



Disability/functioning balance and levels of disability: some evidences of a continuum.

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Abstract The conceptualization of "severe disability" for eligibility or statistical purposes was re-formulated taking into account ICF semantics and syntax. ICF data were collected, analysed and presented using the method and tools defined by the Italian WHO-FIC CC. Results are shown on 490 outpatients assessed in the Friuli Venezia Giulia region in order to describe the prevalence of persons with disabilities according the ICF definitions of functioning and disability.

Introduction

Understanding the prevalence of disability is important for public health programs to be able to address the needs of persons with disabilities. Nevertheless the majority of data available are about the "classical" problems in mobility, seeing, and self-care. The ICF is able to support the collection of a new generation of data.

Methods and Materials

The ICF definition of "disability" as the negative aspects of the interaction between an individual with a health condition and his/her contextual factors was operationalized and different algorithms were defined for distinguishing positive and negative aspects in a single functioning profile. The performance qualifier value .1 was used as cutoff. The presence of EFs was also considered to distinguish "environment-free" interactions from "environment-related" interactions (Figure 1). Each profile was visualized using four different colors: yellow and red mean disability (environment-free and environment-related) and light and dark green mean functioning (environment-free and environment-related). The data show Cumulative Functioning Ratio (CFR) distributions in shades of red and green according to the VilmaFABER EcoLabel (Fig. 2).

Results

Data on 490 outpatients recruited in the Friuli Venezia Giulia Region are shown according to four different aspects in functioning profiles. Five different levels of functioning/disability balance were created, taking into account the Cumulative Functioning Ratio (CFR). The outpatients were grouped by age and health service in order to show the differences across settings. Nearly 11.6% of the overall sample showed more "disability" than "functioning" in the functioning profile (N. = 57). Nearly 7.5% of the overall sample (N. = 37) showed only "functioning" (Fig. 3, 4). Outpatients cared by community mental-health services showed the highest CFR values (74 cases, 55%).

Conclusions

It was possible to show how the balance between functioning and disability was distributed in a continuum in a single profile and in a cohort. The common thinking of the correspondence between a spectrum of diseases (i.e. severe mental disorders) and disability seems to be invalidated. The severe disability as measured by CFR <0.55 represented a very small minority in the evaluated cohort. It will be necessary to collect data on a larger sample to confirm these results. The design of a world disability survey could be supported by our understanding on how to collect and analyze ICF coded data. The burden of disability could be recalculated.

Figure 3 Distribution of 490 outpatients by age, health service and CFR value.

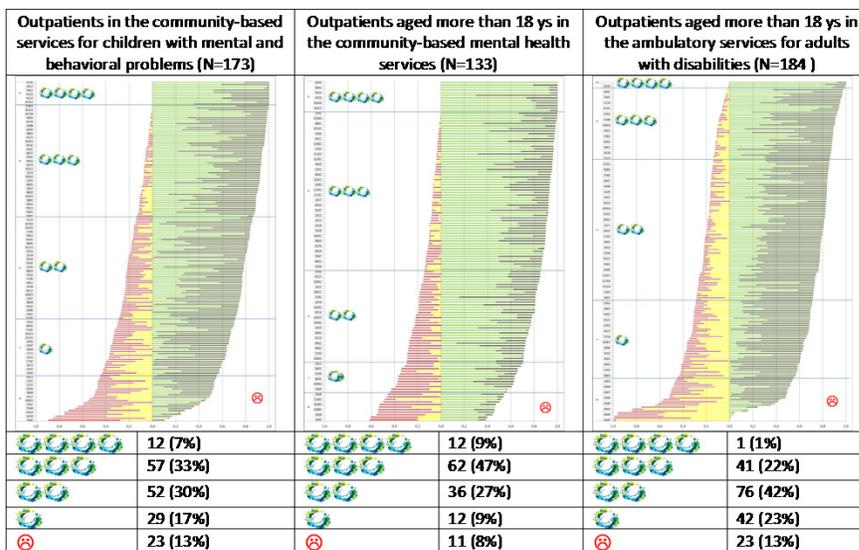


Figure 4 Distribution of 57 outpatients by age, health service and CFR value < 0.55

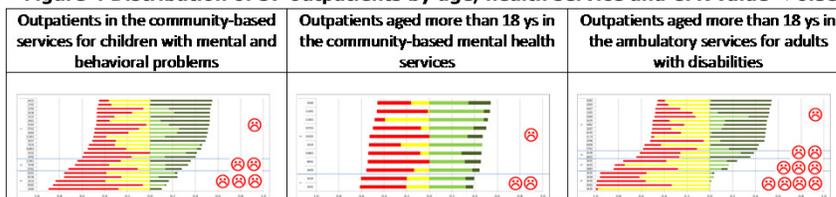


Figure 1 Disability and Functioning operationalization

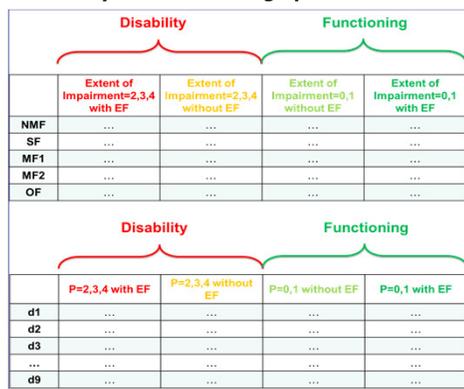


Figure 2 - The VilmaFABER EcoLabel

Number of "world spheres"	CFR values	Number of red emotions	CFR values
5 (all green)	CFR = 1	0	0.55 < CFR < 0.80
4 (3 green, 1 red)	1 < CFR < 0.86	1	0.48 < CFR < 0.25
3 (2 green, 1 red)	0.86 < CFR < 0.71	2	0.25 < CFR < 0.18
2 (1 green, 1 red)	0.71 < CFR < 0.55	3	0.18 < CFR < 0.08

Acknowledgements

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References

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