chronic condition: A problem or disease that is lingering and lasting, as opposed to acute. For purposes of DHHS' *National Health Interview Survey*, a condition is considered "chronic" if: 1) the respondent indicates it was first noticed more than 3 months before the reference date of the interview and it exists at the time of the interview, or 2) it is a type of condition that ordinarily has a duration of more than 3 months. Examples of conditions that are considered chronic regardless of their time of onset are diabetes, heart conditions, emphysema, and arthritis.

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS): A health insurance program, administered by the U.S. Department of Defense, that provides health benefits to military dependents and retirees who are unable to receive services through uniformed service medical treatment facilities.

Civilian noninstitutional population: The civilian population not residing in institutions. Institutions include correctional institutions, detention homes, and training schools for juvenile offenders, homes for dependent and neglected children, homes and schools for the mentally or physically handicapped, and homes for unwed mothers. This population is the denominator in rates calculated for the *National Ambulatory Medical Care Survey*, the *National Health and Nutrition Examination Survey*, and the *National Health Interview Survey*.

Coinurance payment: A specified percentage, usually 20 percent, that a person with health insurance must pay for each covered service up to an annual limit (e.g., \$1,500) after which the plan pays 100 percent of covered benefits. Compare *deductible*.

Common law: As distinguished from statutory law created by a legislature, the body of principles and rules of action which derive their authority solely from long-standing usages and customs (in particular, Anglo-American usages and customs) or from the judgments and decrees of the courts recognizing, affirming, and enforcing such usages and customs.

Common law rule: A rule grounded in common law (see above) rather than in statutory law.

Community health center (CHC): An organization that provides primary health care and other health related services to individuals in the local community. As of 1989, there were about 1,200 community health centers providing services at more than 2,000 sites throughout the country. Roughly half of these centers were receiving Federal grants under Section 330 of the Public Health Service Act, which authorizes grants to public and private nonprofit organizations that provide primary health care to populations or areas that are "medically underserved."

Competence (to make health care decisions): Having sufficient knowledge, judgment, or skill to make

health care decisions. The legal concept of competency is central to existing laws governing health care decisionmaking with respect to minors, and the *parental consent requirement* is partially an outgrowth of the presumption that minors are incompetent to make health care decisions.

Comprehensive centers for adolescents: School-linked or community-based centers provide *comprehensive services for adolescents*.

Comprehensive services for adolescents: The elements of comprehensive health and related services for adolescents are not entirely agreed upon. They include, at a minimum, care for acute physical illnesses, general medical examinations in preparation for involvement in athletics, mental health counseling, laboratory tests, *reproductive health care*, *family counseling*, prescriptions, *advocacy*, and coordination of care; the more comprehensive may include educational services, vocational services, legal assistance, recreational opportunities, child care services and parenting education for adolescent parents. Not all services are available at all centers, but a well-functioning comprehensive services center would provide for the coordinated delivery of care both within the center and between the center and outside agencies and providers.

Confidentiality (of the physician/patient relationship):

The state or quality of being confidential, that is intended to be held in confidence or kept secret. Courts and legislatures have established a physician-patient privilege to protect the confidentiality of communications between physicians and their patients and have established similar privileges to ensure the confidentiality of communications between other types of health care providers and their patients or clients. By and large, the confidentiality of the relationship between health service providers and minors and the disclosure of confidential information by health service providers to the parents of minors or other third parties are not addressed in case or statutory law.

Consent: See *informed consent*, *parental consent requirement*.

Constitutional law: The branch of law that involves the U.S. Constitution.

Contraception: The prevention of conception or impregnation by any variety of means, including periodic abstinence (rhythm method); control of ejaculation (coitus interrupts); the use of spermicidal chemicals in jellies or creams; mechanical barriers (e.g., condoms, caps, or diaphragms); prevention of implantation (e.g., intrauterine device); the use of synthetic hormones to control the female reproductive cycle (e.g., the oral contraceptive pill); and sterilization of the male or female partner.

Contract: An agreement, express or implied, between two or more persons which creates an obligation to do or not to do a particular thing. Its essentials are

competent parties, subject matter, legal consideration, mutuality of agreement, and mutuality of obligation. The relationship between a physician and an adult patient is usually considered a contractual relationship.

Contract law: Law pertaining to contracts (see above).

Conventional health insurance plan: A traditional indemnity or fee-for-service health insurance plan that typically reimburses the health provider on a “reasonable and customary” basis or as billed. Distinguished from *health maintenance organizations (HMOs)* and *preferred provider organization (PPOs)*. Compare *managed fee-for-service plan*.

Copayment: See *coinsurance payment*.

Covariation: The tendency of health problems to occur in the same individual at approximately the same time. The problems may have a single common cause, or one problem may be the cause of another.

Culturally competent: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. See *culture*.

Culture: Implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

Current Population Survey (CPS): A household sample survey of the *civilian noninstitutionalized population* that provide estimates of employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various other subgroups of the population. The survey is conducted monthly by the Bureau of the Census within the U.S. Department of Commerce. Annual data on the number of people living in poverty and their characteristics, based on income during the previous year and families’ status as of March of the current year, are obtained in the March supplement to the Current Population Survey, which surveys a sample of households from the most recent decennial census.

Deductible: A specific dollar amount, usually about \$400 per family, that must be paid before a health insurance plan begins paying benefits.

Demonstration project: An intervention that is typically in an experimental (unproven) stage of effectiveness and is supported for a limited period with an evaluation component.

Diagnosable mental disorders: Disorders included in the American Psychiatric Association’s *Diagnostic*

and Statistical Manual of Mental Disorders, 3rd ed., revised.

Discretionary spending programs (in the Federal budget): Those spending programs subject to the annual appropriations process. Compare *entitlement programs*.

Early adolescence: A period encompassing the profound physical and social changes that occur with puberty, as maturation begins and social interactions become increasingly focused on sex (e.g., on members of the opposite sex). Typically takes place from ages 10 through 14. Compare *middle adolescence*, *late adolescence*, *younger adolescents*, *older adolescents*.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program: A State and federally funded, State-administered program under Medicaid that is intended to provide preventive screening exams and followup services for illnesses, abnormalities, and treatable conditions to Medicaid-eligible children under age 21. The EPSDT benefit was enacted in 1967; with changes introduced in 1989, EPSDT offers the most comprehensive child and adolescent preventive care package currently available in any private or public financing plan. As such, it is potentially the most important primary care benefit available to adolescents covered by Medicaid.

Emancipated minor: A minor who has been legally freed from the control and authority of his or her parents. Under the common law doctrine of emancipation, emancipation may be expressed, as by voluntary agreement of the parent and child, or implied from such acts and conduct as import consent (e.g., a minor’s marriage or establishment of a home away from that of his or her parents); it may be complete or partial; and it may or may not result in a minor’s having the right to consent to health services. About half the States have enacted statutes that allow for court-ordered emancipation. In some States, these statutes explicitly state that emancipation removes the disabilities of minority, including the requirement of parental consent to health services.

Employer mandate: A requirement imposed by the Federal Government on the States that employers offer group health insurance policies and pay a significant amount of the premiums for all employees who work more than a specified number of hours per week.

Employment-based group health plans: A *group health plan* that is offered to employees by an employer. The terms private health insurance, private health plans, and group health plans are often used interchangeably in this volume to refer to employment-based group health plans.

Entitlement programs: Programs that provide benefits paid out automatically to all who qualify unless there is a change in underlying law (examples include Federal employee retirement benefits, Medicare, *Med-*

icaid, unemployment compensation, *Aid to Families With Dependent Children*).

Ethnicity: A term used to indicate national origin (e.g., Hispanic). Most census and health status information is available for individuals of *Hispanic* origin. Compare *race*.

Family autonomy: Noninterference by the state in the right of families to make important decisions concerning family life and family members. A tradition of family autonomy is deeply embedded in Anglo-American law and can be traced back to Roman law, the Judeo-Christian tradition, and Anglo-Saxon customary law. Family autonomy is often, but not always, equated with parental authority.

Family composition: See *family structure*.

Family counseling: Counseling provided to an entire family rather than solely to an individual.

Family planning: A range of services intended to help individuals plan when to have children, from counseling concerning the advisability of initiating sexual intercourse to the provision of contraceptive methods. Services may be provided in freestanding family planning clinics or in more general health services settings. See *contraception*, *Title X of the Public Health Service Act*,

Family structure: Used to describe the relationship between dependent children and the adult head(s) of household with whom they reside. In this report, typically includes: a family consisting of children and a single parent (a single parent family); children living with their biological parents (sometimes called an "intact" family); dependent children living with a biological parent and a stepparent (stepfamily or blended family); and dependent children not living with a parent.

Federal poverty level: The official U.S. Government definition of poverty based on cash income levels for families of different sizes. Responsibility for changing poverty concepts and definitions rests with the Office of Management and Budget.

Fee-for-service: See *conventional health insurance plan*.

Financial access (to health services): In this Report, used to refer to aspects of access that have to do with health insurance coverage and ability to pay for services. Compare *legal access*.

Freestanding (**comprehensive**) **services centers (for adolescents):** Those *comprehensive services centers* not located within a school, *health maintenance organization*, hospital, or other facility.

Group health plan: A health insurance plan that is obtained, not on an individual or family basis, but through an employment or other membership contract. Also see *employment-based group health plan*. The terms private health insurance, private health plans, and group health plans are often used interchangeably

in this volume to refer to employment-based group plans.

Health: Most **broadly**, a state of optimal physical, mental, and social well-being, and not merely the absence of disease and infirmity. See *adolescent health*.

Health care provider: Any of the broad range of disciplines that specialize in providing health care services. Includes, but is not necessarily limited to, health educators, nurses, nurse-midwives, nurse-practitioners, psychiatric nurses, clinical psychologists, clinical social workers, and physicians.

Health education: Activities aimed at influencing behavior in such a way as it is hoped will assist in the promotion of health and the prevention of disease.

Health maintenance organization (HMO): An organization that, in return for a prospective per capita (cavitation) payments, acts as both insurer and provider of comprehensive but specified health care services to a voluntarily enrolled population. Prepaid group practices and individual practice associations are types of HMOs.

Health outcome: A measure of the effectiveness of preventive or treatment health services, typically in terms of patient health status, but sometimes in terms of patient satisfaction. Attributing changes in outcomes to health services requires distinguishing the effects of the many other factors that influence patients' health and satisfaction.

Health promotion: Most broadly, a philosophy of health or a set of activities that takes as its aim the promotion of health, not just the prevention of disease. Sometimes narrowly defined as the set of prevention efforts aimed at changing individual behavior: Compare *health education*, *health protection*, and *preventive health services*.

Health protection: Strategies for health promotion and disease prevention related to environmental or regulatory measures that confer protection on large population groups.

Health services system: Traditionally, the aggregation of diagnostic and treatment services delivered by health care professionals, including physicians, physician assistants, nurses, nurse-practitioners, psychologists, and health educators.

Hispanics: Persons who identify themselves as of Hispanic origin, or, less typically, individuals with Hispanic surnames identified by others (e.g., health care providers identifying patients in surveys) as of Hispanic origin. Hispanics can be those whose families have emigrated directly from Spain, or from Cuba, Central or South America. Persons of Hispanic origin can be of any *race* (white, black, American Indian); most have been found to be white. See *ethnicity*.

Human immunodeficiency virus (HIV): The virus that causes AIDS.

Human resources programs: In the U.S. Federal budget, includes the following broad categories of Federal expenditures: education, training, employment, and social services; health; Medicare; income security; social security; and veterans benefits and services. Human resources programs are referred to by some as “social welfare programs. Does not include Federal expenditures related to: national defense; physical resources (i.e., energy; natural resources and environment; commerce and housing credit; transportation; and community and regional development); net interest; and “other functions” (i.e., international affairs; general science, space and technology; agriculture; administration of justice; general government; and allowances).

Indian: In this Report, refers to Native Americans in the continental United States, and Indians, Aleuts, and Eskimos in Alaska.

Informed consent: A person’s agreement to allow something to happen (e.g., a medical procedure) that is based on a full disclosure of facts needed to make the decision intelligently. Informed consent is also the name for a general principle of law that a physician has a duty to disclose information about the risks of a proposed treatment to a patient so that the patient may intelligently exercise his or her judgment about whether to undergo that treatment.

Informed consent doctrine: A legal doctrine, developed in judicial opinions and codified by legislation, that imposes a legal duty on physicians to give their adult patients information necessary for the patients to make an informed and voluntary choice regarding proposed medical treatment or surgery; a physician’s failure to obtain a patient’s informed consent may give rise to civil liability. Although the doctrine of informed consent is based on the premise that every person has a right to determine what is done to his or her body, the focus of the doctrine as it has been articulated and applied is on the duty of health professionals to disclose information to patients rather than on the patients’ understanding of the information.

Inpatient care: Care that includes an overnight stay in a medical facility.

Internist: A physician who specializes in the diagnosis and medical, as opposed to surgical and obstetrical, treatment of diseases of adults.

Late adolescence: Occurs for those individuals, typically ages 18 to the mid-20s, who, because of educational goals and other social factors, delay their entry into adult roles. Compare *early adolescence*, *middle adolescence*, *younger adolescents*, and *older adolescents*.

Legal access (to health services): In this Report, used to refer to aspects of access that have to do with *consent* and *confidentiality*. Compare *financial access*.

Managed fee-for-service plan: A *conventional health insurance plan* which requires patients to obtain prior

approval before admission to a hospital and prospective utilization review.

Managed health care: Care provided to enrollees in *managed for-fee service plans*, *health maintenance organizations (HMOs)* and *preferred provider organizations (PPOs)*. Patients in managed health care plans do not have open access to physicians or hospitals and usually must obtain prior approval before admission to a hospital. HMOs and PPOs may also require that the health provider’s treatment plan be reviewed to ensure that it is necessary. Patients who do not follow the HMO or PPO guidelines may face larger out-of-pocket costs or be denied payment altogether. Some managed health care plans contain “individual benefits management” programs that allow payment for otherwise uncovered benefits (e.g., home- and community-based services) in order to avoid the utilization of more costly covered services.

Maternal and child health block grants: Under the authority of Title V of the Social Security Act, funds made available to States for the purpose of assuring “access to quality maternal and child health services, especially for those with low incomes and living in areas with limited availability of health services.” Distributed and overseen by the Bureau of Maternal and Child Health in DHHS’ Health Resources and Services Administration.

Maternity care: Medical services provided from conception, through labor and delivery, and during the postpartum period (through the sixth week after birth).

Medicaid: A federally aided, State-administered program that provides medical assistance for low-income people meeting specific income and family structure requirements.

Medically needy Medicaid recipients: People who receive Medicaid under State “medically needy” programs. States have the option to offer Medicaid to medically needy people who would be categorically eligible for Medicaid but whose income and resources lie above the standards for *Aid to Families With Dependent Children*, (AFDC). Each State sets its own medically needy resource and income standards up to 133 percent of State AFDC income standards.

Medium and large firms: Firms with at least 100 or 250 employees, depending on the industry.

Mental disorders: See *diagnosable mental disorders*.

Mental health problems: See *diagnosable mental disorders*, and *subjective distress*.

Mental health services: Care for the treatment of *mental health problems*, *third-party payment* for which is usually limited to *diagnosable mental disorders*, and not available for *subjective distress* without an accompanying *diagnosable mental disorder*.

Middle adolescence: Typically, a time of increasing independence. Generally takes place during the period from ages 15 through 17. For those adolescents who do

not go on to (and remain in) college, age 17 or completion of high school marks the end of adolescence, in social terms. Compare *early adolescence*, *late adolescence*, *younger adolescents*, and *older adolescents*.

Minor: A person who has not reached the *age of majority*, either age 18 or 19, depending on the State. Currently, the age of majority is set at age 18 in every State but Alaska, Nebraska, and Wyoming, where the age is 19.

Morbidity: The condition of being diseased or otherwise afflicted with an unhealthful condition. See also *new morbidities*.

National Ambulatory Medical Care Survey (NAMCS): A continuing national probability sample of ambulatory medical encounters. The survey covers physician-patient encounters in the offices of nonfederally employed physicians classified by the American Medical Association or American Osteopathic Association as “office-based, patient care” physicians. It excludes visits to hospital-based physicians, visits to specialists in anesthesiology, pathology, and radiology. It also excludes telephone contacts and nonoffice visits. NAMCS is conducted by the National Center for Health Statistics in DHHS.

National Health and Nutrition Examination Survey (NHANES): A survey in which data on the status of the population are obtained by means of direct physical examinations, clinical and laboratory tests, and related measurement procedures, NHANES is the successor to the National Health Examination Survey, which was conducted from 1966 to 1970, and which oversampled adolescents. NHANES I was conducted from 1971 through 1974, NHANES II, from 1976 through 1980, and NHANES III is expected to be completed in 1994. NHANES is conducted by the National Center for Health Statistics in DHHS.

National Health Interview Survey (NHIS): A continuing nationwide sample survey in which personal household interviews are used to obtain information on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, utilization of health resources, and other health topics. For individuals under age 17, information is collected from a proxy respondent, typically a parent or guardian, NHIS is conducted by the National Center for Health Statistics in DHHS.

National Survey of Family Growth (NSFG): A five-stage area probability sample of civilian noninstitutionalized women ages 15 to 44 and living in the United States. NSFG is conducted by the National Center for Health Statistics in DHHS.

Native American: Typically used to refer to American Indians or Alaska Natives, but may also refer to Native Hawaiians.

Near-poor: A term defined in relation to the *Federal poverty level*, a cash income level which varies with

family size and the age of the family members. In this Report, near-poor families are families with incomes from 100 percent to 149 percent of the Federal poverty level. The Federal poverty level for a family of three was \$10,560 in January 1990.

New morbidities: Illnesses and conditions caused by social and behavioral (rather than organismic) factors (e.g., outcomes of sex, drugs, and violence).

Nonphysician providers: Health care providers other than physicians. They include nurse practitioners, psychologists, clinical social workers, clinical nurse midwives, and drug addiction counselors.

Office visit: For purposes of the National Center for Health Statistics’ *National Ambulatory Medical Care Survey*, a physician’s office is defined “premises identified by physicians as locations for their *ambulatory* practices, customarily including consultation, examination, or treatment spaces the patients associate with a particular physician. Excludes hospital-based outpatient departments; family planning clinics; government-operated clinics for *sexually transmitted diseases* and maternal and child health; and hospital emergency facilities.

Older adolescents: As defined in most DHHS National Center for Health Statistics data analyses, adolescents ages 15 to 19.

“one-stop” shopping: A setting for health care services that delivers an entire set of *comprehensive health* (and, often, *related*) services. Currently an ideal rather than an actuality.

Out-of-pocket expense: Personal expenditures for the portion of health care services not covered by *third-party payment*.

outpatient care: Care that is provided in a hospital and does not include an overnight hospital stay. Sometimes (as in mental health services) used to refer to all *ambulatory care*.

Parens patriae: Literally “parent of the country,” refers traditionally to the role of the state as sovereign and guardian of persons under legal disability (e.g., minors, adults who have been declared legally incompetent).

Parental authority: The deference of the state to the right of parents to make decisions about childrearing. Under common law, minor children were in effect the chattels or property of their parent, who had virtually the unfettered right to rear them as they saw fit. Overtime, minor children increasingly have been recognized as having independent rights, yet they are still largely subject to the authority of their parents. In a line of decisions over 50 years, the U.S. Supreme Court has held that parents have a Federal constitutional right to direct the upbringing of their children free from state intervention in the absence of a constitutionally acceptable justification for such intervention. In more recent decisions, however, the Supreme Court has

begun to confront conflicts between a parent's asserted right to direct a minor child's upbringing and the minor's assertion of his or her own independent rights and has issued several decisions involving actual or potential parent-child conflicts with respect to the access of minors to contraceptives and abortions and the civil commitment of minors.

Parental consent requirement (applicable to health care of minors): As used in this Report, a legal requirement, grounded in common law, that a parent or other guardian of a minor child must give prior consent to the delivery of medical or surgical care to that child. This requirement reflects the application to minors of the tort law doctrine of informed consent, as well as principles under contract law. Traditionally, minors have been deemed incompetent as a matter of law to give informed consent to medical and surgical care and incompetent to enter into binding contracts, including contracts with physicians and surgeons. The rationales for parental consent requirements in the area of health care include the need to protect minors from their own improvident decisionmaking (based on the assumption that minors as a class lack the requisite capacity to make health care decisions), to promote family autonomy and privacy, to promote parental authority and control of minor children. Over the years, the number of exceptions to the parental consent requirement applicable to the health care of minors has grown significantly.

Parental notification requirement (applicable to health care of minors): A requirement that the parents of minors be notified of the decisions of their minor children to obtain health services. In carving out exceptions to the common law requirement for parental consent to the provision of health services to minors (see above), courts and legislatures have sometimes—though not always—replaced the parental consent requirement with a parental notification requirement. Thus, many parental notification requirements appear in laws that create exceptions to parental consent requirements by allowing minors to consent to health services related to sexual activities, health services for drug and alcohol abuse, or mental health services.

Pediatrician: A physician who specializes in the branch of medical science concerned with the hygienic, physiologic, and pathologic conditions of children.

Physician contact: As defined by the DHHS' National Center for Health Statistics for the *National Health Interview Survey*, any contact with a physician directly or with a nurse or other person acting under the physician's supervision, whether in person or by telephone, for the purpose of examination, diagnosis, treatment, or advice, excluding physician contacts with hospital *inpatients* or for the purpose of mass screenings (e. g., in a trailer). Compare *office visit*.

Poor: A term defined in relation to the *Federal poverty level*, a cash income level which varies with family size and the age of family members. Poor families are families with incomes below 100 percent of the Federal poverty level. The Federal poverty level for a family of three was \$10,560 in January 1990. Compare *near-poor*.

Preferred provider organization (PPO): A group of health providers that contracts with employers, insurers, third party administrators, or other sponsoring groups to provide services on a discounted fee-for-service basis; health plan participants who use these providers pay lower deductible and coinsurance payments.

Pregnancy Discrimination Act of 1978 (Public Law 95-555): An act that amended the Civil Rights Act of 1964 and requires that employment-based health plans cover pregnancy, childbirth, or related medical conditions as they cover other medical care.

Prenatal care: Medical services related to fetal, infant and maternal health, delivered from time of conception to labor.

Preventive health services: Services intended to prevent the occurrence of a problem (e.g., disease or condition). **Primary prevention** is aimed at reducing the incidence of a disease or health problem; **secondary prevention** is aimed at reducing the prevalence of a problem by shortening duration among those who have the problem; and **tertiary prevention is aimed at** reducing complications. Preventive services typically recommended for adolescents include routine physical examinations, immunizations, and certain diagnostic tests (e.g., hematocrit, urinalysis), and preventive procedures including pap smears and screening for sexually transmitted diseases among the sexually active. Compare *treatment services*.

Primary care: **Optimally**, primary care includes the following elements: first contact care, comprehensive care, coordinated or integrated care, and care that is longitudinal over time rather than episodic. First contact care is the extent to which a patient contacts the source of care whenever he or she perceived a new need for care. Coordination of care entails a health care provider's ability to provide for continuity of information from visits to other providers (e.g., specialists and emergency facilities) as well as from earlier visits to him or herself. Longitudinality of care is the extent to which a provider serves as a source of care over time regardless of the presence or absence of a particular type of problem.

Primary prevention: See *preventive health services*.

Private health plan: See *employment-based group health plan*.

problem behavior theory: The thesis that a variety of deviant or *problem behaviors* are all manifestations of a general dimension of conventionality versus uncon-

ventionality. In turn, the tendency toward conventionality or unconventionality is seen as arising out of three interacting systems of psychosocial influence: the personality system, the perceived environment, and the behavior system.

Problem behaviors (in adolescence): Those behaviors that have been deemed socially unacceptable or that lead to poor health outcomes (e.g., *unprotected sexual intercourse*, delinquent behavior, *substance abuse*).

Protective services: An aspect of social services designed to prevent neglect, abuse, and exploitation of children by reaching out with social services to stabilize family life (e.g., by strengthening parental capacity and ability to provide good child care). The provision of protective services follows a complaint or referral, frequently from a source outside the family, although it may be initiated by an adolescent him or herself.

Puberty: The period of becoming first capable of reproducing sexually, marked by maturing of the genital organs, development of secondary sex characteristics (e.g., breasts, pubic hair), and in humans and higher primates, the first occurrence of menstruation in the female.

Race: Races can be distinguished by usually inherited physical and physiological characteristics without regard to language or culture (caucasoids, negroid, mongoloid). By Census Bureau definition, the term race is used to distinguish among peoples who are white (caucasoid), black (negroid), or Asians or Pacific Islanders or American Indians (mongoloid). See *ethnicity*, *Hispanic*, *Indian*.

Racial and ethnic minorities: In this Report, anyone is who not “white, non-Hispanic.” Includes black Asian American, *Hispanic* and other adolescents.

Reproductive health care: Can include a wide range of services related to the male or female reproductive systems, including gynecological treatment services (i.e., examination and treatment of the female reproductive organs), and preventive services related to the use of contraception (e.g., counseling, prescribing contraceptive methods, dispensing contraceptives). See also *prenatal care*.

Restricted-activity day: As defined by the DHHS National Center for Health Statistics’ *National Health Interview Survey*, any day on which a person cuts down on his or her usual activities for more than one-half day because of an illness or an injury. Restricted-activity days are unduplicated counts of: 1) **bed-disability days** (days on which a person stayed in bed more than half a day because of illness or injury or was in a hospital as an inpatient); 2) **work-loss days** (days on which a currently employed person 18 years of age and over missed more than half a day from a job or business); 3) **school-loss days** (days on which a student 5- to 17-years-old missed more than half a day

from the school); and 4) **cut-down days** (days on which a person cuts down for more than half a day on the things he or she usually does). Work-loss, school-loss, and cut-down days refer to the short-term effects of illness or injury. Bed days are a measure of both long- and short-term disability, however, because a chronically ill bedridden person and a person with a cold could both report having spent more than half a day in bed due to an illness. See *restriction of activity*.

Restriction of activity: As used in the DHHS National Center for Health Statistics’ *National Health Interview Survey*, ordinarily refers to a relatively short-term reduction in a person’s activities below his or her normal capacity. See *restricted-activity day*.

Rural: As strictly defined by the U.S. Department of Commerce, Bureau of the Census, rural refers to places of 2,500 or fewer residents. (Census-recognized ‘places’ are either: 1) incorporated places such as cities, boroughs, towns, and villages; or 2) closely settled population centers that are outside of urbanized areas, do not have corporate limits, and (unless they are in Alaska and Hawaii) have a population of at least 1,000.) The term “rural” is often used to refer to nonmetropolitan statistical areas (i.e., any area not in a metropolitan statistical area, which, as defined by the U.S. Office of Management and Budget, a county or group of counties that includes either a city of at least 50,000 residents, or an urbanized area with at least 50,000 people that is itself part of a county/counties with at least 100,000 total residents).

School-linked health center (SLHC): Refers to any school health center that provides a wide range of medical and counseling services for students (and sometimes for the family members of students and/or school dropouts) and is located either on or near school grounds and is associated with the school. May also include a wider range of services (e.g., child care, employment training, tutoring, social services, recreational opportunities). Compare *comprehensive services for adolescents*.

School-loss day: A day in which a student missed more than half a day from the school in which he or she was currently enrolled.

Secondary prevention: See *preventive health services*.

Self-insured (health insurance) plan: A health benefit plan in which the financial risk for providing medical services is assumed by the employer or sponsor instead of purchasing health insurance from an insurance company. The employer or sponsor may continue to contract with an insurance company or other organization for claims processing and administrative services, as well as stop-loss insurance to limit the amount of their liability for medical claims.

Sensitivity: One measure of the validity (or accuracy) of a diagnostic or screening test: the percentage of all those who actually have the condition being tested for

who are correctly identified as positive by the test. Operationally, it is the number of true positive test results divided by the number of patients that actually have the disease or condition (true positives divided by the sum of true positives plus false negatives). Compare *specificity*.

Sexually transmitted disease (STD): Any infectious disease transmitted through sexual intercourse or genital contact. Examples are gonorrhea, chlamydia, herpes, and AIDS. Formerly (and sometimes, in law) called venereal disease.

Social environment: The aggregate of social and cultural conditions that influence the life of an individual or community. Aspects of the social environment particularly important to adolescents include the adolescents' families, other adults with whom adolescents come in contact, schools, workplaces, recreational facilities, and the media.

Social services: Service provided in order to support the functioning of individuals or family units, including those services termed: 1) "supportive" or "*protective services*"; 2) supplementary (i.e., financial assistance, home aid services (e.g., homemaker, caretaker, and parent aide services), respite care); and 3) "substitute" services (e.g., shelter services, foster care, adoption).

Socioeconomic status: Used in this Report as a synonym for income levels, typically those of an adolescent's family of origin, because adolescents are unlikely to have their own independent sources of income. See *poor, near-poor*.

Specificity: One measure of the validity (or accuracy) of a diagnostic or screening test: the percentage of all patients that do not have the condition being tested for that are correctly identified as negative by the test. Operationally, it is the number of negative test results divided by the number of patients that actually do not have the condition (true negatives divided by the sum of true negatives plus false positives). Compare *sensitivity*.

State: In this Report, the capitalized term State (whether used as an adjective or a noun) refers to 1 or more of the 50 United States. The term state (not capitalized) refers more generally to the body politic.

Statutory law: The body of law created by acts of the legislature in contrast to law generated by judicial opinions and administrative bodies.

Subjective distress: Feelings of sadness, hopelessness, discouragement, boredom, stress, dissatisfaction, or being worn out or exhausted, that are *self-reported* by individuals but are not necessarily symptoms of *diagnosable mental disorders*.

Substance abuse: What constitutes adolescent substance abuse (any use at all or "problem" use) is a matter of controversy. The DHHS Office of Substance Abuse Prevention is of the view that any use by adolescents of psychoactive substances by adolescents should be

considered abuse; the American Psychiatric Association distinguishes between substance use, substance abuse, and *substance dependence*, although does not make distinctions by age. According to the American Psychiatric Association's diagnostic manual (DSM-III-R), substance abuse is characterized by maladaptive patterns of substance use that have never met the criteria for dependence for that particular class of substance, that results in harm to the user, and that the user continues despite persistent or recurrent adverse consequences.

Substance dependence: A mental disorder in which a person has impaired control of psychoactive substance use and continues use despite adverse consequences. It is characterized by compulsive behavior and the active pursuit of a lifestyle that centers around searching for, obtaining, and using the drug.

Supplemental Security Income (SSI) program: A Federal income support program for low-income disabled, aged, and blind persons, which was established by Title XVI of the Social Security Act. Eligibility for the program is based on income and resources.

Third-party payment: Payment by a private insurer or government program to a medical provider for care given to a patient.

Title V of the Social Security Act: See *maternal and child health block grants*.

Title X of the Public Health Service Act: Established by the Family Planning Services and Population Research Act of 1970, funds public or private nonprofit entities that operate voluntary family planning projects; funds training for personnel to improve the delivery of family planning services; promotes service delivery improvement through research; and develops and disseminates information on family planning. Contraceptives may be distributed without parental consent or notification, but the use of Title X funds for abortion as a method of family planning has been prohibited by statute and regulations. Low-income individuals are targeted as a priority group for receiving services. Although projects funded by Title X do not focus exclusively on adolescents, they are required to offer a broad range of family planning services to all who want them, including adolescents.

Title XX of the Public Health Service Act: Established by the Adolescent Family Life Act of 1981, provides Federal funds for demonstration projects to encourage adolescents to postpone sexual activity and demonstration projects to provide comprehensive services for pregnant and parenting adolescents.

Title XX of the Social Security Act: Established by the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35), a program of *block grants* to States for the provision of social services, for the purpose of assisting individuals to: 1) achieve or maintain eco-

conomic self-support; 2) achieve or self-sufficiency; prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests; 4) prevent or reduce inappropriate institutional care; 5) secure referral or admission for institutional care when other forms of care are not appropriate, or provide services to individuals in institutions. Administered by the Office of Human Development Services in DHHS.

Tort: A private or civil wrong or injury, other than breach of contract, for which the court will provide a remedy in the form of an action for damages. A tort may be either: 1) a direct invasion of some legal right of the individual; 2) the infraction of some public duty by which special damage accrues to the individual; or 3) the violation of some private obligation by which special damage accrues to the individual. Three elements of every tort action are existence of legal duty from defendant to plaintiff, breach of duty, and damage as a proximate result.

Tort law: The branch of law pertaining to torts (see above).

Treatment services: Services intended to cure or ameliorate the effects of a disease or other health problem once the problem has occurred. Compare *preventive health services*.

Underclass: Definitions of “underclass” vary. There is considerable controversy concerning whether the definition should be restricted to residence in an area characterized by a specific level of demographic characteristics (e.g., low earned income, low educational attainment, and low labor market participation) or be expanded to include attitudinal/behavioral dimensions (e.g., alienated, unmotivated).

Unprotected sexual intercourse: Sexual intercourse without precautions taken to prevent pregnancy or the transmission of *AIDS* or *sexually transmitted diseases*.

Venereal disease: See *sexually transmitted disease*.

Well-child care: Preventive health care for children, including immunizations, health education, parental guidance, physical examinations and other tests that screen for illness or developmental problems.

Younger adolescents: As defined in most studies and data analyses, adolescents ages 10 to 14.