

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on Mental retardation, *The New Morbidity*, 1993) or spinal cord injury resulting from interpersonal violence (Stover, unpublished communique to NIDRR, 1994).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, has 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 proposes to 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.

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 3423, Mary Switzer Building, 330 C Street S.W., Washington, D.C., between the hours of 8:00 a.m. and 3:30 p.m., Monday through Friday of each week except Federal holidays.

Applicable Program Regulations: 34 CFR Parts 350 and 351.

Program Authority: 29 U.S.C. 760-762.

(Catalog of Federal Domestic Assistance Number 84.133A, Research and Demonstration Projects)

Dated: February 7, 1996.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 96-7074 Filed 3-22-96; 8:45 am]

BILLING CODE 4000-01-P

National Institute on Disability and Rehabilitation Research

AGENCY: Department of Education.

ACTION: Notice of Proposed Funding Priorities for Fiscal Years 1996-1997 for Rehabilitation Research and Training Centers.

SUMMARY: The Secretary proposes funding priorities for Rehabilitation Research and Training Centers (RRTCs) 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 identified through NIDRR's long-range planning process. These proposed priorities are intended to improve outcomes for individuals with disabilities.

DATES: Comments must be received on or before April 24, 1996.

ADDRESSES: All comments concerning these proposed priorities should be addressed to David Esquith, U.S. Department of Education, 600 Independence Avenue, S.W., Switzer

Building, Room 3424, Washington, D.C. 20202-2601.

FOR FURTHER INFORMATION CONTACT:

David Esquith. Telephone: (202) 205-8801. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205-8133. Internet: David_Esquith@ed.gov

SUPPLEMENTARY INFORMATION: This notice contains two proposed priorities under the RRTC program. The proposed priorities are 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.

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.

These proposed 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.

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.

NIDRR is in the process of developing a revised long-range plan. The priorities proposed in this notice are consistent with the long-range planning process.

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 Secretary proposes that the following requirements will apply to all of the RRTCs pursuant to the priorities:

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 proposes to give an absolute preference to applications that meet one of the following proposed priorities. The Secretary would fund under these competitions only applications that meet one of these absolute priorities:

Proposed 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.

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.

Proposed Priority 1

The Secretary proposes to 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:

- 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.

Proposed 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 rehabilitative 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.

Proposed Priority 2

The Secretary proposes to 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 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; (4) 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 in the planning, development, and implementation of the activities of the grant 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 deaf or hard of hearing.

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 3423, Mary Switzer Building, 330 C Street SW., Washington, D.C., between the hours of 8:00 a.m. and 3:30 p.m., Monday

through Friday of each week except Federal holidays.

Applicable Program Regulations

34 CFR Parts 350 and 352.

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

Dated: February 7, 1996.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 96-7075 Filed 3-22-96; 8:45 am]

BILLING CODE 4000-01-P

National Institute on Disability and Rehabilitation Research

AGENCY: Department of Education.

ACTION: Notice of Proposed Funding Priority for Fiscal Years 1996-1997 for a Rehabilitation Engineering Research Center.

SUMMARY: The Secretary proposes a funding priority for a new Rehabilitation Engineering Research Center (RERC) 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. This priority is intended to improve rehabilitation services and outcomes for individuals with disabilities.

DATES: Comments must be received on or before April 24, 1996.

ADDRESSES: All comments concerning this proposed priority should be addressed to David Esquith, U.S. Department of Education, 400 Maryland Avenue, S.W., Switzer Building, Room 3424, Washington, D.C. 20202-2601.

FOR FURTHER INFORMATION CONTACT: David Esquith. Telephone: (202) 205-8801. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205-5516. Internet: David_Esquith@ed.gov

SUPPLEMENTARY INFORMATION: This notice contains a proposed priority under the RERC program for research on technology for older persons with disabilities.

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.

This proposed priority supports the National Education Goal that calls for every adult American to possess the skills necessary to compete in a global economy.

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.

The Secretary will announce the final priority in a notice in the Federal Register. The final priority 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 this proposed priority does not preclude the Secretary from proposing additional priorities, nor does it limit the Secretary to funding only this priority, subject to meeting applicable rulemaking requirements.

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

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