

JULY-AUGUST, 2006 ICF CLEARINGHOUSE MESSAGE
(This Newsletter can also be viewed and downloaded from
http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities_yr06.htm)

- 1) **VISIT THE ICF CONFERENCE WEBSITE (<http://www.icfconference.com>) FOR VANCOUVER ICF CONFERENCE PRESENTATIONS; MARK YOUR CALENDARS FOR THE 13th ANNUAL NORTH AMERICAN ICF CONFERENCE, JUNE 5-7, 2007**
- 2) **PARTICIPATE IN THE ICF COMMUNITY OF PRACTICE AT: <http://cirrie.buffalo.edu/icf/cop/>**
- 3) **SUBMISSIONS FOCUSING ON THE ICF "ENVIRONMENTAL FACTORS" DOMAIN SOLICITED BY EDITORS OF *DISABILITY AND REHABILITATION* and *DISABILITY AND REHABILITATION: ASSISTIVE TECHNOLOGY***
- 4) **INTERAGENCY COMMITTEE ON DISABILITY RESEARCH (ICDR) SPONSORS TWO SUMMIT MEETINGS RELEVANT TO THE ICF**
- 5) **PLAN NOW TO ATTEND THE UPCOMING STATE-OF-THE-SCIENCE CONFERENCE ON "THE FUTURE OF DISABILITY STATISTICS: WHAT WE KNOW AND NEED TO KNOW," OCTOBER 5-6**
- 6) **EDITOR OF *GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT* SUGGESTS THAT ICF MIGHT GAIN MORE VISIBILITY IN THE FORTHCOMING SIXTH EDITION**
- 7) **PROFESSOR SALEEBY SUCCESSFULLY COMPETES FOR GRANT TO DEVELOP BREAST HEALTH FACILITY ACCESSIBILITY INSTRUMENT USING THE ICF**
- 8) **OFFICE ON DISABILITY'S ICF SUBCOMMITTEE RECEIVES REPORT FROM DR. LEIGHTON CHAN ON HEALTH DISPARITIES AMONG MEDICARE BENEFICIARIES**
- 9) **ICF SUBCOMMITTEE ALSO RECEIVES "COMMUNITY OF PRACTICE" AND VANCOUVER ICF CONFERENCE UPDATE**
- 10) **NIEUWENHUIJSEN BRINGS ICF TO ANN ARBOR COMMISSION ON DISABILITY ISSUES, PUBLISHES HEALTH BEHAVIOR CHANGE ARTICLE IN *DISABILITY AND REHABILITATION***
- 11) **UNIVERSITY OF PITTSBURGH AND CARNEGIE-MELLON UNIVERSITY RECEIVE NATIONAL SCIENCE FOUNDATION GRANT**

**FOR THE "QUALITY OF LIFE TECHNOLOGY CENTER,"
REFERENCING ICF**

- 12) REHABILITATION INTERNATIONAL ISSUES SUPPORTIVE POLICY STATEMENT ON THE ICF**
 - 13) RECENT ICF-RELATED PUBLICATIONS OF INTEREST**
 - 14) LET OTHERS KNOW ABOUT YOUR ICF ACTIVITIES**
 - 15) SPOTLIGHT ON CATHY BODINE**
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- 1) VISIT THE ICF CONFERENCE WEBSITE
(<http://www.icfconference.com>) FOR VANCOUVER ICF CONFERENCE PRESENTATIONS; MARK YOUR CALENDARS FOR THE 13th ANNUAL NORTH AMERICAN ICF CONFERENCE, JUNE 5-7, 2007**

The Canadian Institute for Health Information has posted on the ICF Conference website the electronic files representing many of the presentations delivered during the 12th Annual NACC Conference on the ICF, which occurred between June 5-7, 2006 in Vancouver, BC. Most of the presentations are in their original Microsoft PowerPoint configurations. NACC thanks the authors for agreeing to make their presentation files available for wider audiences. The oral presentation files are posted at:

http://www.icfconference.com/prog_pres.html , and an Executive Summary of the 12th Annual ICF Conference will be available shortly and also will be posted on the ICF Conference website.

Start making plans now to attend the 13th Annual NACC Conference on the ICF, which will be held June 5-7, 2007 in Niagara Falls, New York. NACC welcomes the contributions to the 2007 ICF Conference planning activities of representatives from the Center for International Rehabilitation Research and Information Exchange (CIRRIE), located at the University of Buffalo, particularly those of Dr. John Stone and Ms. Kathy Wisniewski. CIRRIE will be the "local" hosts.

The 2007 NACC Planning Committee has already begun its work, and invitations to potential Keynote Speakers are currently under preparation. The Planning Committee has utilized the Evaluation Forms submitted by attendees at the 2006 Vancouver ICF Conference, toward enhancing the 2007 Niagara Falls Conference in ways such as providing continuing education credits in selected professional areas, broadening the Poster Session, and addressing the ongoing needs for both basic and advanced instruction related to the ICF. The Planning Committee has also considered several thematic options for the 2007 ICF Conference, which might involve the topics of "knowledge translation"

and methods for enhancing the uptake and adoption of the ICF, both in terms of its conceptual model and also expanded utilization of ICF codes.

The conference, lodging, and special Social Event venues have all been reserved well in advance. The CIRRIE representatives and the NACC Planning Committee have paid substantial attention to selecting sites that are fully accessible for everyone attending the ICF Conference.

The conference venue will be the new Conference Center Niagara Falls; you can view photos of the venue at this website:

<http://www.conferencecenterniagarafalls.com/>.

The conference lodging venue will be the Holiday Inn Select Niagara Falls Hotel, currently under renovation toward operating as a Crowne Plaza Hotel property by the time of our 2007 ICF Conference. You can view a description of the conference hotel at this website:

http://www.ichotelsgroup.com/h/d/sl/1/en/hotel/iagnf?_requestid=678193 .

We encourage you to check periodically on both the CIRRIE and ICF Conference websites for more information as it becomes available throughout 2006 and 2007. Those websites are at:

<http://cirrie.buffalo.edu/icf/icfconference.html> and

<http://www.icfconference.com/> .

2) **PARTICIPATE IN THE ICF COMMUNITY OF PRACTICE AT**

<http://cirrie.buffalo.edu/icf/cop/>

The ICF Community of Practice (COP) was unveiled during the NACC Conference on the ICF in Vancouver. Our colleagues at the Center for International Rehabilitation Research Information and Exchange (CIRRIE) have kindly provided the Internet hosting for the COP, which resides within the CIRRIE website. We encourage you to register and become involved in the COP, and take advantage of all the benefits it has to offer. The COP has three interactive components:

1. ICF FORUM: an *interactive* venue dedicated to fostering online “threaded discussions” of various ICF topics suggested by our moderator, expert of the month, or our users.
2. ICF BULLETIN BOARD: post messages and *interactive* queries needing short answers.

3. ICF PRESENCE at Interagency Subcommittee on Disability Statistics (ISDS) teleconferences: a bi-monthly *interactive* presentation of an ICF topic during the ISDS teleconference, with abbreviated minutes of the ICF discussions subsequently posted on the CIRRIE website as a component of this Community.

Users determine the content of the ICF Forum and ICF Bulletin Board by submitting messages, message threads, and discussions. Users can interactively join the ICF presentations at ISDS meetings. There are 9 original message threads and 11 newly-added threads on which comments can be posted, so please click on the site and offer your views on any of those threads.

Registering on the CIRRIE website to become a member of the COP is easy and free.

For example, current "hot topics" within the COP's ICF Forum include an animated, ongoing exchange among Community members about whether the ICF "Activities and Participation" domain should remain as a single unified domain, or be distinguished into two separate domains within any prospective ICF revision (in COP parlance, provisionally entitled the "ICF-2"), and updates to the very useful online "ICF Illustration Library" generated by our colleagues at the Japanese Collaborating Center. [The English language version of the ICF Illustration Library can be viewed at this website: http://www.icfillustration.com/icf_eng/index.html .]

At the time of the public introduction of the Community of Practice in June, 2006, there were 9 original threaded discussion topics within the ICF Forum, including:

- Clinical Applications with ICF-based Assessment Tools
- Use of Technology in Processing Electronic Health Records
- Reliability and Validity Studies
- Education
- Policy
- Assistive Technology
- The Life Cycle of ICF
- Ethical Issues: Self-Assessments by Persons with Disabilities, and
- ICF in Outcomes Research.

Since the public introduction, an additional 11 brand new Forum threaded topics have been established and are now available for your use and exchange. These new topics include:

- Clinical Applications with Cross-Mapping
- Survey Applications with ICF-based Survey Data
- Survey Applications
- Activities & Participation: The Four WHO Options
- Convergence and Integration
- Formal Coursework and Continuing Medical Education
- Training Tools and Techniques, and Training In Coding

- Environmental Assessment and Issues
- ICF Children and Youth Version
- Needed Research, and
- Professor David Gray's Course Forum (open to all members).

Finally, don't forget about the advantages afforded by the COP's ICF Bulletin Board, on which Community members have already posted conference announcements or summaries of recent ICF meetings, or solicit the participation of other Community members in surveys or research studies about the ICF. Use the Bulletin Board to stay abreast and in touch.

NACC expresses abundant thanks to the staff members at CIRRIE who have generated this robust, useful resource for our current and ongoing collective benefit.

Welcome to YOUR Community of Practice!

3) SUBMISSIONS FOCUSING ON THE ICF "ENVIRONMENTAL FACTORS" DOMAIN SOLICITED BY EDITORS OF *DISABILITY AND REHABILITATION* and *DISABILITY AND REHABILITATION: ASSISTIVE TECHNOLOGY*

Professor David Muller, Principal of Suffolk College in Ipswich, England and Editor of the journal *Disability and Rehabilitation*, and Professor Marcia Scherer from the University of Rochester Medical Center and the Institute for Matching Person and Technology, and also Editor of the companion journal *Disability and Rehabilitation: Assistive Technology*, have expressed interest in soliciting ICF-oriented manuscripts about the Environmental Factors domain or the influential characteristics of environments on the health status of persons with disabilities. *Disability and Rehabilitation* is the official journal of the International Society of Physical and Rehabilitation Medicine (ISPRM). Professor Scherer was featured in our "Spotlight" section in the May-June, 2006 issue of this ICF Clearinghouse Newsletter, available at this website: (<http://www.cdc.gov/nchs/data/icd9/icfmayjunspot06.pdf>) .

In particular, oral and poster session presenters from the recent NACC Conference on the ICF held in Vancouver in June, 2006, are especially encouraged to submit manuscripts for consideration within either journal. The ICF Environmental Factors domain remains an increasingly important and interesting "hot topic," and these journals represent suitable publication venues for research or commentary about the EF domain. Given that importance, whether or not a prospective author had also been a presenter at the Vancouver Conference, though, submissions on the EF domain are encouraged.

Here are the websites for *Disability and Rehabilitation* and its "Instructions For Authors": <http://www.tandf.co.uk/journals/journal.asp?issn=0963-8288&linktype=8>

**4) INTERAGENCY COMMITTEE ON DISABILITY RESEARCH
SPONSORS TWO SUMMIT MEETINGS RELEVANT TO THE ICF**

The U.S. Interagency Committee on Disability Research (ICDR), the statutory advisory body to the President and Congress on disability and rehabilitation research activities among more than 70 federal agencies, has conducted two seminal "Summit Meetings" this summer in Washington, D.C., with direct relevance to the ICF. The ICDR is the parent committee for two important Subcommittees whose work is frequently reported in this Newsletter: the Interagency Subcommittee on Disability Statistics (ISDS), and the Interagency Subcommittee on the New Freedom Initiative (NFI), which supports the NFI Subcommittee on the ICF with resources from the Department of Health and Human Services' Office on Disability.

Between July 12-13, in conjunction with its ISDS, the ICDR sponsored the meeting entitled "Developing Improved Disability Data," attended by about 60 registrants representing disability data generators and users. The description of the meeting, agenda, speaker's roster, and many of the documents and PowerPoint presentations delivered at this meeting are available for retrospective viewing on this ICDR website:
<http://www.icdr.us/disabilitydata/index.htm>

The objectives for this meeting included identifying "gaps in the availability and collection of disability data, particularly across agencies and as used by the federal government," and evaluating "issues associated with setting up a [proposed] National Survey on Disability in the ICF context." These and other meeting objectives were achieved through a series of invited lectures from some of the most knowledgeable resource persons throughout those federal agencies and academic and private organizations. Additionally, registrants were able to contribute tangibly to the disability data agenda by participating in one of the three breakout group subjects, including groups devoted to making recommendations about Needs Assessments, Advancing New Methods, and enhancing and building both Collaboration and Infrastructure. Although no single presentation focused exclusively on the ICF, many authors reflected the ICF conceptual framework and some ICF coding within their remarks.

This meeting featured an invited discussion paper entitled "From Theories to Questions: Consideration of Disability Definitions and Survey Purpose in Survey Implementation," authored by Barbara Altman, Scott Campbell Brown, Gerry Hendershot, Sheryl Larson, Bob Weathers, and Fran Chevarley, all of whom have contributed substantially to the design and analysis of federal disability-related data sets and surveys. Regarding numerous contemporary issues, these authors pointed to "lessons learned" from the last major national survey on the characteristics of disability, the 1994-1995 National Health

Interview Survey Disability Followback Survey (also referred to as "the Disability Supplement"), not only at the design and funding phases but also at each of the critical junctures for implementation and administration of the survey in the field. These "lessons learned" form the template for any future population-based disability survey activities. Authors remarked that, at the time the Disability Supplement was being planned, the ICF (ICIDH-2) was under revision, therefore that large survey did not take full advantage of the ICF conceptual framework in the design of its question sets. Meeting registrants learned that, if the likelihood for such a survey increases, federal agencies will experience enormous time-pressure to have a compendium of "off-the-shelf" disability and function-oriented survey questions ready for administration, therefore much of the "thought work" about what can and should be surveyed should be commenced sooner rather than later. Although the discussion paper is not posted, readers can review a PowerPoint rendering of the discussion paper at this ICDR website: http://www.icdr.us/disabilitydata/Day1_SessIII_Data/B_Altman_Theory%20to%20Questions.ppt

Professor Thilo Kroll from the University of Dundee also informed the attendees about the imminent publication of his edited book entitled Toward Best Practices for Surveying People with Disabilities, which is a compilation of selected papers from a similar 2004 ICDR Summit meeting held in Washington related to such "best practices" in surveying. In addition to Professor Kroll, the other editors include David Keer, Paul Placek, Juliana Cyril, and Gerry Hendershot. Professor Kroll's E-Mail address is: t.kroll@dundee.ac.uk . You can also learn more about this important textbook, including its forthcoming release date this autumn, on the publisher's website at: https://www.novapublishers.com/catalog/product_info.php?products_id=4446

Many of the recommendations developed during the July 12-13 meeting will inform and be addressed again during the upcoming October 5-6 conference entitled "The Future of Disability Statistics: What We Know and Need to Know," to be held in Arlington, VA, and sponsored by the Rehabilitation Research and Training Center on Disability Demographics and Statistics at Cornell University. Please read a description of that conference in the following entry (# 5) in this edition of the ICF Newsletter!

Then, between August 10-11, the ICDR sponsored an innovative meeting entitled "Trends in Disability and Rehabilitation Research: Implications for Federal Agencies." This meeting convened invited editors, managing editors, and editorial board members from many of the prominent academic and professional journals related to disability measurement and rehabilitation services. Federal representatives from the National Institutes of Health, CDC, NIDRR, and the DHHS Office on Disability also participated. Discussion focused on current and prospective trends and patterns in publications related to disability, on the premise that the federal disability research agenda and publication trends in academic journals are dynamically related.

Each journal editorial team was invited to describe the history and orientation of their publication, then present a quantified description of the proportion of recently published articles on particular topics. For example, some editors referred to numbers of articles submitted or published on particular diagnoses like musculoskeletal disorders and stroke, tests of new treatment modalities, and studies on quality of life and other outcomes

measurements including articles on the measurement properties of the ICF. Although ICF topics are not numerically dominant in any journal's compendium of submitted manuscripts and published articles, each journal editorial team reported that ICF-oriented manuscripts are being submitted in increasing numbers and quality, particularly related to applications of "ICF Core Sets" for selected chronic conditions, and that they would expect ICF topics to become even more popular and widely published.

A summary of the ICDDR "Trends" meeting will be posted to the ICDDR website in the near future. In the meantime, you can review the agenda and other descriptive materials about the meeting, including the roster of disability journals represented, at this website: <http://www.icdr.us/trends/default.htm>

Thanks are in order to Dr. Bob Jaeger and David Keer from NIDRR for all their efforts to plan and conduct these important disability-related Summit Meetings this summer.

5) PLAN NOW TO ATTEND THE UPCOMING STATE-OF-THE-SCIENCE CONFERENCE ON "THE FUTURE OF DISABILITY STATISTICS: WHAT WE KNOW AND NEED TO KNOW," OCTOBER 5-6

As described in the April, 2006 edition of this ICF Newsletter, readers are encouraged to consider attending an important disability statistics conference in early October, at which the ICF would probably represent an important discussion topic.

This conference will be entitled "The Future of Disability Statistics: What We Know and Need to Know," scheduled for Thursday and Friday, October 5-6, in Alexandria, VA. The conference will be sponsored by the Rehabilitation Research and Training Center on Disability Demographics and Statistics, also known as the "StatsRRTC," which is organizationally located within the Cornell University School of Industrial and Labor Relations and its Employment and Disability Institute in Ithaca, NY.

During the conference, attendees would receive updated information about "the characteristics and status of working-age people with disabilities as derived from current survey and administrative data," and also "explore options for improving future [disability] data collection and data distribution." Pertinently, the 2005 *Annual Disability Status Report* will have just been released on Capitol Hill the day prior to the beginning of the conference. Reports in this annual series provide a summary of demographic and economic statistics on the working age population with disabilities (ages 21-64 years). The policy-relevant focus of the conference will build on the foundation of this year's newest edition of the *Status Report*.

Information about the conference, including registration instructions and lodging information, is available on this StatsRRTC website:

6) EDITOR OF *GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT* SUGGESTS THAT ICF MIGHT GAIN MORE VISIBILITY IN THE FORTHCOMING SIXTH EDITION

In 2005, the American Medical Association appointed Robert Rondinelli, M.D., Ph.D., Past President of the Association of Academic Physiatrists and Medical Director at the Younker Rehabilitation Center at Iowa Health System in Des Moines, to serve as Editor for the forthcoming Sixth Edition of the prominent AMA handbook entitled Guides to the Evaluation of Permanent Impairment. The Sixth Edition is scheduled for publication in 2007. Dr. Rondinelli has also authored the widely-used handbook entitled Impairment Rating and Disability Evaluation, published by Saunders (1999).

In each of its previous editions, the AMA Guides has become a primary handbook for the medical evaluation of impairments in a wide variety of disability and beneficiary program settings, such as state Workers' Compensation systems. This handbook is purposefully and explicitly oriented toward a "medical model" of impairment. On the other hand, the Fifth Edition of the AMA Guides had been published in 2000, prior to the publication of the revised ICF. The Fifth Edition referenced the World Health Organization definitions of Impairment and Disability derived from the ICIDH, commenting that for purposes of medical evaluations those definitions are limited but that they emphasize "the importance of functional abilities and defining context-related activity limitations" (2000, pg. 3).

Fortuitously, the revised ICF (2001) is now available for providing classification depth and breadth on many of these "context-related activity limitations," therefore the AMA Guides could take advantage of the new resource. Recently Professor Rondinelli suggested that the ICF conceptual framework might be incorporated and referenced more fully in the forthcoming Sixth Edition, toward becoming a fundamentally useful corollary to medical diagnostic and prognostic evaluation procedures. At the 26th Annual National Workers' Compensation and Occupational Medicine Conference in July, 2006, Professor Rondinelli indicated that the Sixth Edition would include emphases on functional outcomes, assessment of the influence of impairments on ADLs, "consistent impairment," and more evidence-based clinical practice guidelines on selected rehabilitation interventions. Each of these new emphases could be amenable to interpretation and case-counting using the ICF conceptual framework and coding structure.

At this time, draft material for the Sixth Edition is embargoed, but as additional information about the AMA Guides becomes available we will report it in this ICF Clearinghouse Newsletter. In the meantime, interested enquirers can contact Professor Rondinelli with questions:

Phone: (515) 241-4646

E-Mail: Rondinrd@ihs.org

7) PROFESSOR SALEEBY SUCCESSFULLY COMPETES FOR GRANT TO DEVELOP BREAST HEALTH FACILITY ACCESSIBILITY INSTRUMENT USING THE ICF

Professor Patricia (Trish) Welch Saleeby, a long-time contributor to this ICF Clearinghouse Newsletter and to ICF Environmental Factors research during her tenure at Washington University in Saint Louis, has successfully competed for a sizeable, prestigious new three-year grant from the Susan G. Komen Breast Cancer Foundation in its "Population-Specific Research" funding category. Professor Saleeby is now a faculty member in the School of Social Work at the University of Missouri at St. Louis. As part of her grant-funded activities, Dr. Saleeby will develop and pilot-test a breast health facility accessibility checklist and resource guidebook, which will be influenced by the ICF Environmental Factors chapters. You can read a short abstract about this research, and short biographical sketch of the Principal Investigator, at these Komen Foundation websites:

http://www.komen.org/grants/awards_new/abstracts.asp?gn=POP0600869&nodeId=386

http://www.komen.org/grants/awards_new/bio.asp?gn=POP0600869&c=POP&nodeId=386

We previously included a "Spotlight" on Professor Saleeby in the January, 2003 edition of this ICF Clearinghouse Newsletter, when she was completing her doctoral studies at Washington University, under the direction of Professor David Gray in that university's Department of Occupational Therapy. You can review that "Spotlight" at these websites:

<http://www.cdc.gov/nchs/data/icd9/ICFJan03.pdf>

<http://www.cdc.gov/nchs/data/icd9/dg&ts.pdf>

You can also review Professor Saleeby's current faculty web page at this University of Missouri at St. Louis website:

<http://www.umsl.edu/~socialwk/faculty/saleeby.html>

Dr. Saleeby has already contributed to our ICF community's research base, and she also contributes to heightening awareness about the ICF in a simple way that can be easily recommended to other readers, and also easily achieved! Trish's automated E-Mail signature block on each electronic message she sends includes three hypertext links to major ICF websites, including one to this ICF Clearinghouse Newsletter and its archived issues! Thank you, Trish, for this efficient form of "spreading the word" about ICF.

Below, we've presented Professor Saleeby's contact information, with special emphasis on the extra ICF information that she incorporates into her signature block just below her E-Mail address. You, too, can cut-and-paste the ICF information into your own E-Mail messages! Thank you, Trish, for helpfully "modeling this behavior"!

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Review 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>
ICF Community of Practice (Discussion Forum, Bulletin Board, ISDS):
<http://cirrie.buffalo.edu/icf/cop/>

8) OFFICE ON DISABILITY'S ICF SUBCOMMITTEE RECEIVES REPORT FROM DR. LEIGHTON CHAN ON HEALTH DISPARITIES AMONG MEDICARE BENEFICIARIES

On July 21, the New Freedom Initiative ICF Subcommittee, chaired by the Director of the Department of Health and Human Services' Office on Disability, Dr. Margaret Giannini, conducted a special meeting in which members received a presentation from Dr. Leighton Chan, M.D., M.P.H., Associate Professor and Director of the Pulmonary Rehabilitation Program in the Department of Rehabilitation Medicine at the University of Washington. His talk was entitled "Health Disparities Among Medicare Beneficiaries With and Without Functional Limitations." This research had been partially funded by the CDC National Center on Birth Defects and Developmental Disabilities.

Although the conclusions Professor Chan presented are preliminary, he and his co-investigators used data from the Medicare Current Beneficiary Survey (MCBS) to demonstrate the likelihood, as expressed by Odds Ratios, of a Medicare beneficiary with functional limitations receiving volumetrically fewer covered services than their non-limited beneficiary counterparts. This effect is particularly strong when counting the frequency with which preventive health care services, such as flu inoculations, Pap smears, or pneumococcal vaccines, are delivered among both categories of beneficiaries. The current research is important because it utilizes the MCBS data, which are nationally representative and drawn from a very large sample, and because the medical services investigated are generally Medicare-covered services, that is, barriers to accessing such services should be presumptively minimal.

These investigators utilized methods pioneered by Dr. Steven Asch from UCLA and the RAND Corporation to quantify the degree of "underuse" or "underprescribing" of necessary health care services among Medicare beneficiaries, generally using administrative or claims data; in this case, the investigators used MCBS data. The Asch methodology has been utilized by many authors to demonstrate not only underuse of services, but also variations in quality of medical care and the rate at which preventable secondary conditions can arise when such services are insufficiently delivered among susceptible patient groups. Stratification makes comparisons of services delivered and subsequent outcomes among patient groups easy and usually very revealing. Generally, among all categories of functional limitations investigated (i.e., ADLs, Mobility, Communication limitations), the Chan team reported that "Increasing functional limitation is associated with decreased access [to care] and satisfaction [with delivered services]." Although the data presented during this particular presentation did not specifically invoke the ICF, Professor Chan indicated that subsequent publications based on the team's analyses would refer explicitly to the ICF conceptual framework.

You can review Professor Chan's faculty web page at this Washington website:
<http://depts.washington.edu/rehab/contacts/chan.html>.

9) ICF SUBCOMMITTEE ALSO RECEIVES "COMMUNITY OF PRACTICE" REPORT AND VANCOUVER ICF CONFERENCE UPDATE

The same DHHS Office on Disability ICF Subcommittee also received interesting reports during its earlier meeting this summer. On June 14, the ICF Subcommittee received a presentation from Paul Placek and Janet Valluzzi entitled "Status Report from the ICF Subcommittee of the New Freedom Information Initiative," which outlined many of the ICF-oriented activities among federal agencies discussed by agency representatives to the Subcommittee during 2005-2006. Paul also talked about how to access and participate in the new ICF Community of Practice (COP). John Hough from the CDC National Center on Health Statistics joined Paul in providing a slide presentation summarizing the recently-concluded 12th Annual North American Collaborating Center Conference on the ICF, which had been conducted in Vancouver. To obtain copies of the Vancouver Conference summary slide presentation, contact John Hough at NCHS:

Phone: (301) 458-4437 E-Mail: jph7@cdc.gov

10) NIEUWENHUIJSEN BRINGS ICF TO ANN ARBOR COMMISSION ON DISABILITY ISSUES, PUBLISHES HEALTH BEHAVIOR CHANGE ARTICLE IN *DISABILITY AND REHABILITATION*

In June, Mayor John Hieftje of Ann Arbor, Michigan, appointed Dr. Els R. Nieuwenhuijsen, formerly a Research Associate within the Department of Physical Medicine and Rehabilitation at the University of Michigan Health System, to a three-year term on the City's Commission on Disability Issues. The purpose of the Commission is "to promote and advocate for equal opportunities for all individuals with physical, mental and/or emotional disabilities."

Soon after Els made an ICF-oriented presentation, through her advocacy the Commission is considering to include ICF concepts and terminology in their forthcoming brochure. The Commission's key emphases include conditions during election seasons for disabled voters within Ann Arbor, and community participation in civic affairs. (Note to ICF coders! Activities & Participation code d950 depicts "Political Life and Citizenship" as "Engaging in the social, political, and governmental life of a citizen.") This Commission faces many issues to work out within its local communities, but its work is already informed by the experiences of Commission members with disabilities. Els has said she solicits the expertise of North Americans familiar with the ICF who might be able to provide additional suggestions for utilizing the ICF in community settings. For example, Els asks "Have any other U.S. cities adopted ICF concepts and terminology in their mission statements?" Your answers and suggestions would certainly infuse the work of the Ann Arbor Commission on Disabilities.

Note also that Els (with co-authors Kathleen Miner from Emory University, and Eric Zemper and Marcy Epstein from the University of Michigan) recently published the article entitled "Health behavior change models and theories: Contributions to rehabilitation" in the journal *Disability and Rehabilitation* (March 2006; 28(5):245-256). Their article makes abundant references to the ICF, particularly in relation to its capability to be aligned with prominent health education and behavior change theories (e.g., the Health Belief Model, Social-Cognitive Theory, and the Trans-theoretical Model of Behavior Change). In fact, among three Propositions presented by these authors regarding rehabilitation and Health Behavior Change (HBC) models, they asserted that "There is a need to broaden the concept of HBC in order to develop a more comprehensive HBC model" (pg. 253), from which they present an example linking ICF-coded outcomes to the most relevant functional improvements associated with an exercise program reducing the risk of cardiovascular disease. Moreover, these authors have written "The ICF has given us a useful, uniform roadmap of functional-related items. . . . [U]sing ICF to organize and classify health behavior change factors being tested would help unify our understanding of how changes in body function, activity, and participation take place. This knowledge is essential to move evidence-based rehabilitation research forward" (pg. 252).

Here is Els Nieuwenhuijsen's contact information:

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**11) UNIVERSITY OF PITTSBURGH AND CARNEGIE-MELLON
UNIVERSITY SUCCESSFULLY COMPETE FOR NATIONAL SCIENCE
FOUNDATION GRANT FOR THE "QUALITY OF LIFE TECHNOLOGY
CENTER," WHICH REFERENCES ICF**

In July, 2006, the National Science Foundation awarded an Engineering Research Center Program grant to the University of Pittsburgh and Carnegie-Mellon University to establish a "Quality of Life Technology (QoLT) Engineering Research Center." Dr. Rory A. Cooper, Professor in the School of Health and Rehabilitation Sciences (SHRS) at the University of Pittsburgh, and Dr. Takeo Kanade, Professor of Robotics and Computer Science at Carnegie Mellon University, are co-directing the new Center. Former NIDRR Director Dr. Katherine D. Seelman, now Professor and Associate Dean of Disability Programs in the SHRS, is one of the Center's leaders. Marjorie Greenberg, Head of the North American Collaborating Center, is a member of the Center's Scientific Advisory Board.

The QoLT Center's mission is "to transform lives in a large and growing segment of the population -- people with reduced functional capabilities due to aging or disability." The Center convenes an interdisciplinary team of "technologists, clinicians, industry partners, end users, and other stakeholders to create revolutionary technologies that will improve and sustain the quality of life for all people." The new Center's philosophical approach invokes concepts of self-determination and empowerment, the collaborative roles of professional and informal caregivers, and developing methods and societal attitudes that emphasize delaying or preventing the manifestation of functional impairment at the population level.

Pertinently, even though this QoLT Center is just entering its start-up phase, its preliminary strategy is infused with the ICF conceptual model, and specifically references the ICF as being an optimal instrument for describing environments and activity limitations that can contribute to diminished quality of life among disabled persons.

For example, in its "Start-Up Strategic Implementation Plan," referring specifically to the Center's "Person and Society Thrust" (initiative), the Center's participants connected the ICF and the International Organization for Standardization's ISO 9999 (2002) standard entitled "Technical Aids for Persons with Disabilities – Classification and Terminology," by writing that "The World Health Organization International Classification of Functioning, Disability and Health (ICF) provides a framework for classifying basic forms of QoLT systems and reasoning about QoLT systems' efficacy and generalizability. . . .The International Organization for Standardization (ISO) makes use of the ICF terminology at the level of codes. Studies on acceptance and adoption of QoLT systems will help the ICF and ISO realize their missions by advancing classification, quantification and coding."

Developments pertaining to the ICF that emanate from this exciting new QoLT Center will be reported in future issues of this ICF Clearinghouse Newsletter. In the meantime, you can review descriptions of this new Center at the following websites:

Center Home Page: <http://www.qolt.org/>

News Release: <http://newsbureau.upmc.com/Schools/QualityOfLife.htm>

Robotics Institute: http://www.ri.cmu.edu/projects/project_583.html

12) REHABILITATION INTERNATIONAL ISSUES SUPPORTIVE POLICY STATEMENT ON THE ICF

In its December, 2005 edition, the journal International Rehabilitation Review, published by the non-profit organization Rehabilitation International (RI), presented a summary of the organization's review of the ICF, along with RI's Policy Statement supporting the application of ICF to rehabilitation issues of interest among the association's membership. RI's review of ICF was very favorable, and this article gives credence to the organization's understanding and acceptance of ICF concepts and coding for applications around the world. You can read the article (pp. 12-14, 20) in the .PDF version of the December issue of the journal, available at this website:

http://www.rehab-international.org/publications/IRR_Dec2005%201-17-06.pdf

The pertinent section within the Policy Statement is entitled "Consistency With the Vision of RI." It reads, in part, as follows:

"The ICF model is consistent with the vision of RI in creating an inclusive society. Essential in achieving this goal is information on disabled people across the world and understanding of the facilitators and inhibitors to the realization of that goal. This information will be extremely useful to RI in the formulation of the strategies for the future. While the ICF model may have its detractors because it may be used inappropriately, RI has a crucial role in ensuring that the tool is used ethically. This is a model which has potential to assist in the 'equalization of opportunities for disabled people,' through its important focus on participation, especially when allied at a policy level with the [United Nations] Convention on the Rights of Disabled People. The information gained is of use not only to researchers, policy makers, clinicians and practitioners but most importantly as an advocacy tool to assist all disabled people push for an inclusive society" (pg. 14).

Applause is warranted for RI and its forthright Policy Statement supporting the ICF

13) RECENT ICF-RELATED PUBLICATIONS OF INTEREST

Three recent journal publications involving the ICF are worthy of noting in this edition of the ICF Clearinghouse Newsletter. One goal of our ICF Newsletter is to enable subscribers to stay abreast of the current ICF-oriented literature.

Two articles have been published by North American authors, and a third by a familiar team of prolific ICF researchers at the University of Queensland, in Brisbane, Australia.

- a)** Braun KVN, Yeargin-Allsopp M, Lollar DJ. A multi-dimensional approach to the transition of children with developmental disabilities into young adulthood: The acquisition of adult social roles. Disability and Rehabilitation 2006 (August); 28(15):915-928.

These American authors "used the conceptual framework of the [ICF] to test [the] hypothesis . . . that the difficulties young adults with developmental disabilities have in obtaining adult social roles are not inevitable consequences of their childhood impairment." They utilized a structured interview questionnaire to investigate responses provided by members of a very large sample of developmentally disabled young adults, from whom data had been collected as part of the Metropolitan Atlanta Developmental Disabilities Follow-up Study of Young Adults.

- b)** Manns PJ, Darrah J. Linking research and clinical practice in physical therapy: Strategies for integration. Physiotherapy 2006 (June); 92(2):88-94.

These Canadian authors cited a series of both similarities and differences in the manner by which Physical Therapist researchers and PT clinicians process clinical information. One prominent similarity includes their concurrent use of the ICF. An important difference is that the respective groups deal with groups or cohorts of patients on one hand, but individual patients on the other hand. Based on these observations, the authors proposed an ICF-oriented conceptual model that improves "knowledge transfer" of contemporary PT practice between researchers and clinicians.

- c)** Brown K, McGahan L, Alkhaledi M, Seah D, Howe T, Worrall T. Environmental factors that influence the community participation of adults with aphasia: The perspective of service industry workers. Aphasiology 2006 (July); 20(7):595-615.

These Australian authors, who have substantially contributed to the literature base involving the ICF and its relationship to Speech-Language-Hearing therapeutic approaches, utilized the ICF again to depict the barriers and facilitators to full community participation in interviews among a particular occupational category of persons with aphasia: service

industry workers. They parsed both sets of factors in three broad categories: "People environmental factors," "Physical environmental factors," and "Business/organizational environmental factors." They concluded that an "aphasia-friendly" therapeutic approach is essential in contemporary Speech Pathology practice among persons in this occupational category.

Congratulations and thanks are in order to each of these sets of authors for their recent contributions to the ICF literature. Bravo!

14) LET OTHERS KNOW ABOUT YOUR ICF ACTIVITIES

Send news of your ICF activities to:

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Phone: (410) 643-2817
E-Mail: PJPLACEK@VERIZON.NET

We'll put your entries into the ICF Clearinghouse Newsletter to share it with our 900 E-Mail subscribers. Remember that you can review all previous ICF Clearinghouse Newsletters released between 2002 and 2006, which are archived at: <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm>.

15) SPOTLIGHT ON CATHY BODINE

Each month we try to "spotlight" someone who is making a difference with ICF. This month, we spotlight Cathy Bodine, Ph.D., CCC-SLP [Certificate of Clinical Competency – Speech-Language Pathology], who is an Assistant Professor and Section Head in the Department of Rehabilitation Medicine at the University of Colorado Health Sciences Center in Denver. Professor Bodine also serves as Director of Assistive Technology Partners, located in Denver, which is the home for the Colorado Assistive Technology Project and provides robust programs of teaching, fellowships, and research and development in AT design and use.

Dr. Bodine has served as Principal Investigator on several projects funded by the Joseph P. Kennedy Jr. Foundation, Watson Research Centre-IBM, and four federal Small

Business Innovation Research grants. We previously described Professor Bodine and a few of her grant-funded projects related to AT and the ICF in our September-October, 2003 edition of this ICF Clearinghouse Newsletter. You can review that entry at this website:

<http://www.cdc.gov/nchs/data/icd9/ICFSept-Oct2003.pdf>

Currently, Professor Bodine is Co-Principal Investigator on two NIDRR-funded projects organizationally located at the Rehabilitation and Engineering Center for Recreational Technologies, hosted at the University of Illinois-Chicago. Cathy is also the Principal Investigator on a NIDRR Field Initiated Development Project using the ICF to measure AT outcomes. That project, entitled "Development of an assistive technology outcomes measurement system utilizing the International Classification of Functioning," is complete, and the investigative team is currently drafting manuscripts about the results. From one such unpublished manuscript shared with us by Professor Bodine, she and the investigative team wrote that "The purpose of this Field Initiated Development project is to further the development of a secure, HIPAA-compliant (Health Insurance Portability and Accountability Act of 1996), multi-site, web-based AT outcomes system. This system was designed to capture data that will enable the measurement and analysis of an AT client's short- and long-term outcomes. The outcomes data can be used to:

- track a client's clinical progression;
- proactively identify upcoming medical needs;
- provide researchers with a universal baseline of comparison; and
- improve the overall effectiveness of client care."

The investigators continued, writing that "The initial focus of our outcomes system is to measure the impact of assistive technology devices and services for children and adults with disabilities. The two key elements in the organization and design of this project are a clinically proven data entry interface and a data model based on an industry-accepted classifications framework. The data entry interface seamlessly integrates with the clinical processes, enabling clinicians to enter client data during evaluations, assessments, and interventions. The information collected by clinicians is correlated with industry-accepted classifications [and] frameworks such as ICF, ISO 9999, ICD-9, and CPT." Challenges include obtaining concurrence from those persons who would enter outcomes data, generally clinicians, who need a user-friendly interface with and for the ICF. Beyond such an interface, though, the new outcomes system "involves developing a solution that is interoperable with other clinic operations." Subsequently, data generated by the outcomes system on a cohort or population level would enable researchers to analyze such data based on the types of stratification that would be important to them, such as age or disability status.

Certainly, Professor Bodine and her investigative colleagues are at the cutting edge of applying the ICF to the complex, multi-faceted world of assistive technology. Their next steps include preparing for a large-scale clinical trial oriented toward the ICF and incorporating both the ICF conceptual framework and the coding structure.

For more information about these exciting projects, contact Professor Bodine at:

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