



Increasing accessibility of ICF for Flemish users

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Abstract To increase the accessibility of the ICF for a broader audience within the Dutch language area, the Dutch WHO-FIC Collaborating Centre invited members from the Flemish ICF-Platform to contribute specific Flemish content to the ICF. Members from the Flemish ICF-Platform undertook action from the end of 2017 up to April 2018. This poster reports on the results and method used.

Introduction

In the Flemish part of Belgium there is an increasing use of ICF within a high range of National institutes, local institutes, and a large variety of clinical practice areas and disciplines, such as in education, rehabilitation, work, research, policy, etc.

To support the implementation of ICF, parties in Flanders have organised themselves within the Flemish ICF-Platform in collaboration with the Dutch WHO-FIC Collaborating Centre.

In every situation the Dutch language version of the ICF is used, and although in general the Dutch language is similar to Flemish, in a number of cases, specific words lead to confusion or misunderstanding.

E.g. in the Dutch language the word 'college' in d830, is used in a different meaning than in the Flemish context, for 'verbalising' in d1401, the translation into Dutch is almost the same in Dutch as in English, but in Flemish has a completely different meaning, so a synonym is required here. Most interesting and confusing is the word for walking, which in Dutch and Flemish are to be translated differently, because the Dutch word for walking, in Flemish means 'running'.

As a result of this, two of the members from the Platform expressed the wish to start an action on adding Flemish words to the Dutch version of ICF to increase the accessibility of the ICF for Flemish users. After a consultation with the Dutch WHO-FIC CC, the Dutch Centre agreed the action on the wordings to be undertaken.

Methods & Materials

The action started with informing the members from the ICF-Platform about the intention to increase the usability of the ICF for Flemish users. After full support was received from the Platform a panel of 12 ICF-experts was formed with different backgrounds and from a range of health care disciplines,

Methods & Materials cont.

ranging from Nursing, Occupational Therapy, Physiotherapy, Psychology, to General Practitioner.

The members of the expert-panel received the following assignment:

- read carefully a chapter from the Activity and Participation domains from ICF, and
- assess intuitively each separate item, from the Flemish perspective,
 - *if the item can stay the same*, no action needs to be taken
 - *if the item is doubtful*, make suggestions for rewording
- put suggestions in the provided xls format, and give arguments why changes are required
- mark if a suggestion for change is:
 - Essential
 - Useful
 - Not essential

Codes for possible further discussion

Chapter 1: d110, d130, d1370, d1400, d1502, d1551, d1720, d177
Chapter 2: d2301, d2302, d2303, d2400, d250
Chapter 3: no suggestions
Chapter 4: d4106, d455, d4552, d460, d4600, d4601, d4602, d465
Chapter 5: d510, d520, d2501, d530, d5300-d5302, d540, d5402, d5403, d560, d5701
Chapter 6: d1602, d640, d6501
Chapter 7: no suggestions
Chapter 8: d810
Chapter 9: d910, d9102, d9201, d9204, d930, d940, d950

After receiving all contributions from the expert-panel, a consensus meeting was held in which the results from the separate scores were presented and discussed based on a calculation of the Content Validity Ratio (CVR) for the scores as mentioned above.

Consensus was reached in case the CVR for an item was 75%, being scored as **essential**.

If the CVR was 75%, when combining the **essential** and **useful** scores, it was considered as **'interesting'** but not as essential to change.

The results from the consensus meeting were processed in two different tables; one for all items discussed, and one for the essential items only.

Results

Overall: from the 9 Domains of Activity and Participation, the panel selected 63 items within codes which are regarded somehow different in Dutch and Flemish, and needed to be discussed. Based on the CVR 16 items were regarded **'essential'** to be included for the Flemish users of ICF, in order to increase disambiguity.

Concerning the 'essential' items

From the start of the action, the intention has been, not to change the Dutch translation as such, but to add synonyms to classes with ambiguous words for the Flemish users.

However, at some classes it proved that leaving out a word, such as 'college' (d830), would not change the concept in the Dutch language, but would improve the concept in Flemish, also some words could be regarded as being more precise, others words are synonyms by definition, and some words may be a little old-fashioned, thus improving the understanding for the Dutch users as well.

Most of the **essential** items have been added to the Dutch version of ICF as 'synonymVL', on the level of the classes **and** in the alphabetical index. The changes have also been processed for the on-line browser version of ICF on the DUTCH CC website.

Conclusions

It proved to be useful to work on the ICF from another 'Dutch-speaking' country's perspective, not only for the purpose of increasing the accessibility for Flemish users, but also to become aware that this can improve the 'Dutch language' in the ICF as such. We aim to continue the co-operation between the Flemish ICF-Platform and the Dutch WHO-FIC Collaborating Centre.

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