DEPARTMENT OF EDUCATION

National Institute on Disability and Rehabilitation Research; Final Funding Priorities for Fiscal Year 1996–1997

AGENCY: Department of Education.

ACTION: Notice of Final Funding Priorities for Fiscal Years 1996–1997 for a Research and Demonstration Project, Rehabilitation Research and Training Centers, and a Rehabilitation Engineering Research Center.

SUMMARY: The Secretary announces final funding priorities for the Research and Demonstration Project (R&D) Program, Rehabilitation Research and Training Center (RRTC) Program, and Rehabilitation Engineering Research Center (RERC) Program under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1996–1997. The Secretary takes this action to focus research attention on areas of national need. These priorities are intended to improve rehabilitation services and outcomes for individuals with disabilities.

EFFECTIVE DATE: These priorities take effect on July 5, 1996.

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SUPPLEMENTARY INFORMATION: This notice contains final priorities to establish: one R&D project for research on emerging disability populations, two RRTCs for research related to vocational rehabilitation services to individuals who are blind or visually impaired and vocational rehabilitation services to individuals who are deaf or hard of hearing; and one RERC for research on technology for older persons with disabilities.

NIDRR is in the process of developing a revised long-range plan. The final priorities in this notice are consistent with the long-range planning process. These final priorities support the National Education Goal that calls for all Americans to possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

Note: This notice of final priorities does *not* solicit applications. A notice inviting applications under these competitions is published in a separate notice in this issue of the Federal Register.

On March 25, 1996, the Secretary published three separate notices of proposed priorities in the Federal Register (61 FR 12062–12068). The Department of Education received 13 letters commenting on the three notices of proposed priorities by the deadline date. Three additional comments were received after the deadline date and were not considered in this response. Technical and other minor changes—and suggested changes the Secretary is not legally authorized to make under statutory authority—are not addressed.

Analysis of Comments and Changes—Research and Demonstration Projects Program

This section contains an analysis of the comments and the changes in the priorities since the publication of the notice of proposed priorities.

Priority: Emerging Disability Populations

Comment: One commenter recommended that individuals with tuberculosis be included among the emerging disability populations. Discussion: The Secretary believes that an applicant could propose to include individuals with tuberculosis as part of the universe of individuals who will be addressed by the project. However, the Secretary believes that applicants should have the discretion to define and characterize the emerging universe of disability.

Changes: None.

Analysis of Comments and Changes—Rehabilitation Research and Training Centers (RRTCs)

This section contains an analysis of the comments and the changes in the priorities since the publication of the notice of proposed priorities.

Priority 1: Vocational Rehabilitation Services for Individuals Who are Blind or Visually Impaired

Comment: One commenter recommended requiring the RRTC to conduct ''a survey and analysis of the long-term efficacy, and employment results, of education for print-disabled students which includes reliance on taped texts.''

Discussion: The Secretary believes that studying the effectiveness and impact of the education provided to print-disabled students is outside the scope of the priority.

Changes: None.

Comment: One commenter recommended requiring the RRTC to address barriers in transportation and information management.

Discussion: The Secretary agrees that barriers in transportation and information management can have a significant impact on the employment status of individuals with disabilities. The Secretary believes that an applicant could propose to study the effect of vocational rehabilitation services on those barriers. However, the Secretary prefers to provide applicants with the discretion to propose specific topics for investigation.

Changes: None.

Comment: One commenter recommended that the RRTC on individuals who are blind or visually impaired address computer-related technological advancements and issues of accessibility to the information superhighway and develop methods of improving access to these vital areas.

Discussion: The Secretary points out that a NIDRR grantee, the Trace Center at the University of Wisconsin, currently addresses a wide range of computer and information systems issues related to persons with disabilities. The Secretary does not believe that research on computer-related technological advancements and issues of accessibility to the information superhighway is within the scope of this priority. However, the Secretary does believe that an applicant for this RRTC could propose to train or provide technical assistance to rehabilitation professionals on pertinent issues related to computer-related technological advancements and the information superhighway.

Changes: None.

Other Changes

Discussion: The Secretary believes that training State vocational rehabilitation staff on state-of-the-art computer technology for individuals who are blind or visually impaired is an important function for the RRTC to perform.

Changes: The priority has been revised to require the RRTC to conduct at least three conferences to train State vocational rehabilitation staff on state-of-the-art computer technology for individuals who are blind or visually impaired.

Priority 2: Vocational Rehabilitation Services for Individuals Who are Deaf or Hard of Hearing

Comment: One commenter recommended identifying new accommodation strategies that utilize advanced technology.

Discussion: The Secretary agrees that new accommodation strategies that utilize advanced technology are needed. The Secretary points out that the RRTC

is required to identify or develop vocational rehabilitation techniques or reasonable accommodations that address barriers to entering or maintaining employment, including those using emerging assistive technology such as assistive listening devices, telecommunications equipment, and remote access technology. The Secretary does not believe any further requirements are necessary in order to address the commenter's recommendation.

Changes: None.

Comment: The same commenter recommended that the RRTC study States' policies on the provision of accommodations for communication, such as assistive listening devices and realtime captioning in addition to sign language interpreting services.

Discussion: The Secretary believes that an applicant could propose to investigate how States' policies on the provision of communication accommodations affect the vocational rehabilitation services provided to persons who are deaf or hard of hearing. However, the Secretary prefers to provide applicants with the discretion to propose specific topics for investigation.

Changes: None.

Comment: The same commenter recommended requiring the RRTC to train consumers and employers on accommodations in addition to rehabilitation professionals. The commenter also recommended expanding the target audience of the national information and resource referral data base to consumers and employers. A second commenter stressed the need for the development and dissemination of consumer-oriented materials and recommended the development of print and media materials that can be used by consumers, as well as employers and rehabilitation professionals.

Discussion: The Secretary believes that the RRTC should develop and disseminate materials that can be used by consumers. The Secretary agrees that requiring the RRTC to train consumers and employers on accommodations would be worthwhile as long as it did not diminish the training that the RRTC provides to rehabilitation professionals. Similarly, the Secretary agrees consumers and employers could benefit from access to the national information and resource referral data base.

Changes: The priority has been revised to include, as appropriate, consumers and employers in the training provided to rehabilitation professionals on accommodations. In addition, the priority has been revised to require the RRTC to develop and disseminate consumer-oriented materials, and include consumers and employers as part of the target audience for the national information and resource referral data base.

Comment: Three commenters addressed the inclusion of low-functioning individuals who are deaf in the priority. The commenters questioned the ability of the RRTC to address the wide range of needs evidenced by persons who are deaf, late-deafened, hard of hearing, or low-functioning deaf.

Discussion: The Secretary recognizes that the persons who are deaf, late-deafened, hard of hearing, or low-functioning deaf have a wide range of vocational rehabilitation needs. The Secretary expects the RRTC to include staff with expertise in all of these areas. The Secretary believes one Center, using a holistic approach, is best suited to address the unique and common needs of persons who are deaf or hard of hearing.

Changes: None.

Comment: Two commenters expressed a concern that the priority simply repeated the current priority and would not advance the field. The commenters indicated that a sufficient body of knowledge existed on the employment status of individuals who were deaf or hard of hearing. The commenters recommended that the RRTC build on the work that has been completed by the current RRTC in this area and focus on the development and verification of intervention strategies.

Discussion: The Secretary agrees that the RRTC should utilize existing information and build upon the work of the current RRTC in this area. If valid and reliable information exists regarding the employment status on individuals who are deaf or hard of hearing, the Secretary expects the RRTC to update this information as necessary. In addition, the Secretary believes that the priority requires the RRTC to develop a level of detail that does not currently exist regarding the employment status of persons who are deaf or hard of hearing. The Secretary believes that applicants should have the discretion to propose how they will fulfill the purposes of the RRTC.

Regarding the intervention strategies, the Secretary agrees that the RRTC should develop and verify intervention strategies. The Secretary points out that the second purpose of the RRTC is, in part, to develop vocational rehabilitation techniques or reasonable accommodations that address barriers to employment. The Secretary does not believe any further requirements are necessary in order to accomplish the commenters' recommendation.

Changes: None.

Comment: One commenter recommended that the RRTC address literacy skills development.

Discussion: The Secretary agrees that literacy skills development is a critical programming area that should be emphasized in the priority.

Changes: The priority has been revised to require the RRTC to identify or develop vocational rehabilitation techniques or reasonable accommodations that address literacy skills development.

Comment: The same commenter indicated that the third and fourth purposes of the priority should not be presented as separate activities, but should apply to all of the purposes in the priority.

Discussion: The Secretary believes that the training and data base development purposes of the priority are discrete activities that do not apply to all of the purposes of the priority.

Changes: None.

Comment: The same commenter recommended emphasizing the inclusion of low-functioning deaf individuals in the requirement to solicit and utilize input from individuals who are deaf or hard of hearing in the planning, development, and implementation of the grant.

Discussion: The Secretary agrees that the priority should be revised to ensure that the RRTC solicits and utilizes input from low-functioning deaf individuals.

Changes: The priority has been revised to emphasize the inclusion of low-functioning deaf individuals in the planning, development, and implementation of the grant.

Comment: One commenter recommended broadening the coordination requirement to include grantees from RSA and the Office of Special Education Programs (OSEP), such as the Regional Centers on Postsecondary Education.

Discussion: The Secretary agrees that it would be beneficial for the RRTC to expand its coordination efforts to include grantees from OSEP and RSA.

Changes: The priority has been revised to broaden the RRTC's research coordination requirements to include grantees from OSEP and RSA.

Comment: One commenter recommended that the RRTC emphasize the needs of deaf individuals with mental illness.

Discussion: The Secretary recognizes the unique needs of deaf individuals with mental illness. The Secretary believes that an applicant could propose to emphasize the needs of deaf

individuals with mental illness. However, the Secretary prefers to provide applicants with the discretion to propose areas of emphasis.

Changes: None.

Comment: One commenter recommended that the RRTC for individuals who are deaf or hard of hearing address computer-related technological advancements and issues of accessibility to the information superhighway and develop methods of improving access to these vital areas.

Discussion: One commenter points out that a NIDRR grantee, the Trace Center at the University of Wisconsin, currently addresses a wide range of computer and information systems issues related to persons with disabilities. The Secretary does not believe that research on computer-related technological advancements and issues of accessibility to the information superhighway is within the scope of this priority. However, the Secretary does believe that an applicant for this RRTC could propose to train or provide technical assistance to rehabilitation professionals on pertinent issues related to computer-related technological advancements and the information superhighway.

Changes: None.

Analysis of Comments and Changes—Rehabilitation Engineering Research Center (RERC)

This section contains an analysis of the comments and the changes in the priorities since the publication of the notice of proposed priorities.

Priority: Assistive Technology for Older Persons With Disabilities

Comment: One commenter recommended targeting older persons and their caregivers for dissemination activities.

Discussion: The Secretary points out that the priority requires the RERC to target its dissemination initiative to disability and elderly organizations as well as assistive technology service providers activities. The Secretary believes that older persons with disabilities and their caregivers will receive information from the RERC through the dissemination activities of the organizations and service providers. The Secretary does not believe any further requirements are necessary in order for older persons with disabilities and their caregivers to receive information from the RERC.

Changes: None.

Comment: One commenter recommended that the RERC's research include those ''at risk'' to develop severe disabilities. The same commenter recommended that the RERC conduct general studies on effects of assistive technology on physiological function in the elderly.

Discussion: The Secretary believes that the only ''at-risk'' populations that are within the scope of the priority are those individuals with disabilities who are at-risk of developing secondary disabilities or aggravating their current disability. The Secretary does not believe that elderly persons who do not have disabilities, but who are ''at-risk'' of developing a disability, are within the scope of the priority. Similarly, the Secretary believes that the RERC may pursue general studies on the effects of assistive technology on physiological function for elderly persons who have disabilities, but may not pursue such studies for elderly persons who do not have disabilities.

Changes: None.

Comment: One commenter recommended that the RERC's testing of assistive devices should include quantitative assessment of outcomes.

Discussion: The Secretary points out that the testing of prototype devices is a general requirement of the RERC. The Secretary believes that applicants may propose to include quantitative assessment of outcomes. However, the Secretary believes that applicants should have the discretion to propose specific testing methodologies.

Changes: None.

Research and Demonstration Projects

Under this program the Secretary makes awards to public agencies and private agencies and organizations, including institutions of higher education, Indian tribes, and tribal organizations. This program is designed to assist in the development of solutions to the problems encountered by individuals with handicaps in their daily activities, especially problems related to employment (see 34 CFR 351.1). Under the regulations for this program (see 34 CFR 351.32), the Secretary may establish research priorities by reserving funds to support the research activities listed in 34 CFR 351.10.

Priority

Under 34 CFR 75.105(c)(3) the Secretary gives an absolute preference to applications that meet the following priority. The Secretary will fund under this competition only applications that meet this absolute priority:

Priority: Emerging Disability Populations

Background

Demographic and social trends indicate that the prevalence and distribution of various types of disability are changing, and that new populations of individuals are emerging to create unique demands on social policy and service systems. These new populations frequently result from such factors as: (1) Changing etiologies for existing disabilities; (2) growth in segments of the population with higher prevalence rates for certain disabilities, including the aging of the population in general and the population of individuals with disabilities in particular; (3) the unintended consequences of changes in public policy; or (4) the introduction of new disabilities.

The first category includes, for example, mental retardation that results from high-risk births, (President's Committee on Mental Retardation, *The New Morbidity*, 1993) or spinal cord injury resulting from interpersonal violence (Stover, unpublished communique to NIDRR, 1994). The second category is exemplified by higher incidence and prevalence of activity limitations due to impairments typically correlated with increased age. (LaPlante, 1995). Examples include the onset of sensory loss in older persons, or certain strength-limiting musculoskeletal or neuromuscular diseases. A subset of this category is represented by the acquisition of secondary disabilities or new exacerbations of existing disabilities among individuals with disabilities as they age, for example post-polio syndrome or deterioration of stressed joints. The third category of emerging disabilities may have iatrogenic causes or may result from inappropriate societal interventions such as institutionalization or segregation during which the acquisition of social skills and learning opportunities are forfeited. Social policies such as deinstitutionalization into inadequately supportive environments, while not necessarily creating new disabilities, have led to different manifestations of problems associated with long-term mental illness, including homelessness, abuse, involvement in the criminal justice system, and the acquisition of additional disabilities and health problems. Other disabilities, particularly secondary disabilities, may result from policy decisions that result in inadequate preventive services. The final category includes persons with newly emergent disabilities, most

clearly illustrated by persons living with HIV disease and AIDS, and by environmental or workplace disabilities such as repetitive motion syndrome, environmental allergies, and various hidden disabilities.

The causes of each of these categories of disabilities are such that emergent disabilities tend to be differentially distributed throughout the population in ways that are not typical of other common disabilities. While there is a strong correlation between disability and poverty generally, (LaPlante, 1995; *The New Morbidity,* 1993; McNeil, 1995; Aday, 1993) these emergent disabilities appear to be inordinately concentrated among the poor, minorities, youth, the aged, the poorly educated, and those who already have other disabilities.

The underlying causes of these emergent disabilities may be socio-behavioral, environmental, or socio-economic, but are most often a combination of these elements. Among the most important factors creating this ''emerging universe of disability'' are interpersonal violence, such as shootings, battery, or child abuse; low-birthweight and other high-risk births, often to mothers who are young teenagers, substance abusers, HIV-positive, or with poor prenatal care; aging, with or without prior existing disabilities; high risk behaviors involving substance abuse or sexual activities; and secondary conditions, often resulting from inadequate acute or long-term care.

The nation lacks a clear understanding of the existence of these disabilities, which are closely related to an individual's position in the social structure, and certainly does not comprehend the possible consequences for the disability service systems of a new population of disabled persons from among what one author calls ''the vulnerable.'' (Aday, 1993). There are many gaps in the knowledge base about risk factors associated with the emergence of disability, as there are no comprehensive surveillance systems or epidemiological studies.

Priority

The Secretary will establish a research and demonstration project to: (1) Define and characterize the emerging universe of disability; (2) assess the incidence and prevalence of these ''new universe'' disabilities; (3) identify etiologies associated with these disabilities; and (4) evaluate the implications of these emerging disabilities for service systems and social policy. In addition to activities proposed by the applicant to carry out these purposes, the proposed R&D project shall carry out the following activities:

- Determine and test methods, using a range of existing databases, to estimate and describe the emerging universe of disability both for the present and in the future, and assess the feasibility of using existing, or establishing new, surveillance systems to predict and characterize future emerging disabilities;
- Assess the particular needs of the emerging universe, both now and for the future, for vocational rehabilitation, special education, medical and psychosocial rehabilitation, independent living services, and assistive technology services, as well as for community-based supports, income supports, and medical assistance;
- Analyze the implications for the selection, preparation, and training of personnel, including professionals and peers, to provide services to the emerging universe, and for the ways in which services should be delivered;
- Design a practical and prioritized agenda for a future research program to develop interventions and policy approaches to address the disability-related problems of various segments of the emerging universe; and
- Convene a conference of individuals both within and outside of the disability field to discuss the Center's findings and their implications.

APPLICABLE PROGRAM REGULATIONS: 34 CFR parts 350 and 351.

Program Authority: 29 U.S.C. 760–762.

Rehabilitation Research and Training Centers (RRTCs)

Authority for the RRTC program of NIDRR is contained in section 204(b)(2) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 760–762). Under this program the Secretary makes awards to public and private organizations, including institutions of higher education and Indian tribes or tribal organizations, for coordinated research and training activities. These entities must be of sufficient size, scope, and quality to effectively carry out the activities of the Center in an efficient manner consistent with appropriate State and Federal laws. They must demonstrate the ability to carry out the training activities either directly or through another entity that can provide such training.

The Secretary may make awards for up to 60 months through grants or cooperative agreements. The purpose of the awards is for planning and conducting research, training, demonstrations, and related activities leading to the development of methods, procedures, and devices that will benefit individuals with disabilities, especially those with the most severe disabilities.

Under the regulations for this program (see 34 CFR 352.32) the Secretary may establish research priorities by reserving funds to support particular research activities.

Description of the Rehabilitation Research and Training Center Program

RRTCs are operated in collaboration with institutions of higher education or providers of rehabilitation services or other appropriate services. RRTCs serve as centers of national excellence and national or regional resources for providers and individuals with disabilities and the parents, family members, guardians, advocates or authorized representatives of the individuals.

RRTCs conduct coordinated and advanced programs of research in rehabilitation targeted toward the production of new knowledge to improve rehabilitation methodology and service delivery systems, alleviate or stabilize disabling conditions, and promote maximum social and economic independence of individuals with disabilities.

RRTCs provide training, including graduate, pre-service, and in-service training, to assist individuals to more effectively provide rehabilitation services. They also provide training, including graduate, pre-service, and in-service training, for rehabilitation research personnel and other rehabilitation personnel.

RRTCs serve as informational and technical assistance resources to providers, individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of these individuals through conferences, workshops, public education programs, in-service training programs and similar activities.

NIDRR encourages all Centers to involve individuals with disabilities and minorities as recipients in research training, as well as clinical training.

Applicants have considerable latitude in proposing the specific research and related projects they will undertake to achieve the designated outcomes; however, the regulatory selection criteria for the program (34 CFR 352.31) state that the Secretary reviews the extent to which applicants justify their choice of research projects in terms of the relevance to the priority and to the needs of individuals with disabilities. The Secretary also reviews the extent to which applicants present a scientific methodology that includes reasonable

hypotheses, methods of data collection and analysis, and a means to evaluate the extent to which project objectives have been achieved.

The Department is particularly interested in ensuring that the expenditure of public funds is justified by the execution of intended activities and the advancement of knowledge and, thus, has built this accountability into the selection criteria. Not later than three years after the establishment of any RRTC, NIDRR will conduct one or more reviews of the activities and achievements of the Center. In accordance with the provisions of 34 CFR 75.253(a), continued funding depends at all times on satisfactory performance and accomplishment.

General

The following requirements apply to these RRTCs pursuant to the priorities unless noted otherwise:

Each RRTC must conduct an integrated program of research to develop solutions to problems confronted by individuals with disabilities.

Each RRTC must conduct a coordinated and advanced program of training in rehabilitation research, including training in research methodology and applied research experience, that will contribute to the number of qualified researchers working in the area of rehabilitation research.

Each Center must disseminate and encourage the use of new rehabilitation knowledge. They must publish all materials for dissemination or training in alternate formats to make them accessible to individuals with a range of disabling conditions.

Each RRTC must involve individuals with disabilities and, if appropriate, their family members, as well as rehabilitation service providers in planning and implementing the research and training programs, in interpreting and disseminating the research findings, and in evaluating the Center.

Priorities

Under 34 CFR 75.105(c)(3) the Secretary gives an absolute preference to applications that meet one of the following priorities. The Secretary will fund under these competitions only applications that meet one of these absolute priorities:

Priority 1: Vocational Rehabilitation Services for Individuals Who Are Blind or Visually Impaired

Background

In 1990, approximately 17 out of every 1,000 persons in the civilian noninstitutionalized population of the United States were unable to see to read ordinary newspaper print even when wearing glasses. Of these 4.3 million individuals approximately 515,000 were blind in both eyes (K.A. Nelson and E. Dimitrova, Severe Visual Impairment in the United States and in Each State, 1990, Journal of Visual Impairment and Blindness, March 1993, 80). The number of persons with a visual impairment that substantially limits one or more major life activity is estimated to be 1.3 million (M. Laplante and D. Carlson, Disability in the United States: Prevalence and Causes, 1992, Disability Statistics Rehabilitation Research and Training Center, University of California, San Francisco, October, 1995). These individuals are the primary target audience for this RRTC.

For the years 1991 and 1992, of the 4.57 million persons 21 to 64 years old who had some functional limitation seeing words or letters, 2.086 million individuals or 45.6 percent were employed, while 144,000 individuals, or 25.6 percent of those who were totally unable to see words or letters, were employed. By comparison, for the same age group, 80.5 percent of all individuals without a disability were employed (J. McNeil, Americans with Disabilities: 1991–1992, Household Economic Studies, P70–33, December 1993). Among the cases closed by State vocational rehabilitation agencies as non-rehabilitated or rehabilitated in 1993, 25,488 individuals were blind or visually impaired. Of those individuals, 18,273 or 71.7 percent, were rehabilitated (Rehabilitation Services Administration (RSA), Caseload Services data, 1993).

In order to improve the employment status of individuals who are blind and visually impaired, there is a need to identify barriers to achieving employment outcomes and to develop new and improved rehabilitation techniques that rehabilitation service providers can use to address these barriers. In addition, rehabilitation service providers and employers must be knowledgeable about job accommodations. Rehabilitation service providers and employers should have the ability to assist individuals who are blind or visually impaired to overcome not only physical barriers, but also technological barriers to the emerging electronic information infrastructure.

Computer technology is changing rapidly. Rehabilitation professionals must have up-to-date knowledge of accessible computer technology for individuals who are blind or visually impaired. RSA has determined that State vocational rehabilitation agency staff need training on state-of-the-art computer technology for individuals who are blind or visually impaired. To address this need, RSA is collaborating with NIDRR to support the training of State VR agency staff through this RRTC, using a train the trainer model.

Since 1936 the Randolph-Sheppard Act program has been a source of employment for individuals who are blind. The program enables individuals who are blind to become licensed facility managers and operate vending facilities on Federal property. According to RSA, in fiscal year 1994, 3,524 blind vendors operated 3,419 vending facilities under the Randolph-Sheppard Act program. The program generated $401 million in gross earnings with vendors averaging an annual income of $26,478.

In order to ensure that the vending facilities are competitive, an assessment should be undertaken to identify areas of the program that may be improved by training State Business Enterprise program counselors and licensed facility managers.

Priority 1

The Secretary will establish an RRTC on vocational rehabilitation services for individuals who are blind or visually impaired that will: (1) Investigate and document the employment status of individuals who are blind or visually impaired; (2) identify the barriers to employment that can be addressed by rehabilitation service providers or employers, and develop or identify rehabilitation techniques or reasonable accommodations that address these barriers; (3) train rehabilitation professionals on new and effective rehabilitation techniques and accommodations; (4) develop a national information and resource referral data base for rehabilitation professionals and employers; and (5) identify the training needs of State Business Enterprise program counselors and licensed facility managers that will enable the vending facilities to be competitive, develop and deliver training programs to meet the identified needs, and evaluate the efficacy of the training.

In carrying out the purposes of the priority, the RRTC shall:

- Conduct at least three conferences to train State vocational rehabilitation staff on state-of-the-art computer technology for individuals who are blind or visually impaired;
- Solicit and utilize input from individuals who are blind or severely visually impaired in the planning, development, and implementation of the activities of the RRTC as much as possible; and

• Coordinate its research efforts with other NIDRR grantees that address vocational rehabilitation in general, as well as those that address the needs of individuals who are blind or visually impaired.

Priority 2: Vocational Rehabilitation Services for Individuals Who are Deaf or Hard of Hearing

Background

In 1991–1992 there were approximately 10.9 million persons age 15 and older with a ''functional limitation hearing normal conversation'' and an additional 924,000 persons who were ''unable to hear normal conversation'' (J. McNeil, Americans with Disabilities: 1991–1992, Household Economic Studies, P70–33, December 1993). The number of persons with a hearing impairment that substantially limits one or more major life activity is estimated to be 1.2 million (M. Laplante and D. Carlson, Disability in the United States: Prevalence and Causes, 1992, Disability Statistics Rehabilitation Research and Training Center, University of California, San Francisco, October, 1995). These individuals are the primary target audience for this RRTC.

For the years 1991 and 1992, of all persons 21 to 64 years old who had some functional limitation hearing normal conversation, 3,335,000 individuals or 63.6 percent were employed, while 189,000 individuals, or 58.2 percent of those who were totally unable to hear normal conversation, were employed. By comparison, for the same age group, 80.5 percent of all individuals without a disability were employed (J. McNeil, 1993). Among the cases closed by State vocational rehabilitation agencies as non-rehabilitated or rehabilitated in 1993, 21,888 individuals were deaf or hard of hearing. Of those individuals, 15,901, or 72.6 percent, were rehabilitated (Rehabilitation Services Administration (RSA), Caseload Services data, 1993). Although the Federal vocational rehabilitation system successfully serves and rehabilitates significant numbers of individuals who are deaf or hard of hearing, new knowledge is needed to address the vocational rehabilitation needs of specific subgroups within this population such as late-deafened adults, individuals who have limited English proficiency, individuals who are functionally illiterate, and individuals with co-existing disabilities, including psychiatric disabilities and mental retardation.

''Low-functioning'' deaf individuals often do not have comprehensive rehabilitation training and related services accessible and available to them. This segment of the deaf population—sometimes called ''low achieving,'' ''multiply disabled deaf,'' or ''traditionally underserved deaf''—requires long-term and intensive habilitative and rehabilitative services. These individuals exhibit deficits in vocational skills, independent living skills, manual and oral communication skills, social skills, and academic skills, and many have significant secondary disabilities. Many are from socioeconomically and culturally disadvantaged backgrounds, and many are from ethnic or linguistic minorities. Services to this population are scarce and fragmented. In addition to understanding the social, vocational, and educational implications of the disability, vocational rehabilitation service providers must also be able to communicate with the individuals, often through less than optimal means, such as rudimentary sign language.

The application of emerging technology is expected to play a pivotal role in improving the vocational rehabilitation and employment status of persons who are deaf or hard of hearing. This new technology will address a wide-range of workplace accommodation issues including, but not limited to, communication, safety, and literacy.

Priority 2

The Secretary will establish an RRTC on the vocational rehabilitation of individuals who are deaf or hard of hearing that will: (1) Investigate and document the employment status of individuals who are deaf or hard of hearing by age, gender, ethnic or linguistic background, education, level of impairment, age at on-set of impairment (particularly late-deafened adults), and co-existing conditions; (2) identify the barriers to entering or maintaining employment that can be addressed by vocational rehabilitation service providers or employers, and identify or develop vocational rehabilitation techniques or reasonable accommodations that address these barriers, including those related to literacy skills and those using emerging assistive technology such as assistive listening devices, telecommunications equipment, and remote access technology; (3) train rehabilitation professionals, including peer advocates, on new and effective rehabilitation techniques and accommodations, and as appropriate include consumers and employers in the training on accommodations; (4) develop and disseminate consumer-oriented materials and develop a national information and resource referral data base for rehabilitation professionals and employers; and (5) identify the range of vocational rehabilitation services and service resources required to meet the needs of low-functioning deaf individuals.

In carrying out the purposes of the priority, the RRTC shall:

• Examine patterns of vocational rehabilitation service usage by low-functioning deaf individuals with specific attention to those from diverse cultural backgrounds;

• Solicit and utilize input from individuals who are deaf or hard of hearing, including low-functioning deaf individuals, in the planning, development, and implementation of the activities of the grant as much as possible; and

• Coordinate its research efforts with grantees from NIDRR, OSEP, and RSA that address vocational rehabilitation in general, as well as those that address the needs of individuals who are deaf or hard of hearing.

Applicable Program Regulations: 34 CFR parts 350 and 352.

Program Authority: 29 U.S.C. 760–762.

Rehabilitation Engineering Research Center (RERC)

Authority for the RERC program of NIDRR is contained in section 204(b)(3) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 760–762). Under this program the Secretary makes awards to public and private agencies and organizations, including institutions of higher education, Indian tribes, and tribal organizations, to conduct research, demonstration, and training activities regarding rehabilitation technology in order to enhance opportunities for meeting the needs of, and addressing the barriers confronted by, individuals with disabilities in all aspects of their lives. An RERC must be operated by or in collaboration with an institution of higher education or a nonprofit organization.

Under the regulations for this program (see 34 CFR 353.32) the Secretary may establish research priorities by reserving funds to support particular research activities.

Description of the Rehabilitation Engineering Research Center Program

RERCs carry out research or demonstration activities by: (1) Developing and disseminating innovative methods of applying advanced technology, scientific achievement, and psychological and social knowledge to (a) solve

rehabilitation problems and remove environmental barriers, and (b) study new or emerging technologies, products, or environments; (2) demonstrating and disseminating (a) innovative models for the delivery of cost-effective rehabilitation technology services to rural and urban areas, and (b) other scientific research to assist in meeting the employment and independent living needs of individuals with severe disabilities; or (3) facilitating service delivery systems change through (a) the development, evaluation, and dissemination of consumer-responsive and individual and family-centered innovative models for the delivery to both rural and urban areas of innovative cost-effective rehabilitation technology services, and (b) other scientific research to assist in meeting the employment and independent needs of individuals with severe disabilities.

Each RERC must provide training opportunities to individuals, including individuals with disabilities, to become researchers of rehabilitation technology and practitioners of rehabilitation technology in conjunction with institutions of higher education and nonprofit organizations.

General

The following requirements apply to this RERC pursuant to this absolute priority unless noted otherwise:

The RERC must have the capability to design, build, and test prototype devices and assist in the transfer of successful solutions to the marketplace. The RERC must evaluate the efficacy and safety of its new products, instrumentation, or assistive devices.

The RERC must provide graduate-level research training to build capacity for engineering research in the rehabilitation field and to provide training in the applications of new technology to service providers and to individuals with disabilities and their families.

The RERC must develop all training materials in formats that will be accessible to individuals with various types of disabilities and communication modes, and widely disseminate findings and products to individuals with disabilities and their families and representatives, service providers, manufacturers and distributors, and other appropriate target populations.

The RERC must involve individuals with disabilities and, if appropriate, their family members in planning and implementing the research, development, and training programs, in interpreting and disseminating the research findings, and in evaluating the Center.

The RERC must share information and data, and, as appropriate, collaborate on research and training with other NIDRR-supported grantees including, but not limited to, the Americans with Disabilities Act (ADA) Disability and Business Technical Assistance Centers and other related RERCs and RRTCs. The RERC must work closely with the RERC on Technology Evaluation and Transfer at the State University of New York at Buffalo.

Priority

Under 34 CFR 75.105(c)(3) the Secretary gives an absolute preference to applications that meet the following priority. The Secretary will fund under this competition only applications that meet this absolute priority:

Priority: Assistive Technology for Older Persons With Disabilities

Background

In 1991–1992, of 30.68 million persons who were 65 years old and over, 16.54 million or 53.9 percent had a disability. Of those 16.54 million with a disability, 15.21 million persons had a ''functional limitation'' performing activities such as seeing, hearing, reaching, or walking (J. McNeil, Americans with Disabilities: 1991–1992, Household Economic Studies, P70–33, December 1993). The prevalence of medical, neurological and orthopedic impairments increases with the age of the population. It is estimated that over half of all Americans over seventy years of age have one or more disabilities (McNeil, 1993). Also, as a result of improved life-long health care and expanded employment and educational opportunities, increased numbers of persons with severe disabilities will become part of our elderly population and experience new or changed assistive technology needs.

While assistive technology has been used in rehabilitation to help reduce the adverse effects of disability, it is only beginning to be used effectively to address problems in geriatric rehabilitation. An RERC on assistive technology for older persons with disabilities will address the application of technology to meet the special needs of older persons with disabilities and their caregivers.

Many devices or techniques aimed at ameliorating specific disabilities are designed to augment or take advantage of compensatory abilities. However, multiple and gradual changes related to aging may leave older persons without one or more areas of strength with which to compensate for other functional losses. For example, an older person requiring a wheelchair, because of gradual loss of muscle mass, may not have, or may not be able to develop, the requisite arm strength to use grab bars to assist them in transferring in and out of their wheelchair.

Efforts to develop and disseminate technological aids to older persons with functional limitations must be conducted in the context of using effective information dissemination strategies to reach older persons. It is also necessary to deliver effective training in the use and maintenance of the technology that is prescribed. It is particularly important to make information on assistive technology for older persons with disabilities available in relation to the major activities of work, personal and health care, and leisure.

Assistive technology can address the physical stress that is problematic for caregivers of older persons with disabilities. Many of these caregivers are spouses who are elderly themselves. Premature admission to institutional care is commonly caused by a crisis of the caregiver rather than by a sudden deterioration in the health or abilities of the older persons with a disability. Typically, the caregiver becomes injured or sick and finds it impossible to continue to do the lifting and other demanding physical tasks. Assistive technology that can assist the caregiver can have a major impact on eliminating the need or delaying the time for institutional placement of an older person with a disability.

Priority

The Secretary will establish an RERC on assistive technology for older persons with disabilities for the purposes of: (1) Identifying the needs for assistive technology by older persons with disabilities; (2) developing design modifications to existing assistive technology devices and disseminating these modifications to developers of assistive technology; (3) developing and evaluating unique assistive technology devices that otherwise will not be developed by the field; (4) identifying the problems of assistive technology service delivery utilization, including maintenance, and developing and testing service delivery models to address those problems; and (5) developing and delivering training and technical assistance to rehabilitation service providers, providers of general services to older persons, and consumers, on sources and uses of assistive technology for older persons with disabilities and caregivers.

In addition to activities proposed by the applicant to carry out these purposes, the RERC shall:

- Develop and implement an information dissemination initiative to address utilization problems, including targeting disability and elderly organizations as well as assistive technology service providers;
- Coordinate and share information with NIDRR-funded RRTCs on Rehabilitation and Aging, and with programs funded under the Technology-Related Assistance for Individuals with Disabilities Act of 1988; and
- Establish a collaborative relationship with the RERC on Technology Evaluation and Transfer and the RERC on Accessible Housing and Universal Design.

Applicable Program Regulations: 34 CFR Parts 350 and 353.

Program Authority: 29 U.S.C. 760–762.

(Catalog of Federal Domestic Assistance Numbers: 84.133A, Research and Demonstration Projects, 84.133B, Rehabilitation Research and Training Center Program, 84.133E, Rehabilitation Engineering and Research Center Program)

Dated: May 29, 1996.

Andrew Pepin,

Acting Assistant Secretary for Special Education and Rehabilitative Services.

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DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133A, 84.133B and 84.133E]

Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under Certain Programs for Fiscal Year 1996

Note to Applicants

This notice is a complete application package. Together with the statute authorizing the programs and applicable regulations governing the programs, including the Education Department General Administrative Regulations (EDGAR), this notice contains information, application forms, and instructions needed to apply for a grant under these competitions.

These programs support the National Education Goal that calls for all Americans to possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

The estimated funding levels in this notice do not bind the Department of Education to make awards in any of these categories, or to any specific number of awards or funding levels, unless otherwise specified in statute.

Applicable Regulations

The Education Department General Administrative Regulations (EDGAR), 34 CFR parts 74, 75, 77, 80, 81, 82, 85, and 86; and the following program regulations:

Research and Demonstration Projects (R&D)—34 CFR parts 350 and 351.

Rehabilitation Research and Training Centers (RRTCs)—34 CFR parts 350 and 352.

Rehabilitation Engineering Research Centers (RERCs)—34 CFR Parts 350 and 353.

Program Title: Research and Demonstration Projects.

CFDA Number: 84.133A.

Purpose of Program: The Research and Demonstration Projects program is designed to support discrete research, demonstration, training, and related projects to develop methods, procedures, and technology that maximize the full inclusion and integration into society, independent living, employment, family support, and economic and social self-sufficiency of individuals with disabilities, especially those with the most severe disabilities. In addition, the R&D program supports discrete research, demonstration, and training projects that specifically address the implementation of Titles I, III, VI, VII, and VIII of the Rehabilitation Act, with emphasis on projects to improve the effectiveness of these programs and to meet the needs described in State Plans submitted to the Rehabilitation Services Administration by State vocational rehabilitation agencies.

APPLICATION NOTICE FOR FISCAL YEAR 1996, REHABILITATION ENGINEERING RESEARCH CENTER PROGRAM, CFDA NO. 84.133E

Funding priority	Deadline for transmittal of applications	Estimated number of awards	Maximum award amount (per year)*	Project period (months)
Assistive Technology for Older Persons with Disabilities	July 19, 1996	1	$500,000	60

Note: The Secretary will reject without consideration or evaluation any application that proposes a project funding level that exceeds the stated maximum award amount (See 34 CFR 75.104(b)).

Selection Criteria

The Secretary uses the following selection criteria to evaluate applications under this program.

(a) *Potential Impact of Outcomes:* Importance of Program (Weight 3.0). The Secretary reviews each application to determine to what degree—

(1) The proposed activity relates to the announced priority;

(2) The research is likely to produce new and useful information (research activities only);

(3) The need and target population are adequately defined;

(4) The outcomes are likely to benefit the defined target population;

(5) The training needs are clearly defined (training activities only);

(6) The training methods and developed subject matter are likely to meet the defined need (training activities only); and

(7) The need for information exists (utilization activities only).

(b) *Potential Impact of Outcomes:* Dissemination/Utilization (Weight 3.0). The Secretary reviews each application to determine to what degree—

(1) The research results are likely to become available to others working in the field (research activities only);

(2) The means to disseminate and promote utilization by others are defined;

(3) The training methods and content are to be packaged for dissemination and use by others (training activities only); and

(4) The utilization approach is likely to address the defined need (utilization activities only).

(c) *Probability of Achieving Proposed Outcomes: Program/Project Design* (Weight 5.0). The Secretary reviews each application to determine to what degree—

(1) The objectives of the project(s) are clearly stated;