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Abstract #70049
Conceptualizing disability within curriculum content for public health and allied health professionals’ academic preparation

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Healthy People 2010 has made some significant strides in ascertaining the importance of disability surveillance. Coupled with these indicators of incidence and prevalence of community impairment, is the growing numbers of community census with impairments and chronic conditions. This phenomena pushes for the need to ensure that the public health workforce is adequately prepared to work with and address planning needs for people with disabilities and impairments. This paper builds upon the work of Meyers et al. (1999) and Jurkowski & Welch (2001) who examined the status of disability content in public health and social work curricula. This paper will outline a model and blueprint for the integration of disability content within the core course content areas of public health curricula and allied health professions. The model addresses the areas identified within HP2010's goals for the nation, WHO’s ICF, behavior, lifestyle, and social determinants of health. The blueprint will provide an overview of content areas to address and resources which can be used to infuse content about disability into curricula. Recommendations and resources which make use of the model presented will also be outlined as a component of this paper.

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Documenting children and environments in early intervention: Contribution of the ICF

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Describing the characteristics of children in early intervention and their environments is complicated by variability of eligibility conditions and agencies responsible for services. The
International Classification of Functioning, Disability and Health (ICF) has been used as a common terminology to document the nature and extent of disability and at risk status of children and may have complementary use for documenting aspects of their environments. Data from an ongoing population based study of more than 3000 children and their families will be used to illustrate the application of the ICF to code the environments of these children. Data collection on the children and their physical and social environments occurred at 36 months. A comparison of environments will then be made on the basis of the child's reason for early intervention eligibility (developmental delay; established medical conditions; at risk status). The implications of this approach for surveillance, clinical documentation and research will be identified.

International classification of functioning, disability and health (ICF) and social work: A mechanism for sustaining social work leadership in disability public health

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Many social workers are encountering individuals with disabilities in their social work public health settings, emphasizing the need for adequate preparation to address disability-related issues. Since its release in 2001, the International classification of functioning, disability and health (ICF) is considered an international standard in describing and measuring health and disability. Therefore the ICF is a potential mechanism for preparing social workers working in public health systems. Probing was needed to assess the past and present status of the ICF and its predecessor the ICIDH in the social work field. Literature representing social work, public health, and other disciplines was searched for inclusion of articles related to the ICF and ICIDH. Frequencies of articles across disciplines were determined for comparison. Although a significant number of articles exist, the majority was found in journals representing medicine and health-related fields and minimal references in social work journals. The lack of ICF and ICIDH articles in social work journals reflects a deficit in knowledge dissemination of the classifications to social workers working in public health systems and other areas. Since the ICF is being used in other fields and numerous countries, familiarization and use of the ICF in social work would increase the leadership potential among social workers in public health settings. Training and technical assistance for social workers on the ICF will be explored, opportunities for social workers to become more involved in ICF activities will be outlined, and the North American Collaborating Center will be discussed.
The World Health Organization recently adopted the International Classification of Functioning, Disability and Health (ICF) to provide a framework for describing health and health-related states. The participation domain, within ICF, characterizes a person’s involvement in life situations. The ICF classifies the person’s state of performance, in his or her environment, in a list of life situations and the capacity to execute a task in a standard environment. Within the same time frame of the development of the ICF, quality of life measures assumed increased importance in the field of rehabilitation as an outcome measure. Quality of life or health related quality of life scales emphasize the “effect” of an injury/illness and subsequent therapy on the functional capabilities of an individual. The intent of this presentation is to propose a measure of the construct quality of participation. This construct engages the quality of the involvement in life situations and the ‘do do’ rather than the ‘can do’ or potential function of a person’s occupational performance. The results of a CDC funded project, Mobility, Disabilities, Participation and Environment, provided evaluative information of the participation in 18 separate life situations of 604 subjects with mobility impairments. The situations included activities in home, community and work settings. A composite of choice, satisfaction, and importance responses will be proposed to measure quality of participation in each of these situations. The convergent and divergent validity of this proposed variable will also be presented.