1. MARCH 31 ABSTRACT DEADLINE FOR VANCOUVER ICF CONFERENCE:  CHECK WWW.ICFCONFERENCE.COM

2. AMERICAN THERAPEUTIC RECREATION ASSOCIATION AFFIRMS SUPPORT FOR ICF

3. CALL FOR ICF PAPERS:  THERAPEUTIC RECREATION JOURNAL

4. DISTAB PAPER PUBLISHED BY HENDERSHOT AND CREWS; SHORT DISTAB HISTORY

5. TRAINING:  11 RULES FOR MAPPING HEALTH STATUS MEASURES TO THE ICF

6. SECOND ROUND OF ICF TRAINING AT HRSA; ICF-BASED QUESTIONS IN HRSA SURVEY

7. 889 MEMBERS RECEIVE ICF CLEARINGHOUSE MESSAGES EACH MONTH; "SPOTLIGHT" HISTORY

8. 187 ICF PUBMED PUBLICATIONS FROM 2001 - 2006

There is a March 31 abstract deadline for submission of abstracts for the 12th Annual NACC meeting on ICF to be held June 5 to 7, 2006 in Vancouver, British Columbia, Canada. The theme is "Living in Our Environment: The Promise of ICF". In this meeting, the Canadian Institute for Health Information and the National Center for Health Statistics, CDC, welcome you on behalf of the World Health Organization Family of International Classifications to the 12th Annual North American Collaborating Center (NACC) Conference on the International Classification of Functioning, Disability and Health (ICF). Through interaction with peers from Canada, The United States and around the world, participants will look at how ICF touches all aspects of the environment. Presentations in other areas of ICF work also will be included. You are invited to join participants on Canada's stunning west coast in the cosmopolitan city of Vancouver--winner of three Rick Hansen Accessibility Awards 2004--to take part in discussions on the issues, initiatives and opportunities surrounding ICF. Vancouver was named "Best City in the Americas: 2004" by Conde Nast Traveler magazine. The venue is the Crowne Plaza Hotel Georgia. Highlights of the program include: opening keynote speaker Mayor Sam Sullivan, newly elected Mayor of Vancouver, on June 6; keynote presenter
Mike Harcourt, former B.C. Premier and Vice-Chair for the cities planning for long-term urban sustainability (citiesPLUS) project, on June 7; and workshops on ICF Child and Youth and the ICF Coding Manual. Early bird registration before May 19 is $300 Canadian, and $400 after that date. There is an optional $75 social event. Check www.icfconference.com frequently for updates, and for more information, please contact:

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2. AMERICAN THERAPEUTIC RECREATION ASSOCIATION AFFIRMS SUPPORT FOR ICF

At the annual American Therapeutic Recreation Association (ATRA) conference held October 7-11, 2005 in Salt Lake City, the ATRA Board of Directors approved a press release which included the following ATRA position statement on the ICF: "The concepts and terminology of the ICF are compatible with recreational therapy practice. ATRA supports the use of ICF language and terminology in recreation therapy practice guidelines, standards of practice, curriculum development, public policy, international relations, and research. ATRA also acknowledges the significance of the use of the ICF classification and coding system as a vehicle to clarify and enhance practice and research in recreation therapy." A full text copy of the press release can be obtained by contacting Ann D Huston MPA, CTRS by phone (703) 683-9420 or fax (703) 683-9431. Soon the press release will be on the ATRA website www.atra-tr.org under "News Releases".

3. CALL FOR ICF PAPERS: THERAPEUTIC RECREATION JOURNAL

The National Recreation and Park Association (NRPA) has a call for ICF papers in their Therapeutic Recreation Journal. Check out: http://www.nrpa.org/newsletter/storyViewer.aspx?templateId=5&editionId=65&contentId=367 for the call for papers for a Special Issue on Global and Cultural Perspectives on Therapeutic Recreation in the Therapeutic Recreation Journal. This issue will focus on cultural and cross cultural constructions of the profession and practice of therapeutic recreation. To quote the call for papers, the ICF "...has affected how professionals in many countries evaluate the efficacy of services for persons with disabilities. The International Classification of Functioning (ICF) focuses more on the "whole" individual, including one’s activity, participation, environmental and social network. This international view yields the opportunity to seek manuscripts that facilitate the communication of global and cultural perspectives within the practice of therapeutic
recreation. This special issue is designed to disseminate information on a) conceptual models used to guide service delivery globally and within other cultures, b) preparation and training of therapeutic recreation specialists within other cultures, c) experience of disability and/or leisure in other cultures, d) utilization of the ICF within the therapeutic recreation practice d) cross cultural efficacy studies in therapeutic recreation, and e) the linkages between various cultures and the practice of therapeutic recreation. Manuscripts should be clearly linked to therapeutic recreation and have implications for therapeutic recreation practice. Papers submitted for review as well as communications regarding this special issue should be directed to either of the guest editors. The APA style manual (5th Edition) should guide the format of the paper. The deadline for submission is August 31, 2006. Electronic submissions will be accepted.

Guest Editors:

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4. DISTAB PAPER PUBLISHED BY HENDERSHOT AND CREWS; SHORT DISTAB HISTORY

Gerry Hendershot and John Crews, "Toward International Comparability of Survey Statistics on Vision Impairment: The DISTAB Project", Journal of Vision Impairment and Blindness, Vol 100, No. 1, Jan. 2006 has just been published; information on obtaining copies is available from the authors Ghendershot@earthlink.net and Jcrews@cdc.gov. Using data from national disability surveys in Australia, Canada, France, the Netherlands, South Africa, and the United States, Hendershot and Crews provide and evaluate estimates of visual impairments. The authors explain that this research grew out of the work of the DISTAB group. The DISTAB (DISability TABulations) group was sponsored by the National Center for Health Statistics and was active from 2000-2005; the group included about 20 survey experts from France, Canada, Australia, the Netherlands, South Africa, and the United States--with additional participation by the World Health Organization, the United Nations, and the National Council on Disability. A short history of the DISTAB group (not part of the article) is as follows. The initial goal of the DISTAB group was to test the beta versions of the ICF to see if the ICF captured the content in major disability surveys. An article on this effort
and on the backcoding method used was published by Gretchen Swanson, Lee Anne Carrothers, and Kristine Mulhorn in an article entitled: "Comparing disability survey questions in five countries: A study to use ICF to guide comparisons", in *Disability and Rehabilitation* (Vol. 25, Numbers 11-12, 3 June 2003). Then an effort was undertaken to see if backcoding survey questions to the ICF could make international data more comparable (the above paper deals with this goal). Finally, the group embarked on an effort to standardize and improve survey questions and methodology to achieve greater international comparability in disability statistics. The group met monthly by teleconference and annually in person. The DISTAB activity sparked two important spin-off meetings. The first spin-off meeting was the June 2-4, 2001 United Nations Seminar on the Measurement of Disability Statistics, which then resulted in the United Nations Statistical Division establishing the "Washington Group". This history of DISTAT and DISTAB and the fact that the UN Seminar was a spin-off of DISTAB is documented by United Nations author Margaret Mbogoni in "On the application of the ICIDH and the ICF in developing countries: Evidence from the United Nations Disability Statistics Database (DISTAT) in *Disability and Rehabilitation* (Vol. 25, Numbers 11-12, 3 June 2003). The UN Seminar has since resulted in five international "Washington Group" meetings to develop these methods and measurement standards (see [http://www.cdc.gov/nchs/citygroup.htm](http://www.cdc.gov/nchs/citygroup.htm)). The second DISTAB spin-off was the April 19-20, 2004 Interagency Committee on Disability Research meeting on "Best Practices for Surveying People with Disabilities" sponsored by the Interagency Committee on Disability Research. The papers presented at this meeting will be published in 2006 as a book entitled: “Towards Best Practices for Surveying People with Disabilities, Volume I”, edited by Thilo Kroll (<T.Kroll@dundee.ac.uk>), David Keer, Paul Placek, Juliana Cyril, and Gerry Hendershot, to be published by Nova Science Publishers in New York. DISTAB group member Kristine Mulhorn has an article on DISTAB methodological recommendations in this forthcoming Nova Science book. Even though the DISTAB activity itself ended in 2005, it continues to impact on activities in the disability statistics field, and the above Hendershot-Crews publication is an excellent example of this.

5. TRAINING: 11 RULES FOR MAPPING HEALTH STATUS MEASURES TO THE ICF

Carolina Moriello of Royal Victoria Hospital in Montreal has disseminated a set of 71 powerpoint training slides which contain an overview of the ICF and eleven rules for mapping health status measures to the ICF. The document at 1.15MB is fairly large, is continually being updated, and is available from the author. Briefly, the 11 rules (which have coding examples with the powerpoints) are as follows: 1) Before one links health-status measures to the ICF, one should have acquired good knowledge of the conceptual and taxonomical fundamentals of the ICF, as well as of the chapters, domains, and categories of the detailed classification, including definitions; 2) Each item of a health-status measure should be linked to the most precise ICF category; 3) If a single item encompasses different concepts, the information in each concept should be linked; 4) The response options of an item are linked if they refer to other than the concepts contained in the corresponding item; 5) Do not use the so-called "other specified" ICF categories, which are uniquely identified by the final code 8; 6) Do not use the so-called
"unspecified" ICF categories, which are uniquely identified by the final code 9, but use the lower level category; 7) If the information provided by the item/concept is not sufficient for making a decision about which ICF category the item/concept should be linked to, this item/concept is assigned nd (not definable); 8) Special Case (a) Meaningful concepts referring to health, physical health or mental (emotional) health in general, are assigned nd-gh (not definable-general health), nd ph (not definable-physical health), or nd-mh (not definable-mental health); Special Case (b) Meaningful concepts referring to quality of life in general are assigned nd-qol (not definable-quality of life); 9) If the meaningful concept is not contained in the ICF, but it is clearly a personal factor as defined in the ICF, the meaningful concepts will be assigned pf (personal factors).

Definition of personal factors: The particular background of an individual's life and living comprise features of the individual that are not a part of a health condition or health states. These factors may include gender, race, age, and other health conditions, fitness, lifestyle, habits, upbringing, coping styles, social background, education, profession, past and current experience (past life events and concurrent events), overall behavior pattern and character style, individual psychological assets and other characteristics, all or any of which may play a role in disability at any level; 10) If the meaningful concept is not contained in the ICF and it is not a personal factor, this meaningful concept is assigned no (not covered by ICF);

11) If the meaningful concept refers to a diagnosis or a health condition, the meaningful concept will be assigned hc (health condition).

Ms. Moriello is looking for colleagues to further test these mapping rules so that they can be updated and/or expanded as necessary. They were developed in collaboration with Nancy Mayo, who made a presentation on this topic at the 11th NACC meeting on ICF at Mayo Clinic in June 2005. Ms. Moriello's contact information is as follows: Carolina Moriello, MSc, Royal Victoria Hospital, Division of Clinical Epidemiology, 687 Ave des Pins Ouest (R4.27), Montreal, Quebec, H3A-1A1.<Carolina.Moriello@mail.mcgill.ca>.

6. SECOND ROUND OF ICF TRAINING AT HRSA; ICF-BASED QUESTIONS IN HRSA SURVEY

On December 16, 2005, a second round of ICF training was conducted at the Health Resources and Services Administration by Drs. Don Lollar and Rune Simeonsson. This was conducted at the request of HRSA's Training Division, after the success of the Spring 2005 ICF training session at HRSA. HRSA has included some ICF-based questions in the 2005-2006 National Survey of Children with Special Health Care Needs, conducted under contract with the National Center for Health Statistics and its SLAITS (State and Local Area Integrated Telephone Survey) system, which can be reviewed at http://www.cdc.gov/nchs/about/major/slaits/cshcn_05_05.htm. For more information, contact Dr. Bonnie Strickland at HRSA: tel 301-443-9331 and BStrickland@HRSA.GOV.

7. 889 MEMBERS RECEIVE ICF CLEARINGHOUSE MESSAGES EACH MONTH; "SPOTLIGHT" HISTORY
Do you forward these ICF Clearinghouse messages to colleagues each month? They are welcome to sign up online, or just send an email with all contact information to Paul Placek PJPLACEK@VERIZON.NET or Linda Washington LRW1@CDC.GOV. Subscribers receive just ONE email per month. We do not share the list with anyone, and it's a one-way message--you will get no "reply all" clutter. The messages began in October 2002, and there have been 33 messages including this one. In sum, these messages reflect the North American history of ICF, which has been available online from WHO since 2001. Most of the messages include a "Spotlight" feature with photo of a North American who has made a difference with ICF. Here is the list of persons "Spotlighted" so far: Nov. 2002 - Travis Threats; Dec. 2002 - Diane Caulfeild; Jan. 2003 - Linda Washington/Paul Placek/David Gray/Patricia Saleeby; Mar. 2003 - Marjorie Greenberg; Apr. 2003 - Jerry Bickenbach; May 2003 - Rune Simeonsson; June 2003 - Yerker Anderssson/Margaret Giannini; August 2003 - Debra Stewart; Sept./Oct. 2003 - Don Lollar; Nov. 2003 - Gerry Hendershot/Travis Threats; Dec. 2003 Geoffrey Reed; Jan.-Feb. 2004 Ray Seltzer; Mar. 2004 - Patrick Fougeyrollas; Apr.-May 2004 - John Crews/David Gray; June 2004 - Janice Miller; July 2004 - Gale Whiteneck; Aug. 2004 - Janette McDougall; Sept. 2004 - Janet Valluzzi; Oct. 2004 - Joel Kahn; Nov. 2004 - Scott Brown; Dec. 2004 - Nancy Mayo/Paul Placek; Jan.-May 2005 - Marie DiCowden; June 2005 - David Keer; July 2005 - Harry Feliciano; Aug. 2005 - Steven Tingus; Sept. 2005 - David Peterson; Oct. 2005 - John Stone; Nov. 2005 - Elizabeth Badley; Dec. 2005 - John Hough. It is a "Who's Who?" of North Americans who have made a difference with ICF, but the list is not complete. Please send your nominations to Paul Placek. There are several "Spotlight" candidates on the 2006 list, but sometimes the needed photo and bio-sketches do not arrive in time for each Clearinghouse message to include someone. Send news of your ICF activities to Paul Placek before the last day of each month so that it can reach our 889 subscribers next month:

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Review previous ICF Clearinghouse messages at http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm
ICF and ICF-CY on the WHO Homepage: http://www3.who.int/icf/icftemplate.cfm

8. 187 ICF PUBMED PUBLICATIONS FROM 2001 - 2006

On January 12, 2006, Paul Placek conducted a search of Pubmed <www.pubmed.gov> on "International Classification of Functioning, Disability and Health", and he received a list of 187 ICF publications from 2001 to 2006. The list contained one ICF publication in 2006, 69 in 2005, 50 in 2004, 40 in 2003, 25 in 2002, and 2 in 2001. Of the 187, 149 are in English, and the majority of the remaining 38 are in German, with one or two each in Spanish, Dutch, French, Lithuanian, Italian, and Hungarian. Of the 149 in English, there are authors from many countries, and many are co-authored cross-nationally. Based on the email addresses of first authors, there are first
authors from these 26 countries: Australia, Austria, Belgium, Canada, the Czech Republic, Hungary, India, Ireland, Italy, Japan, Korea, Finland, France, Germany, Lithuania, the Netherlands, New Zealand, Norway, Singapore, South Africa, Spain, Sweden, Switzerland, Turkey, the United Kingdom, and the United States. Obviously, this list would be much longer if it included grants, research projects, websites, papers presented at meetings, and books. The papers are contained in the attached file.