Summary Mission Reports Part 2
Analysis of surveys

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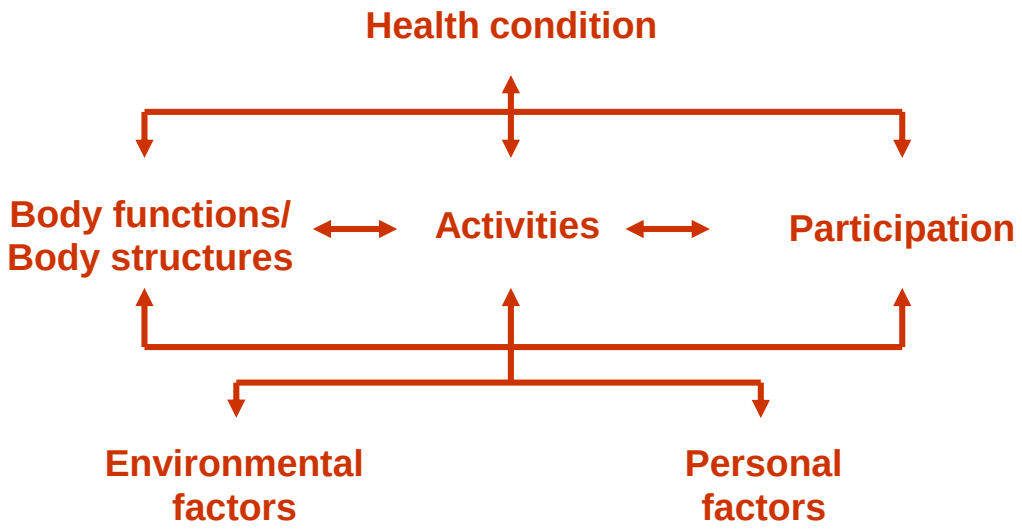
ICF

Contents:

1. Short reminder why the ICF?
2. Reference Framework and Structure for analysis + examples

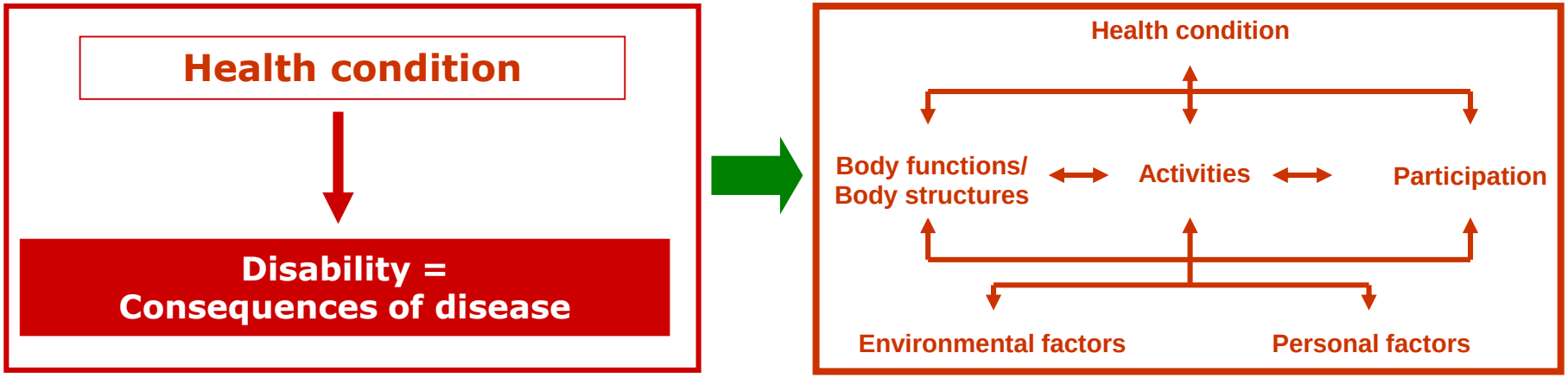
1 – Why the ICF?

- The International Classification of Functioning, Disability and Health – ICF (WHO, 2001)
  - offers a different approach to ‘Disability‘ in terms of ‘Functioning‘
  - provides a comprehensive, universal and globally accepted model and taxonomy to describe functioning.



1. The ICF integrative Bio-Psycho-Social Model of functioning and disability

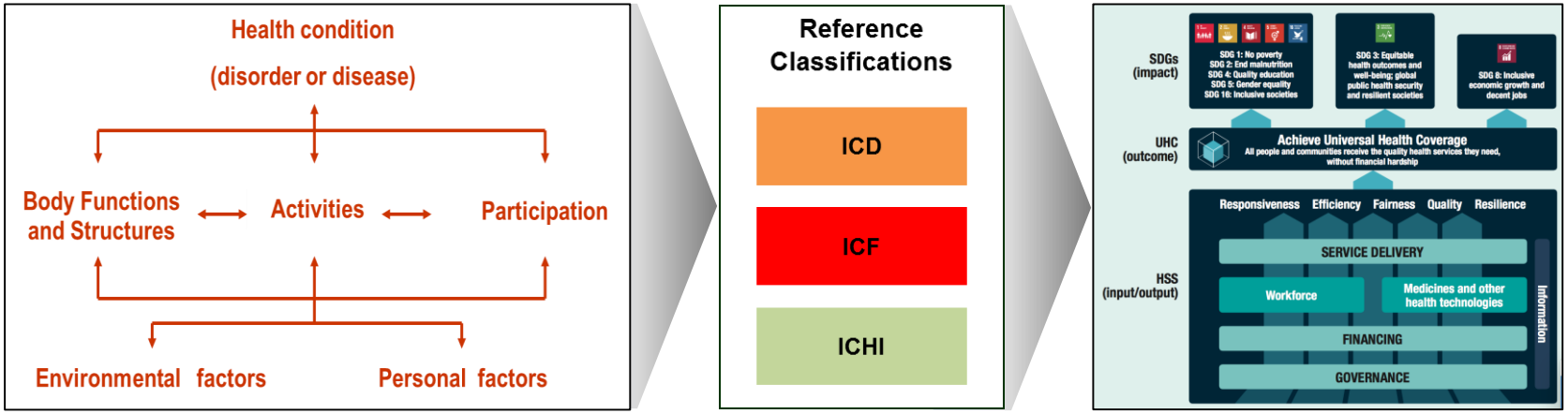
•ICF has moved away **from** being a **consequence of disease** classification **to** become a **components of health** classification.



Medical model

Integrative Bio-Psycho-Social model

Proposed framework how WHO-FIC can support collection of comparable data



2. Reference Framework and structure for analysis

For reasons of International comparability of questionnaires and data we decided on two things,

To work in a Reference Framework

ICF components *as presented in Session 2 and sheet 4*

To use a Structure for analysis

Disability definition

Introductory phrase/question

Screening question

Disability questions/items

Response categories

Other relevant items

The material

Before every regional meeting:

Collected several documents from several sources:

- ***the UNSD database, local database, if present***
- ***the questionnaires received during the six meeting from the participating countries***
- ***and the content of the presentations, if presented differently***
- ***all around the 2010 census round***

Analysis of the documents according the presented structure:

- ***by mapping to relevant ICF categories (or ICD-10)***
- ***depending on the context of the used terminology***
- ***observations concerning the use of terms***

Example of analysis

Paraguya Census 2012

Disability definition

-

Introductory phrase/question

-

Screening question

-

Disability questions/items

See table

Response categories

Cannot do at all

Yes, with great difficulty

Yes, with some difficulty

No, no difficulty

Don't know, refusal

Other relevant items

From 2 years and above

Paraguay Census 2012
Disability questions/items

Disability questions/items	ICD	ICF-Function	ICF-Structure	ICF-Activity	ICF-Participation ←	ICF-Environmental Factors
Has -NAME- permanent difficulty with:	-					
seeing (even when using glasses or lenses)		b210*				e1251*
hearing (even when using a hearing aid)		b230*				e1251*
walking, climbing stairs using arms and hands for performing tasks				d450* + d4551* d430-d449		
understanding or learning mental retardation Down Syndrome autism	Ch V Q90 F84	b117?		d1		
mental or emotional mental illness transgender	Ch V Ch V	b1 b152				

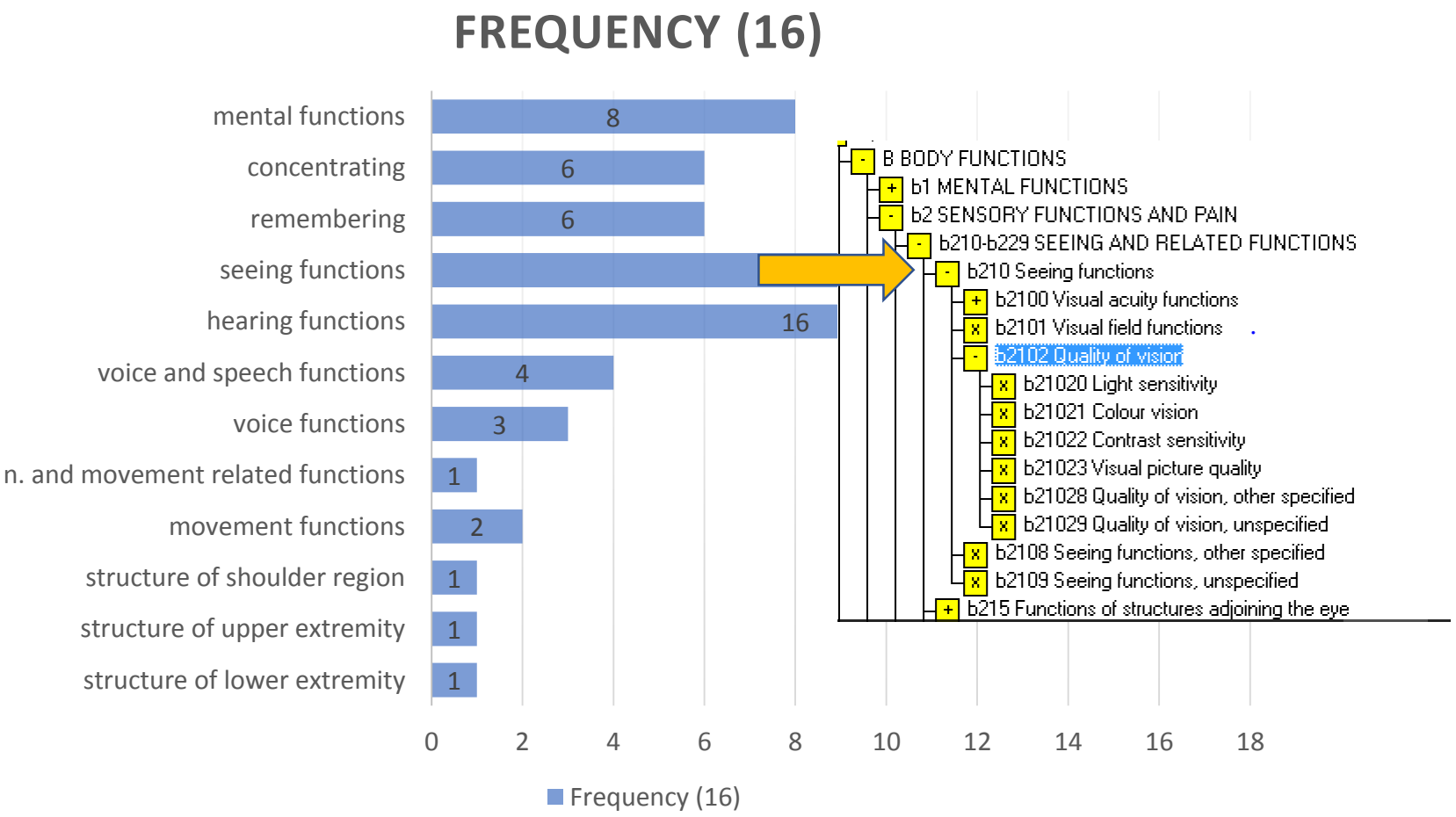
Regional comparing

Comparing countries with the ICF

Examples from 6 regional meetings

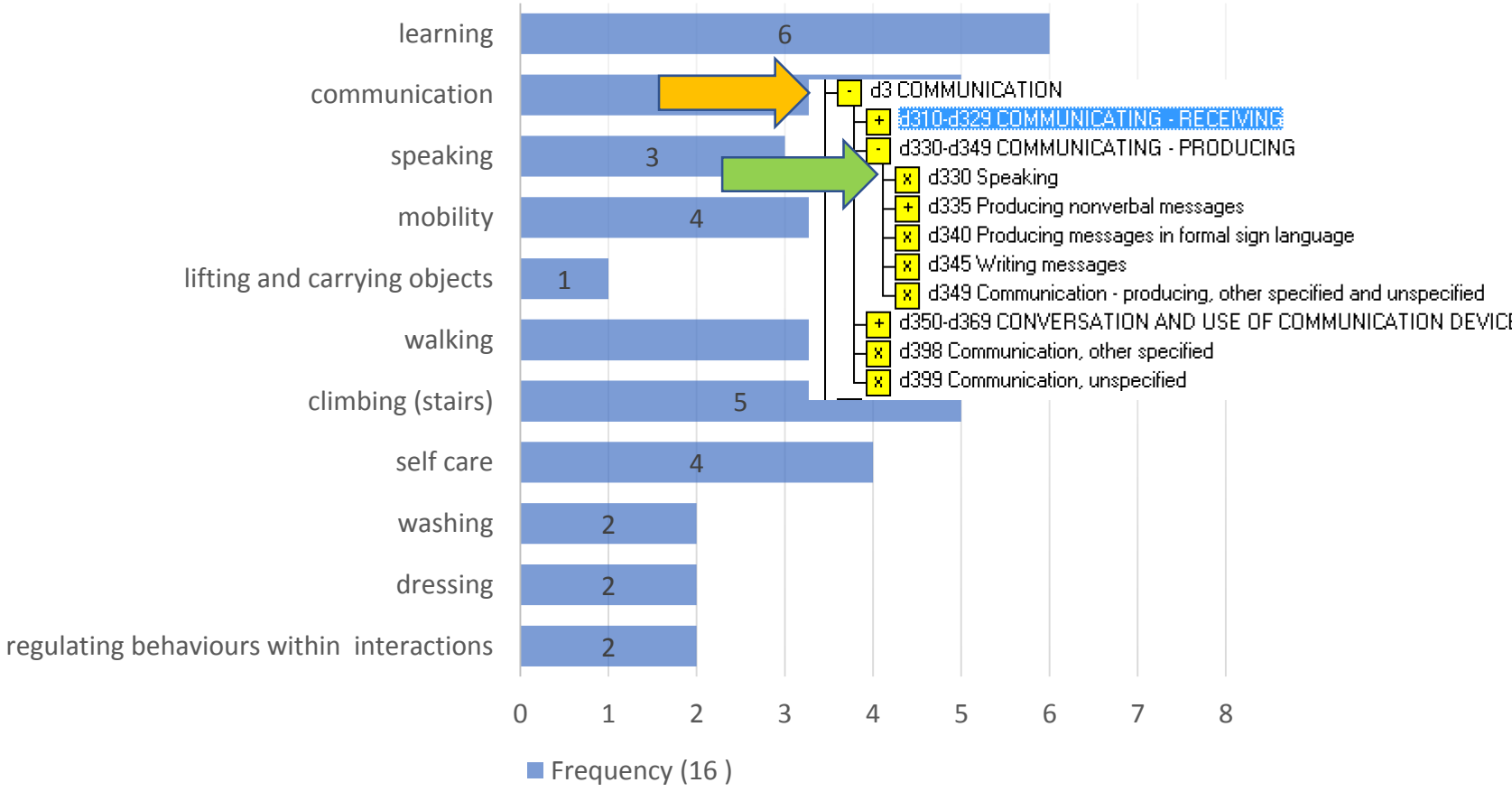
South East Asian Region – 16 Countries

Disability questions/items / Functions/Structures



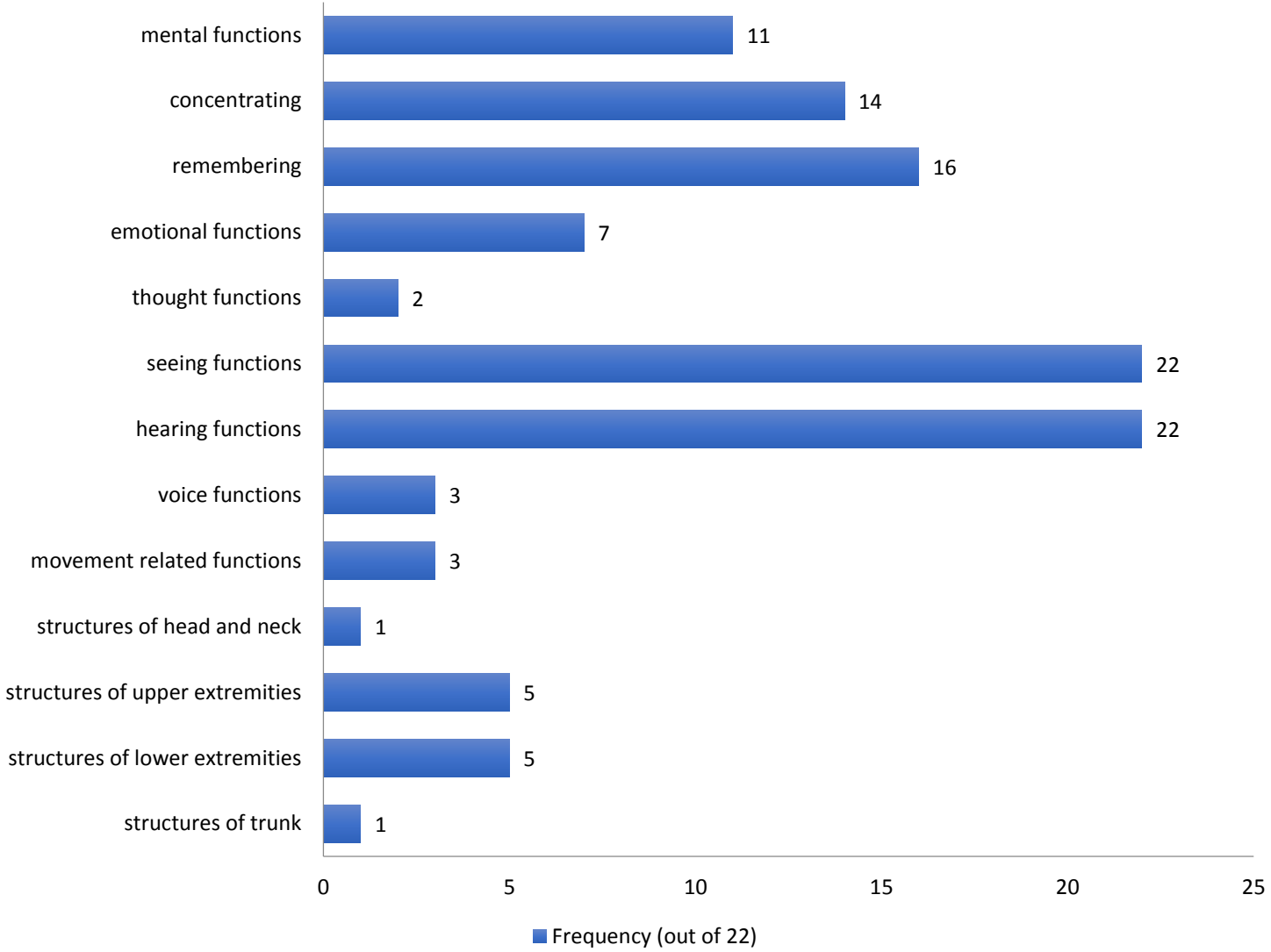
South East Asian Region – 16 Countries

Disability questions/items/Activity/Participation



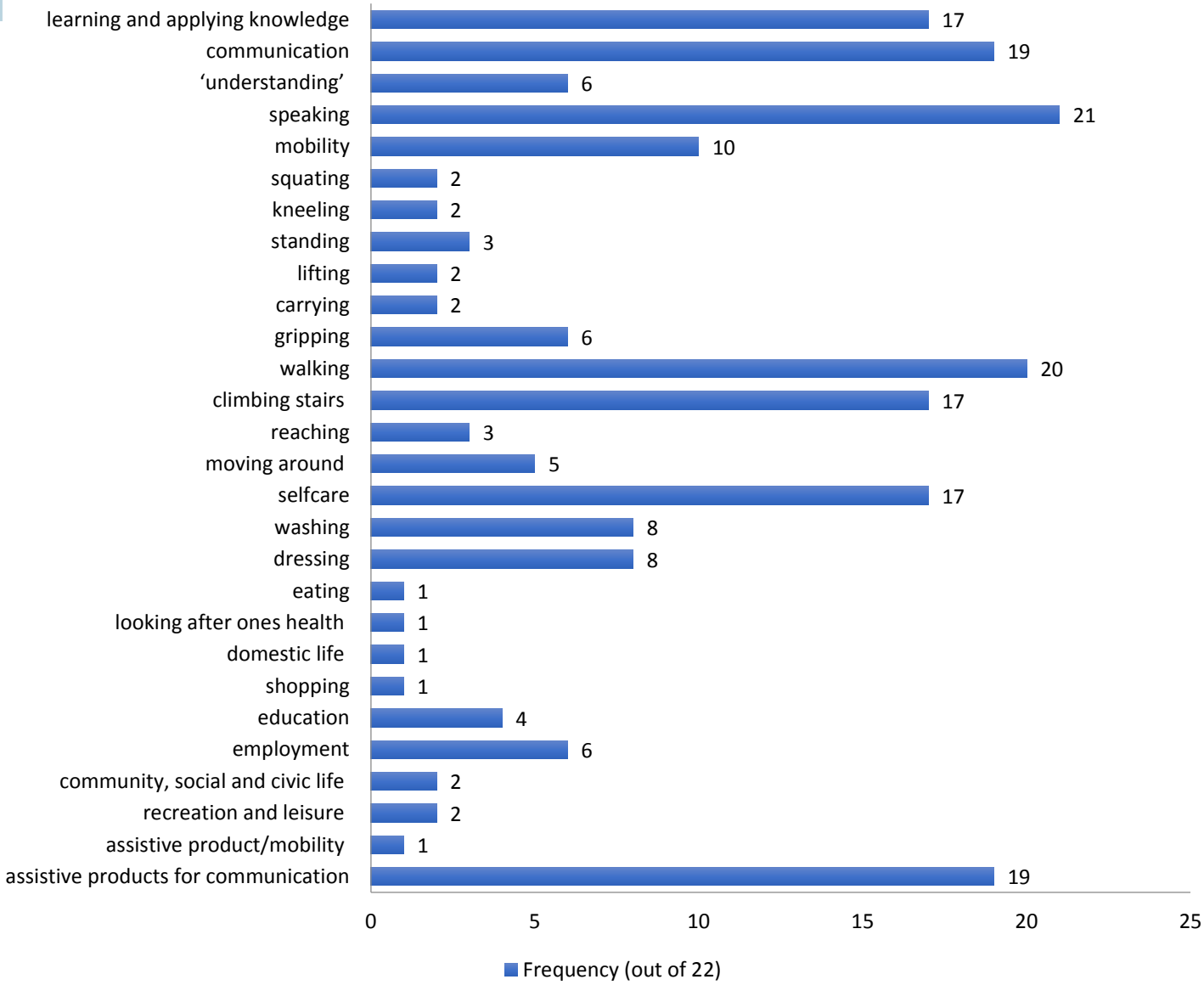
Caribbean Region – 22 Countries

Disability questions/items / Functions/Structures



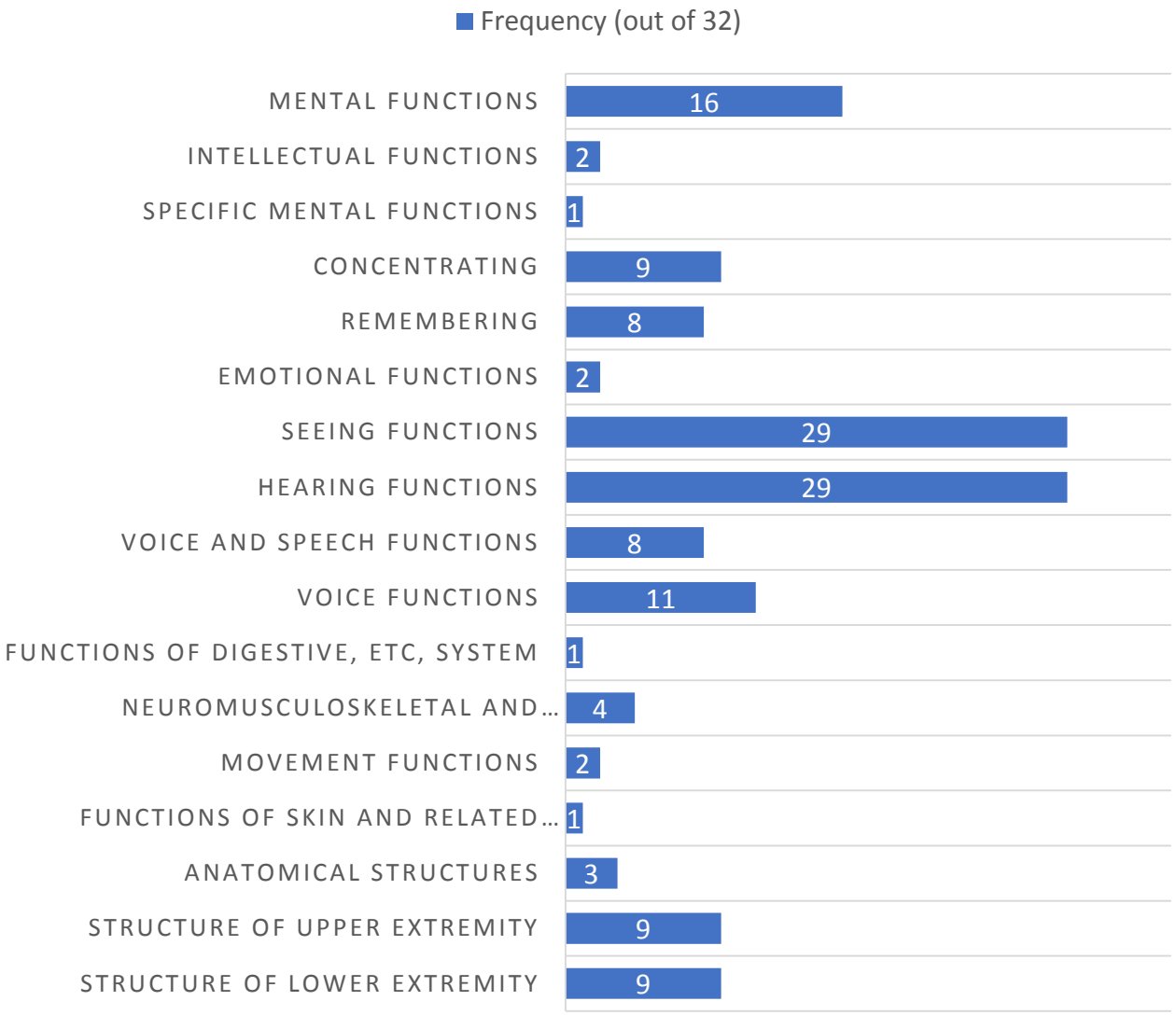
Caribbean Region – 22 Countries

Disability questions/items/Activity/Participation/Environmental Factors



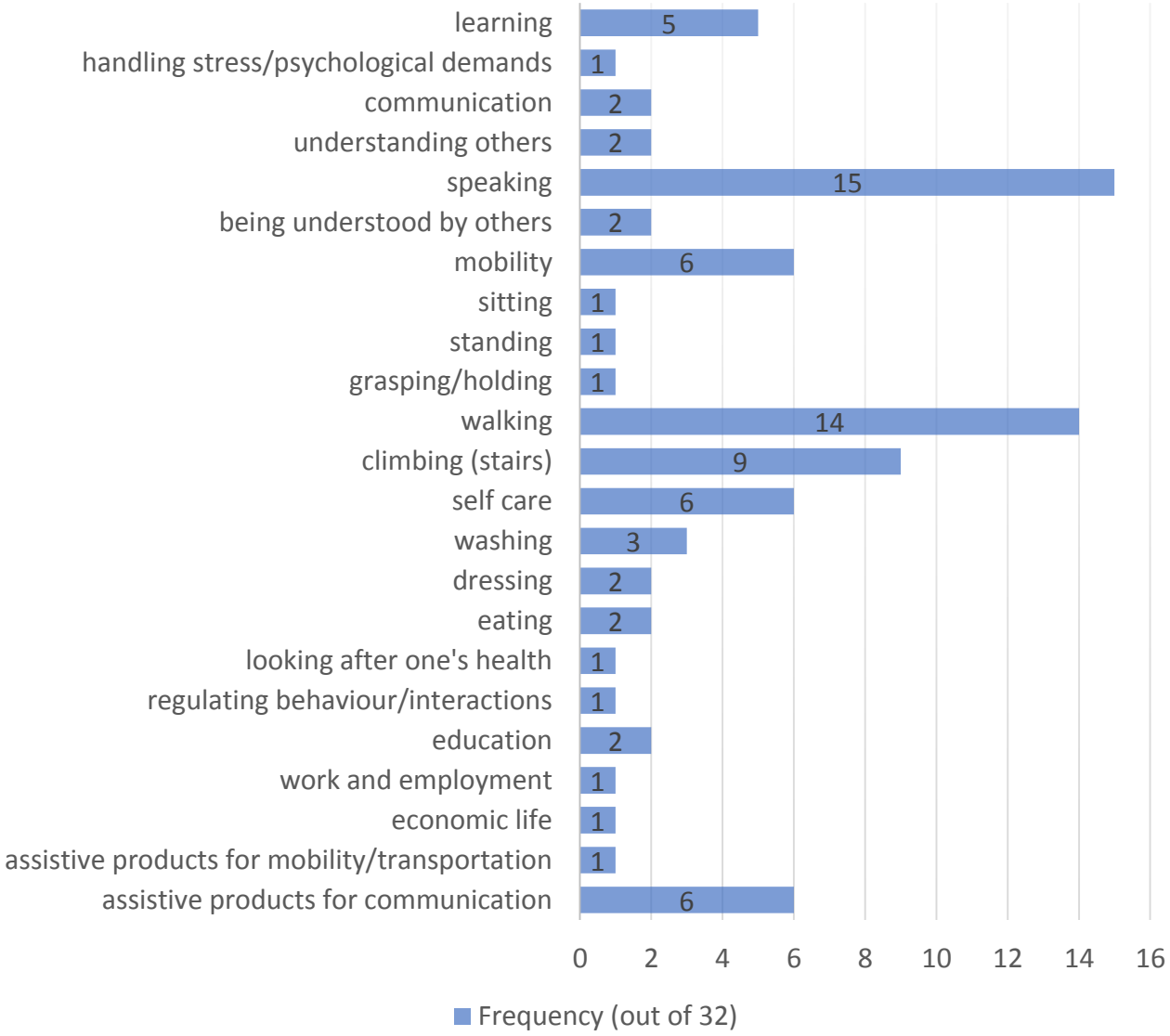
African – 32 Countries

Disability questions/items/Functions/Structures



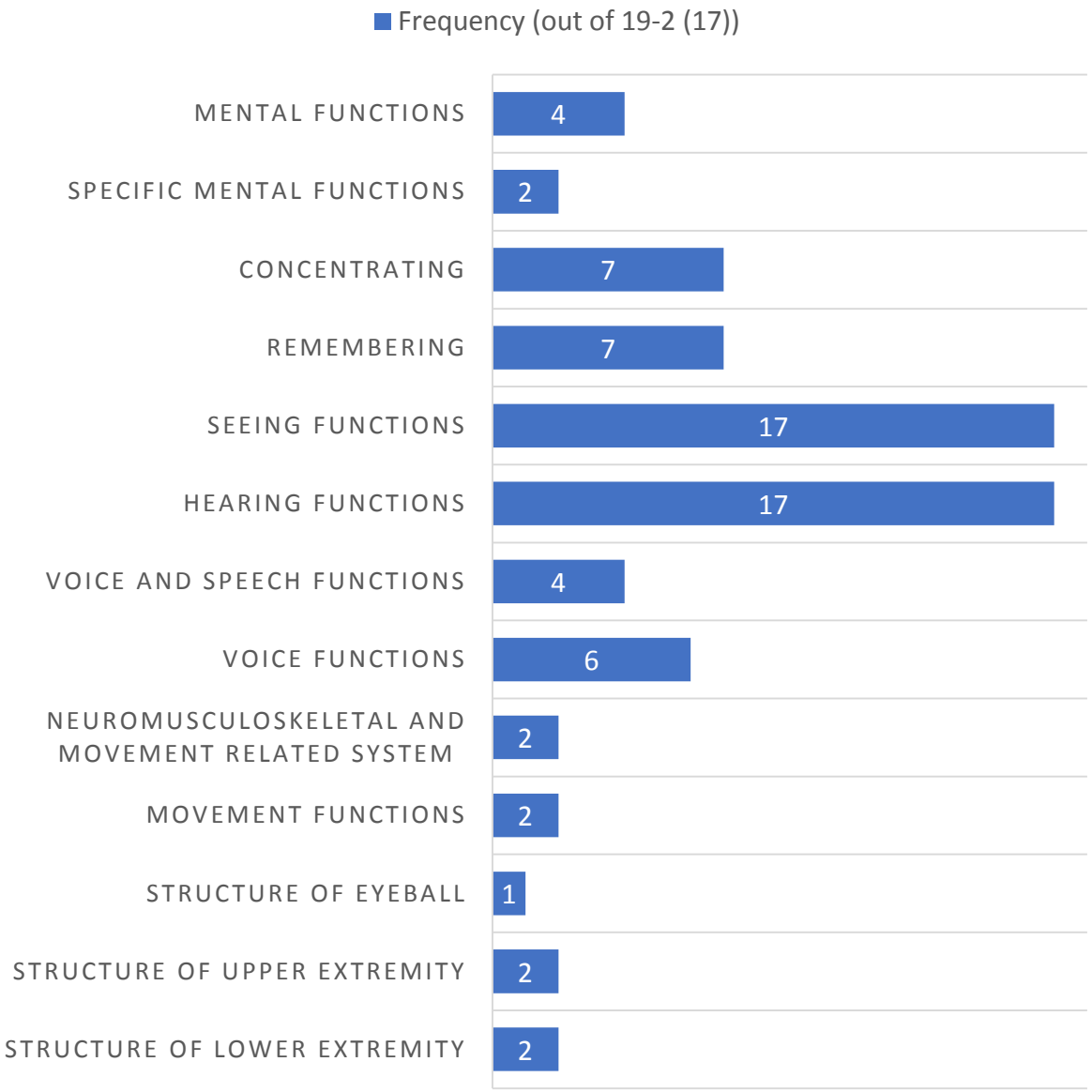
African - 32 Countries

Disability questions/items/Activity/Participation/Environmental Factors



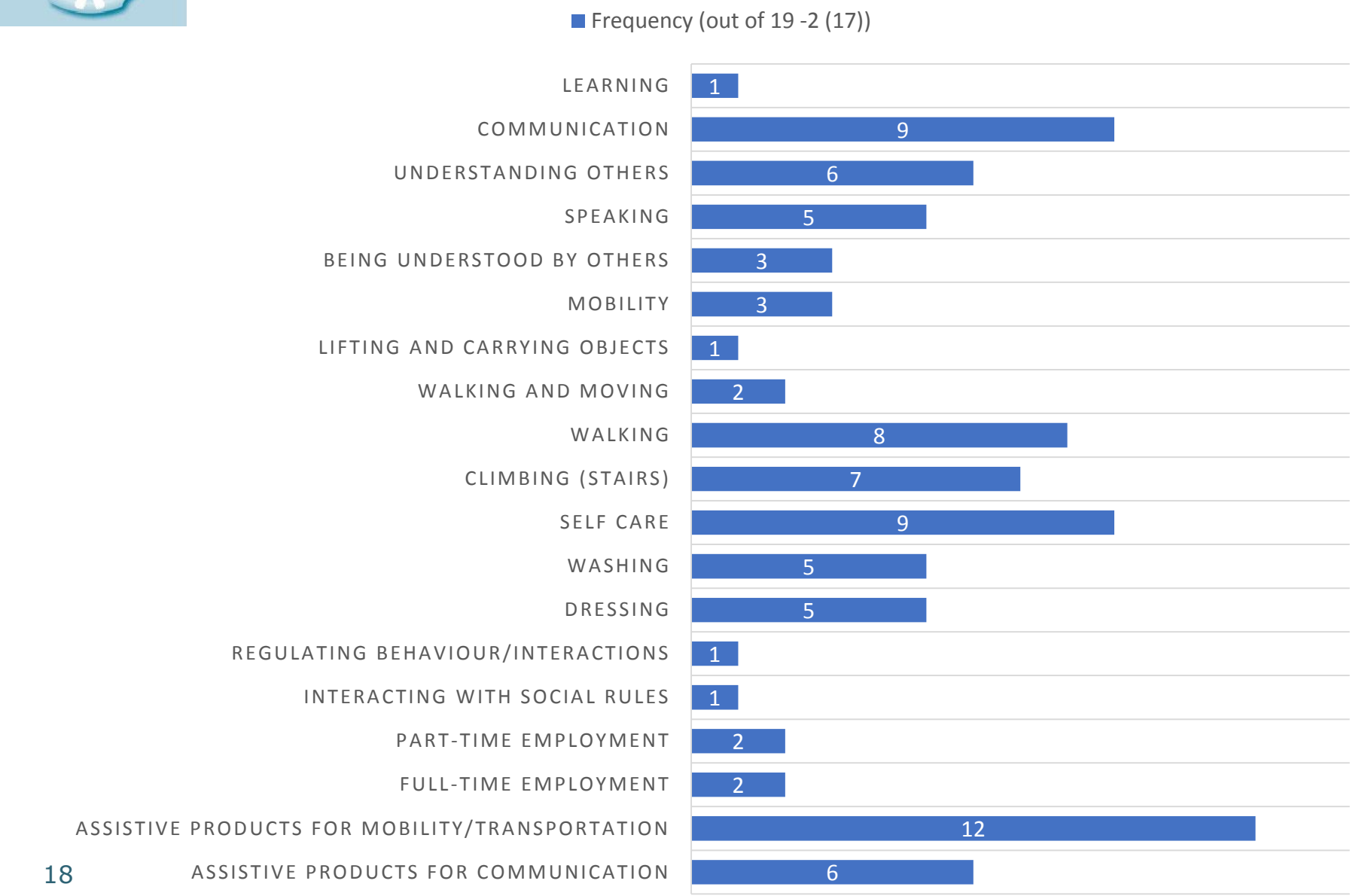
Arabic - 17 (19-2) Countries

Disability questions/items/Functions/Structures



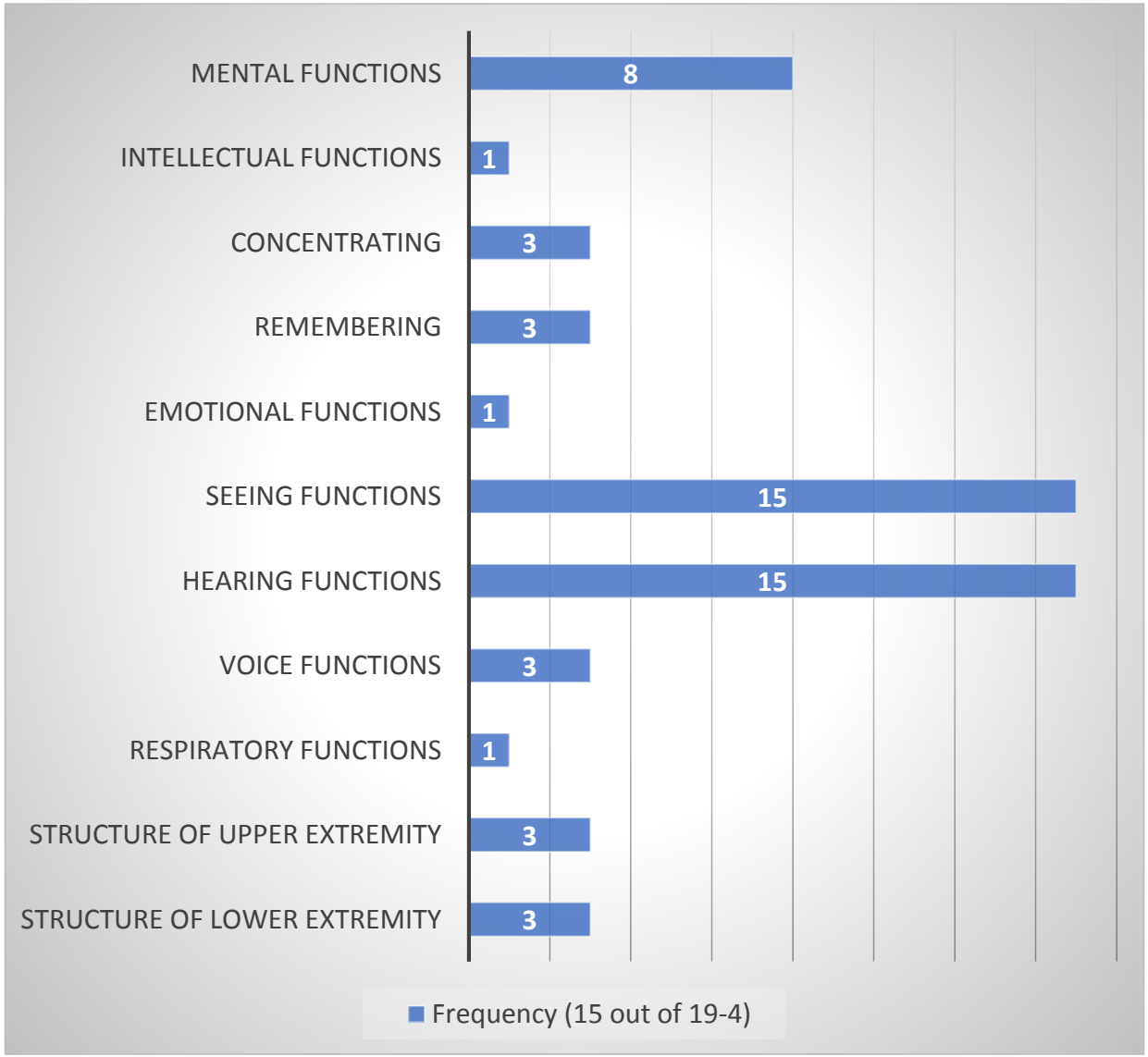
Arabic - 17 (19-2) Countries

Disability questions/items/Activity/Participation/Environmental Factors



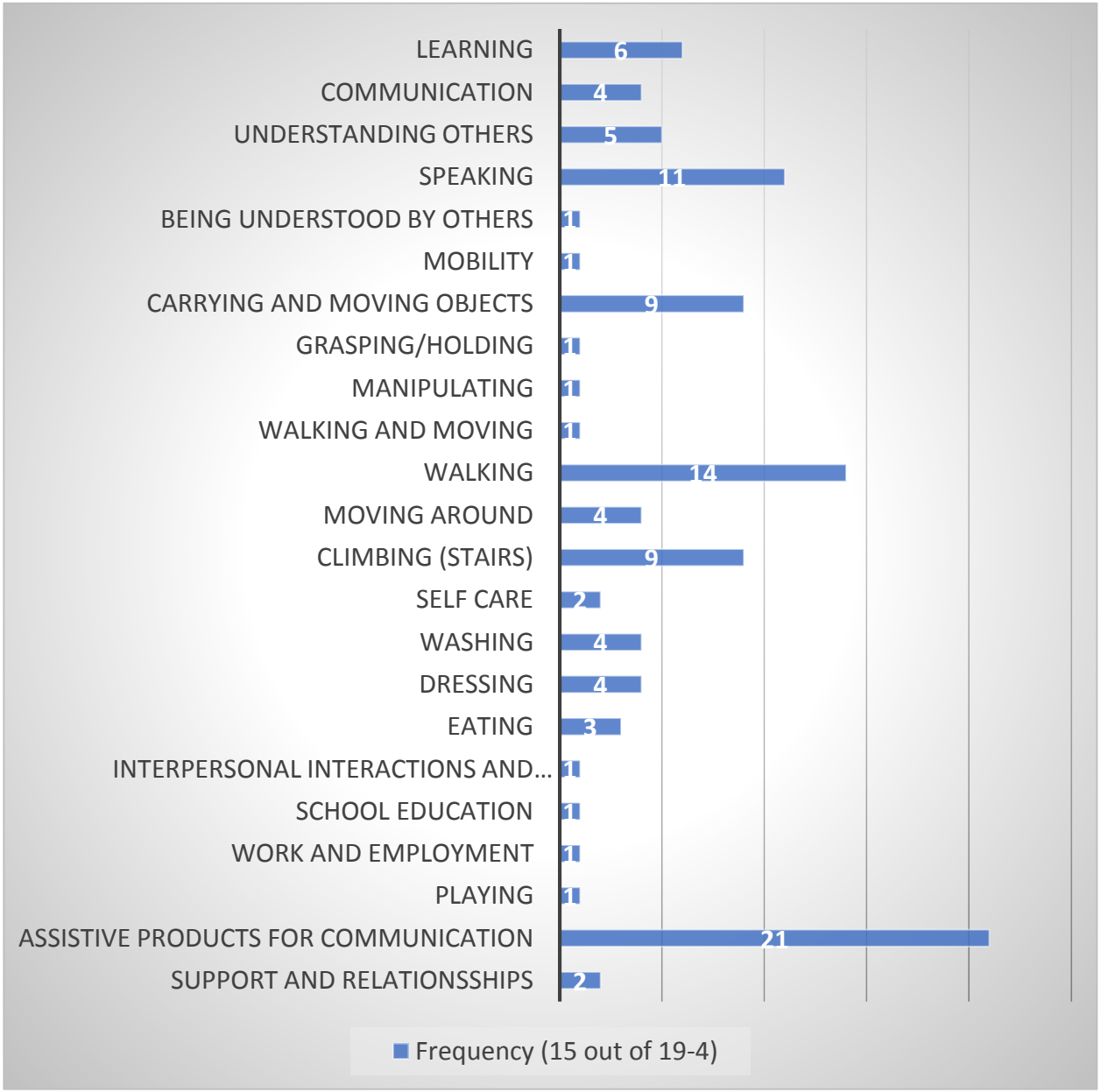
Latin Americas - 15 (19-4) Countries

Disability questions/items/Functions/Structures



Latin Americas 15 (19-4) Countries

Disability questions/items/Activity/Participation/Environmental Factors



International comparing

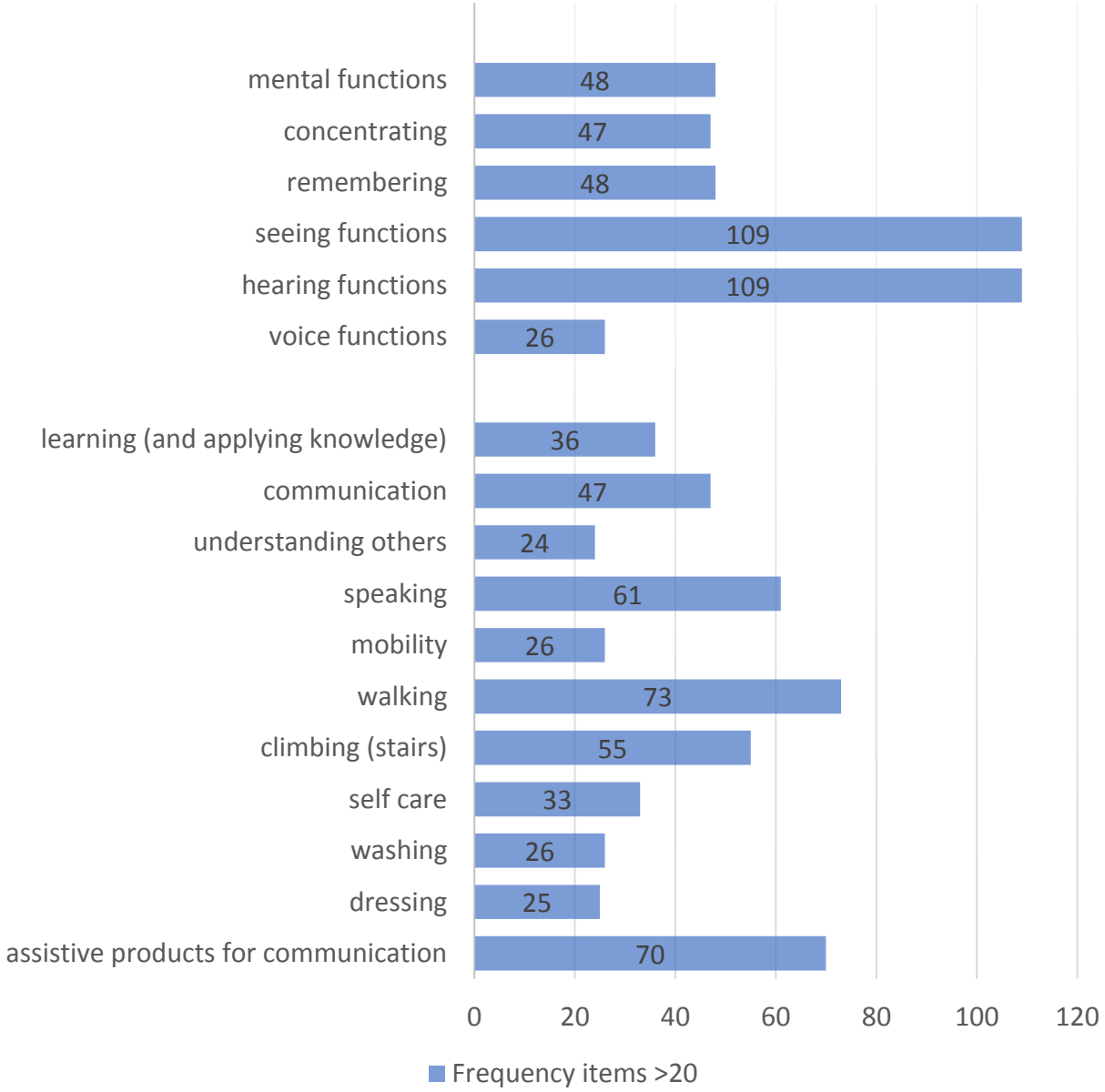
Comparing regions with the ICF

Grouped results from 6 regional meetings

Frequency > 20

All - 114 (131-17) Countries

Disability questions/items/Functions/Activities/Participation/Environmental Factors



Observations

Comparing items on disability mapped to the ICF:

Frequency > 20

- ***17 items are used most frequent***
- ***Items in questionnaires are named in many different ways***
- ***WG-SS split-items are recognisable***
- ***WG-SS questions are recognisable, but almost never as intended in SS***
- ***Some items not in the top 17 seem relevant to certain regions***

- different terminology: long term disability, major disability or impairment, longstanding illness or disability or infirmity that limits you, permanent disability, longstanding disability, disability status, impeddiments, etc
- different terms for the same referent: vision, seeing, eye-sight, blindness, sees, visual impaired, etc.

Observations

Items are not covering the ICF principle of the BPS approach: maybe not realistic

The Medical model is very dominant in the questionnaires, even though some countries aim at the BPS approach: functioning as the core of what disability is about

Possible solution is to strive for:

- **a basic set of items (not questions combining items) for international comparing, using the same terms/items, incl. items for children**
- **a basic set of items + local extensions for National use**
- **an extended set for international comparing for countries with specific goals: such as for commitment to the SDG'S**

WHO Collaborating Centre for the FIC in The Netherlands

One last observation

Tack
Vielen Dank
Obrigado
RAKHMET
Merci
ありがとうございます
Bedankt
Takk
感謝您
Terima Kasih
谢谢
Grazie
ขอบคุณ
Спасибо
Thank You
Kiitos
شكرا
Tak
Teşekkür Ederiz
감사합니다
Gracias
Σας ευχαριστούμε
Dziękujemy