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1. \$4.75 M/5 YEAR RERC ON WHEELED MOBILITY AWARDED BY NIDRR

A five-year \$4.75 million dollar award by the National Institute on Disability and Rehabilitation (NIDRR) has been made to the Georgia Institute of Technology in Atlanta to establish a Rehabilitation Engineering Research Center (RERC) on Wheeled Mobility. Its title is "Effects of Specialized Wheelchair Technology on Activity and Participation". The Principal Investigators are: Project Director: Stephen Sprigle, PhD, PT; Co-Investigators: Chris Maurer, PT, ATP, Shepherd Center, Fran Harris, PhD Clinical Partners: Augusta VAMC, Mary Free Bed Hospital & U. of Michigan Health Services. The project is currently in its first year. The goal of the Mobility RERC is to undertake a major shift in the way wheeled mobility is conceptualized and understood -- from the design of assistive devices that enable individuals to perform activities, to the design of a broad range of interventions that enable as many individuals as possible to actively engage and participate in the everyday community life. Advances in wheelchair technology provide users with greater functional potential, including a potential increase in participation and activity. In addition, some new technologies may offer medical or health benefits in comparison to traditional wheelchairs. However, specialized wheelchair technology such as standing wheelchairs, tilt-in-space systems and power assist units are also more expensive, making reimbursement problematic. The specific aims of this project are: 1) to quantify differences in participation and activity when using each of the specialized technologies compared to traditional technology, 2) to determine if the use of each of the specialized technologies results in medical or health benefits compared to traditional technology, and 3) to perform an economic evaluation of the use of each specialized technology. For each of the three types of wheelchairs (tilt in space, standing and power assist), participants will be evaluated using their current traditional wheelchair and a 'new technology' wheelchair. Thirty wheelchair users will be recruited for each of the three technologies from Michigan, and Georgia. Subjects must use a wheelchair as their primary means of mobility and be in general good health. Measurements obtained during the study will include individual functional status; health status; and demographics. Participation will be measured through a structured interview and subjects will be evaluated for current functional status with a wheelchair activity measurement system. The wheelchair activity measurement system uses a global positioning system (GPS) to measure travel outside of the home, a wheelchair activity

monitor to quantify the total distance traversed by the wheelchair, and an instrumented seat force array to measure pressure reliefs, transfers, and tilt-in-space and standing maneuvers. The research team plans to incorporate the ICF in the coding of functional status and activity of participants. Tina Butterfield, OTR, is working on that part of the project, and she is at (404) 385-0480 and tina@catea.org. She has been consulting with Dr. David Gray of Washington University in St. Louis, who is well-known in the ICF/mobility field. Steven Sprigle can be contacted at: stephen.sprigle@catea.org and 404-894-4960. The website is www.catea.org

2. CDC GRANT TO BARTH RILEY INVOLVES ICF

Dr. Barth Riley and Dr. James Rimmer have developed instruments to measure the accessibility of fitness and recreation environments known as AIMFREE (Accessibility Instruments Measuring Fitness and Recreation Environments) based on the Environment dimension within the ICF. Project AIMFREE (Accessibility Instruments Measuring Fitness and Recreation Environments) is a three-year study that responds to the Centers for Disease Control and Prevention's mandate for the development of accurate and reliable measures of community accessibility as it relates to persons with disabilities. The study will develop and validate a series of questionnaire measures that can be used by persons with mobility impairments and by professionals (i.e., fitness and recreation center staff, owners of fitness centers, park district managers) to assess the accessibility of recreation and fitness centers, including gymnasiums, parks, swimming pools, and trails. The International Classification of Functioning, Disability and Health (ICF) as it pertains to environmental barriers related to these facilities will serve as an organizing framework for these measures. Employing and extending concepts outlined by the ICF, the questionnaires will address accessibility factors related to the person (e.g., motivational and attitudinal factors), structure (building accessibility), program equipment (e.g., accessibility of exercise classes), as well as systemic factors (i.e., policies and procedures of fitness and recreation facilities). Persons with disabilities will participate in focus groups held at ten sites distributed geographically across the entire United States. The focus groups will help to generate questionnaire content through identification of factors that either promote or inhibit fitness and recreation center access. Focus groups will be conducted and coordinated through a network of ten regional Disability Technical Assistance Centers for the ADA (DBTACs) funded through National Institute on Disability and Rehabilitation Research. In addition to persons with disabilities, focus groups comprising of architects and facility designers and city and park district planners will also be held. This will ensure broad national and regional representation and a broad range of disability, business and local government interests, all of which are crucial to the development of valid and reliable measures. Another important component of the project is the validation of these questionnaires through site visits of various fitness and recreation centers by persons with disabilities. Two relevant references are: Centers for Disease Control and Prevention (R04-CCR51810-01) Barth Riley, Co-Principal Investigator, James H. Rimmer, Principal Investigator, current year \$233,729 (direct project cost), Project AIMFREE: Accessibility Instruments Measuring Fitness and Recreation Environments, and Rimmer, J.H., Riley, B. B., Wang, E., Rauworth, A. E., & Jukowski, J. (2004). Physical activity participation among persons with disabilities:

Barriers and facilitators. *American Journal of Preventive Medicine.*, 26(5), 419-425. They have a website which provides a description of the AIMFREE Project: www.aimfree.org. For more information, contact Barth Riley, Ph.D., Assistant Research Professor, Dept. of Disability and Human Development, M/C 626, Chicago, IL 60608, Voice: (312) 355-4054, Fax: (312) 355-4058, Barthr@uic.edu, and <http://www.ncpad.org>

3. JOHN WARE'S PUBLISHED VIEWS ON ASSESSMENT OF FUNCTIONAL STATUS AND ICF

John E. Ware's article summarizes his personal views on the rapidly evolving field of functional health assessment and he comments on their implications for advances in assessment methods used in rehabilitation medicine. He focuses on the domains of health-related quality of life (HRQOL) that are most affected by disease or injury and by treatment. He states that there are good reasons to consider a new conceptualization of HRQOL, foremost of which is the participation (role, social factors) component of ICF. The ICF discussion is a small but important part of this article, published in *Arch Phys Med Rehabil* Vol 84, Suppl2, April 2003, pp. S43-S51. Ware's goal in rehab medicine is that someday, all forms will be scored on the same metric with comparable results. Ware is an architect of the SF-36 (www.sf-36.com; www.qualitymetric.com), and can be reached at:

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4. WHO DISABILITY PHOTO CONTEST WINNERS

The 2003 WHO Disability Photo Contest winners are at <http://www3.who.int/icf/photocontest2003/> and the 2004 winners will be announced within a few months. Categories are color, black and white, digital, and mental health special. The 2002 winners can be viewed at the same website.

5. WORLD CONGRESS & EXPO ON DISABILITIES - OCT. 7-9, 2004 ORLANDO

Being billed as the "Premier Disability Event of 2004", this entire expo is free - exhibits, keynotes, and special events. The tracks are adaptive physical therapy, assistive technology, healthcare, education, and family. It will be held at the Orange County Convention Center www.wcdexpo.com. To get your free pass, go to <http://www.wcdexpo.com/email/newsletter5.htm>. If you are considering an exhibit, we have both tabletop and large size ICF loaner exhibits, along with compatible brochures-- just contact Paul Placek pjp2@cdc.gov or Linda Washington LRW1@cdc.gov for more information.

6. SPOTLIGHT ON JANETTE MCDUGALL

A relative newcomer to the ICF, Janette McDougall plans to continue to apply the ICF multidimensional approach for studying children's functioning and disability in future research endeavours. Janette works in the field of childhood health and disability research. She has been employed as a Research Associate in the Research Program at Thames Valley Children's Centre (TVCC) in London, Ontario for nine years. TVCC is a rehabilitation centre serving more than 5,000 children and youth. Prior to working at TVCC, she was employed as an elementary school teacher! She has both an Honor's Bachelor Degree and a Master's Degree in Sociology from the University of Western Ontario and a Bachelor's Degree in Education from the University of Windsor. She has presented several papers and published a number of articles related to the provision and evaluation of pediatric rehabilitation services and the measurement of childhood health and disability. Janette is currently a doctoral student in the Rehabilitation Sciences Program at Elborn College at the University of Western Ontario, a multidisciplinary program organized around the ICF. Her comprehensive paper, published in *Disability and Rehabilitation*, examines how national surveys of school-aged children conducted in Canada measure the various components of health as described by the World Health Organization's Family of International Classifications (FIC) (i.e., the ICD-10 and the ICF). She is also first author on a paper that provides a health and disability profile of Canadian school-aged children using the National Longitudinal Survey of Children and Youth and the conceptual definitions of health conditions and disability provided by the FIC. Both of these papers have been presented at NACC ICF Conferences. Other recent research projects Janette has been involved with include: studying high-school aged youths' attitudes toward peers with disabilities; examining the roles of physical health and disability status (i.e., having no physical health problems, having chronic physical health conditions and no activity limitations, or having chronic physical health conditions and activity limitations), environment, family, and child factors in children's academic and pro-social behaviour; and evaluating a program designed to involve youth with multiple disabilities in the transitional activities of career exploration, supported goal-setting and planning, skill development, and community experience. Janette is currently working to complete her dissertation, a study that examines how physical health and disability status and contextual factors influence the psychological development of adolescents. Janette is married and has two children, Edward, 11 and Samantha, 7. The "whole gang" enjoyed driving from London to the most recent ICF Conference in Halifax. She has a quite a number of well-placed publications for a young professional, and we ask that you check out two of her more recent ICF publications:

McDougall, J., King, G., DeWit, D., Miller, L., Hong, S., Offord, D., LaPorta, J., & Meyer, K. (2004) Chronic physical health conditions and disability among Canadian school-aged children: A national profile. *Disability and Rehabilitation*, 26, (1): 35-45.

McDougall, J., & Miller, L.T. (2003). Measuring chronic health condition and disability as distinct concepts in national surveys of school-aged children in Canada: A comprehensive review with recommendations based on the ICD-10 and ICF. *Disability and Rehabilitation*, 25, (16): 922-939.

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