

DEPARTMENT OF EDUCATION

National Institute on Disability and Rehabilitation Research; Final Funding Priorities for Fiscal Year 1999–2000 for Certain Centers and Projects

AGENCY: Department of Education.

ACTION: Notice of final funding priorities for Fiscal Years 1999–2000 for certain centers and projects.

SUMMARY: The Secretary announces funding priorities for two Rehabilitation Research and Training Centers (RRTCs) and two Disability and Rehabilitation Research Projects (DRRPs) under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1999–2000. 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 April 19, 1999.

FOR FURTHER INFORMATION CONTACT: Donna Nangle. Telephone: (202) 205–5880. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–2742. Internet:

Donna_Nangle@ed.gov

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person listed in the preceding paragraph.

SUPPLEMENTARY INFORMATION: This notice contains final priorities under the Disability and Rehabilitation Research Projects and Centers Program for two RRTCs related to: Measuring rehabilitation outcomes; and rehabilitation of persons with disabilities from minority backgrounds. The notice also contains final priorities for two DRRPs related to: Dissemination of disability and rehabilitation research; and the international exchange of information and experts. The final priorities refer to NIDRR's Long-Range Plan (LRP). The LRP can be accessed on the World Wide Web at:

<http://www.ed.gov/legislation/FedRegister/announcements/1998-4/102698a.html>

These final priorities support the National Education Goal that calls for every adult American to possess the skills necessary to compete in a global economy.

The authority for the Secretary to establish research priorities by reserving funds to support particular research activities is contained in sections 202(g)

and 204 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 762(g) and 764).

Note: This notice of final priorities does not solicit applications. A notice inviting applications is published elsewhere in this issue of the **Federal Register**.

Analysis of Comments and Changes

On January 4, 1999 the Secretary published a notice of proposed priorities in the **Federal Register** (64 FR 342). The Department of Education received 24 letters commenting on the notice of proposed priority by the deadline date. Technical and other minor changes—and suggested changes the Secretary is not legally authorized to make under statutory authority—are not addressed.

Rehabilitation Research and Training Centers*Priority: Measuring Rehabilitation Outcomes*

Comment: Three commenters indicated that the word “function” in the third required activity should be replaced by “outcomes” in order to broaden the scope of the RRTC’s effort to identify relevant measurement gaps.

Discussion: NIDRR agrees that the wording of the third activity should be revised in order to ensure that the RRTC undertakes a broad effort to identify relevant measurement gaps.

Changes: The third activity has been revised by substituting “functional outcomes” for “function.”

Comment: Health policymakers and analysts should be added to the target population of the fifth required activity.

Discussion: The fifth required activity targets payers, providers, and consumers as users of medical rehabilitation outcome data. Having addressed these three groups, an applicant could propose to target health policymakers and analysts. NIDRR has no basis to determine that all applicants should be required to target health policymakers and analysts.

Changes: None.

Comment: The priority requires the RRTC to address the effectiveness of medical rehabilitation services. One commenter suggested that in addition to addressing effectiveness, the RRTC should address the efficacy of medical rehabilitation services. A second commenter suggested that the RRTC address issues of cost-effectiveness.

Discussion: In regard to the first comment, an applicant could draw the distinction between efficacy and effectiveness and propose to pursue both lines of investigation. Similarly, in regard to the second comment, an

applicant could propose to address cost-effectiveness as part of fulfilling the requirements of the priority. The peer review process will evaluate the merits of the proposals. NIDRR has no basis to require all applicants to address efficacy in addition to effectiveness, or to require all applicants to address issues of cost-effectiveness.

Changes: None.

Comment: The first required activity of the RRTC is to develop and test a theoretical model or models assessing long-term outcomes. The priority or the introduction should elaborate on the specific features that characterize a satisfactory theoretical model.

Discussion: NIDRR declines to identify the specific features that characterize a satisfactory theoretical model in order to provide applicants with as much discretion as possible. The peer review process will evaluate the merits of the theoretical model or models that applicants propose.

Changes: None.

Comment: The priority is silent on the RRTC’s training program content.

Discussion: The training requirement for the RRTC is included in the general requirements that precede the priority.

Changes: None.

Comment: NIDRR should clarify whether the focus of the RRTC is to measure disability and enablement, or to measure rehabilitation effectiveness. If the focus is the latter, then changing the title of the RRTC to Measuring Rehabilitation Outcomes and Treatment Effectiveness would help clarify the issue.

Discussion: As stated in the introductory purpose statement, the focus of the RRTC is the effectiveness of medical rehabilitation services. NIDRR does not believe that it is necessary to change the title of the RRTC in order to provide further clarification.

Changes: None.

Comment: Five commenters asked NIDRR to clarify whether the RRTC should address both short-term and long-term outcomes.

Discussion: NIDRR expects the RRTC to evaluate and develop methods for measuring medical rehabilitation effectiveness in the short-term and create theoretical models that examine ways that long-term outcomes from medical rehabilitation can be assessed. NIDRR anticipates that models that examine long-term outcomes will address strategies to link treatment effectiveness and short-term outcomes as well as factors that may make those linkages difficult to achieve.

Changes: None.

Comment: The RRTC should address allied health services and community

supports in addition to medical rehabilitation services.

Discussion: NIDRR considers allied health services and community supports a part of medical rehabilitation services.

Changes: None.

Comment: The activities to develop a sequel to the Functional Independence Measure and evaluate the effectiveness of medical rehabilitation services should be pursued as separate projects because of the resources that will be required.

Discussion: NIDRR declines to separate out any of the priority's activities because all of the priority's activities are inter-related and conducting any of these activities as separate projects will diminish their impact.

Changes: None.

Comment: Two commenters suggested that the RRTC be required to address the role of assistive technology in the provision of medical rehabilitation services.

Discussion: NIDRR recognizes that assistive devices play a large and important role in the provision of medical rehabilitation services and their effectiveness. An applicant could propose to address the role of assistive technology. The peer review process will evaluate the merits of the proposals. NIDRR has no basis to require all applicants to address the role of assistive technology.

Changes: None.

Comment: In examining outcomes, the RRTC should focus on changes over time, independent of where, or for how long, the person has received services.

Discussion: An applicant could propose to carry out research that focuses on changes over time, independent of where or for how long the person has received services. The peer review process will evaluate the merits of the focus. NIDRR has no basis to require all applicants to focus on changes over time, independent of where or for how long the person has received services.

Changes: None.

Comment: NIDRR should clarify if the focus of the second required activity is the extent to which medical rehabilitation effectiveness is determinable at all, the extent to which it is determinable using functional measures, or the extent to which the impact of specific interventions is determinable.

Discussion: The second required activity requires the RRTC to investigate the extent to which the effectiveness of medical rehabilitation services can be determined by applying specific functional outcomes measures to

specific rehabilitation interventions. The second required activity focuses on a combination of the commenter's second and third interpretations.

Changes: None.

Comment: NIDRR should clarify if a long-term perspective should be incorporated into the third required activity as it is with the first required activity.

Discussion: The third required activity does not refer specifically to long-term outcomes and, therefore, applicants have the discretion to propose to address the most appropriate and promising types of outcomes, including long-term outcomes.

Changes: None.

Comment: One commenter asked if NIDRR expects the RRTC's activities to include less traditional medical rehabilitation service consumers such as persons with mental illness, developmental disabilities, and elderly persons with disabilities. A second commenter asked if the NIDRR expected the target population to include only those persons with physical disabilities. A third commenter suggested that the target population be focused on persons with traumatic brain injuries, spinal cord injuries, multiple sclerosis, and Parkinson's disease.

Discussion: NIDRR expects the RRTC to address issues applicable to all consumers of medical rehabilitation services. To the extent that persons with specific disabilities (e.g., mental illness, developmental disabilities, Parkinson's disease) are consumers of medical rehabilitation services, the RRTC should include them in its activities.

Applicants may propose to emphasize certain disabilities, and the peer review process will evaluate the merits of the emphasis.

Changes: None.

Comment: Does the second required activity apply to existing measures or measures that may be developed by the project?

Discussion: Applicants can use existing measures, measures developed by the project, or both, in carrying out the second required activity.

Changes: None.

Comment: Is the purpose of the second required activity to: (1) Evaluate the use of functional outcome measures exclusively in order to determine if they are a valid way to evaluate services, (2) investigate the limitations of functional outcome measures, or (3) compare different outcome measures? The commenter supported the third purpose.

Discussion: NIDRR defers to applicants to propose approaches to carrying out the required activities of a priority. In this particular instance, an

applicant could propose to do one or more of the commenter's approaches to carry out the second activity's requirements. The peer review process will evaluate the merits of the proposals.

Changes: None.

Comment: The first and fifth required activities seem to suggest that NIDRR is interested in the RRTC engaging in work to develop a standardized set of outcome measures. This may not be possible to complete within five years, but the RRTC could make significant progress toward this goal. NIDRR should clarify its intent.

Discussion: The priority does not require the RRTC to undertake standardization activities. However, an applicant could propose to carry out standardization activities as part of fulfilling the requirement of the fourth activity. The peer review process will evaluate the merits of the proposal.

Changes: None.

Comment: The second required activity should be revised to require the RRTC to investigate the effectiveness of medical rehabilitation services by applying outcome measures to specific rehabilitation interventions.

Discussion: The second required activity focuses on the extent to which the effectiveness of medical rehabilitation services can be determined by applying specific functional outcomes measures to specific rehabilitation interventions. It is outside the size and scope of this RRTC to study the effectiveness of services in a field as broad as medical rehabilitation.

Changes: None.

Comment: Collaboration and cooperation between the RRTC and relevant non-profit national organizations should be emphasized.

Discussion: One of the general requirements applicable to the RRTC indicates that the RRTC must coordinate with other entities carrying out related research or training activities. No further requirements are necessary in order for the RRTC to coordinate with relevant non-profit national organizations.

Changes: None.

Priority: Rehabilitation of Persons with Disabilities from Minority Backgrounds

Comment: Clarification is needed in regard to whether the RRTC should focus on select disabilities, particularly those that are chronic (or likely to be chronic), and whether the RRTC should address the needs of adults and children.

Discussion: The purposes of this priority are to evaluate the rehabilitation

needs and improve rehabilitation outcomes of persons with disabilities from minority backgrounds. In their efforts to achieve these purposes, applicants have the discretion to propose to focus on selected disabilities, or types of disabilities (e.g., chronic). The peer review process will evaluate the merits of their focus.

Unless specified otherwise in the priority, NIDRR expects its projects and centers to address the needs of persons with disabilities from all age groups. Having addressed the needs of all age groups, applicants have the discretion to emphasize one or more age groups.

Changes: None.

Comment: The priority requires the RRTC to address too many groups of individuals from minority backgrounds, and as a result, the needs of Pacific Islanders may not receive sufficient attention. Two commenters urged NIDRR to establish an RRTC on the rehabilitation for Pacific Islanders in the Pacific Basin.

Discussion: In order to concentrate its support for RRTCs around particular broad themes or outcomes having national significance and reflecting large scale concerns and problems, NIDRR is not planning to support RRTCs that are geographically based. Currently, NIDRR supports RRTCs in areas such as employment policy, family policy, demographics, telerehabilitation, rural rehabilitation, and vocational rehabilitation systems that have the capacity to address rehabilitation research issues relevant to the Pacific Basin. NIDRR also supports projects that have a specific focus on the Pacific Basin, including an RRTC funded in FY 98 at the University of Hawaii, several State or territorial Technology Act projects, and the Region IX Disability and Business Technical Assistance Center. Finally, NIDRR's Field Initiated Project competition provides interested parties with an opportunity to carry out research or development activities specific to the Pacific Basin.

Changes: None.

Disability and Rehabilitation Research Projects

Priority: International Exchange of Information and Experts

Comment: The activities carried out by this project should be focused on the following areas: employment policy, independent living practice, issues pertaining specifically to women with disabilities, and the appropriate use of technology to assist persons with disabilities.

Discussion: An applicant could propose to focus on these four areas.

The peer review process will evaluate the merits of the proposal. However, NIDRR prefers to provide applicants with the discretion to propose to focus on specific areas and has no basis to determine that all applicants should be required to focus on these areas.

Changes: None.

Comment: Two commenters suggested that participatory action research should be identified as a particularly desirable methodology in the priority. The second commenter also suggested that the project should emphasize increased awareness, interest, and participation in international opportunities by people with disabilities, and identify and evaluate best practices by people with disabilities, particularly in developing countries.

Discussion: NIDRR is a proponent of participatory action research. However, consistent with its approach to provide applicants with as much discretion as possible, NIDRR declines to require all applicants to promote participatory action research in this priority.

NIDRR encourages all of its grantees to involve persons with disabilities and, if appropriate their representatives, in all aspects of a grant's activities. The fourth required activity of the priority focuses on information on cultural perspectives, and NIDRR expects developing countries to be included in the project's activities.

Changes: None.

Comment: The first and second required activities should be revised to include development and technology transfer in the database of international rehabilitation research and as a topic at the research conferences.

Discussion: "International rehabilitation research" includes development and technology transfer. NIDRR prefers to provide applicants with the discretion to propose the content of the database and topics at the research conferences. The peer review process will evaluate the merits of the proposals.

Changes: None.

Comment: NIDRR should clarify the meaning of "improving rehabilitation services." For example, does it include assistive technology services and assistive devices, as well as medical rehabilitation and vocational rehabilitation?

Discussion: NIDRR expects that the project will approach and define rehabilitation services broadly, and prefers to provide applicants with the discretion to define the scope of rehabilitation services.

Changes: None.

Comment: Is the goal of the project to improve research and technical

assistance on rehabilitation primarily with the U.S., outside the U.S., or both?

Discussion: The goal, as stated in the Introduction, is essentially to assist U.S. rehabilitation practitioners to improve the effectiveness of the services they provide.

Changes: None.

Comment: Who is the target audience for this project?

Discussion: The target audience is primarily researchers and practitioners.

Changes: None.

Comment: What criteria should be applied in selecting countries to include in the project's activities?

Discussion: The issue of selection for participation in the project relates much more to an individual's potential contribution than their country of origin. NIDRR expects that applicants will propose to include individuals from a number of foreign countries whose research and practical experience will contribute to fulfilling the purpose of the priority.

Changes: None.

Comment: What is the definition of research? For example, should the project focus on applied research, research and development, or clinical research?

Discussion: Research is classified and defined in NIDRR's regulations at § 350.5.

Changes: None.

Comment: Is the definition of disabilities limited to physical disabilities, sensory disabilities, cognitive disabilities, or psychological disabilities?

Discussion: An individual with a disability is defined in NIDRR's regulations at § 350.5.

Changes: None.

Comment: Does the exchange of experts need to be face-to-face, and if so what is the role of the project staff? Related to this question, if technical assistance experts visit other countries, is the goal to share information or provide technical assistance?

Discussion: The exchange of experts does not have to be face-to-face, and project staff will facilitate the exchange of information. In regard to whether the question of whether the technical assistance experts will share information or provide technical assistance, NIDRR does not draw as sharp a distinction between the two activities as the commenter suggests. NIDRR prefers to provide applicants with the discretion to propose the types of information exchange that the project's participants will undertake.

Changes: None.

Rehabilitation Research and Training Centers

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. 764(b)(2)). 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 that 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.

Description of Rehabilitation Research and Training Centers

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, integrated, and advanced programs of research in rehabilitation targeted toward the production of new knowledge to improve rehabilitation methodology and service delivery systems, to alleviate or stabilize disabling conditions, and to 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.

RRTCs disseminate materials in alternate formats to ensure that they are accessible to individuals with a range of disabling conditions.

NIDRR encourages all Centers to involve individuals with disabilities and individuals from minority backgrounds as recipients of research training, as well as clinical training.

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 Requirements

The following requirements apply to these RRTCs pursuant to these absolute priorities unless noted otherwise. An applicant's proposal to fulfill these proposed requirements will be assessed using applicable selection criteria in the peer review process.

Each RRTC must provide: (1) Training on research methodology and applied research experience; and (2) training on knowledge gained from the Center's research activities to persons with disabilities and their families, service providers, and other appropriate parties.

Each RRTC must develop and disseminate informational materials based on knowledge gained from the Center's research activities, and disseminate the materials to persons with disabilities, their representatives, service providers, and other interested parties.

Each RRTC must involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, training, and dissemination activities, and in evaluating the Center.

The RRTC must conduct a state-of-the-science conference and publish a comprehensive report on the final outcomes of the conference. The report must be published in the fourth year of the grant.

The RRTC must coordinate with other entities carrying out related research or training activities.

Priorities

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

Priority 1: Measuring Rehabilitation Outcomes

Introduction

Chapter Four of NIDRR's proposed LRP (63 FR 57204) discusses issues in medical rehabilitation, including research on rehabilitation outcomes. There is a need to develop more effective outcomes measurement tools to determine the effectiveness, including the cost-effectiveness, of medical rehabilitation interventions and products. Chapter Seven of the proposed LRP (63 FR 57211) reviews the importance of documenting outcomes across service settings and programs. The proposed LRP identifies long-term outcomes, such as employment, community integration, and quality of life, as an important component of the new paradigm of disability that expands the focus of research from the individual to society and the environment. NIDRR expects this RRTC to integrate the new paradigm of disability in its research activities. The new paradigm maintains that disability is a product of an interaction between characteristics of the individual and characteristics of the natural, man-made, cultural, social environments.

Medical rehabilitation outcomes research has focused on function. NIDRR supported the development and application of the Functional Independence Measure (FIM), a criterion-referenced scale that has been widely accepted in inpatient rehabilitation settings. NIDRR also supported the development of the Craig Handicap Assessment and Reporting Technique that contains scales for assessing the World Health Organization dimensions of "handicap" (i.e., participation) and is currently being refined to measure cognitive components of disability.

While researchers have been able to demonstrate gain in function, as measured by instruments like the FIM, there is no conclusive evidence regarding the specific impact of therapeutic intervention on functional gain (Heinemann, A. et al., "Relation of Rehabilitation Intervention to Functional Outcome," *Final Technical*

Report, Center for Functional Assessment Research, University of Buffalo, pg. 11, 1998). In addition, medical rehabilitation providers are being asked to demonstrate the relationship between short-term functional gain and long-term outcomes for persons with disabilities (Wilkerson, D. and Johnston, M., "Clinical Program Monitoring Systems," in *Assessing Medical Rehabilitation Practices—The Promise of Outcomes Research*, pgs. 275–305, 1997).

In addition to the widespread use of the FIM as a measure of function, there are other commonly used measures. Also, there are multiple measures related to other types of outcomes, including quality of life, community integration, and consumer satisfaction. Providers, consumers, and other stakeholders have difficulty comparing outcomes because use of outcome measures across settings is not standardized (Wilkerson, D. and Johnston, M., *ibid.*).

Priority

The Secretary will establish an RRTC for the purpose of developing improved methods that assess the effectiveness of medical rehabilitation services. The RRTC must:

- (1) Develop and test theoretical model or models assessing long-term outcomes as part of a system of evaluating medical rehabilitation effectiveness;
- (2) Investigate the extent to which the effectiveness of medical rehabilitation services can be determined by applying functional outcomes measures to specific rehabilitation interventions;
- (3) Identify gaps in existing measures of medical rehabilitation effectiveness, assessing not only the FIM's, but also other instruments' utility as a measure of the impact of therapeutic interventions on functional outcomes across rehabilitation settings;
- (4) Revise or develop and test measures of medical rehabilitation effectiveness to address gaps identified by paragraph (3) above; and
- (5) Evaluate and describe the uses of medical rehabilitation outcome data by payers, providers, and consumers.

In carrying out these purposes, the RRTC must coordinate with the RRTC on Health Care for Individuals with Disabilities—Issues in Managed Health Care, the National Center on Medical Rehabilitation Research, the Department of Veterans Affairs, and the Health Care Financing Administration.

Priority 2: Rehabilitation of Persons With Disabilities From Minority Backgrounds

Introduction

Chapter Two of NIDRR's proposed LRP (63 FR 57194) discusses and highlights methodological problems in the categorization and definition of disability, including identifying and measuring consequences of disability in minority populations. Disabilities in minority populations may be associated with factors such as health, poverty, family structure, environment, aging, substance abuse, chronic disease, and violence-related trauma in ways that are substantially different from non-minority populations. Chapter 3 of the proposed LRP identifies the need for minority populations research that provides information about employment factors, including identifying rehabilitation strategies that are based on knowledge about the characteristics of racial and ethnic minorities.

For the purpose of this priority, persons from minority backgrounds include one or more of the following minorities: Asian-Americans, Hispanics or Latinos, Black or African-Americans, and Native Hawaiians or other Pacific Islanders. American Indians and Alaskan Natives are not included as a target population for this RRTC because other NIDRR grants address their needs directly.

Priority

The Secretary will establish an RRTC on rehabilitation of persons with disabilities from minority backgrounds for the purpose of evaluating their rehabilitation needs and improving their rehabilitation outcomes. The RRTC must:

- (1) Identify methodological problems in determining the rehabilitation needs of persons with disabilities from minority backgrounds, including subpopulations within these groups, and propose strategies to address these methodological problems;
- (2) Based on paragraph (1), identify implications for rehabilitation research, training, policy development, and services;
- (3) Assess the outcomes of rehabilitation for persons with disabilities from minority backgrounds, as measured by two or more variables (e.g., functional abilities, health and wellness, employment, and psychosocial status), and analyze the effects of minority status on rehabilitation outcomes; and
- (4) Identify, develop, and evaluate rehabilitation methodologies, models and interventions for specific minorities

in selected areas drawn from the NIDRR Research Agenda in Section Two of the proposed LRP.

In carrying out the purpose of the priority, the RRTC must:

- Include concepts of health self-assessment and consumer decision-making related to participation in the labor force; and
- Coordinate with the Centers for Disease Control and Prevention's Center on Minority Health.

Disability and Rehabilitation Research Projects

Authority for Disability and Rehabilitation Research Projects (DRRPs) is contained in section 204(a) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 764(a)). DRRPs carry out one or more of the following types of activities, as specified in 34 CFR 350.13—350.19: research, development, demonstration, training, dissemination, utilization, and technical assistance. Disability and Rehabilitation Research Projects develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities. In addition, DRRPs improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended.

Priority 3: Dissemination of Disability and Rehabilitation Research

Introduction

Chapter Eight of NIDRR's proposed LRP (63 FR 57213) describes the importance of effective knowledge dissemination and utilization (D&U). NIDRR proposes to establish a center that will serve as the cornerstone of NIDRR's D&U efforts by carrying out research on effective dissemination methodologies and providing technical assistance to all of NIDRR's grantees as well as to the wide array of consumers of disability research findings.

Priority

The Secretary will establish a DRRP for the purpose of increasing the usefulness of NIDRR-funded research findings. The National Center for the Dissemination of Disability Research must:

- (1) Identify and evaluate effective methodologies for disseminating disability research to persons with disabilities and their families, service providers, policymakers, and other researchers;

(2) Provide technical assistance on D&U methodologies to all NIDRR grantees including, but not limited to, addressing cultural relevance, ensuring physical accessibility of information, and developing effective dissemination plans.

(3) Develop, implement, and evaluate a plan for collaboration among NIDRR projects that primarily disseminate information in order to enhance dissemination and avoid duplication of activities; and (4) Develop, implement, and evaluate methods that diverse public audiences can use to access NIDRR-funded research findings.

Priority 4: International Exchange of Information and Experts

Introduction

The Rehabilitation Act of 1973, as amended, provides NIDRR with the authority to exchange experts and technical assistance in field of rehabilitation of individuals with disabilities as well as conduct a program for international research and demonstration (Section 204 (b)(6)). Cooperative international research activities can offer new perspectives on solving rehabilitation problems, provide data for the evaluation of domestic programs, and assist U.S. rehabilitation practitioners to improve the effectiveness of the services they provide, especially for minority and immigrant populations.

Priority

The Secretary will establish a DRRP for the purpose of improving rehabilitation services by obtaining and disseminating information on international rehabilitation research and practices. The DRRP must:

(1) Develop and maintain a database of international rehabilitation research and make this database available to grantees supported by NIDRR, the Office of Special Education Programs, and the Rehabilitation Services Administration;

(2) Conduct rehabilitation research conferences involving participants from the U.S. and other countries;

(3) Conduct an international exchange of research and technical assistance experts between other countries and the United States; and (4) Disseminate information on cultural perspectives on rehabilitation to entities that provide rehabilitation or conduct rehabilitation research and training activities

involving persons from foreign backgrounds.

Electronic Access to This Document

Anyone may view this document, as well as all other Department of Education documents published in the **Federal Register**, in text or portable document format (pdf) on the World Wide Web at either of the following sites:

<http://ocfo.ed.gov/fedreg.htm>

<http://www.ed.gov/news.html>

To use the pdf you must have the Adobe Acrobat Reader Program with Search, which is available free at either of the preceding sites. If you have questions about using the pdf, call the U.S. Government Printing Office at (202) 512-1530 or, toll free at 1-888-293-6498.

Anyone may also view these documents in text copy only on an electronic bulletin board of the Department. Telephone: (202) 219-1511 or, toll free, 1-800-222-4922. The documents are located under Option G—Files/Announcements, Bulletins and Press Releases.

Note: The official version of this document is the document published in the **Federal Register**.

Program Authority: 29 U.S.C. 760-762. (Catalog of Federal Domestic Assistance Number 84.133A, Disability and Rehabilitation Research Projects, and 84.133B, Rehabilitation Research and Training Centers)

Dated: March 15, 1999.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 99-6799 Filed 3-18-99; 8:45 am]

BILLING CODE 4000-01-U

DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133A and 84.133B]

Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under the Disability and Rehabilitation Research Project and Centers Program for Fiscal Year (FY) 1999

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.

This program supports 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, 86, and the program regulations 34 CFR part 350.

Program Title: Disability and Rehabilitation Research Project and Centers Program

CFDA Numbers: 84.133A and 84.133B

Purpose of Program: The purpose of the Disability and Rehabilitation Research Project and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, develop methods, procedures, and rehabilitation technology, that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities. In addition, the purpose of the Disability and Rehabilitation Research Project and Centers Program is to improve the effectiveness of services authorized under the Act.

Eligible Applicants: Parties eligible to apply for grants under this program are States, public or private agencies, including for-profit agencies, public or private organizations, including for-profit organizations, institutions of higher education, and Indian tribes and tribal organizations.

Program Authority: 29 U.S.C. 762.