

APRIL ICF CLEARINGHOUSE MESSAGE

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1. **FINAL PROGRAM FOR JUNE 5-7 ICF MEETING IN VANCOUVER; JUNE 7 PARTNERSHIP WITH REHABNET**

A record number of abstract submissions (50 percent more than last year) will make the upcoming North American Collaborating Center (NACC) meeting one of the fullest events in the 12-year history of this conference series. The theme this year is "Living in Our Environment: The Promise of ICF." The afternoon of Monday, June 5 starts with poster setups --- a record 19 posters will be presented this year. There is also a Welcome Reception early Monday evening. The Opening Keynote Speaker on Tuesday, June 6, will be Vancouver Mayor Sam Sullivan, a person with a disability and an ardent advocate for enhancing environments so that they are suitable for disabled populations. A short biography of Mayor Sullivan is available at this website:

<http://www.city.vancouver.bc.ca/ctyclerk/councillors/sullivan/#bio>

Mayor Sullivan's address will be followed by two concurrent sessions, the first focusing on Environmental Factors, and the second on applications of the ICF in surveys. The afternoon

plenary will feature an interactive lecture by Drs. David Gray and Patrick Fougeyrollas, both of whom contributed to the participation and environment components of the ICF. This will be followed by two more concurrent sessions, the first focusing on applications of the ICF in Oral health and Communication Disorders, and the second, entitled “Looking Ahead,” will consider possible areas for future revisions of ICF. The Closing Plenary speaker on Tuesday, June 6, will be Dr. Mathilde Leonardi, a pediatric neurologist who has spearheaded ICF implementation in Italy, and co-chaired the Children and Youth Version Task Force. The Tuesday evening optional Social Event will be at the Dockside Restaurant on Granville Island near downtown Vancouver; the Social Event is always very popular. Granville Island is an artist’s haven housing a large public market, shops, theatres, galleries and restaurants. For a very reasonable price per person, the entire evening will offer entertainment, the best of West Coast cuisine, and outstanding networking opportunities among members of our growing North American ICF Community!

The conference day on Wednesday, June 7, will begin with an ICF Primer Workshop for any attendee who would like a “brush-up” on features of the ICF. The morning plenary session will feature Dr. Don Lollar's presentation on applications of the ICF in relation to international declarations of rights for disabled persons. This will be followed by the a workshop on the ICF for Children and Youth version (ICF-CY), presented by Dr. Rune Simeonsson. In the afternoon, there will be a two-part workshop on the ICF Coding Manual prepared by the American Psychological Association, and concurrent sessions entitled “ICF Though the Stages of Life,” and “The ICF in Italy.” The Closing Plenary speaker will be the Honorable Mike Harcourt, a former Premier of British Columbia and currently the Vice-Chair for the Cities Plus project, a Canadian international organization dedicated to enhancing urban and suburban environments by applying principles of universal design and technology throughout cities.

Conference participants should also note that a block of hotel rooms at Vancouver’s renowned Crowne Plaza Hotel Georgia has been reserved at a special rate of \$179 CDN/night (about \$162 USD) for those who reserve by May 11. Your registration fee includes the Welcome Reception, continental breakfasts, and lunches.

The Annual RehabNet Conference will take place on June 7-8, and we are pleased that the ICF Conference and the RehabNet Conference will jointly share the full program, meeting rooms, and meals on Wednesday, June 7. RehabNet is a network of rehabilitation executives and medical leaders interested in information sharing tools that would enhance the delivery of rehabilitation services; it has grown to welcome all providers of rehabilitation services. RehabNet is affiliated with the Canadian Academy of Physical Medicine and Rehabilitation, which will also meet in Vancouver at a different hotel location several days following the ICF and RehabNet events. The RehabNet Conference theme this year will be “Making A Difference.” During the shared programs on June 7, we will explore the synergies that ICF offers to the field of rehabilitation. This will make available a *third* track of concurrent RehabNet sessions for those ICF conferees who wish to attend those meetings on June 7, at no extra cost.

The RehabNet conference website, including registration information, is available at: <http://www.theciainc.com/conferences/rehabnet/>.

RehabNet has graciously offered registrants at the ICF Conference a special reduced registration rate to attend the subsequent day of the RehabNet conference, while enjoying the features of both events. ICF conferees who stay for the June 8 RehabNet meeting will recognize the Opening Plenary speaker --- Professor Jerome Bickenbach from Queens University in Kingston, Ontario, a long-time contributor to the conceptual and scientific foundations of the ICF.

For additional information or questions about the ICF Conference, visit the conference website at www.icfconference.com, or please send E-Mail requests to our colleagues at the Canadian Institute for Health Information, at: conferences@cihi.ca .

2. OSEP HANDBOOK FOR CHILDREN WITH DISABILITIES INCORPORATES ICF

The Department of Education's National Institute on Disability and Rehabilitation Research (NIDRR), Office of Special Education Programs (OSEP), has released its Early Intervention (EI) Data Handbook. This publication is now a member of the National Center for Education Statistics (NCES) family of online Data Handbooks.

The entire 322-page documents is available in .PDF format at this web address: <https://www.ideadata.org/docs/EarlyInterventionDataHandbook/EI%20Data%20Handbook.pdf> . Other Data Handbooks in this series are available at this NCES main web address: <http://nces.ed.gov/programs/handbook/> .

OSEP developed this EI Data Handbook to provide guidance for early intervention data systems that address the needs of young children with disabilities. OSEP envisions this EI Handbook as a tool for gathering information needed for service decisions, program management, research, policy analysis, and program evaluation. The EI Handbook would help early intervention personnel collect, report, maintain, and exchange comparable information about infants and toddlers with disabilities and their families served under Part C of the Individuals with Disabilities Education Act (IDEA). Similar to the approach within other Data Handbooks in this series developed by NCES, using the EI Handbook would ultimately increase access to accurate and complete information, which would in turn help early intervention personnel make appropriate and timely program decisions.

For more information, contact Dr. Scott Campbell-Brown, SCOTT.BROWN@ED.GOV , telephone (202) 245-7282.

3. JULY 12-13 ISDS CONFERENCE ON "DEVELOPING IMPROVED DISABILITY DATA" IN D.C.

David Keer (david.keer@ed.gov), Co-Chair of the Interagency Subcommittee on Disability Statistics (ISDS), announced plans for the ISDS Conference entitled "Developing Improved Disability Data." It will be held at the Holiday Inn Washington-Capitol Hotel on July 12-13,

2006, and its purpose is to address gaps in the availability and collection of disability data, particularly across agencies and as used by the federal government.

In keeping with a major goal of its parent committee, the Interagency Committee for Disability Research (ICDR), the ISDS conference will focus on the development of a national survey on disability and other measures. This emphasis is especially critical now, because a prominent disability data gathering tool, the Survey of Income and Program Participation (SIPP), conducted by the Bureau of the Census since 1984, has been threatened with budgetary demise. If federal funding for the SIPP were to expire, there would no longer be a standard source for measurement and data on a variety of issues that impact people with disabilities. Therefore, the ISDS conference will focus on the potential detrimental effects associated with the prospective lack of SIPP data beyond 2006. Although Congress will continue to debate the proposal to end funding for the SIPP throughout the summer, this issue has arisen since the early stages of conference planning.

There will also be discussion with representatives from federal agencies that are not typically involved with ISDS activities, toward obtaining additional perspectives on research gaps and future priorities not yet evoked from such agencies.

A group led by Barbara Altman and including Gerry Hendershot, Robert Weathers, Scott Brown, Sheryl Larson and Fran Chevarley, is presently working on a research paper with five sections to define the disability component of a prospective new national survey on disability prevalence and characteristics. Their paper will be configured broadly as follows:

- Weathers will provide the introduction and background;
- Hendershot will contribute a discussion about the issues and problems associated with the historic National Health Interview Survey on Disability;
- Altman will explain the rationale for the prospective survey, and describe factors in favor of advantages and disadvantages associated with either developing a new disability survey, or implementing subsets of surveys expressing disability information that are already in place; and
- Brown will examine the conceptual and methodological challenges associated with setting up a new survey in the ICF context.

This comprehensive paper will be shared with conference advance-registrants before the conference, so the authors can receive feedback during the July 12-13 meeting. But the planning committee members welcome input, even prior to the release of their comprehensive research paper, to provide a sound basis for their data collection recommendations. For example, Altman and the other members of the planning committee are interested in including additional suggestions that would contribute to recommendations on baseline data collection methods.

After the conference, the amended paper will be presented at the Cornell Stats RRTC State-of-the-Science meeting in October, which is described in the next entry in this edition of the ICF Clearinghouse Newsletter. Keer reinforced that this event is a working conference designed to capture all critical needs, so as to enhance the information presented by the ISDS during the October Cornell meeting. The ISDS Conference will also include a discussion about the scope and accuracy of the disability measures now incorporated within the National Healthcare

Disparities Report, compiled by the Agency for Healthcare Research and Quality. Another component of the ISDS Conference will emphasize methodological issues. Janice Ballou from Mathematica Policy Research, Inc., is coordinating that aspect of the conference planning.

Additional information about registering for the ISDS Conference will be available at this ICDR website: <http://www.icdr.us/disabilitydata>. The ISDS Conference will be open to the public, although explicit priority will be given to federal agency representatives.

4. OCTOBER 5-6 CORNELL CONFERENCE ON "THE FUTURE OF DISABILITY STATISTICS: WHAT WE KNOW AND NEED TO KNOW" IN ARLINGTON, VA

The Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (referred to as "StatsRRTC") is pleased to announce its 2006 State-of-the-Science Conference, entitled "The Future of Disability Statistics: What We Know and Need to Know." It will be held Thursday and Friday, October 5-6, 2006, at the Doubletree Hotel Crystal City, in Arlington, Virginia. The StatsRRTC is a NIDRR-funded component of the Cornell University School of Industrial Labor and Relations, Employment and Disability Institute.

This two-day conference will review the current statistics on the characteristics and status of working-age people with disabilities, derived from current survey and administrative data. Conferees will also explore options for improving future data collection and data distribution efforts. This conference will be informed by the deliberations of the July 12-13 ISDS Conference described in the entry above.

Registration is now open to the public. Go to:

<http://www.ilr.cornell.edu/edi/srrtc-2006conference.cfm>

to review general information and program details about the StatsRRTC Conference. In order to register for the conference, go to this page on the same StatsRRTC website:

<http://www.ilr.cornell.edu/edi/srrtc-2006registration.cfm#registration> .

Sign language interpretation and computer-assisted real-time captioning (CART) will be provided.

For more information, please contact either Anne Sieverding (acs5@cornell.edu, 607-255-9605) or Andrew J. Houtenville, Ph.D., at the Cornell Employment and Disability Institute. Anne's E-Mail address is acs5@cornell.edu , and her telephone number is (607) 255-9605. Andrew's E-Mail address is ajh29@cornell.edu , and his telephone number is (607) 255-5702. The postal mailing address for their Institute is as follows: Employment and Disability Institute, Cornell University, 303B ILR Extension Building, Ithaca, New York 14853-3901. FAX: (607) 255-2763; TTY/TDD: (607) 255-2891.

Incidentally, the very useful StatsRRTC Disability Statistics website is also located at:

<http://www.ilr.cornell.edu/ped/disabilitystatistics/> .

5. ICF CITED OFTEN IN NEW IOM WORKSHOP REPORT ON "DISABILITY IN AMERICA"

You'll be rewarded by visiting the web page located at:

<http://www.iom.edu/CMS/3740/25335/33179.aspx> for the newly-released (February 28, 2006) Institute of Medicine (IOM) report entitled: "Workshop on *Disability in America: A New Look -- Summary and Background Papers.*" The IOM is a non-governmental component of the National Academy of Sciences, and it has been chartered to provide independent, unbiased, evidence-based advice to Congress, policymakers, health professionals, and the public about medicine and health care systems in the U.S. The IOM homepage is located at: www.iom.edu .

This interim report from the IOM summarizes a workshop convened in August 2005 for the first phase of a project taking an updated look at disability in America, while concurrently updating and revising the 1991 IOM report by that title. The final report, which will include recommendations, is expected to be released early in 2007.

The workshop summary and background papers include discussions of the following topics:

- a) methodological and policy issues related to the definition, measurement, and monitoring of disability and health over time;
- b) trends in the prevalence, types, and causes of disability;
- c) disability across the age spectrum and in the context of normal aging; and
- d) secondary health conditions.

The report showcases characteristics of disability, including classification according to the ICF, in the light of the implementation of the Americans with Disabilities Act, which had not been yet enacted at the time of the original publication. Moreover, the interim report refers to and promotes NIDRR's new paradigm of disability, focusing on environmental aspects of disablement. For example, Appendix B (pp. 50-66) on conceptual models of disability was prepared by Gale Whiteneck, and Appendix C (pp. 67-87) on classifying disability in children was written by Rune Simeonsson. The entire 276-page report is available online for free viewing or printing in .PDF format, or it can be purchased as a printed book.

6. CHERNEY APHASIA GRANT USES ICF

Professor Leora Cherney, Associate Professor of Physical Medicine and Rehabilitation at the Northwestern University School of Medicine, and Clinical Research Scientist at the Rehabilitation Institute of Chicago, is the recipient of a 3-year NIDRR Research Award entitled "Computer Treatment for Aphasia: Evaluating Efficacy and Treatment Intensity."

Aphasia is an impairment of the ability to use or comprehend words, usually acquired as a result of a stroke or other brain injury. In Professor Cherney's study, 45 individuals with chronic aphasia were divided into three treatment groups and assigned to sets of computer activities. The

primary outcome is measured by the Aphasia Quotient of the Western Aphasia Battery; secondary outcome measures have been selected with consideration of the ICF.

A short description of the study can be found on the website for NIDRR's information dissemination partner, the National Center for the Dissemination of Disability Research, located at:

<http://www.ncddr.org/cgi-bin/mysql/nidrrprofiles.cgi?showproj=H133G040269&location=projabstract>

For more information, contact this investigator directly: Leora Reiff Cherney, Ph.D., Associate Professor, Physical Medicine and Rehabilitation, Northwestern University, 345 East Superior Street, Room Ste. 1353, Chicago, IL 60611. Telephone (312) 238 1117, E-Mail address: LCHERNEY@RIC.ORG.

7. THREATS HIGHLIGHTS APHASIA STUDIES WHICH INCORPORATE ICF

We are grateful to Professor Travis T. Threats (telephone (314) 977-3175; E-Mail: threatst@slu.edu) for frequently sending us news on how the aphasia research community is actively using the ICF. Travis serves as an Associate Professor and Chairman of the Department of Communication Sciences and Disorders, College of Public Service, at Saint Louis University in St. Louis, Missouri. We "Spotlighted" Travis as an important contributor to the ICF field in our November, 2003 Newsletter edition, and you can still read about Travis and his research and practice at this website:

<http://www.cdc.gov/nchs/data/icd9/Threatspot.pdf>

Travis informed us that the November 2005 edition of the international journal *Aphasiology* featured a Clinical Forum pertaining to the use of ICF as a component of the clinical assessment of aphasia. It consisted of the lead article by speech pathologists Katherine Ross and Robert Wertz, four commentary articles, and then a rebuttal argument from the original authors. Professor Threats wrote one of the commentaries. The references are presented below:

- Ross K, Wertz R. Advancing appraisal: Aphasia and the WHO. *Aphasiology* 2005; 19(9):860-870.
- Hilari K. Choosing relevant outcomes for aphasia: A commentary on Ross and Wertz, "Advancing appraisal: Aphasia and the WHO." *Aphasiology* 2005; 19(9):870-875.
- Penn C. Who's tired of the WHO? A commentary on Ross and Wertz, "Advancing appraisal: Aphasia and the WHO." *Aphasiology* 2005; 19(9):875-879.
- Threats T. Exploring all aspects of the ICF framework with aphasia: A commentary on Ross and Wertz, "Advancing appraisal: Aphasia and the WHO." *Aphasiology* 2005; 19(9):879-885.
- Worrall L, Cruice M. Why the WHO ICF and QOL constructs do not lend themselves to programmatic appraisal for planning therapy for aphasia. A commentary on Ross and Wertz, "Advancing appraisal: Aphasia and the WHO." *Aphasiology* 2005; 19(9):885-893.

- Ross K, Wertz R. Who's for the WHO and who's not. *Aphasiology* 2005; 19(9):893-900.

Additionally, Professor Threats assists us all by occasionally providing updated bibliographies presenting references to recent research articles that have featured the ICF, generally in speech pathology or communication disorder journals, where pioneering applications of the ICF have already been recorded. Some recent publications and presentations with an ICF focus that Travis has identified include:

Cruice M, Worrall L, Hickson L, Murison R. Finding a focus for quality of life with aphasia: Social and emotional health and psychological well-being. *Aphasiology* 2003; 17(4):333-353.

Davidson B, Worrall L, Hickson L. Identifying the communication activities of older people with aphasia: Evidence from naturalistic observation. *Aphasiology* 2003; 17(3):243-264.

Donaldson N, Worrall L, Hickson L. Older people with hearing impairment: A literature review of the spouses' perspective. *The Australian and New Zealand Journal of Audiology* 2004; 26(1):30-39.

Fucetola R, Tucker F, Blank K, Corbetta M. A process for translating evidence based aphasia treatment into clinical practice. *Aphasiology* 2005; 19(3-5):411-422.

Hopper T. Long-term care residents with dementia: Assessment and intervention. *The ASHA Leader*, 2004 (October 19); (24)10-11.

Howe T, Worrall L, Hickson L. What is an aphasia-friendly environment? *Aphasiology* 2004; 18(11):1015-1037.

Larkins B, Worrall L, Hickson L. Stakeholder opinion of functional communication activities following traumatic brain injury. *Brain Injury* 2004; 18(7):691-706.

Larkins B, Worrall L, Hickson L. Use of multiple methods to determine items relevant for a functional communication assessment. *New Zealand Journal of Speech-Language Therapy* 2004; Vol. 59.

McLeod S. People with communication impairments portrayed in children's literature. *Acquiring Knowledge in Speech, Language, and Hearing* 2004; 6(1):50-53.

McLeod S, Bleile K. The ICF: A proposed framework for setting goals for children with speech impairment. *Child Language Teaching and Therapy* 2004; 20(3):199-219.

McLeod S, Watts-Pappas N. Creating a place in society for children with speech impairment. Poster presentation at the American Speech-Language-Hearing Association Convention, November 19, 2004, Philadelphia, PA.

McCooney-O'Halloran R, Worrall L, Hickson L. Evaluating the role of speech-language pathology with patients with communication disability in the acute hospital setting, using the ICF. *Journal of Medical Speech-Language Pathology* 2004; 12:49-58.

Yaruss J, Quesal R. Stuttering and the International Classification of Functioning, Disability, and Health (ICF): An update. *Journal of Communication Disorders* 2004; 37(1):35-52.

8. FINKE: INDIAN HEALTH SERVICE'S CONSIDERATIONS IN USE OF ICF

At the April 11 meeting of the New Freedom Initiative ICF Subcommittee chaired by DHHS Office of Disability Director Margaret Giannini, M.D., Bruce Finke, M.D. gave an interesting presentation in which he considered possibilities for use of the ICF within the Indian Health Service (IHS).

Dr. Finke also outlined potential contributions of ICF for his agency, including:

- 1) The ICF provides a more complete picture about the degree of quality of care provided within a health system like that operated within the IHS;
- 2) ICF-oriented data could speak to "impact" as well as "cause", i.e., people with the same diagnosis could have different healthcare needs, and such needs could be recorded differently or more explicitly; and
- 3) ICF coding could foster a clinical focus on improvement of function.

Dr. Finke also outlined the potential uses of ICF for HIS, including:

- 1) Assess quality of care and efficacy of interventions through measurement of standardized outcomes measures;
- 2) Assess the economic impact of the service provided as it relates to improving functional levels in patients;
- 3) Provide more complete data to understand the cost of disability and chronic disease;
- 4) Focus on "health" vs. the "traditional statistics on morbidity and mortality," perhaps by enhancing the Clinical Reporting System to include coding activities associated with varying levels of function; and
- 5) Establish applications among children, adults, and elders with disability who are also receiving acute or subacute rehabilitation services.

Dr. Finke continued by addressing some of the unresolved questions associated with applying the ICF in a complex health care system, including:

- 1) The cost of adequate information technology systems that could successfully capture function data;
- 2) The compatibility of ICF with ICD-10 and ICD-10-CM;
- 3) The relationship between the ICF and the IHS Chronic Care Model;
- 4) Demonstrations of available examples of other agencies which have implemented ICF; and
- 5) Whether data exist to show the impact of ICF implementation on function or overall medical costs.

For more information on either his Subcommittee presentation, or applications of the ICF generally within the IHS, contact: Bruce Finke, M.D., Nashville Area Elder Health Consultant, Indian Health Service Elder Care Initiative, 45 Vernon Street, Northampton, MA 01060, telephone (413) 584-0790; E-Mail address: BRUCE.FINKE@IHS.GOV, and their programmatic website, located at: www.ihs.gov/medicalprograms/eldercare.

9. VALLUZZI AND PLACEK: REVIEW OF ICF USE WITHIN DHHS

Paul Placek and Janet Valluzzi presented the "New Freedom Initiative (NFI) International Classification of Functioning, Disability, and Health (ICF) Subcommittee Update" at the April 12 monthly meeting of Interagency Subcommittee on Disability Statistics (ISDS). Placek and Valluzzi serve as Co-Facilitators of this Subcommittee. The NFI ICF Subcommittee, one of five Subcommittees of the NFI workgroup, was initiated in March 2004 by the Director of the DHHS Office on Disability, Dr. Margaret Giannini.

The NFI ICF Subcommittee has met almost monthly for the past two years, with representatives from each HHS agency to update current ICF department activities and to establish a standard for developing baseline data. NFI ICF Subcommittee objectives include the following:

- Serve as an agency focal point for all ICF matters within DHHS;
- Collaborate on DHHS-related ICF matters with the World Health Organization's North American Collaborating Center (NACC) for the Family of International Classifications;
- Explain DHHS agency mission and goals among all members, and explore applications of ICF within the health or rehabilitation components of their respective agencies;
- Comment on proposed ICF research activities within the Department; and
- Interact with federal agencies, academicians and consumers regarding ICF.

Placek and Valluzzi reviewed work done or in process on applying the ICF across the following agencies within DHHS:

- Administration for Children and Families (ACF)
 - Conducted a Web-based needs assessment of ICF training needs for the Association of University Centers on Disabilities (AUCD).

- Agency for Healthcare Research and Quality (AHRQ)
 - Established Disability Working Group;
 - Recommended consensus measurement of individuals with disabilities;
 - Established the goal of including more information about individuals with disabilities from more data sources in National Healthcare Quality Report and National Healthcare Disparities Report; and
 - Developed a measurement to reflect Americans with Disabilities Act (ADA) definition of disability.

- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
 - Co-leadership of Consolidated Health Informatics (CHI) Disability Workgroup with Social Security Administration (SSA);
 - Evaluation of Minimum Data Set (MDS v. 2) conformance to SNOMED-CT standards; and
 - Evaluation of the current status of electronic health information systems (EHIS) and electronic health records (EHRs) in post-acute and long-term care (PAC/LTC) settings.

- CDC-National Center for Birth Defects and Developmental Disabilities
 - Fiscal support for extramural development of measurements of Environmental Factors;
 - Provided grant awards for developing ICF-based assessment tools;
 - Fiscal support for developing and testing the ICF-CY;
 - Co-facilitation of NFI ICF Subcommittee by sponsoring Ms. Valluzzi's participation;
 - Currently concluding an extramural competition for up to \$2.3 million in research grant support for Request For Applications entitled "Intervention Research Grants to Promote the Health of People with Disabilities," with an explicit focus on incorporating the ICF in intervention outcome measurement;
 - Supports the measurement of effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan; and
 - Defines target disability populations in terms of common activity limitations, rather than by diagnostic category alone.

- CDC National Center for Health Statistics
 - Houses the WHO North American Collaborating Center for the Family of International Classifications for North America;
 - Sponsors the production and distribution of this monthly NACC ICF Clearinghouse Newsletter to 900 subscribers;
 - Sponsors and coordinates the annual North American Collaborating Center (NACC) ICF Conference, including the 12th annual ICF Conference in Vancouver, June 6-7, 2006, and the 13th annual ICF Conference scheduled for June 5-7, 2007 in Niagara Falls, New York;

- Contributes to the co-facilitation of NFI ICF Subcommittee;
 - Participates in the Consolidated Health Informatics Workgroups on topics related to disability classification and the nexus between terminology, data capture, and electronic transmission of data;
 - Has provided funding for the ICF mapping project, in collaboration with WHO;
 - Developed an innovative training tool, “CodeICF.”
- Centers for Medicare and Medicaid Services (CMS)
 - ICF-influenced Power Mobility Device (PMD) Regulation and Payment Final Rule, issued March 31, 2006;
 - Through its Mobility Assistive Equipment (MAE) National Coverage Determination (NCD), which includes PMDs, CMS has issued new function-based criteria to replace the historical “bed or chair confined” standard; a description of these new criteria can be viewed at: <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1821> ;
 - Developed a policy paper regarding a universal functional assessment tool;
 - Supported development and publication of the Fall 2003 issue of *Health Care Financing Review*, devoted to measuring functional status, with several articles on applications of the ICF.
- Health Resources and Services Administration (HRSA)
 - Hosted an agency wide orientation level training for ICF in April, 2005;
 - Provided follow-up training on the ICF–Children and Youth Version in December, 2005; and
 - Has expressed interest in additional training and development of an assessment tool for observing and measuring the degree of accessibility in hospital facilities.
- Indian Health Service
 - Provided a thorough identification of potential clinical and administrative applications of ICF, primarily by Bruce Finke.
- Office of the National Coordinator for Health Information Technology (ONC)
 - Supports the Consolidated Health Informatics Disability Workgroup II, which is examining use case scenarios across federal agencies for applications of the ICF; SNOMED-CT clinical terminology; LOINC (a data set for universal identifiers for laboratory and other clinical observations); and the HL7 Clinical Document Architecture (CDA) standard.
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Participation in Disability Working Group for the AHRQ National Healthcare Disparities Report

Contact the authors for more detailed information on the report outlined above:
PJPLACEK@VERIZON.NET or JGV6@CDC.GOV.

10. THE ICDR SEEKS COMMENTS AT MAY 23 PUBLIC MEETING

Steven J. Tingus, Director of the National Institute on Disability and Rehabilitation Research (NIDRR) within the U.S. Department of Education, and Chair of the Interagency Committee on Disability Research (ICDR) has announced an ICDR public meeting, and has invited the submission of written comments about the federal disability and rehabilitation research agenda.

Persons with disabilities, persons who represent service providers, service provider organizations, disability and rehabilitation research and policy groups and representatives of advocacy organizations are encouraged to suggest specific ways to improve future research for individuals with disabilities. The ICDR is also interested in hearing from individuals concerning how well the existing federal research programs are responding to the changing needs of individuals with disabilities.

The meeting will take place May 23, 2006, from 10 a.m. to 3 p.m. at the Capital Hilton Hotel, 1001 16th Street N.W., Washington DC, and details of the meeting and venue can be viewed at this web page:

<http://www.icdr.us/PublicMtg06/MeetingAnnouncement.html> .

This meeting will be open and accessible to the general public. Public comments will be analyzed, along with other sources of information, to make recommendations for future research directions and to coordinate the federal research effort in disability; however, the ICDR cannot respond individually to comments.

The deadline has already passed for submitting advance documentation of comments to be presented, but unscheduled “walk-in” participants can be accommodated, time permitting. Persons desiring to present unscheduled testimony must bring two written copies of their comments as a condition of being added to the afternoon agenda, on a first-come, first-served basis and for an oral presentation period not to exceed five minutes.

For additional information, contact: Robert Jaeger, Executive Secretary, ICDR, U.S. Department of Education, 550 12th Street, S.W., Room 6050, Potomac Center Plaza, Washington, DC 20202-2700, Telephone: (202) 245-7386, Fax: (202) 245-7633, Robert.Jaeger@ed.gov.

A copy of the *Federal Register* notice for this ICDR meeting can be viewed at <http://www.ed.gov/legislation/FedRegister/other/2006-2/041106c.html>.

11. CD-ROM MATERIALS ON ICF WILL BE AVAILABLE AT JULY 10-12 NCHS DATA USERS CONFERENCE

The National Center for Health Statistics has announced its 2006 Data Users Conference, which will take place at the Omni Shoreham Hotel in Washington, D.C. between July 10-12, 2006. Participants attending this popular conference will learn more about NCHS's data collection, analysis, and dissemination activities. There is no registration fee to attend.

More information on the conference can be found at the following web page:

http://www.cdc.gov/nchs/events/duc2006/duc_announce.htm, and on-line conference registration is now available at this HHS conference page:

<http://www.hhsmeetings.com/Login.asp?From=EventRegistration#EventID=101106>.

The exhibit on Classifications and Public Health Data Standards will offer 100 free copies of a CD ROM with documents and PowerPoint materials on the ICF, including the full July, 2001 National Committee on Vital and Health Statistics report focusing on the ICF, entitled Classifying and Reporting Functional Status. The distribution of these CDs will be on a first-come, first-served basis.

For more information, contact Linda R. Washington, Health Communications Specialist, telephone (301) 458-4558, E-Mail address LRW1@CDC.GOV.

12. SPOTLIGHT ON MARY CHAMIE, NEWLY RETIRED FROM THE UNITED NATIONS

Each month we "spotlight" someone who has made a difference with ICF. Dr. Mary Chamie has made that difference with both the ICIDH *and* the ICF. Owing to rules of mandatory separation from employment at the United Nations at the age of 60, Mary Chamie recently retired from her position as Assistant Director of the United Nations Statistics Division, where she headed up the Division's Demographic and Social Statistics Branch. This Branch coordinates the development of harmonized definitions, concepts and methods of statistical measurement for assessment of demographic and social concerns and is also responsible for the collection and dissemination of official national statistics related to these concerns. She supervised 22 people in that office. Data sources include population and housing censuses, related surveys and administrative registers, including civil registration systems.

High on Mary's list of interests has been the further development of statistics on human functioning and disability. Starting in the 1980s, Dr. Chamie proposed and developed the international statistical program on human functioning and disability used by the United Nations. She was extensively involved in the review of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) that ultimately led to the development of the ICF. Earlier that decade, Dr. Chamie also initiated the first review of official national statistics for the United Nations that ultimately led to a publication of the first case studies of official national disability statistics from Western Asia and Northern Africa. In turn, those case studies led to the development of a methodological and statistical database called UN/DISTAT, now used around the world. This database served as the source for the first United Nations Compendium of Disability Statistics, published in 1990. Through a special project, she also encouraged the adaptation on a trial basis of the UN Demographic Yearbook system from conventional national

disability statistics compilation to a review of aging in populations. That adaptation yielded a special issue of the Demographic Yearbook in 1993, entitled Population Ageing and the Situation of Elderly Persons. Beginning in 2006, the UN Statistics Division, in consultation with the Washington Group on Disability Statistics, has embarked on compiling and disseminating official national statistics on human functioning and disability through the United Nations Demographic Yearbook system; that process will recur, yielding many more similar Yearbooks in the future. That production capacity represents an important legacy of Dr. Chamie's contributions to this field and its methods.

More information about UN efforts to collect and disseminate data about human functioning and disability is available at:

<http://unstats.un.org/unsd/demographic/sconcerns/disability/default.htm> .

Dr. Chamie has lived and worked for a number of years in South and Western Asia. During her professional career, she has traveled to all continents for various work assignments. Most recently, she participated in the review and development of population and housing censuses in Afghanistan and Iraq. Dr. Chamie is deeply concerned with a wide range of statistical issues related to social and economic development and has written a number of books and articles both in her own name and on behalf of the United Nations on human functioning and disability. Moreover, Dr. Chamie's contributions also include major publications related to the health status of women, composite characteristics of youth and aging, statistical classifications and statistics on trade.

A mother of three adult children, Dr. Chamie is now ready to explore new ways of relating to the world of work. She now serves as a partner in the new firm doing business as Population Associates, Inc. Through her new role as research director of this small company, she intends to continue to lecture and work on the topic of human functioning and disability, and other topics.

When asked what has been the most interesting part of work on human functioning and disability, she replied that without a doubt it has been the people she meets who work on this topic, the thrill of being part of the enormous creativity that has occurred in thinking regarding this field, and the fact that she has had the eternal role of student while making professional contributions.

Any ICF Clearinghouse Newsletter subscribers interested in congratulating Mary on her achievements and retirement can do so with her by telephone, at (914) 473-0433, or E-Mail at mary.chamie@gmail.com.

13. COURTEOUS REMINDER: SUBSCRIBERS, PLEASE DO NOT POST YOUR OWN MESSAGES TO THIS MODERATED LIST

Our ICF family is growing and making great strides professionally and interpersonally. We want to encourage everyone to contribute to our shared understanding of the ICF, and to develop a genuine sense of community among researchers and practitioners. This ICF Clearinghouse

Newsletter, now in its sixth year of publication, is one of our most important instruments for achieving those goals!

One of our principles in nurturing this Newsletter and its subscriber base has been to ensure that it remains a helpful product, rather than a hindrance. In some electronic List Serve distributions, it can be valuable to allow any and all subscribers to post messages for all other subscribers to read, but subscribers might receive more messages than they want. Such lists tend to become hindrances, rather than helpful. We want to avoid that situation.

Instead, we've pledged to keep the E-Mail postings you receive as a subscriber to a minimum. We'd like you to look forward to receiving the Newsletter and enjoy being a subscriber, rather than feeling overwhelmed because of being a subscriber.

To that end, we want to reiterate these important List Serve policies:

- It is once-a-month: The ICF Clearinghouse List Serve was established to correspond to subscribers only about once a month;
- It is one-way: Correspondence will come only from the List Owners; subscribers should not reply back to all other recipients of the Newsletter; and
- Members can unsubscribe at any time, change their E-Mail address at any time, and invite others to join the List at any time --- but all such requests must be made through the Editor or List Moderator.

Before attempting to post a message to the entire list, or before clicking on your "Reply To All" key, please send your proposed submission to either the Newsletter Editor, Dr. Paul Placek (PJPLACEK@VERIZON.NET), or the designated List Moderator, Ms. Linda Washington at the CDC National Center for Health Statistics (LRWashington@cdc.gov), for their advance approval and editing. They will be pleased to help you, and will incorporate your information or announcements in the following Newsletter. For time-sensitive information, the Editor and Moderator will determine if a special announcement on the List would be warranted on a case-by-case basis.

Remember: send your proposed messages to the Editor or Moderator for approval and editing. Thank you!