DEPARTMENT OF EDUCATION

National Institute on Disability and Rehabilitation Research

AGENCY: Department of Education. **ACTION:** Notice of Proposed Funding Priorities for Fiscal Years 1999–2000 for a Center and Certain Projects.

SUMMARY: The Secretary proposes funding priorities for one Rehabilitation Research and Training Center (RRTC) 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.

DATES: Comments must be received on or before March 3, 1999.

ADDRESSES: All comments concerning these proposed priorities should be addressed to Donna Nangle, U.S. Department of Education, 400 Maryland Avenue, SW, room 3418, Switzer Building, Washington, DC 20202–2645. Comments may also be sent through the Internet: comments@ed.gov

You must include the term "NIDRR Center and Projects Proposed Priorities" in the subject line of your electronic message.

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) 205–9136. 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 proposed priorities under the Disability and Rehabilitation Research Projects and Centers Program for one RRTC related to health and wellness for persons with long-term disabilities, and two DRRPs related to: health care services for persons with disabilities: and medical rehabilitation services for persons with disabilities. There are references in the proposed priorities to NIDRR's proposed Long-Range Plan (LRP). The proposed LRP can be accessed on the World Wide Web at: http://www.ed.gov/legislation/ FedRegister/announcements/1998-4/ 102698a.html

These proposed 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).

The Secretary will announce the final priorities in a notice in the **Federal Register**. The final priorities will be determined by responses to this notice, available funds, and other considerations of the Department. Funding of a particular project depends on the final priority, the availability of funds, and the quality of the applications received. The publication of these proposed priorities does not preclude the Secretary from proposing additional priorities, nor does it limit the Secretary to funding only these priorities, subject to meeting applicable rulemaking requirements.

Note: This notice of proposed priorities does *not* solicit applications. A notice inviting applications under this competition will be published in the **Federal Register** concurrent with or following the publication of the notice of final priorities.

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 inservice 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.

Priorities

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

Proposed Priority 1: Health and Wellness for Persons With Long-term Disabilities

Introduction

Chapter Four of NIDRR's proposed LRP (63 FR 57190–57219) focuses on maximizing health and function for persons with disabilities. Health maintenance for persons with disabilities includes not only access to care for routine health problems and appropriate specialty care including medical rehabilitation, but also participation in health promotion and wellness activities.

The National Center for Health Statistics defined long-term disabilities as "long-term reduction in activity resulting from chronic disease or impairment." For the purpose of this priority, long-term disabilities include cerebral palsy, multiple sclerosis, postpolio, amputation, and spinal cord injury. This center will assess the health maintenance and promotion practices of persons with long-term disabilities. NIDRR expects this research to clarify whether specialized assessment and health promotion activities are required for persons with long-term disabilities, and how health promotion activities affect the incidence of secondary conditions.

For the purpose of this priority, health promotion strategies include alternative therapies (e.g., therapeutic massage, acupuncture), stress management practices, physical exercise, nutrition, and other activities designed to promote healthy lifestyle and social well-being. These strategies are vitally important in maintaining health and wellness. NIDRR expects the RRTC, through its training and dissemination activities, to encourage self-directed health promotion activities.

Proposed Priority

The Secretary proposes to establish an RRTC for the purpose of developing strategies for health maintenance and reducing secondary conditions for persons with long-term disabilities. The RRTC must:

(1) Evaluate health assessment definitions, policies and practices, and measurement methodologies and instruments, and describe their impact on health promotion activities for persons with long-term disabilities; (2) Evaluate the impact of selected health maintenance strategies on the incidence and severity of secondary conditions and other outcomes such as function, independence, general health status, and quality of life;

 (3) Identify and evaluate best practices in health promotion activities for persons with long-term disabilities;

(4) Provide training on: (i) research methodology and applied research experience; and (ii) knowledge gained from the Center's research activities to persons with disabilities and their families, service providers, and other parties, as appropriate;

(5) Develop 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;

(6) Involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, training, and dissemination activities, and in evaluating the Center;

(7) Conduct a conference on the findings of the RRTC and publish a comprehensive report on the final outcomes of the conference. The report must be published in the fourth year of the grant; and

(8) Coordinate with other entities carrying out related research or training activities.

In carrying out these purposes, the RRTC must coordinate with health and wellness research and demonstration activities sponsored by the National Center on Medical Rehabilitation Research, the Department of Veterans Affairs, and the Centers for Disease Control and Prevention.

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 selfsufficiency 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.

Proposed Research Priorities in Health Care and Medical Rehabilitation Services for Persons With Disabilities

Introduction

Chapter 4 of NIDRR's proposed LRP (63 FR 57202) discusses the health care service and medical rehabilitation service needs of persons with disabilities. The demand for these services is expected to continue to grow in the coming decades because of increased potential for survival after trauma and disease, prevalence of disability related to the general aging of the population, and the incidence of persons with disabilities acquiring secondary disabilities or chronic conditions. NIDRR proposes to establish a research agenda that examines access to the continuum of health care services, and changes in medical rehabilitation service systems, including demands that new populations of persons with disabilities are placing on medical rehabilitation service systems.

There has been insufficient research on the access of persons with disabilities to the continuum of health care services. Access to this continuum, including primary, acute, and long-term health care services over the course of a lifetime, bears directly on quality of life issues. By developing new knowledge about access to the continuum of health care services for persons with disability, NIDRR expects the DRRP on health care services to contribute to persons with disabilities maintaining their health and decreasing the occurrence of secondary conditions.

Medical rehabilitation service systems are changing in response to a number of factors. One major factor is the rise of managed care as the dominant form of organization and payment for health care services, including medical rehabilitation services. In addition, as discussed in the proposed LRP, new populations of persons with disabilities are emerging and placing new demands on medical rehabilitation service systems. NIDRR expects the DRRP on medical rehabilitation services to generate new knowledge about these changes in order to assist service providers and consumers to achieve desired rehabilitation outcomes. For the purpose of the proposed priority, emergent disabilities include, but are not limited to, AIDS, Attention Deficit Hyperactivity Disorder, violenceinduced neurological damage, repetitive motion syndromes, childhood asthma,

drug addiction, and environmental illnesses.

Proposed Priority 2: Health Care Services for Persons With Disabilities

The Secretary proposes to fund a DRRP to improve the continuum of health care services for persons with disabilities over their lifetime. The DRRP must:

(1) Analyze the access of persons with disabilities to the continuum of health care services and identify successful service delivery strategies and barriers to access to the continuum; and

(2) Based on paragraph (1), develop strategies to improve access to the continuum of health care services.

In carrying out the purposes of the priority, the project must:

- Address the health care needs of persons with disabilities of all ages; and
 Coordinate with the RRTC on
- Managed Care for Persons with Disabilities.

Proposed Priority 3: Medical Rehabilitation Services for Persons With Disabilities

The Secretary proposes to establish a DRRP to improve medical rehabilitation services for persons with disabilities, especially those with emergent disabilities. The DRRP must:

(1) Describe the changes taking place in the delivery of medical rehabilitation services including, but not limited to, those related to the setting where services are provided, length of stay, qualifications of personnel, and payment systems; and

- (2) Develop a methodology to analyze the impact of these changes on outcomes:
- (3) Identify the nature and extent of the need for medical rehabilitation services by persons with emergent disabilities;
- (4) Analyze persons with emergent disabilities' access to medical rehabilitation services: and
- (5) Identify strategies to improve access by persons with emergent disabilities to medical rehabilitation services.

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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**.

Invitation to Comment

Interested persons are invited to submit comments and recommendations regarding these proposed priorities. All comments submitted in response to this notice will be available for public inspection, during and after the comment period, in Room 3424, Switzer Building, 330 C Street S.W., Washington, D.C., between the hours of 9:00 a.m. and 4:30 p.m., Monday through Friday of each week except Federal holidays.

Applicable Program Regulations: 34 CFR Part 350.

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: January 26, 1999.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

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