

January-February 2004 NACC Clearinghouse on ICF Messages

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http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities_yr04.htm**

- 1. MARCH 31st ABSTRACT DEADLINE FOR JUNE 1-4 ICF MEETING IN HALIFAX: GO TO www.icfconference.com OFTEN**
- 2. SYLVIA WALKER DECEASED**
- 3. WORLD BANK USES ICF FOR OFFICIAL DISABILITY DEFINITION**
- 4. MULCAHY OF DISABLED PEOPLES INTERNATIONAL TAKES PRIDE IN ICF**
- 5. AMERICAN PSYCHOLOGICAL ASSOCIATION: "ICF IS A NEW WAY OF LOOKING AT HEALTH STATUS"**
- 6. BRANDT NAMED BY APTA FOR APA CLINICAL MANUAL WRITING PROCESS**
- 7. ATRA WORKS WITH APA ON CLINICAL MANUAL**
- 8. ASHA OFFERS CEU CREDITS FOR ICF READING**
- 9. \$ 1.1 MILLION IN GRANT MONIES AND CONFERENCE: DISABILITY RESEARCH INSTITUTE**
- 10. RFP FROM NATIONAL COUNCIL ON DISABILITY ON ADA**
- 11. RFP FROM NATIONAL COUNCIL ON DISABILITY ON SOCIAL SECURITY**
- 12. VELOZO'S ICF MEASURES AT www.ICFmeasure.com**
- 13. THE ICF IN ITALY**
- 14. XVth EUMASS CONGRESS HAS ICF LECTURES**
- 15. THE ICF IN INDONESIA**
- 16. CIRRIE WEBSITE HAS NEW ICF PAGE**

17. SCOTT BROWN ICF TALK AT EDUCATION CONFERENCE

18. THREE ICF ARTICLES: COGNITIVE DISORDERS, AIDS, AND CANADIAN CHILDREN

19. U. OF MICH. INITIATIVE ON DISABILITY STUDIES FEATURES ICF

20. SPOTLIGHT ON RAY SELTSER, M.D., M.P.H.

1. MARCH 31st ABSTRACT DEADLINE FOR JUNE 1-4 ICF MEETING IN HALIFAX: GO TO www.icfconference.com OFTEN

From June 1 to 4 , 2004 the National Center for Health Statistics and the Canadian Institute for Health Information will cosponsor the **10th Annual NACC Conference on ICF: Developing a Research Agenda for ICF**. Other cosponsors which are enhancing the meeting are being confirmed and will be acknowledged at the meeting. Join us at the Westin Nova Scotian Hotel in Halifax, Nova Scotia, Canada for knowledge exchange on key ICF topics and initiatives with peers from around the world. Check out the new Web site, www.icfconference.com , for information on the conference – including details about the location and accommodations and a look at the program schedule. Be sure to visit us regularly for updates. Information has also been posted on the ICF **Pre-Conference Tutorial: Understanding the ICF in the Terminology Spectrum for Human Function and Disability**, to be held on June 1. At this state-of-the-art conference and tutorial, you will be familiarized with the ICF terminology and classification development and updated on the current applications of ICF. There is a \$150 registration fee. Certificates of Participation will be given to those who attend the 6 hour ICF training. We have commitments from six excellent ICF trainers (Dr. Alex Ruggieri of Mayo, Dr. Patrick Fougeyrollas of the Quebec Society for ICF, Nenad Kostansjek of WHO, Dr. Craig Velozo of the University of Florida, and Dr. Geoff Reed, Director of Practice of the American Psychological Association, and Dr. Marijke de Kleijn of the Dutch WHO Collaborating Centre). Also planned is a June 3 site visit by conference participants to the Halifax Wheelchair Lab managed by Dr. R. Lee Kirby, MD, FRCPC, Division of Physical Medicine and Rehabilitation, Dalhousie University, c/o Nova Scotia Rehabilitation Centre, 1341 Summer Street, Halifax, NS . He will provide a demonstration of the Mobility Centre at the NS Rehab Centre, where they do their wheelchair skills testing and training (see www.wheelchairskillsprogram.ca/). We also have an optional gala evening is planned for Tuesday, June 2 at Pier 21 Museum and Exposition at a cost of \$75 Canadian. The venue is the Westin Nova Scotian, 1181 Hollis Street, Halifax, Nova Scotia at 1-877-9WESTIN and 902-496-8585, and the rate is \$159 Canadian for single or double occupancy if you reference CIHI. You can check out Halifax information at <http://www.halifaxinfo.com> -- the city offers a world-class

cosmopolitan environment, cobblestone streets, and nearby small costal villages and country charm. Visit www.icfconference.com today! For additional information and/or questions, please contact info@icfconference.com.

2. SYLVIA WALKER DECEASED

It is with deep sadness that we report the passing of Dr. Sylvia Walker, Director of the Center for Disability and Socioeconomic Policy Studies at Howard University in Washington, D.C. Dr. Walker passed away on February 6, 2004. A remembrance event was held February 12 at Andrew Rankin Chapel at Howard University. Dr. Walker had participated in several ICF revision meetings and represented consumers from the standpoint of vision impairment.

3. WORLD BANK USES ICF FOR OFFICIAL DISABILITY DEFINITION

Click on this link for the World Bank's definition of disability and related discussion: <http://wbln0018.worldbank.org/HDNet/hddocs.nsf/2d5135ecbf351de6852566a90069b8b6/a16f1100a7ae28ff852567f600636b11?OpenDocument#A> It reads: "THE WORLD BANK AND DISABILITY: Defining what is meant by disability is sometimes a complex process, as disability is more than a description of a specific health issue; rather it is affected by people's cultures, social institutions, and physical environments. The current international guide is the World Health Organization's discussion and classification within ICF: International Classification of Functioning, Disability and Health. ICF presents a framework which encompasses the complex multifaceted interaction between health conditions and personal and environmental factors that determine the extent of disablement in any given situation."

4. MULCAHY OF DISABLED PEOPLES INTERNATIONAL TAKES PRIDE IN ICF

Frank Mulcahy, Secretary, Disabled Peoples International World Council, recently gave a major address citing both ICIDH and ICF. He spoke of "...the growth of the international disability movement since the 1980's and its involvement in the review of the International Classification of Impairment, Disability and Handicap and the subsequent result of a major shift from the medical model of disability to the (ICF) model which measures the impacts of the environment in all aspects of health and functioning...DPI, as a cross disability organisation takes pride in our contribution to the new ICF." The speech in its entirety is at this

link: http://www.dpi.org/en/resources/pdfs/NDA_seminar.pdf.

5. AMERICAN PSYCHOLOGICAL ASSOCIATION: "ICF IS A NEW WAY OF LOOKING AT HEALTH STATUS"

Check out APA's website at http://www.apa.org/monitor/jan04/new_way.html for Jennifer Daw Holloway's article on ICF, "A new way of looking at health status". She states that APA is leading the effort to create a guide for health professionals' use of the

International Classification of Functioning, Disability and Health. For the past eight years, APA's Practice Directorate collaborated with the World Health Organization (WHO) on the International Classification of Functioning, Disability and Health (ICF)--a system that classifies the impact of health conditions on people's level of functioning in domains such as communication, self-care, work and school. For example, the ICF allows health-care clinicians, such as psychologists, to describe in a standard way how a health condition has affected a patient's daily functioning. The ICF is positioned to ultimately become the universal system by which the functional aspects of health conditions are described. It is now used in several countries--including Australia, Canada and the Netherlands--and various uses are being considered in the United States. Indeed, says Jerome Bickenbach, PhD, professor and Queen's Research Chair in the department of philosophy at Queen's University in Ontario: "There are strong indications in many parts of the world, including the United States, that functional information will soon be required of clinicians by payers...in part because of a realization that functional status information is a far better predictor of health-system usage than diagnostic information." ICF is designed to be used in conjunction with WHO's International Classification of Diseases (ICD-10), which classifies diseases and enables the reporting of international mortality rates. Geoffrey Reed, PhD, assistant executive director for professional development in APA's Practice Directorate, says that while ICF provides a long list of codes that describe the whole range of human functioning, practitioners will have a tough time applying the information to clients without additional guidance. And, adds Bickenbach, the ICF could stall if clinicians don't have a clinical applications manual that links the ICF with the assessment instruments they normally use. Based on its long collaboration with WHO, APA is now spearheading the creation of a Procedural Manual and Guide for a Standardized Application of the ICF, a publication that will help health-care clinicians use the ICF system to gauge aspects of daily human functioning during evaluation and treatment encounters with clients. "We're leading a multidisciplinary collaboration [to create this resource]," says Reed, who notes that the manual drafting team has already included psychologists, occupational and physical therapists, speech-language pathologists and social workers. Other disciplines will be involved as the work continues. A prototype manual for several ICF chapters has been developed and is now being field-tested. "The first chapters took the longest to develop, in large part because we had to create the template," says Reed. "Other chapters will be easier. We wanted to be sure clinicians found this useful before proceeding further." The response so far from across disciplines has been positive: "We found we're on the right track," he notes. APA's long-term commitment to the ICF manual is fueled by the belief that the ICF will expand the concept of health beyond the disease model, and possibly change the entire health-care system, Reed says. Indeed, the ICF is more than a classification tool, say experts. "It is also an operational model of functioning and disability itself," says Bickenbach. And, adds Reed, the ICF is better suited to the way psychologists work--the focus isn't on diagnostic criteria related to an illness, rather on how they live their lives with that illness. The manual will meet a clear and urgent need, says Bickenbach. "The manual is vital for clinical usage [of the ICF]. It will undoubtedly become the standard in terms of which other developments will be measured." The project is on schedule to be published in 2005. "The degree of multidisciplinary collaboration is tremendous," says Reed. "The

manual project isn't flashy but it certainly has long-term implications in health care and for psychology."

6. BRANDT NAMED BY APTA FOR APA CLINICAL MANUAL WRITING PROCESS

In January 2004, Diane Brandt was named as the official designee liaison for the American Physical Therapy Association to the clinic manual writing process spearheaded by the American Psychological Association (see article above). She will be working in collaboration with the occupational therapy experts on the A/P Mobility part of the manual. She is the Assistant Director, Office of Research Services, at St. Louis University and her email is brandtde@slu.edu.

7. ATRA WORKS WITH APA ON CLINICAL MANUAL

The Board of Directors of the American Therapeutic Recreation Association (ATRA) formed an ATRA WHO-ICF Team two years ago, and the effort keeps expanding. The primary activities of the Team are: involvement with the APA Clinical Manual, educating members about the ICF through numerous national, regional and teleconference presentations, exploring uses of ICF in curriculum development, exploring modification of our standards of practice utilizing ICF. Regarding the APA Clinical Manual, ATRA's focus is on how to use ICF concepts in clinical practice, crossing domains, performance and qualifiers, mapping ICF to assessment tools, teamwork, person-environment, etc., specific to Chapter 9 - Community, Social and Civic Life. ATRA's website is www.atra-tr.org, and the WHO-ICF Team is referenced on <http://www.atra-tr.org/teamleader.htm>. The team leader is John M. Jacobson, M.S., CTRS, Rehabilitation Planning Specialist, VA Physical Medicine and Rehabilitation National Program Office, Richmond, Virginia, (804) 675-5046 Phone (804) 675-5093 Fax John.Jacobson@med.va.gov. Team members are: Bryan P. McCormick, Ph.D., CTRS, Indiana University, Bloomington, IN 47405-4801, tel 812-855-3482 bmccormi@indiana.edu; Youngkhill Lee, Ph.D., CTRS, Indiana University, Bloomington, IN 47405-4801, tel 812-855-3482, ylee@indiana.edu; John Howard, MSW, CTRS, Indiana State University, djhoward7@yahoo.com; Ray E. West, TRS/CTRS, Director, Recreational Therapy, UNC Hospitals, Chapel Hill, NC 27514, rwest@unch.unc.edu; John Shank, Ph.D., CTRS, Temple University, Philadelphia, PA, jshank@astro.temple.edu; Geoff Hopkins, Paralyzed Veterans of America, Washington, DC 20006, tel 202-416-7747, geoffh@pva.org. Board Liaison is Diane Wagner-Heffner, WAGHEFF@aol.com, and Ex-Officio member is Ann Huston, Executive Director, ATRA, 1414 Prince Street, Suite 204, Alexandria, VA 22314, national@atra-tr.org.

8. ASHA OFFERS CEU CREDITS FOR ICF READING

The American Speech Language and Hearing Association is offering Continuing Education credits for reading "The Conceptual Framework of ASHA's New Scope of Practice for Speech-language Pathology". For more information on their CEU programs, sign in at <http://www.asha.org/members/slp/ICF> or call 800-753-2160 or 800-242-5183 x219. Thanks to Travis Threats for this and other tips.

9. \$ 1.1 MILLION IN GRANT MONIES AND CONFERENCE: DISABILITY RESEARCH INSTITUTE

It is expected that there will be four \$25,000 grants in January 2005 and ten \$100,000 grants in February 2006 awarded by the Disability Research Institute. These are 12 month grants and the focus is on return to work/transition to work, the disability determination process and proposed improvements, and the economic aspects of disability. The Disability Research Institute (DRI) is funded through a cooperative agreement between the [U.S. Social Security Administration, Office of Disability and Income Security Programs](#), and the [College of Applied Life Studies](#) at the [University of Illinois, Urbana-Champaign \(UIUC\)](#). The central purpose of the DRI is to conduct research and evaluations, disseminate information on disability topics, and inform policymakers and the public in understanding policies as they relate to people with disabilities and programs under the Social Security Act. Social Security plays a critical role in maintaining a safety net for workers with disabilities and their families. By providing policymakers with the best information possible on disability issues, the Institute is performing a critical role in assisting the agency in anticipating economic, medical, policy, demographic, and other changes that impact the disability benefits program. The web site is <http://www.dri.uiuc.edu>. It would seem that ICF could address these topics, although it is not specifically mentioned in the announcement. Also, the Disability Research Institute (DRI) will be holding its 2004 Symposium, "SSA Disability Programs: Facilitating Employment", on March 16, 2004 at the National Press Club in Washington, DC. The Symposium will bring together nationally recognized leaders from research, federal government, and disability communities to discuss the disability determination process, return to work and transition to work for individuals with disabilities, and the Ticket to Work and Work Incentives Program as they relate to facilitating employment. DRI-sponsored research projects from previous years will be presented in poster sessions that maximize opportunities for interactive discussion. For more information about the grants or conference, contact Judee Richardson, Ph.D., Associate Director, Disability Research Institute, University of Illinois at Urbana-Champaign, 112 Huff Hall, MC-586, 1206 South Fourth Street, Champaign, IL 61820, (217) 244-1661, jar@uiuc.edu

10. RFP FROM NATIONAL COUNCIL ON DISABILITY ON ADA

On February 24, the National Council on Disability posted a new RFP on an Americans with Disabilities Act Impact Study. While the ICF is not specifically mentioned, there might possibly be an opportunity to use the ICF in the requested evaluation. Go

to <http://www1.eps.gov/spg/NCD/NCDCS/NCDCS1/NCD04%2D66/SynopsisP.html>. The National Council on Disability (NCD) is interested in evaluating the impact of the Americans with Disabilities Act (ADA) and the effects of U.S. Supreme Court cases interpreting the ADA. The contractor will gather input from ADA stakeholders from the field about the impact of the ADA, gather testimony and documentation regarding the impact of the Supreme Court's decisions on people with disabilities, assemble all information gathered, organize all testimony and incidents reported into a consistent format within each of the issue areas, and summarize the findings. The contractor will also prepare a compilation of all cases and reported incidents by state and by congressional district. The estimated contract period is 10 months. NCD will distribute its Americans with Disabilities Act Impact Study Request for Proposals (RFP) to interested parties on April 20, 2004. NCD will expect interested parties to submit their responses by May 31, 2004. Copies of the RFP may be requested by mail or picked up at NCD on or after the issue date of April 20, 2004. All requests must reference the RFP number and title. For more information, contact Julie Carroll, jcarroll@ncd.gov, 1331 F Street, NW, Suite 850, Washington, DC 20004; 202-272-2004 or 202-272-2074 TTY.

11. RFP FROM NATIONAL COUNCIL ON DISABILITY ON SOCIAL SECURITY

NCD posted a new RFP yesterday to Federal Business Opportunities: Social Security Study. For more information, please go to <http://www1.eps.gov/spg/NCD/NCDCS/NCDCS1/NCD04%2D33/SynopsisP.html>. The National Council on Disability is interested in evaluating the effectiveness and direction of federal social security benefit programs providing support to people with disabilities. Specifically, NCD is interested in examining in detail the impact of the Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) benefit programs on people with disabilities and how these programs support transitioning beneficiaries to work and returning beneficiaries to work. This study should incorporate the expertise of key stakeholders, including consumers, service providers, employers, government (including foreign governments), and other community organizations. The estimated contract period is 10 months. NCD will distribute its Social Security Study Request for Proposals (RFP) to interested parties on March 26, 2004. NCD will expect interested parties to submit their responses by April 30, 2004. Copies of the RFP may be requested by mail or picked up at NCD on or after the issue date of March 26, 2004. All requests must reference the RFP number and title. For more information, contact Joan Durocher, jdurocher@ncd.gov, 1331 F Street, NW, Suite 850, Washington, D.C. 20004; 202 272-2004 or 202-272-2074 TTY.

12. VELOZO'S ICF MEASURES AT www.ICFmeasure.com

Craig A. Velozo is funded by NIDRR and used the Rasch Model (which is measurement theory) to develop "Procedures for Building ICF-Based Measures". He has used focus groups, cognitive interviews, and field tests to develop validated, short measures of activity. His measures are on the web at www.ICFmeasure.com. It is a computer adaptive survey designed to better understand the experiences of individuals with injuries

and disabilities. You can take the test yourself based on your own limitations, even though they may be relatively minor. There are 300 questions in the measure but you are only asked a small portion of them. The areas covered are: positioning transfers; lifting, carrying, pushing, pulling; fine hand use; walking and moving; and self care activities. For more information, contact Dr. Craig Velozo, Ph.D., OTR/L, Associate Professor, Associate Chair and Graduate Coordinator, Department of Occupational Therapy, University of Florida, Gainesville, Florida. CVelozo@php.ufl.edu

13. THE ICF IN ITALY

The Disability Italian Network (DIN), the scientific group that is implementing ICF use and WHO-FIC in Italy, has developed the Italian implementation strategy in collaboration with Ministry of Welfare, and some of the Regional authorities. Since the Italian translation was completed in April 2002, Dr. Leonardi reports: "We have been overwhelmed by requests from all the country and WHO has been constantly updated about the incredible success of this classification in the Italian setting. We have a national training plan and we are preparing a national inventory of ICF use, as well as needs for its use, in different settings. Some sectors in Italy will start a systematic ICF, ICF checklist and WHO-DAS 2 use--mainly in rehabilitation. We have a working group at the Ministry of Health that is discussing our pension system and legislation and how this will have to change introducing ICF. A group of architects in Milan has developed a project to build some apartments basing all the technological applications on ICF, so we have an "ICF based" building. We have been collecting all the publications done in Italian journals and all the articles that are related to it (in Italian). The Agenzia Regionale Friuli Venezia Giulia, which organized the World Conference on Health and Disability in Trieste last year, is developing a national ICF web site that will have all this information as well as all the Italian legislation related to disability and links to all WHO, WHO-CC, European Union related sites and other international ICF and WHO-FIC's worksites. You might also be interested to know that under discussion at the Italian Parliament is a new law on long term care for people with special needs based on ICF and that this law will use WHO-FIC as conceptual framework." For more information, contact Dr. Matilde Leonardi, neurologist, paediatrician, Coordinator, International Scientific Research and Disability Project, DIN coordinator and WHO liaison, Scientific Direction, Italian National Neurological Institute C. Besta, Via Celoria 11, 20133, Milan, Italy, Tel: +39 02 2394 511/ 498, Fax: +39 02 2363973, [E-mail:leonardi@istituto-besta.it](mailto:leonardi@istituto-besta.it)

14. XVth EUMASS CONGRESS HAS ICF LECTURES

The 15th EUMASS Congress will take place in Lille, France and Tournai, Belgium on June 10-12, 2004. There are eight themes, including "4. Quality process and instruments helping to take a decision (including ICF)". There is an April 30th deadline to submit abstracts in English or in French to Dr. Martine Gouello martine.gouello@cnamts.fr, Dr. Christian Puppink christian.puppink@edfgdf.fr, or Dr. Freddy Falez freddy.falez@mutsoc.be. More conference information is at <http://www.eumass.com/>.

15. THE ICF IN INDONESIA

Julianty Pradono and Soewarta Kosen gave a presentation on "Application of ICF Framework in Morbidity and Disability Survey: Indonesian Experience". The full presentation is at <http://www.worldenable.net/escapstats/presentationindonesia.htm>.

16. CIRRIE WEBSITE HAS NEW ICF PAGE

The Center for International Rehabilitation Research Information and Exchange (CIRRIE) has created an ICF page on their website: <http://cirrie.buffalo.edu/icf/>. This website has far more, however. There are 22,000 citations in their data base. There are links to 450 research centers, government agencies, and disability organizations. Importantly, CIRRIE has a program to support international travel for international collaborations. There is also a detailed Report on the Forum on International Collaborative Research in Rehabilitation which included an ICF workshop conducted by Rune Simeonsson, Matilde Leonardi, Diane Caulfeild, and Gerry Hendershot. The new ICF page has 11 links and lists nine ICF conferences. The Director, John Stone, is always looking for suggestions. Contact him at: John Stone, PhD, Director Center for International Rehabilitation Research Information and Exchange (CIRRIE), 515 Kimball Tower, University at Buffalo, State University of New York, Buffalo, NY 14214, USA, Email: jstone@buffalo.edu, Phone: (716) 829-3141 ext. 125 Fax: (716) 829-3217.

17. SCOTT BROWN ICF TALK AT EDUCATION CONFERENCE

Scott Brown gave a presentation entitled: "The International Classification of Functioning and Development of an Early Intervention Data Handbook" at the National Center for Education Statistics Management Information Systems Conference in Portsmouth, Virginia. He used the portable "NACC Clearinghouse on ICF" tabletop loaner Exhibit (folds to airline luggage size) and corresponding brochure, available free by contacting Paul Placek at pjp2@cdc.gov. Scott's contact info is : Scott Campbell Brown, Ph.D., Education Research Analyst, U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Education Programs, Research to Practice Division, 400 Maryland Avenue Southwest, Mary E. Switzer Building, Room 3522, Washington, D.C. 20202-2641, tel 202-205-8117, tax 202-205-8105, Scott.Brown@ed.gov.

18. THREE ICF ARTICLES: COGNITIVE DISORDERS, AIDS, AND CANADIAN CHILDREN

1) Arthanat S, Nochajski SM, and Stone, J: "The International Classification of Functioning, Disability and Health and its Application to Cognitive Disorders", *Disability and Rehabilitation* 2004; 26(4): 235-245. ICF codes are given in a case study of cognitive deficits in a person with Alzheimer's Disease. Reprints from Sajay Arthanat, 515 Kimball Tower, Department of Rehabilitation Science, University at Buffalo, NY - 14214, USA, arthanat@buffalo.edu.

2) Hwang J, Nochajski SM: "The International Classification of Function, Disability and Health (ICF) and Its Application with AIDS", *Journal of Rehabilitation*, October/November/December 2003; 69 (4): 4-12. ICF codes are demonstrated for identifying the various areas of HIV/AIDS disablement. Reprints from Jeng-Liang Hwang, Ph.D., Assistant Professor, Department of Health Sciences, York College, the City University of New York, 94-20 Guy R. Brewer Blvd., Room 1E12, Jamaica, NY 11452, jengliang@hotmail.com.

3) McDougall J et. al.: "Chronic Physical Health Conditions and Disability among Canadian School-aged Children: A National Profile", *Disability and Rehabilitation* 2004; 26 (1): 35-45. The eight co-authors conclude that ICF definitions would facilitate international comparisons of child health data. Reprints from Janette McDougall, Research Program, Thames Valley Children's Centre, 779 Base Line Road East, London, Ontario, Canada N6C 5Y6 janettem@tvcc.on.ca.

19. U. OF MICH. INITIATIVE ON DISABILITY STUDIES FEATURES ICF

The University of Michigan Initiative on Disability Studies (UMInDS) seeks to expand diversity at the University of Michigan by integrating the study of disability into research, scholarship, and teaching--www.umich.edu/~uminds, and more information is available by email at uminds.seminars@umich.edu. They are widely disseminating a "Distinguished Scholars in Disabilities" flyer and poster on the ICF, which states: "One recent significant change in our understanding of disability is the formal inclusion of social and environmental factors into the World Health Organization's conceptualization of disability. This new conceptualization is called ICF--International Classification of Functioning, Disability and Health. It represents a shift away from the previous medical model of disability, challenging the way we understand and measure health. With support from the National Center for Health Statistics, the following scholars will be presenting some of the implications of the ICF and the research and career opportunities it will be creating: March 8th - David Gray "Disability, Environment and Participation", March 17th - Donald Lollar "New Directions in Disability Research at CDC, and March 25th - Mary Chamie "Global Perspective on Disability and Human Function".

This seminar series was developed by Dr. Mulhorn. For more information, contact: Kristine A. Mulhorn, PhD, MHSA, Assistant Professor, University of Michigan-Flint, 303 E.Kearsley St, Department of Health Sciences & Administration, 2102 WSW, Flint, MI 48502, Ph (810) 762-3172, FAX (810) 762-3003, kmulhorn@umflint.edu.

20. SPOTLIGHT ON RAY SELTSE, M.D., M.P.H.

Each month we try to "spotlight" a U.S. or Canadian expert who has "made a difference" with ICF. Ray Seltser has not only made a difference with ICF, but he has also "made a difference with the ICIDH", ICF's predecessor. Furthermore, it could fairly be said that in any meeting where ICF *might* be discussed, if Ray is present, it *will* be discussed. And *when* Ray discusses the ICF, he is never timid and rarely a man of few words. It is hard to think of anyone who is more extremely positive and energetically supportive of ICF, despite the fact that Ray is 80 years of age and has already "retired" three times!

First, Ray has significant military experience and was a Chief of a Military Intelligence Branch in the U.S. Army, and he earned the Bronze Star Medal and served as an officer on active duty in Korea. *Second*, in 1988, he retired from 31 years in academia (after seven years as Dean of the University of Pittsburgh Graduate School of Public Health, and before that, 24 years at Johns Hopkins as Associate Dean at the School of Public Health). Dr. Seltser has forty scientific publications to his credit in journals such as the Journal of the American Medical Association, American Journal of Epidemiologist, Journal of Pediatrics, Public Health Reports, and Stroke. *Third*, from 1988-1998, Dr. Seltser served as Senior Advisor for Special Population Research with the Agency for Health Care Policy and Research (AHCPR), where he chaired the PHS Task Force on Improving Medical Criteria for the SSA Disability Determination Process. In 1992, Dr. Seltzer's PHS Task Force's report on Disability Determination recommended that the ICIDH (predecessor of ICF) be used for Federal disability definitions. Dr. Seltser provided review and comment of ICF when it was under development, and he has made a number of ICIDH and ICF presentations over the past decade. In 1998 Ray retired from Federal service, but he kept active with ICF.

What has he done on ICF since his three retirements? In July 2001, Dr. Seltser testified before the NCVHS Subcommittee on Populations that the ICF was "ready for prime time", and he is quoted the June 2001 NCVHS report entitled "Classifying and Reporting Functional Status" (available at <http://www.ncvhs.hhs.gov/010617rp.pdf>). In 2002, under contract with CDC/NCHS, he coauthored a report with Gerry Hendershot recommending steps for operationalizing the ICF for use in clinical administrative records. The report emphasized the need for a joint federal-academic collaboration in a research effort designed to produce for the ICF a manual which would validate the tools and techniques which are acceptable for determining the levels of functioning associated with each of the ICF codes which would be used in clinician requests for reimbursement in administrative records. This manual would serve the ICF in the same way that the CPT codes serve the ICD. You can find a short summation of this plan in the December 2002 message of the NACC Clearinghouse on ICF at <http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities.htm>. Third, Ray published as first author (with M.A. Dicowden and G.E. Hendershot) "Terrorism and the International Classification of Functioning, Disability and Health: a speculative case study based on the terrorist attacks on New York and Washington", in *Disability and Rehabilitation*, Vol. 25, Numbers 11-12, 3 June - 17 June 2003. His article's purpose was: "To argue that there is a need for a standard classification of functional status to track the consequences of large scale human disasters, such as the terrorist attacks on New York and Washington on September 11, 2001; and that the World Health Organization's International Classification of Functioning, Disability and Health (ICF) can meet that need." He argues that the ICF could have been used in all administrative records being developed in the health care systems which provided care to the victims of the attack, the residents of the city who witnessed the event, and witnesses and others who were impacted by it. He states that what the terrorists succeeded in doing in New York and Washington was a massive and effective interference to the functioning of society--economic, social, and human. He codes three hypothetical cases with ICD, CPT, and ICF to make his point--a New York woman whose husband was killed in the

collapse of the World Trade Center, a New York City fireman who was injured in the collapse of the World Trade Center, and a U.S. Postal Service letter carrier in Washington, D.D. who may have been exposed to anthrax spores. Capacity and performance qualifiers at various points in time show progression of function. Dr. Seltser points out that ICF codes show changes in the patients' functioning, which ICD and CPT do not. (A reprint of this article is available by sending an email address with your full mailing address and telephone number to PJP2@cdc.gov).

Tipped off to being in this message's Spotlight, Ray wished to state: “As a member of the 'disability community' into which we all must inevitably be incorporated, I am thoroughly dismayed at the state of our so-called health care delivery system. It is broken beyond repair, and needs either a reengineering- or, in the words used by the Comptroller General- a Transformation. Transformation 'is about creating the future rather than perfecting the past'. My enthusiasm for the potential value of an operationalized ICF stems from the conviction that it represents a viable framework for incorporating functional assessment into the armamentarium of practicing health professionals- which is the first step in generating the kind of data which will enable the rational transformation of the system. Only by presenting all health professionals with an understandable, practical method of assessing function and being reimbursed for their efforts, will it be possible to begin to provide policy makers with viable alternatives to replace our broken system. And only after data is being collected routinely on functional status will it be reasonable to expect a rational definition of disability to be agreed upon by policy makers, the disability community, and the Courts. Although I do not expect to see the transformed system in my lifetime, I am committed to do whatever I can for as long as I can to keep the concept moving forward. I am most encouraged by some of the recent developments-particularly those being generated by the much-needed, long hoped for Office of Disability within the highest level of the Federal government.” -Ray Seltser <rseltser@comcast.net>

On a personal note, Dr. Seltser reports that he has been married for 57 years to his “legally blind” childhood sweetheart whose remarkable personal accomplishments as a mother, wife and professional rehabilitation therapist have been his inspiration for the need to work for transforming the “medical care system” into a “health care system” which uses functional status, rather than disease-based parameters, as the outcome measures upon which policy decisions are based. He has two sons and one granddaughter. His hobbies are reflected in his recent trip taken to celebrate his 80th birthday, when he and his wife spent a week photographing birds in the J. Ding Darling Bird Sanctuary, and collecting shells on the beaches of Sanibel Island.