


# An Introduction to the International Classification of Functioning, Disability, and Health

Daniel Mont  
Disability and Development Team  
The World Bank

UN SPECA Regional Workshop on Disability Statistics  
Bishkek, Kyrgyzstan  
Dec 13-15 2006






Co-funded by the  
Erasmus+ Programme  
of the European Union


**Disclaimer**

"The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein."


# Presentation Overview

- ◆ Introduction to the International Classification of Functioning, Disability and Health (ICF)
  - ◆ How can the ICF inform disability measurement?
  - ◆ How does the purpose of data collection affect measurement methodology?
- 
- A decorative graphic at the bottom right of the slide, consisting of a stylized mountain range silhouette in various shades of teal and blue.


# What is the ICF?

- ◆ A framework for describing the facets of human functioning that may be affected by a health condition
  - ◆ A classification system – not a measurement tool
- 
- A decorative graphic at the bottom of the slide consisting of a silhouette of a mountain range in various shades of teal, extending from the bottom right towards the center.


# Where did the ICF come from?

- ◆ Developed by the World Health Organization (WHO)
  - ◆ Large international and multidisciplinary participation
  - ◆ Extensive field testing
- 
- A decorative graphic at the bottom right of the slide, consisting of a stylized mountain range silhouette in various shades of teal and blue.


# The Aims of the ICF

- ◆ To provide a ***scientific basis*** for the consequences of health conditions
  - ◆ To establish a ***common language*** to improve communications
  - ◆ To permit ***comparisons*** of data across:
    - Countries
    - Health care disciplines
    - Services
    - Time
  - ◆ To provide a ***systematic coding scheme*** for health information systems
- 

# Human Functioning

- ◆ ICF does not measure **disability**
    - It describes people's functional abilities in various domains
  - ◆ Health conditions that affect functional status are not part of classification system
  - ◆ Disability is not an "all or nothing" concept
    - There is a wide range of functional limitations
- 

# ICF Domains

- ◆ Body Function and Structures
  - ◆ Activities
  - ◆ Participation
- 
- A stylized silhouette of a mountain range in shades of teal, located in the bottom right corner of the slide.



# Body Function and Structures

- ◆ Physiological and psychological function of body systems
- ◆ Very specific recording of detailed functional abilities and impairments
- ◆ Not linked to cause. For example, *fluency and rhythm of speech functions* – could be from stuttering, stroke, or autism


# Body Functions and Structures Broken into Eight Chapters

<b>Mental functions</b>	<b>Structures of the nervous system</b>
<b>Sensory functions and pain</b>	<b>The eye, ear and related structures</b>
<b>Voice and speech functions</b>	<b>Structures involved in voice and speech</b>
<b>Functions of the cardiovascular, haematological, immunological and respiratory systems</b>	<b>Structures of the cardiovascular, immunological and respiratory systems</b>
<b>Functions of the digestive, metabolic and endocrine systems</b>	<b>Structures related to the digestive, metabolic and endocrine systems</b>
<b>Genitourinary and reproductive functions</b>	<b>Structures related to the genitourinary and reproductive systems</b>
<b>Neuromusculoskeletal and movement-related functions</b>	<b>Structures related to movement</b>
<b>Functions of the skin and related structures</b>	<b>Skin and related structures</b>

# Activities and Participation

- ◆ Describes **individual's** functioning as a whole person, as opposed to function and structure of his/her body parts
- ◆ Range from Basic to Complex
  - basic would be, for example, dressing, eating, and bathing
  - complex include work, schooling, civic activities

# Activities and Participation (cont.)


- ◆ UN Washington Group approach
    - Activities – tasks an individual can do that require multiple body functions
    - Participation – higher order activities that involve integration in the community
  - ◆ WHO approach
    - Activities – what people can do inherently without assistance or barriers
    - Participation – functioning taking into account the impact of barriers and facilitators in the environment
- 

# Activities and Participation (cont.)

- ◆ What is most important is that there are a range of activities going from basic to complex that describe a person's ability to live independently and be integrated into their communities



# Classification of Activities and Participation

- 1 Learning & Applying Knowledge
  - 2 General Tasks and Demands
  - 3 Communication
  - 4 Movement
  - 5 Self Care
  - 6 Domestic Life Areas
  - 7 Interpersonal Interactions
  - 8 Major Life Areas
  - 9 Community, Social & Civic Life
- 
- A decorative graphic at the bottom right of the slide, consisting of a stylized mountain range in various shades of teal and blue.

# Universal Model vs. Minority Model

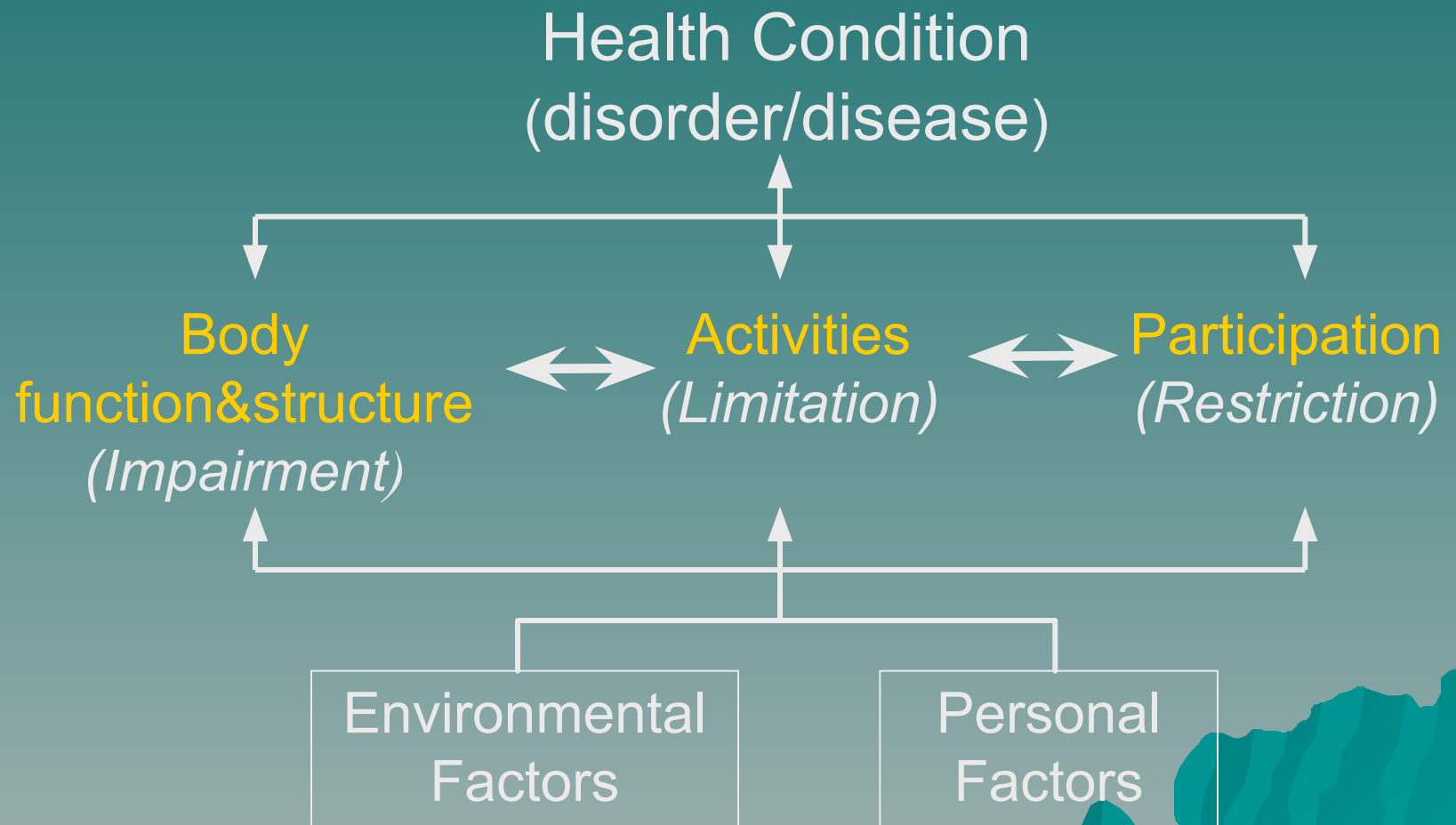
- ◆ **Universal Model** -- everyone has a range of functional abilities
  - A continuum of functioning
  - Multidimensional
  - Even those without what is commonly perceived as “a disability” have functional needs
- ◆ A **Minority Model** is categorical and uni-dimensional. People are classified based on certain impairment groups without reference to their functioning at the activity and participation levels

# Medical versus Social Model

- ◆ PERSONAL vs. SOCIAL
  - ◆ Medical care vs. social integration
  - ◆ Individual treatment vs. social action
  - ◆ Professional help vs. individual and collective responsibility
  - ◆ Personal adjustment vs. environmental adjustment
  - ◆ Behavior vs. attitude
  - ◆ Care vs. human rights
  - ◆ Individual adaptation vs. social change
- 



# Interaction of Concepts




# Example: Polio

- ◆ May have caused paralysis of legs (Body Function)
- ◆ Affects ability to walk or climb stairs (Activity)
- ◆ Impedes ability to attend school or find employment within the current environment (Participation)

BUT....



# Example, continued

- ◆ Mobility related activities, such as getting around the house or community can be improved with accessible environment and assistive devices
  - ◆ Participation can be increased with reduced stigma, accessible environments and flexible job design
  - ◆ **Disability** is NOT independent of the environment, and therefore is not static
- 
- A decorative graphic at the bottom right of the slide, consisting of a stylized mountain range in various shades of teal and blue.

# Later Presentations

- ◆ How to use the ICF to guide in question and indicator development
    - What are different purposes for measuring disability?
    - How do these purposes align with the ICF model?
    - Under what circumstances does it make sense to focus on Body Function, Activities, or Participation?
    - How do you go about deciding who is “disabled”?
- 