NOVEMBER, 2007
NORTH AMERICAN COLLABORATING CENTER
ICF NEWSLETTER

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1) **PLAN NOW TO ATTEND THE 2008 NACC CONFERENCE ON THE ICF, AUGUST 26-27, 2008, IN BEAUTIFUL QUÉBEC CITY, QUÉBEC.**

   ALERT! *ALERTE!* THE ABSTRACT DEADLINE WILL BE EARLIER IN 2008!

2) **THANKS TO ALL WHO CONTRIBUTED TO NACC'S 13TH ANNUAL CONFERENCE ON THE ICF, JUNE 5-7, 2007.**

   GOOD JOB! *BON TRAVAIL!* THANK YOU ESPECIALLY, CIRRIE, FOR HOSTING THE SUCCESSFUL NIAGARA FALLS CONFERENCE!

3) **REPORT ON "APPLYING THE ICF IN CLINICAL SETTINGS," A NEW FULL-DAY ICF TRAINING MODULE DESIGNED FOR CLINICIANS.**

4) **BRIEF REPORT ON "NEW FEDERAL APPLICATIONS OF THE ICF" --- A CONFERENCE HELD JULY 10-11, 2007, IN CRYSTAL CITY, VIRGINIA.**

5) **CONGRATULATIONS! *FÉLICITATIONS!* THE ICF-CY IS OFFICIALLY NOW PART OF THE FAMILY OF INTERNATIONAL CLASSIFICATIONS.**

6) **THE ANN ARBOR COMMISSION ON DISABILITY ISSUES, IN THE CITY OF ANN ARBOR, MICHIGAN, HAS ADOPTED AN ICF ORIENTATION FOR ITS "DISABILITY RESOURCES, SERVICES, AND ACCOMMODATIONS."**

7) **"ICF SPOTLIGHT" ON ELS R. NIEUWENHUIJSEN, PH.D.**

8) **BRIEFLY NOTED: ICF NEWS OF INTEREST**

   - **DHHS Secretary Accepted NCVHS and Consolidated Health Informatics Initiative 2006 Recommendations on the Functioning and Disability Domain**

   - **Try This New Tool on the CIRRIE Website: "ICF Crosswalk"**
     http://cirrie.buffalo.edu/icf/crosswalk.php

- **Invitation From the American Psychological Association to Review Draft Chapters of *Procedural Manual and Guide for a Standardized Application of the ICF: A Manual for Health Professionals***

- **"ICF-CDS Blog" -- A "Web Log on the Use of the ICF Framework in the Field of Communication Disorders"** **http://icf.blogs.com/icf_weblog/**

- **Recently In The ICF Literature:**

  - **"Advancing Rehabilitation Research: An Interactionist Perspective to Guide Question and Design"**
  - **"Blending Activity and Participation Sub-Domains of the ICF"**
  - **"Higher Profile Sought for Disability Care"**
  - **"Key Factors in Back Disability Prevention"**
  - **"Life Satisfaction After Traumatic Brain Injury and the World Health Organization Model of Disability"**
  - **"Pediatric Feeding and Swallowing Disorders: State of Health, Population Trends, and Application of the ICF"**
  - **"Using Ecological Momentary Assessment to Measure Participation: A Preliminary Study"**

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1) PLAN NOW TO ATTEND THE 2008 NACC CONFERENCE ON THE ICF, AUGUST 26-27, 2008, IN BEAUTIFUL QUÉBEC CITY, QUÉBEC.

ALERT! *ALERTE!* THE ABSTRACT DEADLINE WILL BE EARLIER IN 2008!

NACC announces the dates for its 14th ICF Conference, and invites your participation!

The next ICF Conference is scheduled for **Tuesday and Wednesday, August 26 and 27, 2008**, in lovely Québec City, *la Ville de Québec*, in the Province of Québec, Canada. The cradle of French civilization in North America since the 17th century, and whose fortified colonial city is recognized as an UNESCO World Heritage Site, Québec City is proudly preparing to celebrate its 400th anniversary in 2008. It is also preparing to host the NACC Conference on the ICF!

We already want to congratulate our NACC colleagues at the Canadian Institute for Health Information (CIHI) and Statistics Canada in Ottawa, and at Université Laval in Québec, for all their hard work in making so many early arrangements for the 2008 ICF Conference.

Those arrangements are still being confirmed, and more details will be announced in the next edition of this NACC ICF Newsletter. But one important detail is already clear: *the Abstract Deadline for the 2008 ICF Conference will be much earlier in the year than for previous ICF Conferences.* Please anticipate that the ICF Conference Abstract Deadline will be in **February, 2008**.

The Abstract Deadline must be advanced on the calendar to ensure all our ICF Conference materials can be included in a larger conference Program and Abstract Book that will be prepared by our conference partner during the early summer.

The 2008 Conference will be unique for many reasons beyond this outstanding venue. For the first time, our ICF Conference will be partnering with **Rehabilitation International**, a large collaborative organization advocating on behalf of disabled persons in nearly 100 nations around the world, which will also be conducting its 21st World Congress in Québec City during the same week (August 23-28, 2008). The theme for the 2008 RI World Congress will be "Disability Rights and Social Participation: Ensuring a Society for All." Members of the North American Collaborating Center very quickly interpreted the useful alignment between that theme and the ICF, in which familial, social, and civic "participation restrictions" are addressed.

The theme for the 2008 NACC Conference on the ICF will be **"Evaluating Social Participation: Applications of the ICF,"** representing the first time the NACC conference has directed its planning energies specifically to the broad concepts of Social Participation.

The RI World Congress is held every four years, with the last Congress having been held in June, 2004, in Oslo, Norway. It is a very important meeting not only for RI itself, but also for all attendees concerned about the health and well-being of disabled individuals and populations.

According to its website, RI "is a global and diverse organization of persons with disabilities, NGOs, government agencies, service providers and advocates who work together to advance the rights and inclusion of people with disabilities worldwide." RI was founded in 1922. Its headquarters are in New York City, with regional leadership around the world. Several thousand delegates typically attend the RI World Congress, therefore the Québec City event will be an enormously important conference about all aspects of rehabilitation. You can review descriptions about RI and the 21st World Congress, at these websites:

http://www.rehab-international.org/ http://www.riquebec2008.org/

You can also review a description of the quadricentennial activities in Québec City at:

http://www.monquebec2008.com/MonQuebec2008/?lang=en-ca

NACC is negotiating to ensure that "cross-registration" will be feasible. Our goal is to enable registrants primarily interested in the ICF Conference to participate in other events during the RI World Congress, and vice-versa for delegates primarily attending the larger World Congress; we hope many registrants will want to learn about the ICF. All events will be in the same location, and ICF concurrent sessions will serve as tracks in the R.I. Congress.

In particular, NACC would like to acknowledge the substantial contributions already invested by Professor Patrick Fougeyrollas from Université Laval, not only on behalf of NACC's interests, but also for RI itself. As one of the local hosts, Patrick has been preparing for the 2008 RI World Congress for several years, since the Oslo meeting.

The 2008 ICF Conference registration fee has not yet been confirmed. However, it will likely include registration for the RI World Congress, too, and thus purchase quite a lot of value.

NACC is planning to release more information about the 2008 ICF Conference website shortly. We will have more details and confirmation about the important dates, such as the Abstract Deadline date, in the next issue of this NACC ICF Newsletter. Watch This Space!

2) THANKS TO ALL WHO CONTRIBUTED TO NACC'S 13TH ANNUAL CONFERENCE ON THE ICF, JUNE 5-7, 2007.

GOOD JOB! *BON TRAVAIL!* THANK YOU, ESPECIALLY, CIRRIE, FOR HOSTING THE SUCCESSFUL NIAGARA FALLS CONFERENCE!

NACC conducted its 13th Conference on the ICF, in Niagara Falls, New York, between June 5 and 7, 2007. About 100 persons, representing about 12 nations and four WHO Family of International Classifications Collaborating Centers, attended three days of scientific and social activities in a spectacular venue, literally just above the American Falls on the New York side of Niagara Falls. We thank all the participants for their contributions to a successful conference!

In particular, we express enormous gratitude to our colleagues at the Center for International Rehabilitation Research Information and Exchange (CIRRIE), located at the University of Buffalo, School of Public Health and Health Professions. Under the direction of Professor John Stone, CIRRIE is a national and international leader in connecting the expertise of professionals from various components of the rehabilitation field. CIRRIE's involvement with the ICF and with NACC on this year's ICF Conference have been natural extensions of the Center's programs to enhance international collaboration in disability and rehabilitation studies.

NACC would like to thank not only Professor Stone, but also his CIRRIE associates Kathy Wisniewski, Marcia Daumen, Vidyalakshmi Sundar, and Dan Conley, for their long-term, abundant practical support for this year's ICF Conference, both before and during the event, and both in Buffalo and Niagara Falls. We also want to thank Mable Sumter and Laurie Yarnes from the University of Buffalo for their important assistance with our registration and on-site hosting, and preparing the Program Booklet.

You can review the 52-page Program Booklet in .PDF format on this CIRRIE website:

http://cirrie.buffalo.edu/icf/conference/program.pdf

This year's NACC ICF Conference included a full-day Pre-Conference Workshop and a total of 15 Concurrent Sessions during the two main conference days, described in the next entry in this ICF Newsletter. Forty-eight oral presentations were delivered throughout those days, and 15 poster authors delivered 16 presentations during an animated, entertaining Poster Session.

Even during the Abstract review period earlier this year, and certainly during the ICF Conference itself, it became clear that the overall scientific caliber of the body of ICF research represented in these presentations had been quite high, and improving from year to year.

Our theme was "Sharing Knowledge Through The ICF." This theme referred to dissemination and adoption of new knowledge under the rubric of "Knowledge Translation," which incorporates communication about knowledge, the ethical context for exchanging knowledge, multi-way exchange between researchers and those who apply or utilize knowledge, research about adoption and "uptake" of new knowledge by clinicians or other scientists, synthesis of results beyond the laboratory into daily or community practice, and development of consensus guidelines. We considered the ICF to be an important tool for achieving a wide variety of Knowledge Translation objectives.

Concurrent Sessions and the "Sharing Knowledge" Track

This year's ICF Conference prominently emphasized one particular track --- among three concurrent tracks during both conference days --- representing clear delineations of the conference theme, "Sharing Knowledge Through The ICF." We were able to take advantage of this opportunity because we were afforded three concurrent meeting rooms in the Niagara Falls Conference Center, enabling our planners and authors to cover many diverse ICF topics in the alternate tracks, while specifically adhering to the conference theme in the five sessions within this primary track. We encouraged attendees to shift between presentations, and we asked our Session Moderators to accommodate "traffic" within and between meeting rooms.

Several Concurrent Sessions presented outside the primary "Sharing Knowledge" track are worth accentuating, too. For example, the conference featured a session entitled "The Future of Disability in America: Followup Discussion and Dialogue." This session was designed to be "free-form," without presentation of any papers, and set up for open dialogue among attendees about only one topic: the newly-released Institute of Medicine (IOM) report by the same title, presented by Professor Alan Jette from Boston University, who served as the Chairman for the IOM Committee that generated this report. One important discussion point that arose during this Session had been the rationale for the IOM Committee's full encouragement for broader adoption of the ICF, in light of its concurrent call for improving and enhancing the ICF in six important ways, including clarification of the Activities & Participation topic, adding new codes pertaining to secondary conditions, and emphasizing "transition states" in adapting to disability.

Another important Concurrent Session was entitled "Going Beyond Diagnosis: Decision Support in Acute Care," presented by Dr. Harry Feliciano from Palmetto GBA, which is a company operating in the U.S. as a "fiscal intermediary." Palmetto GBA has developed a modular continuing education initiative for training within its own staff on how to utilize the ICF as a tool for accurately describing the variety of clinical or environmental problems affecting rehabilitation patients. Palmetto GBA regularly handles a very high volume of claims submitted by physicians and other clinicians on behalf of such patients. A costly problem affecting such companies pertains to the variable rate of "denied claims," many of which are denied because

they lack sufficient information (beyond simple diagnostic information) that adequately describes a patient's non-diagnostic or functional status problems. One approach toward enhancing the quality and standardization of such information would be to utilize ICF coding for those characteristics of a patient's functional status that are not easily (or at all) captured in diagnostic coding. Once coded in a standardized manner using the ICF across many types of clinical cases, the rate of denied claims among various payers presumably would decrease.

NACC presented a truly "internationally innovative" Concurrent Session, entitled "ICF Implementation Within PAHO Member States." Dr. Armando Vasquez, representing PAHO, moderated a bilingual discussion about the relevance of the ICF in health systems in Argentina, Colombia, Mexico, Nicaragua, and other PAHO member states. Professor John Stone and CIRRIE developed this panel presentation, for which we are very grateful. Particularly in Mexico where "burden of disease" studies measuring population-level disability prevalence have been common, each representative expressed receptivity to implementing ICF nationally and to building alliances internationally with NACC and other Collaborating Centers. We thank the PAHO representatives for enriching our North American conference. This event presages additional sharing of ICF expertise in the future throughout the Americas.

A New Format for the Poster Session

A new format for our Poster Session during this year's ICF Conference was also well-received. During previous NACC ICF Conferences, we have enjoyed stimulating Poster Sessions in which authors and readers could exchange information about the latest ICF-oriented research. But scheduling an adequate amount of time for a dedicated Poster Session during a busy conference is challenging. For the 2007 ICF Conference, the NACC Planning Committee determined to try a new format for the Poster Session. During a luncheon, poster authors were allotted a prescribed "two and only two minutes" to present oral remarks about their poster in a manner that would induce other attendees not only to visit and read the poster completely, but also to engage in conversations subsequently with poster authors about their research. The "penalty" for exceeding the 2-minute allotment came in the form of public ignominy when the Canadian and American flags were playfully waved in an evocative signal to the author that "Time Is UP!" In Niagara Falls, we enjoyed the "fast-talking" research expertise and output of 15 poster authors who presented16 outstanding posters.

This format proved very popular and drew positive feedback subsequently on Conference Evaluation forms. It enabled registrants to recognize authors more easily by sight or by voice and possibly by "topic," and to engage in conversations about their ICF research throughout the conference, rather than just during the designated Poster Session. Formatting the Poster Session in this manner also "freed up" the conventionally scheduled Coffee Breaks, so that those could genuinely feature refreshments, break time, and networking conversations.

Next Steps

We determined from some comments on our Conference Evaluation forms that the sheer volume of genuinely interesting scientific presentations offered during our main conference days had been a bit daunting. NACC hears you! It is an important lesson for our Collaborating Center that three concurrent session tracks represents the nearly-absolute functional limit of ICF content that can be easily accommodated by attendees, particularly when complex or innovative ICF topics are discussed. Nevertheless, our strategies of focusing the "Sharing Knowledge" theme within one easily recognizable track, having Moderators announce and reinforce each session in that track as a thematic session, and presenting each primary track session in the same meeting rooms, yielded a worthwhile cohesion and unified "look and feel" to the conference.

Our Collaborating Center has also taken stock of the importance of providing ongoing training and ICF coding instruction, and that the demand for intermediate-level or "advanced" coding instruction is increasing. Both introductory and intermediate training should become regular features of the NACC conferences, although the formats for such training episodes can vary and need not be the same every year. For example, in the future it might be worthwhile to consider hosting a series of lectures explaining ICF coding in some medium other than or in addition to face-to-face presentation, such as in live or recorded electronic media, to ensure that a suitable volume of training opportunities exists from year to year.

Following this year's successful NACC Conference on the ICF, planning began promptly for the 2008 ICF Conference, to be held August 26-27, 2008 in Québec City, Québec. That conference's theme has been tentatively determined to be "Evaluating Social Participation: Applications of the ICF." During planning for that event, we will rely on the lessons learned during the 2007 ICF Conference. For example, we learned that paying close adherence to a unifying conference theme can yield large dividends for conference planners and registrants alike; adhering to the innovative theme of "Social Participation" will be at least as challenging as but no less important than adhering to our "Sharing Knowledge" theme this year.

3) REPORT ON "APPLYING THE ICF IN CLINICAL SETTINGS," A NEW FULL-DAY ICF TRAINING MODULE DESIGNED FOR CLINICIANS.

During the 13th NACC Conference on the ICF in Niagara Falls, NY, Drs. Geoffrey Reed, Lynn Bufka and Susan Stark presented a 6-hour, full-day ICF Coding Workshop specifically designed for clinicians, entitled "Applying the ICF in Clinical Settings." This training activity was presented on June 5, 2007, as the "Pre-Conference Workshop" prior to the main ICF Conference, conducted in the same facility. Thirty-six registrants attended. CIRRIE sponsored this special Workshop, and we are grateful for their support. This Workshop represents the achievement of a new milestone in ICF training activities, given that it had been designed as an intermediate-level modular training program, emphasized ICF coding rather than only the ICF conceptual framework, focused on clinical applications, and relied on examples of ICF Core Sets as the foundations for practical use of the ICF in daily clinical practice.

Reed, Bufka and Stark have been crafting and refining the curricular content of this Workshop for several years, and each iteration has contributed to improvements in the material and the manner in which it can be presented, in light of a training audience's general or previous familiarity with the ICF. For example, in Boston in October, 2006, they delivered an earlier version of this one-day Workshop mainly for physicians, during the joint conference of the American Congress of Rehabilitation Medicine and the American Society of Neurorehabilitation, on which we previously reported in the September-October, 2006 edition of this NACC ICF Newsletter. CIRRIE also sponsored that Workshop. During the interim period, Dr. Reed had been invited by the Department of Health in the Republic of South Africa to engage in providing a series of ICF lectures and modular courses among health professionals in that nation's public sector rehabilitation programs, training about applying the ICF in clinical rehabilitative settings. Conducting this lecture series had contributed many enhancements to the overall modular course.

The course identified the conceptual origins of the ICF, reviewed the basic mechanism for coding clinical encounters, investigated conceptual issues that can hinder ICF utilization by clinicians, described the American Psychological Association's *Procedural Manual and Guide for a Standardized Application of the ICF*, and applied ICF codes to five clinical case examples. The case scenarios included hypothetical situations such as a 29-year-old woman with learning disability, a 57-year-old woman with rheumatoid arthritis, a 50-year-old man with moderate aphasia, a 35-year-old man with attention and concentration deficits attributable to brain injury sustained during a motor vehicle accident, and a young woman active in the political affairs of her African nation whose stroke symptoms prompt her to adapt other communication skills. The instructors enabled the Workshop participants to become familiar with hand-coding using the ICF, and then group discussion emphasized varying approaches to coding the same cases.

Because the materials marketing the Pre-Conference Workshop explicitly referred to it as an intermediate-level course, the instructors leapt over elementary or familiar details about the ICF conceptual model, and promptly moved into detailed discussions about the ICF Checklists, pre- and post-intervention coding, cross-walking with various functional assessment instrument results, Core Sets for stroke, occupational therapy, and audiology, and operationalizing ICF concepts in clinical settings in tandem with conventional functional assessment instruments.

For one of the first times in a structured ICF training activity, the instructors emphasized "Core Sets." They utilized a draft copy of the "ICF Core Set for Stroke," developed at the ICF Research Branch of the WHO Collaborating Center for the Family of International Classifications at the German Institute for Medical Documentation and Information (DIMDI). With support from CIRRIE, Reed, Bufka and Stark prepared the 90-page course booklet, which incorporated the full DIMDI Stroke Core Set in a "checklist" configuration. This enabled the trainees to determine how they might adapt a similar checklist-driven ICF Core Set for their own clinical specialty or type of facility.

The instructors announced they are actively engaged in evaluating the various didactic approaches to ICF training that they and other instructors have pursued recently, among different types of audiences, and that they intended to publish the results of such evaluations soon.

NACC commends and thanks Drs. Reed, Bufka and Stark, and CIRRIE, for their efforts at continually developing this full-day ICF Clinician's Workshop. We also invite the continuing dialogue among readers of this NACC ICF Newsletter about their level of demand for specialized ICF training in the future, both at NACC Conferences and in other media.

4) BRIEF REPORT ON "NEW FEDERAL APPLICATIONS OF THE ICF" --- A CONFERENCE HELD JULY 10-11, 2007, IN CRYSTAL CITY, VIRGINIA.

On July 10 and 11, 2007, two subcommittees of the federal Interagency Committee on Disability Research (ICDR) conducted a conference entitled "New Federal Applications of the International Classification of Functioning, Disability and Health (ICF)," in Crystal City, Virginia, just outside Washington. About 90 registrants from various federal agencies and the commercial, non-profit, and academic sectors explored how federal agencies can utilize the ICF, and how it can be more broadly integrated into the U.S. health system.

The two subcommittees were the Interagency Subcommittee on Disability Statistics (ISDS), and the Interagency Subcommittee on the New Freedom Initiative (ISNFI). The purview of the latter subcommittee includes developing strategies for implementing the President's New Freedom Initiative within and among federal agencies, focusing on enhancing the housing, transportation, employment, community involvement, and health care opportunities available among members of America's disabled population.

An important theme during this conference involved new developments in utilizing the ICF in federal Health Information Technology enhancements. The goal is to standardize the electronic transmittal of medical and rehabilitation data that contain functioning and disability information. This conference invoked the ICF as a viable instrument for classifying health states that involve functional limitations, activity limitations, or participation restrictions attributable to disability. The leaders of the two interagency subcommittees asserted this would enable more accurate case-counting. If electronically standardized, because of the volume of data and the nature of the entitlement programs serving disabled Americans from which relevant data would be generated, such case-counting could be robust among federal agencies. The participants in this conference explored these needs and some methods for advancing these applications. In breakout sessions, too, the attendees participated in skill-building workshops designed to increase their first-hand familiarity with the ICF and its coding structure.

You can review the Crystal City ICF Conference's agenda and many PowerPoint presentation files at the following ICDR website: http://www.icdr.us/icf07/materials.html

As a Supplement in our next edition of this NACC ICF Newsletter, we will append the Conference Summary Report from the July 10-11 Crystal City Conference, which describes the Plenary Sessions and proposals for subsequent steps in greater detail than this brief report.

5) CONGRATULATIONS! *FÉLICITATIONS!* THE ICF-CY IS OFFICIALLY NOW PART OF THE FAMILY OF INTERNATIONAL CLASSIFICATIONS.

After nearly a decade of collaborative international work, the ICF-CY will be officially published by the WHO. Congratulations to the members of the ICF-CY Task Force who have invested substantial labor and time toward achieving this important goal.

On October 25 and 26, 2007, in Venice, Italy, the WHO will "roll-out" the ICF-CY formally during a 2-day scientific conference entitled "ICF-CY: A Common Language for the Health of Children and Youth." This conference will cover all aspects of the development and applications of the ICF-CY. In particular, Dr. Bedirhan Üstün will deliver an important opening lecture entitled "The Need for the ICF-CY," and Professor Rune Simeonsson from the University of North Carolina at Chapel Hill will present a lecture entitled "Developing a Classification for the Developing Child." Three concurrent workshops will enable conference attendees to investigate the philosophical and scientific foundations for the ICF-CY, particularly in Health, Education, and Rights. In fact, the ICF-CY is fundamentally based on adherence to various United Nations pronouncements on the rights of children with disabilities around the world.

WHO recently added the full content of the ICF-CY to its ICF Hypertext Browser version. Although a user cannot visually distinguish the newest codes from the ICF-CY from those within the original ICF, the Internet Hypertext Browser version of the ICF provides a pull-down menu reading "Change the version/language," enabling any user to select their preferred language for utilizing the Browser. Recently added as one of the potential language selections within that pull-down menu are the keywords "ICF – Children." By making that selection, the Browser provides the full ICF-CY content, although currently only in English.

You can review the ICF-CY Hypertext Browser version at this WHO website:
http://www.who.int/classifications/icf/site/onlinebrowser/icf.cfm?undefined&version=7

You can also review the Venice conference's agenda, its presentations, and read a short description of the ICF-CY (in English) at this Italian website:
http://www.venetosociale.it/icf-cy/index.php?pg=cms&ext=p&cms_codsec=40&cms_codcms=7219&cms_page=1

NACC would like to acknowledge formally the members of the ICF-CY Task Force who have contributed so much to this endeavor: Matilde Leonardi, Co-Chair (Italy), Rune Simeonsson, Co-Chair (United States); Eva Bjorck-Akesson (Sweden), Judith Hollenweger (Switzerland), Don Lollar (United States), Andrea Martinuzzi (Italy), Huib ten Napel (the Netherlands), and both Drs. Üstün and Nenad Kostanjsek from WHO for their abundant help. Congratulations to the Task Force, and we welcome this newest addition to our Family!

6) THE ANN ARBOR COMMISSION ON DISABILITY ISSUES, IN THE CITY OF ANN ARBOR, MICHIGAN, HAS ADOPTED AN ICF ORIENTATION FOR ITS "DISABILITY RESOURCES, SERVICES, AND ACCOMMODATIONS."

Our Collaborating Center recently learned from Dr. Els Nieuwenhuijsen, a member of the Ann Arbor Commission on Disability Issues in her city of Ann Arbor, Michigan, that through her advocacy the Commission had formally adopted an orientation toward the ICF and its conceptual framework within a revised roster of "Disability Resources, Services, and Accommodations." These services would be available, generally at public expense, among residents of Ann Arbor who experience disability; some services are free or provided at public expense. The Commission's mission is "to promote and advocate for equal opportunities for all individuals with physical, mental and/or emotional disabilities" in Ann Arbor.

As a result of this administrative change, the "user interface" presented on the City's website for the use and benefit of its disabled citizens now features a heading entitled "Resources by Functional Impairment Category." Generally, the Commission's pages within the City of Ann Arbor website pages are organized to serve as an Information and Referral resource for disabled residents, therefore the new categorization of various health and social services according to type of functional impairment enhances that interface in logical ways.

Specifically, the revised website now incorporates dedicated links for "Mental Function Impairment," "Visual Function Impairment," "Oral / Aural Function Impairment," "Movement / Mobility Function Impairment," "Other Function Impairment(s)" including chronic illnesses, chemical and other sensitivities, dietary restrictions, endurance deficiencies, and issues surrounding pain. There is also a new link for the full slate in the "Alphabetical List of Resources." Upon clicking on one of these links, the user can obtain robust rosters of local, national, governmental and private sector services for disabled residents of Ann Arbor within that specific functional impairment category. The revised website also incorporates a link to the main ICF Home Page, maintained by the WHO.

You can review the Commission's Resources page and this new orientation of services at the following web address: http://www.ci.ann-arbor.mi.us/Disability/disability_resources.html

NACC commends and thanks Commissioner Nieuwenhuijsen for her personal advocacy toward infusing the ICF conceptual framework into this model for delivering health and social services among residents of a medium-sized city. Bravo!

8) BRIEFLY NOTED: ICF NEWS OF INTEREST

- **DHHS Secretary Accepted NCVHS and Consolidated Health Informatics Initiative 2006 Recommendations on the Functioning and Disability Domain**

In July, 2007, U.S. Secretary of Health and Human Services Michael O. Leavitt corresponded with the National Committee on Vital and Health Statistics (NCVHS),

which is an advisory body to the Secretary on those topics, about his approval of the NCVHS recommendations related to standardizing the electronic transmittal of data in the "Functioning and Disability Domain." As reported in the September-October, 2006 edition of this ICF Newsletter, in Autumn, 2006, the NCVHS received recommendations from the DHHS Consolidated Health Informatics (CHI) Initiative's Disability Working Group, presenting a prescribed-format "Use Case" that demonstrated the standardized manner in which data about functional status among patients could be transmitted electronically. The NCVHS concurred with the CHI recommendations, and then forwarded them to the Secretary, who has now corresponded his approval. This means that the recommendation to incorporate the ICF into the U.S. National Library of Medicine's "Unified Medical Language System" can now proceed, which in due course will enable and prompt a sizeable volume of "ICF mapping" activities.

You can review a copy of Secretary Leavitt's 2-page correspondence on this NCVHS website: http://www.ncvhs.hhs.gov/070731lt.pdf

You can also review the full 90-page set of recommendations from the CHI to the NCVHS at this NCVHS website: http://www.ncvhs.hhs.gov/061128lt.pdf

- **Try This New Tool on the CIRRIE Website: "ICF Crosswalk"**
  http://cirrie.buffalo.edu/icf/crosswalk.php

Professor John Stone from the University of Buffalo, and Director of the Center for International Rehabilitation Research Information and Exchange (CIRRIE), announced the availability of a new research tool on the CIRRIE website. Entitled the "ICF Crosswalk," this combined user interface and database tool utilizes the rich resources manifested in CIRRIE's existing "Database of International Rehabilitation Research," which operates in the background during a user's query, and a search function that prompts the user to enter any ICF code. The results are a set of recently published research articles, the records of which are already maintained in the CIRRIE Database, that pertain to the particular ICF Code(s) that the user had entered.

In addition to the main site, whose link is included above, CIRRIE has also prepared a "Crosswalk Guide" entitled "Searching the ICF Crosswalk," which you can review at this CIRRIE web page: http://cirrie.buffalo.edu/icf/crosswalkguide.html

- **Invitation From the American Psychological Association to Review Draft Chapters of *Procedural Manual and Guide for a Standardized Application of the ICF: A Manual for Health Professionals***

The American Psychological Association (APA) invites health professionals, particularly those knowledgeable about the ICF, to review updated chapters in the APA's book entitled *Procedural Manual and Guide for a Standardized Application of the ICF: A Manual for Health Professionals*. The *Manual*, initially released as a monograph in booklet form in 2003, will become an electronic product. During the next year, APA will release various components of the revised *Manual* representing the domain structure of the ICF for online review by persons familiar with the ICF. Please participate!

Dr. Lynn Bufka, APA Assistant Executive Director for Practice Research and Policy, and Omar Rehman, Project Manager for the *Manual* review, encourage potential reviewers to visit the APA website http://icf.apa.org to register and participate. Reviewers' feedback will inform the APA about revising the *Manual* content, to increase the likelihood that both the *Manual* and the ICF would be fully utilized in daily practice. That website also explains the essential tasks in each review. For example, a health professional can choose to review all the codes currently available on the website, or just a set of selected ICF codes that pertain to his or her professional experience. Entire chapters, or selected code sets, are available for comment and feedback. Reviewers will be acknowledged by name later on this website, and also in any subsequent printed version of the *Manual*. Presently, the Body Functions domain and the ICF "Introduction" section are available for review; other sections will come online soon.

You can correspond with Dr. Bufka at this E-Mail address: LBufka@apa.org .

- **"ICF-CDS Blog" -- A "Web Log on the Use of the ICF Framework in the Field of Communication Disorders" http://icf.blogs.com/icf_weblog/**

Professor Travis Threats, Associate Professor and Chair of the Department of Communication Sciences and Disorders in the College of Arts and Sciences at Saint Louis University, reminded us that he maintains an ICF "Blog." The term "blog" is a morpheme generated by combining the words "Web" and "Log." Truly, there are now hundreds of thousands of Blogs on the Internet but probably one and only one Blog devoted to the ICF! Professor Threats has oriented the Blog to focus on the relationship between ICF and communication disorders, therefore this opportunity would be especially appealing for professionals in Speech-Language Pathology. Nevertheless, any reader can register and participate in the Blog.

You can correspond with Travis at this E-Mail address: threatst@slu.edu

Also keep in mind that CIRRIE maintains our "ICF Community of Practice," which although not technically a Blog, enables any user to submit questions, answers, and responses to shared discussion items in a similar, "web-conversational" manner. The Community of Practice and "ICF Forum" websites are located at:

http://cirrie.buffalo.edu/icf/cop/index.html and
http://cirrie.buffalo.edu/icf/cop/forum.html .

- **Recently In The ICF Literature:**

  - **"Advancing Rehabilitation Research: An Interactionist Perspective to Guide Question and Design"**

Authors from several medical and clinical institutions in Ontario have proposed an "interactionist" framework "to provide a unifying direction for rehabilitation research." Their proposed framework has three components: conceptual model, research question, and research design, and the conceptual model has been derived from the ICF. In fact, the authors provided a new schematic representation of the familiar WHO ICF schematic model, with the proposed version being labeled "ICF-r" for "the ICF for rehabilitation." Their model posits both Fixed and Modifiable Environmental Factors and Personal Factors, which explicitly interact. Essentially, they have proposed a model like the conventional WHO model, but incorporating the obverses of function as interacting components within the model; the WHO model reflects positive degrees of functioning, rather than both positive and negative degrees. They concluded that "the holistic and comprehensive interactionist perspective captured by modification of the ICF, the ICF-r, provides a conceptual model from which to understand the broad scope of function from disability and rehabilitation research" (pg. 1175).

Citation: Bartlett DJ, Macnab J, MacArthur C, Mandich A, Magill-Evans J, Young NL, *et al*. Advancing rehabilitation research: An interactionist perspective to guide question and design. *Disability and Rehabilitation* 2006 (October); 28(19):1169-1176.

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  - **"Blending Activity and Participation Sub-Domains of the ICF"**

Three authors from the Health and Disability Research Institute at the Boston University School of Public Health utilized a cross-sectional survey among 272 patients having received post-acute care during the previous year in various settings. The empirical goal had been to determine whether scores on the Activity and Participation Measures for Post Acute Care (AM-PAC) could be stratified or categorized according to corresponding components of the ICF. The authors wanted "to test the proposition that clear and interpretable sub-domains could be identified within the Activity and

Participation domains of the ICF." The design of the AM-PAC items had been "guided by the ICF definitions and chapter content included in the concepts of *Activity* and *Participation*" (pg. 1743, italics in original). Then, the authors utilized factor analysis to determine if their roster of 83 core items could exhibit clustering. They concluded that "distinct physical functioning and disability sub-domains can be identified within the ICF and reliably measured using self-reported questionnaire items" (pg. 1747), but that the clustered factors in their research bore only modest resemblance to the manner in which Activity and Participation are defined in the ICF.

Citation: Jette AM, Tao W, Haley SM. Blending activity and participation sub-domains of the ICF. *Disability and Rehabilitation* 2007 (November); 29(22):1742-1750.

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- **"Higher Profile Sought for Disability Care"**

In this summary article within the familiar "Medical News & Perspectives" section of the *Journal of the American Medical Association*, news author Mike Mitka highlighted the release of the Institute of Medicine's report entitled The Future of Disability in America (2007). To support his description of the report, Mitka also interviewed Alan Jette, PhD, Chairman of the IOM Committee that prepared the report; Bruce Gans, MD, chief medical officer at the Kessler Institute for Rehabilitation in West Orange, NJ; and Leon Reinstein, MD, associate chief of rehabilitation medicine at Sinai Hospital of Baltimore, for their reactions about the importance of the IOM report and how it might be implemented. Under the heading "Exploring the Report," Mitka wrote:

> "The report also gives specific recommendations on such issues as improving disability research, from basic science to studies on the environments in which people with a disability live and work. To that end, the report calls for adoption and refinement of the World Health Organization's *International Classification of Functioning, Disability and Health* as a conceptual framework for monitoring and research. The intent is that once definitions are agreed on, researchers can conduct studies with a firmer scientific foundation and, ideally, lead to the establishment of evidence-based guidelines allowing for improved care" (pp. 2463-2464).

Citation: Mitka M. Higher profile sought for disability care. Medical news and perspectives. *Journal of the American Medical Association* 2007 (June 13); 297(22):2462-2464.

Contact the Corresponding Author for reprints: There is no designated Corresponding Author. This news article was published in a widely-available journal. You can review the publicly-available portion of the article at the following website:

http://jama.ama-assn.org/cgi/content/extract/297/22/2462

- **"Key Factors in Back Disability Prevention"**

These authors from medical, rehabilitation, and occupational therapy research institutes in Ontario utilized a 3-round modified Delphi-process panel to develop consensus around a roster of factors that "might prevent participation restrictions in people with back pain," as classified by the ICF. The experts summarized published evidence on 32 selected factors, and ranked their degree of relative impact and modifiability. The evidence had important gaps and there was substantial disagreement among the experts, suggesting that consensus findings may vary with panel composition. Eventually, the majority agreed that the factor labeled "Care Provider Reassurance" had the most salient impact and modifiability. They achieved strong consensus that such reassurance had a high impact on occupational participation, and moderate consensus that "expectation of recovery" and "decreased fears" (of re-injury) exhibited a high impact on occupational participation. Influencing "beliefs and fears" might be a suitable intervention strategy, and in fact, the authors suggested that "Social marketing may be another effective way to influence beliefs and thoughts about back pain" (pg. 812).

Citation: Guzmán J, Hayden J, Furlan AD, Cassidy JD, Loisel P, Flannery J, *et al*. Key factors in back disability prevention: A consensus panel on their impact and modifiability. *Spine* 2007 (April 1); 32(7):807-815.

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- **"Life Satisfaction After Traumatic Brain Injury and the World Health Organization Model of Disability"**

This research had been supported by the U.S. National Institute for Disability and Rehabilitation Research (NIDRR), and the data had been derived from TBI patients at a large midwestern rehabilitation facility that has been a component of NIDRR's TBI Model Systems Program. The investigators utilized stepwise multiple regression to tease out the particular factors that contribute to life satisfaction or its deficits in TBI patients; the factors had been formed from the ICF conceptual framework. They utilized the

Satisfaction With Life Scale, the Community Integration Questionnaire, and the FIM along with a compilation of physical examination scores. They concluded that "increases in social integration and productivity were associated with increased life satisfaction" (pg. 895). Their hypothesis that demographic factors would be suitable predictor variables for life satisfaction outcomes was not supported by the data. Regarding the ICF, because the data revealed factors associated with the Activities and Participation domain to be relatively strong predictors, the authors observed that difficulties in separating Activities *from* Participation in the ICF make it difficult to discern the most salient factors in the respective sub-domains of Activity alone versus Participation alone.

Citation: Pierce CA, Hanks RA. Life satisfaction after traumatic brain injury and the World Health Organization model of disability. *American Journal of Physical Medicine and Rehabilitation* 2006 (November); 85(11):889-898.

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- **"Pediatric Feeding and Swallowing Disorders: State of Health, Population Trends, and Application of the ICF"**

This article is part of a special journal issue on pediatric dysphagia. Two American authors have delivered an impressive argument that, because population trend data about pediatric swallowing disorders are limited both in volume and informational quality, "the ICF may increase the accuracy of epidemiologic data by providing a common language for describing the problems and their impact on function" (pg. 162). This argument is important because the authors presented evidence that "the incidence of swallowing dysfunction is increasing" in the United States, possibly due to the improved survival rates among premature infants with complex medical conditions (pg. 163). They concluded that "the ICF is a tool that [Speech-Language Pathologists] may use to establish accurate estimates of the prevalence and incidence of these problems, . . . define functional measures of clinical outcomes, communicate information across disciplines and cultures, and predict health care delivery needs to influence social policy and the allocation of resources" (pg. 164).

Citation: Lefton-Greif MA, Arvedson JC. Pediatric feeding and swallowing disorder: State of health, population trends, and application of the International Classification of Functioning, Disability and Health. *Seminars in Speech and Language* 2007; 28:161-165.

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- **“Using Ecological Momentary Assessment to Measure Participation: A Preliminary Study”**

This innovative pilot study established new ground in having utilized a hand-held instrument, a Personal Digital Assistant (PDA), among five adults with mobility impairments living in a rural setting, who were prompted periodically throughout their day to enter coded responses about their degree of participation in or satisfaction with some activity. In turn, those responses were stratified according to ICF codes selected from the Activities & Participation and Environmental Factors domains. The authors explained that "Typically, EMA [ecological momentary assessment] involves recording events and behaviors as they occur using a personal data assistant (PDA, e.g., a Palm Pilot). Responses are recorded when defined events occur (e.g., the urge for a cigarette) or in response to scheduled (e.g., random) prompts. Unlike retrospective measures that are susceptible to recall bias, EMA captures stimuli within time and place or within the relevant environment. As such, EMA is an appropriate data collection strategy to examine immediate response to variable contexts" (pg. 320). The investigators scheduled 294 observation points for each participant across 49 days of observation; compliance fluctuated. Their results "supported the ecological model of disability by demonstrating the significant role that contextual factors played in determining participant ratings of connectedness and fulfillment" (pg. 327).

Citation: Seekins T, Ipsen C, Arnold NL. Using ecological momentary assessment to measure participation: A preliminary study. *Rehabilitation Psychology* 2007 (August); 52(3):319-330.

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