NOVEMBER 2002 ICF CLEARINGHOUSE CONTENTS
1) WELCOME TO 212 NEW MEMBERS!
2) PLAN FOR DECEMBER 2002 MESSAGE
3) ORDER ICF FROM NEW YORK
4) FREE ICIDH (1980) BOOKS
5) ICF IN 70 U.S. AND CANADIAN COLLEGE AND UNIVERSITY COURSES
6) 11 ICF PAPERS PRESENTED AT THE AMERICAN PUBLIC HEALTH ASSOCIATION MEETINGS
7) INTERVIEW WITH TRAVIS THREATS, PHD

1. WELCOME TO OUR 212 ICF CLEARINGHOUSE MEMBERS!
Our October message was a list of 30+ disability/rehab meetings in the U.S. and Canada went to about 80 persons. Since then, nearly 200 more have joined, and the October information has been updated and can be retrieved at <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm/icfactivities.htm>
Similarly, this November message which follows will be retrievable by those who join later.

2. PLAN FOR DECEMBER 2002 MESSAGE
1) The Call for Papers for the Ninth Annual NACC Meeting on ICF in St. Louis, MO to be held June 17-19, 2003
2) ICF Uses by Federal Agencies (compiled by Cille Kennedy)
3) Highlights of 30+ ICF papers presented at the October 2002 Heads of ICD/ICF WHO Meeting in Brisbane, Australia

3. ORDER ICF FROM NEW YORK IF IN THE U.S. OR CANADA, (GENEVA JUST FORWARDS U.S. ORDERS TO NEW YORK.)
ICF Hardback Book, 299 pages, $45 USD, #1152088
ICF Pocket-sized book, 229 pages, small, softcover $12.60 USD, #1153088
MULTI-LINGUAL CD-ROM (6 languages, advanced search), $135 USD, #0990011
For U.S. and Canadian Orders:
Q-Corporation
WHO Publications Center
49 Sheridan Ave
Albany, NY 12210
Tel 518-436-9686 x131 for Kathleen Arden or x 134 for Mary Krause
Fax 518-436-7433
<qcorp@compuserve.com>
There is a 30% discount for quantities of 30 or more.
Plus shipping.
Orders must be prepaid.

4. FREE ICIH (1980) BOOKS
We have about 100 ICIH (1980) redbooks, the predecessor of ICF (2001). For historic, cross-walking, or academic purposes…free for the asking, in single quantities or in any quantity up to 40. Just email Paul Placek (pjp2@cdc.gov) with your full mailing address and phone.

5. ICF IN 70 U.S. AND CANADIAN COLLEGE AND UNIVERSITY COURSES, FALL 2002
Thanks to Kristine Mulhorn at the University of Michigan, Diane Caulfeild at the Canadian Institute for Health Information (she surveyed her Canadian contacts), and Nenad Kostansjek at WHO Geneva, we have compiled a partial list of who is using ICF in Teaching in the Fall 2002 semester in North America. If you are using ICF in teaching the Fall 2002 semester in the U.S. or Canada, please send your course information (and syllabus, if available) to:
Kristine A. Mulhorn, PhD
Assistant Professor
Health Care Department
University of Michigan-Flint
402 Murchie Science Building
Flint, Michigan 48502-2186
Tel: (810) 762-3172
Tel (248) 623-4985
Fax: (810) 762-3003
E-mail: kmulhorn@umflint.edu
Dr. Mulhorn has a contract with NCHS to assemble this information. Click on the document below for the full report.

Acrobat Document

6. 11 ICF PAPERS PRESENTED AT THE AMERICAN PUBLIC HEALTH ASSOCIATION MEETINGS. Thanks to Gerry Hendershot for supplying this summary of 11 papers.
   1. Using the ICF in social work to address and eliminate health disparities
      \[\text{myWindow=window.open('http://apha.confex.com/apha/130am/techprogram/paper_43379.htm','whatever','directories=no,menubar=yes,status=yes,scrollbars=yes,location=no,height=400,width=600,resizable=yes'); myWindow.focus();}\]
      3337.0: Monday, November 11, 2002 - Board 5 Abstract #43379 Using the ICF in social work to address and eliminate health disparities Patricia M Welch,
2. **ICF: What remains to be done?**

   ICF: What remains to be done? Rene I. Jahiel, MDPhD, President, International Health Policy Research, 250 Main Street(#732), Hartford, CT 06106, 860-547-1202, jahiel@nso2.uchc.edu The International Classification of Functioning, Disability ...

3. **Using ICD and ICF to classify disability in children**

   Using ICD and ICF to classify disability in children Rune Simeonsson, PhD, Department of School Psychology, University of North Carolina, Chapel Hill, FPG Child Development, Chapel Hill, NC 27599, Anita A. Scarborough, PhD, Frank Porter Graham ...

4. **Measuring the developmental environments of children: Contributions of the ICF**

   Measuring the developmental environments of children: Contributions of the ICF Rune J. Simeonsson, PhD, MSPH 1, Janey Sturtz McMillen, PhD 1, Gail S. Huntington, PhD 1, Dawn Carlson, PhD 2, and Emmanuel M. Ngui, MS, DrPH(s)3. (1) Frank Porter ...

5. **Session: Bringing science, policy, and program together: ICF**

   Session: Bringing science, policy, and program together: ICF Public health science and programs have focused on specific conditions usually identified by diagnostic codes from the W.H.O.'s International Classification of Diseases (ICD). A new member ...

6. **Psychometric evaluation of the Participation Measure for Post-Acute Care (PM-PAC)**

   Psychometric evaluation of the Participation Measure for Post-Acute Care (PM-PAC)
The World Health Organization recently adopted the International Classification of Functioning, Disability and Health (ICF), to provide a revised framework for describing health and health-related states. Within ICF, the participation domain characterizes a person's involvement ...

7. **A Multi-dimensional Approach to the Epidemiology of Developmental Disabilities: From School-Age to Young Adulthood**

This study used two datasets to examine the relationships between the different dimensions of developmental disabilities and the role of contextual ...

8. **Examining the subjective dimensions of functioning and disability**

Presenting author's disclosure statement: Organization/institution whose products or services will be discussed: World Health Organization - ICF I do not have any significant financial interest/arrangement or affiliation with any organization/institution whose products or services are being discussed ...

9. **Session: Disability Classification**

Measuring the developmental environments of children: Contributions of the ICF Rune J. Simeonssohn, PhD, MSPH, Janey Sturtz McMillen, PhD, Gail S. Huntington, PhD, Dawn Carlson, PhD, Emmanuel M. Ngui, MS, DrPH(s) 5:15 PM Psychometric ...

10. **Session: Posters: Disability Potpourri**

in Evaluating Physical and Recreational Programs for Disabled Persons: Results of A Survey Pauline J. Kelzer, DrPH, Mary-Ellen Pratt, BS Board 4 ICF: What remains to be done? Rene I. Jahiel, MDPhD Board 5 A Survey of Visual impairment in a Rural population of east delhi Village India mona duggal, MD
11. **Session: Social Worker Poster Session**

RN, Judith G. Watman, ACSW, LSW Board 4 Race, poverty and depression symptoms: Findings from a national survey Julia F. Hastings Board 5 Using the ICF in social work to address and eliminate health disparities Patricia M Welch, MSSA Board 6 Impact of shift work on family relationships Sponsor: Social ...

7. **INTERVIEW WITH TRAVIS THREATS, PHD**

Periodically, monthly Clearinghouse message will “spotlight” different ICF experts and their views on ICF issues. Travis T. Threat, PhD is a Professor in the Dept. of Communication Sciences and Disorders at Saint Louis University. He can be contacted in St. Louis, Missouri at threatst@slu.edu and tel 314-977-3175. He has a half-dozen recent publications on the ICF and many invited ICF presentations. He is the Editor-in-Chief of Speech Pathology Online, an online refereed journal on the ICF in the field of speech-language pathology. This journal focuses on ICF issues and research, clinical research and innovation, quality of life issues, legal and ethical issues, and evidence based practice research. He teaches four courses which incorporate the ICF: Motor Speech Disorders, Neurogenic Communication Disorders in Adults, Dysphagia, and Cognitive-Communication Disorders. He is the American
Speech-Language-Hearing Association’s point person on ICF. Dr. Patricia Welch, who with Dr. David Gray of Washington University has the ICF Clearinghouse contract with NCHS, recently conducted a brief interview with Travis Threats, and here are the results.

Welch: When did you first learn about the ICF or its previous versions (ICIDH or ICIDH-2)?

Threats: I was interested in disability epidemiology and took a course in it at Saint Louis University. I found out that the new version of the ICIDH was being developed. I got the hard copy of the Beta-1 draft and reviewed it. It was a potentially great system with good ideas but the components in the communication areas were not correct (e.g. terminology) and not complete (lacking key items such as food consistency important to speech-language pathologists when they provide intervention with dysphagia (a swallowing disorder). Without these corrections and completions, I knew it would not work in actual application to my field. Consequently, I submitted a detailed review with recommendations for changes and respective references to WHO. These have been incorporated into the new version, ICF.

Welch: What do you find helpful about the ICF?

Threats: Speech by its definition does not occur in a vacuum. Therefore, the environment component is extremely critical in my field. Being (or not being) able to speak is one aspect but there is also being (or not being) able to speak to someone. There needs to be someone on the receptive side for actual communication (interaction). In speech, people are important assistive aids. While augmentative communication devices are important, as well, people are the number one factor since they listen and give clarification and feedback.

Welch: What do you consider weaknesses of the ICF?

Threats: During the revision there was a lack of clarification differentiating the A and P components or the "do-do" and "can-do" which prompted concern. This was true for the speech/communication along with other
areas of the ICIDH-2 versions. However, this has been addressed in the ICF version with capacity and performance qualifiers.

Welch: How is the ICF being used in your field?

Threats: Importantly, the ICF has been officially adopted by ASHA as the framework for the field in the 2001 scope of practice for speech-language pathology. It is used primarily as a framework for designing therapy programs, a component in research studies, and in the classroom. The next step will be to use the actual ICF codes in practice. But this will take time and widespread adoption in my field and others. Practitioners must familiarize themselves with the ICF codes and require some guidance in using the ICF, such as the clinical manual (referring to the ICF being developed by the APA). But, remember the ICD book is bigger than the ICF so coding can be done.

Welch: Any final comments to share with the Clearinghouse?

Threats: The ICF should be thought of as a constitution, which sets the rules and gives a framework. It's the ingenuity of individuals to use it and make it really grow and prosper. Remember the ICF is not the final word - there will be an ICF-2 and ICF-3 down the road.

End of interview.

If you no longer wish to be a part of this mailing list, unsubscribe by sending an e-mail message to:
Listserv@cdc.gov <mailto:Listserv@cdc.gov>
With the following information in the body of the message:
Signoff ICF_Clearinghouse yourname