NIDRR 2000

NIDRR Program Directory
Fiscal Year 2000

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Introduction

The mission of the National Institute on Disability and Rehabilitation Research (NIDRR) is to generate, disseminate and promote knowledge that will improve the lives of persons with disabilities in their communities. NIDRR conducts comprehensive and coordinated programs of research and related activities to assist in the achievement of the full inclusion, social integration, employment, and independent living of people with disabilities. This edition of the NIDRR Program Directory lists all projects funded by NIDRR during the 2000 fiscal year.

NIDRR's Long-Range Plan, announced in the Federal Register, December 7, 1999 (http://www.ed.gov/offices/OSERS/NIDRR/#LRP), provides background on NIDRR's conceptual base. It describes the "new paradigm of disability," which posits that disability is an interaction between the individual and the environment. NIDRR's research focus includes such areas as: employment outcomes, health and function, technology for access and function, independent living and community integration, associated disability research areas, knowledge dissemination and utilization, and capacity building for rehabilitation and international activities. For detailed descriptions of these areas, consult the Long-Range Plan.

NIDRR's Research Program

NIDRR's research is conducted via a network of individual research projects and centers of excellence throughout the country. Most NIDRR grantees are universities or providers of rehabilitation or related services. NIDRR's largest funding programs are the Rehabilitation Research and Training Centers (RRTCs) and Rehabilitation Engineering Research Centers (RERCs). NIDRR also makes awards for information dissemination and utilization centers and projects, field initiated projects, research and development projects, advanced research training projects, Mary E. Switzer fellowships and NIDRR scholars, small business innovative research, and model systems of care. NIDRR also administers the State Technology Assistance Projects and the Disability and Business Technical Assistance Centers.

Disability and Rehabilitation Research Projects

The Disability and Rehabilitation Research Projects (DRRP) program allows for projects with special emphasis on research, demonstrations, training, dissemination, utilization, and technical assistance. Projects may include combinations of these activities. True to the mission of NIDRR, these projects may develop methods, procedures, and rehabilitation technology to assist in achieving 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 significant disabilities, or to improve the effectiveness of services authorized under the Rehabilitation Act.

Model Systems

NIDRR administers programs that have become world-renowned model systems of care for persons with spinal cord injuries, burns, and traumatic brain injuries. The Model Systems establish innovative

projects for the delivery, demonstration, and evaluation of comprehensive medical, vocational, and other rehabilitation services. The work of the Model Systems begins at the point of injury and ends with successful re-entry into full community life. These projects collect and contribute data on patient characteristics, diagnoses, causes of injury, interventions, outcomes, and costs to a uniform national database; participate in collaborative research with other Model System centers; and coordinate research efforts with other related grant recipients.

Advanced Rehabilitation Research Training Projects

The Advanced Rehabilitation Research Training (ARRT) Program (formerly known as the Research Training Grants Program) expands the capacity of the field of rehabilitation research by providing advanced training opportunities. These projects provide rehabilitation research training for persons with clinical or other experience, who may be lacking certain formal research training. Grants are made to institutions to recruit qualified persons with doctoral or similar advanced degrees with clinical, management, or basic science research experience, and prepare them to conduct independent research on problems related to disability and rehabilitation. This research training may integrate disciplines, teach research methodology in the environmental or new paradigm context, and promote the capacity for Disability Studies and rehabilitation science. These training programs must operate in interdisciplinary environments and provide training in rigorous scientific methods.

Rehabilitation Research and Training Centers

NIDRR's Rehabilitation Research and Training Centers (RRTCs) conduct coordinated and integrated advanced programs of research targeted toward the production of new knowledge, which may improve rehabilitation methodology and service delivery systems, alleviate or stabilize disabling conditions, or promote maximum social and economic independence for persons with disabilities. Operated in collaboration with institutions of higher education or providers of rehabilitation or other appropriate services, RRTCs serve as centers of national excellence in rehabilitation research. Also, they are national or regional resources for research information for individuals with disabilities and the parents, family members, guardians, advocates, or authorized representatives of the individuals. These centers also conduct related training programs, including graduate, pre-service and in-service training. The centers also disseminate and promote the utilization of research findings.

Rehabilitation Engineering Research Centers

Rehabilitation Engineering Research Centers (RERCs) conduct programs of advanced research of an engineering or technical nature designed to apply advanced technology, scientific achievement, and psychological and social knowledge to solve rehabilitation problems and remove environmental barriers. Each center is affiliated with one or more institutions of higher education or nonprofit organizations. The RERCs' work in a rehabilitation setting provides an environment for cooperative research and the transfer of rehabilitation technologies into rehabilitation practice. Involved at both the individual and systems levels, RERCs seek to find and evaluate the newest technologies, products, and methods that ultimately can benefit the independence of persons with disabilities and the universal design of environments for all people of all ages. The centers also exchange technical and

engineering information worldwide and improve the distribution of technological devices and equipment to individuals who need them.

State Technology Assistance Projects

This program supports statewide, consumer-driven, technology-related assistance networks for individuals of all ages and disabilities. States and territories are eligible to apply for one grant per entity which spans a total of ten years of Federal funding. The first phase is a development grant and lasts for three years. The second phase is known as the first extension and can last for two more years. The third and final phase is known as the second extension and lasts for five additional years. The Assistive Technology Act of 1998 (AT Act) authorized three additional years for States that have completed ten years, at a reduced funding level. Several states have received one-year alternative financing projects aimed at providing financial assistance in the purchase of assistive technology. Projects work with public and private lenders in their states.

Fellowships

Fellowships, named for the late Mary E. Switzer, give individual researchers the opportunity to develop new ideas and gain research experience. There are two levels of fellowships: Distinguished Fellowships and Merit Fellowships. Distinguished Fellowships go to individuals of doctorate or comparable academic status, who have had seven or more years of experience relevant to rehabilitation research. Merit Fellowships are given to persons with rehabilitation research experience, but who do not meet the qualifications for Distinguished, usually because they are in earlier stages of their careers. Fellows work for one year on an independent research project of their design.

NIDRR Scholars

The Scholars program attempts to build research capacity by recruiting undergraduates with disabilities to work in NIDRR-funded Centers and projects and introduces them to disability and rehabilitation research issues. Scholars gain work experience and receive a small stipend. This program is an innovative approach aimed at generating interest in research careers for persons with disabilities.

ADA Technical Assistance Projects

NIDRR administers a network of grantees to provide information, training, and technical assistance to businesses and agencies with responsibilities under the Americans with Disabilities Act (ADA). Ten regional Disability and Business Technical Assistance Centers (DBTACs) are funded to provide information and referral, technical assistance, public awareness, and training on all aspects of the ADA. Several National Training Projects target particular groups, organizations, or subject areas for ADA training and the ADA Technical Assistance coordinator contract assists all of the grantees with their activities.

Small Business Innovative Research

Small Business Innovative Research (SBIR) grants help support the production of new assistive and rehabilitation technology. This two-phase program takes a product from development to market readiness.

NIDRR Contracts

Through its contracts, NIDRR seeks improved methods, systems, products, and practices to add to its work. The contracts are for specific activities related to management, research, and information dissemination.

NARIC and the *NIDRR Program Directory*

The *Program Directory* is compiled by the National Rehabilitation Information Center (NARIC). NARIC functions as NIDRR's library, providing the rehabilitation community with information and referral services to help locate pertinent research related to specific areas of expertise. Since 1977, NARIC has been the primary source of rehabilitation and disability information generated by NIDRR funds, with special priority services to NIDRR staff and NIDRR-funded project staff.

NARIC also produces a companion to the *Program* Directory, which is the *Compendium of Products by NIDRR Grantees and Contractors.* Copies of NIDRR-supported research products are received by NARIC and added to the reference collection and Compendium database. Information about holdings are available online at http://www.naric.com.

Neither NARIC nor NIDRR assumes liability for the *Directory's* contents or the use thereof. NARIC does not evaluate or certify the programs or products of the organizations listed in the *Directory.*

This *Directory* is not intended for use as a fiscal document to show how NIDRR funds are allocated; its purpose is to display the range of programs that NIDRR supports. This listing is current as of October 1, 2000.

NARIC operates under U.S. Department of Education contract ED-99-CO-0057.

Employment Outcomes

NIDRR seeks to improve employment outcomes for people with disabilities by funding research into a wide spectrum of employment and disability issues, including economics; Federal, State, and community employment programs; accommodation; technology; education; and ergonomics and the work environment.

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Rehabilitation Research and Training Center for Persons Who Are Deaf or Hard of Hearing

University of Arkansas
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Little Rock, AR 72205
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http://www.uark.edu/depts/rehabres

Principal Investigator: Douglas Watson, PhD
Public Contact: 501/686-9691 (V/TTY); Fax: 501/686-9698

Project Number: H133B60002
Start Date: September 30, 1996
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 96 $600,000; FY 97 $600,000; FY 98 $618,963; FY 99 $600,000; FY 00 $600,000
Other funding: FY 96 $50,000 (Rehabilitation Services Administration); FY 97 $50,000 (RSA); FY 98 $50,000 (RSA); FY 99 $50,000 (RSA); FY 00 $50,000 (RSA)
Abstract: The Center identifies the employability enhancement needs of the target population, and discovers basic knowledge about these needs from the perspective of the individual and environment. The Center translates this information into guidelines for change, assessment, and new interventions; evaluates the appropriateness and effectiveness of the new methods; disseminates them to enhance service delivery; and evaluates their impact and implementation. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Research and Training Center For Persons Who Are Hard of Hearing or Late Deafened

Alliant University Foundation
6160 Cornerstone Court East
San Diego, CA 92121-3725
rrtc@alliant.edu
http://www.hearinghealth.org

Principal Investigator: Raymond J. Trybus, PhD
Public Contact: 858/623-2777, ext. 390 (V); 858/554-1540 (TTY); Fax: 858/552-1975

Project Number: H133B70016
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 98 $499,911; FY 99 $499,911; FY 00 $499,911
Abstract: This Center implements a series of projects involving the impact of hearing loss on workplace and personal adjustment issues through collaboration with business, professional, and consumer organizations. The primary target populations are accessed through a network of consumer organizations, collaborating companies, and service agencies and associations. Project examples include the identification of factors that have a negative impact on the employment status of people who are hard of hearing or late deafened. Data sources include affiliations with Veteran's Affairs hospitals, local minority communities, and multiple consumer organizations. Interventions include psycho-educational training sessions with consumers and family members, consultations with businesses, and presentations to key individuals and groups such as labor union officials, employee assistance counselors, and psychological and public health professionals. Interventions include "rights training" in relation to the ADA, and focus on assistive technologies. The project provides workshops for families and employers, establishes support groups for people with cochlear implants, and creates a family life center project: a "one stop shopping" facility where individuals who are hard of hearing or late deafened can obtain a variety of interventions, information, and guidance regarding services and devices. Dissemination includes information on the ADA and Tech Act. Training targets groups, including employers, consumers, and human resource organizations.

Rehabilitation Research and Training Center on Workforce Investment and Employment Policy for Persons with Disabilities

Community Options, Inc.
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Washington, DC 20036
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http://www.comop.org

Principal Investigator: Michael Morris; Peter Blanck; Michael Collins; Robert Silverstein
Public Contact: Michael Morris, Project Director, 202/721-0120; Fax: 202/721-0124

Project Number: H133B980042
Start Date: November 1, 1998
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $450,000; FY 99 $450,000; FY 00 $450,000
Abstract: This Center helps expand, improve, and modify disability policy and other more general policies in order to improve the employment status of Americans with disabilities and increase their independence and self-sufficiency. Based on research from this project and other NIDRR-funded projects, this project establishes an information and technical assistance resource to government leaders and decision makers at state and federal levels, individuals with disabilities, parents and family members, and other interested parties, offering new and revised approaches to workforce development and employment policy. Studies conducted by this project include: (1) an analysis of the relationship between select federal and state policies upon the employment of people with disabilities, (2) an analysis of the policy-based implications of outcome-based reimbursement on the delivery of employment and rehabilitation services to people with disabilities, and (3) an analysis of the effect of civil rights protections and multiple environmental factors on promoting or depressing the employment status of people with disabilities. The Center actively seeks to be outcome-focused and involve individuals with disabilities, parents, and family members in all facets of project activities, including training, research, information dissemination, and technical assistance.

National Center for the Study of Postsecondary Educational Supports: A Rehabilitation Research and Training Center

University of Hawaii at Manoa
Center on Disability Studies—University Affiliated Program
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stodden@hawaii.edu; huap@hawaii.edu; cds@hawaii.edu
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Principal Investigator: Robert Stodden, PhD, 808/956-9199
Public Contact: Juana Tabali Weir, Administrative Assistant; Valerie Shearer, Pacific Rim AMD Grants Coordinator, 808/956-3975 (Weir); 808/956-2673 (Shearer); Fax: 808/956-5713

Project Number: H133B980043
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 98 $595,000; FY 99 $605,000; FY 00 $600,000
Abstract: The research this project conducts on educational supports is designed to increase access to postsecondary education programs and improve outcomes for people with disabilities. The research includes: (1) examining and evaluating the current status of educational supports, including (a) individual academic accommodations, (b) adaptive equipment, (c) case management and coordination, (d) advocacy, and (e) personal counseling and career advising; (2) identifying effective support practices and models of delivery that contribute to successful access, performance, and retention and completion of postsecondary programs; (3) identifying specific barriers to the provision of disability-related services, including policy and funding requirements; (4) assessing the effectiveness of promising educational practices and disability-related services that are important to career mobility and success in the workplace; (5) testing the effectiveness of specific models of delivery that are believed to increase the accessibility of educational supports and innovative technologies; (6) identifying the types of educational and transitional assistance that postsecondary programs provide to improve educational and subsequent labor market success; (7) providing training, technical assistance, and information to support personnel, public and private rehabilitation personnel, career placement specialists, and students with disabilities based on the findings and implications of the research program; and (8) implementing a consumer-driven empowerment evaluation plan for assessment of the Center's progress in achieving its goals. Additional goals include conducting national surveys and field studies within diverse postsecondary educational settings, and implementing an innovative and integrated training, technical assistance, and dissemination model to ensure the application and sustainability of research-proven policy and practice. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center on State Systems and Employment

Children's Hospital
Institute for Community Inclusion
300 Longwood Avenue
Boston, MA 02115
ici@a1.tch.harvard.edu
http://www.childrenshospital.org/ici/rrtc

Principal Investigator: William E. Kiernan, PhD
Public Contact: John Butterworth, PhD, 617/355-7074; Fax: 617/355-7940

Project Number: H133B980037
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 98 $700,000; FY 99 $700,000; FY 00 $700,000
Abstract: This Center identifies effective practices in coordinated employment efforts and facilitates such development at local, regional, and state levels. It also influences policy, practice, and perceptions on the national level. Project activities include investigations, technical assistance, and public policy reviews focused on: (1) examining state service systems, including vocational rehabilitation, mental health, mental retardation, employment and training service (including one-stop career centers and welfare-to-work programs), and education to document promising policies and practices reflecting integrated and coordinated approaches to employment of people with disabilities; (2) documenting actual employment outcomes for people with disabilities through the analysis of national, state, and local data collection systems; (3) documenting strategies state agencies use for overcoming barriers to employment at the state and local levels; (4) examining, documenting, and disseminating practices at the state level that respond to the employment and support needs of SSI and SSDI beneficiaries; and (5) reviewing and evaluating strategies and approaches to develop a more integrated employment approach at the federal and state levels, in order to enhance the employment of people with disabilities.

Rehabilitation Research and Training Center on Blindness and Low Vision

Mississippi State University
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Mississippi State, MS 39762
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http://www.blind.msstate.edu

Principal Investigator: J. Elton Moore, EdD
Public Contact: 662/325-2001 (V); 662/325-8693 (TTY); Fax: 662/325-8989

Project Number: H133B60001
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 96 $600,000; FY 97 $600,000; FY 98 $600,736; FY 99 $600,000; FY 00 $605,000
Other funding: FY 96 $98,463; FY 98 $194,012 (Rehabilitation Services Administration); FY 99 $26,736 (RSA); FY 00 $50,000 (RSA)
Abstract: The Center conducts a series of research, training, and dissemination projects relating to blindness and low vision, using a multidisciplinary strategy. The project works to investigate and document employment status; identify barriers to employment, and techniques and reasonable accommodations to overcome these barriers; identify training needs in the Business Enterprise Program; and develop and deliver training programs. Training and dissemination activities include an information and referral center, national conferences, in-service training and technical assistance, advanced training for practitioners, advanced training in research, and publication and distribution of a variety of materials in accessible media. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center on Rural Rehabilitation Services

University of Montana
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muarid@selway.umt.edu
http://ruralinstitute.umt.edu/rtcrural

Principal Investigator: Tom Seekins, PhD
Public Contact: 888/268-2743 (V, information service only); 406/243-5467 (V/TTY); Rural Disability Information Network [RUDI] BBS numbers: 406/243-2318; 800/961-9610 (In MT and WY); Fax: 406/243-2349

Project Number: H133B70017
Start Date: September 1, 1997
Length: 60 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 97 $500,000; FY 98 $550,000; FY 99 $550,000; FY 00 $500,000
Abstract: This RRTC conducts and disseminates research and provides training that improves the capacity of rural environments to support people with disabilities in living and working independently. Rural Employment and Economic Development Projects concentrate on employment and vocational rehabilitation service needs, including self-employment as a vocational option for rural people with disabilities. These project components explore the role of rural economic development in meeting the needs of people with disabilities, and ways that rural citizens with disabilities can assume community leadership. Rural Community Development, Independent Living, and Telecommunications components look at how rural independent living services, transportation services, accessible housing, and telecommunications are funded, and ways to improve rural access to these services. Health Care projects conduct research to improve access to rural health care services, including health promotion activities that might reduce the incidence of secondary conditions. American Indian project components work with American Indian tribes to develop culturally sensitive ways to discuss disability issues, such as ensuring environmental, programmatic, and social access for tribal members with disabilities; and developing appropriate long-term care options for elders and people with disabilities or chronic conditions. Methodology: the RRTC approaches its research areas from a community psychology perspective. Cross-cutting measures of importance include participation, engagement, and a psychological sense of community. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center for Economic Research on Employment Policy for Persons with Disabilities

Cornell University
Program on Employment and Disability
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smb23@cornell.edu
http://www.ilr.cornell.edu/ped/projects/default.html

Principal Investigator: Susanne Bruyère, PhD; Richard Burkhauser, PhD; David Stapleton, PhD
Public Contact: Susanne Bruyère, PhD, 607/255-7727 (V); 607/255-2891 (TTY); Fax: 607/255-2763

Project Number: H133B980038
Start Date: December 16, 1998
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $700,000; FY 99 $700,000; FY 00 $700,000
Abstract: Using principles of economics, this project conducts policy research on how environmental factors influence the work outcomes of people with disabilities. Research also addresses critical aspects of employment outcomes, recognizing the heterogeneity of people with disabilities, and explains the importance of interactions among the multiplicity of programs intended to meet the employment needs of people with disabilities. Components include: (1) a comprehensive analysis, using existing panel data, of the current employment status of people with disabilities; (2) a longitudinal analysis of the effects of labor market change on the employment and earnings of people with disabilities; (3) a longitudinal analysis of return-to-work after the onset of a disability; (4) a longitudinal analysis of the impact of civil rights protections on the employment and earnings of people with disabilities; (5) identification and analysis of policies that foster or impede the participation of transitioning students in rehabilitation or employment service programs; and (6) analysis of emerging and important issues affecting the employment of people with disabilities. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center on Drugs and Disability

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Substance Abuse Resources and Disability Issues (SARDI)
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http://www.med.wright.edu/SOM/SARDI

Principal Investigator: Dennis C. Moore, EdD
Public Contact: Jo Ann Ford, 937/259-1384 (V/TTY); Fax: 937/259-1395

Project Number: H133B70018
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 97 $499,369; FY 98 $602,294; FY 99 $602,294; FY 00 $603,663
Abstract: This project conducts epidemiological and evaluative studies of substance abuse and substance abuse services for consumers of state vocational rehabilitation (VR) programs. Activities address substance abuse as it co-exists with other disabilities; all components of the RRTC are designed to interrelate and synergistically build on each other. The research components include longitudinal and multisite studies to address more advanced research questions, and quantitative/qualitative methods to investigate vocational rehabilitation issues for people with HIV. The training components use a variety of materials, venues, and trainers in order to address needs within pre- and in-service populations. Training and dissemination components also include extensive use of distance learning media, especially use of the Internet to provide professionals and consumers with timely and relevant information. Stakeholders' concerns and interests are addressed by several mechanisms, including a formal subcontract with the National Association on Alcohol, Drugs, and Disability. This project is one component of a number of state and federally funded entities in the SARDI (Substance Abuse Resources & Disability Issues) Center. Multiple collaborations are delineated with federal agencies, including the Substance Abuse and Mental Health Services Administration, as well as professional and consumer organizations, national clearinghouses, other RRTCs, and institutions of higher education.

The MRI/Penn Training Center on Vocational Rehabilitation Services for Persons with Long-Term Mental Illness

Matrix Research Institute
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workmri@aol.com
http://www.matrixresearch.org

Principal Investigator: Donald J. Dellario, PhD; Trevor Hadley, PhD
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Project Number: H133B70007
Start Date: June 5, 1997
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $500,000; FY 98 $500,000; FY 99 $500,000; FY 00 $500,000
Abstract: This RRTC focuses on four research areas: (1) improving the work incentives of the Social Security system, (2) linking client characteristics and program design to client outcomes, (3) exploring employer/employee relationships, and (4) examining vocational rehabilitation's relationship to behavioral managed care systems. It also focuses on four training issues: (1) improving rehabilitation research skills; (2) developing mental health/vocational rehabilitation curricula for human services, social work, and nursing; (3) assessing training methodologies in the field; and (4) expanding on-line dissemination to the field.

Rehabilitation Research and Training Center on Workplace Supports

Virginia Commonwealth University
Rehabilitation Research and Training Center on Workplace Supports
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Richmond, VA 23284-2011
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http://www.worksupport.com

Principal Investigator: Paul Wehman, PhD
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Project Number: H133B980036
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 98 $699,992; FY 99 $699,992; FY 00 $699,992
Abstract: This Center helps to increase the national employment rate among people with disabilities by identifying factors in the work environment that inhibit or enhance employment outcomes and by sharing the results with the business community. Researchers: (1) analyze existing or new financial incentives to find those that encourage enterprises to hire or retrain workers with disabilities; (2) measure the effectiveness of disability management and return-to-work strategies; (3) assess employers' need for information, training, and resources; (4) conduct, in business settings, interventions that respond to employer needs; (5) analyze the interventions to determine their effectiveness; (6) determine the impact of changes in work structures such as telecommuting and self-employment on the employment outcomes of people with disabilities. Stakeholders who benefit from these research, training, technical assistance, and dissemination efforts include business personnel; rehabilitation service personnel; federal and state policy-makers; people with disabilities; their guardians, advocates, and authorized representatives; students; and the general public.

Rehabilitation Research and Training Center on Community Rehabilitation Programs to Improve Employment Outcomes

University of Wisconsin/Stout
Stout Vocational Rehabilitation Institute
College of Human Development
214 Tenth Avenue
Menomonie, WI 54751
rtc@uwstout.edu
http://www.rtc.uwstout.edu

Principal Investigator: Fredrick E. Menz, PhD
Public Contact: 715/232-2236 (V); 715/232-5025 (TTY); Fax: 715/232-2251

Project Number: H133B980040
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $700,000; FY 99 $700,000; FY 00 $700,000
Abstract: This project engages community-based rehabilitation programs (CRPs) and state rehabilitation programs in an effort to open multiple funding sources for rehabilitation and habilitation services and employment opportunities for people with disabilities. The project includes a series of interrelated studies directed toward changing outcomes and determining CRP capacities to affect economic status of people with disabilities in their communities and develops a complementary methodology for achieving utilization and application of the new knowledge. Primary research tasks: (1) examining how CRPs are serving people with disabilities from alternate sources of funding; (2) determining the extent to which consumers pursue and receive services, compared to the intentions of the Rehabilitation Act; (3) exploring what funding, service, and strategy capacities exist to address those intentions more coherently at the community-level; (4) devising and demonstrating practice-program alternatives that materially improve outcomes from CRPs; and (5) clarifying how CRPs as an industry can be better enjoined as a complementary resource to improve the economic and community integration status of people with disabilities. The project establishes a publicly accessible national database of core information on CRP programs, and includes training, technical assistance, and dissemination activities.

Working It Out Together: Women with Disabilities and Employment

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Institute for Community Inclusion
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http://www.childrenshospital.org/ici

Principal Investigator: Judith Palfrey, MD; Susan Foley, PhD, 617/355-6714 (Palfrey); 617/355-2075 (Foley)
Public Contact: Susan Foley, 617/355-2075; Fax: 617/355-7940

Project Number: H133A990019
Start Date: November 1, 1999
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $199,861; FY 00 $199,828
Abstract: This study explores the experience of working women with disabilities to find out what workplace supports have been the most beneficial, what obstacles remain, and how peer support and mentoring fit into the basket of supports. This project provides a national picture of women with disabilities' use of income supports, public services, and employment outcomes. It also provides the perspective of 200 working women with disabilities about what workplace supports have been most beneficial and what needs remain. Findings from these two studies give a snapshot of the critical needs of working women with disabilities. The project also develops mentorship and peer support strategies that can be used by other women with disabilities, service providers, and researchers. These two strategies have the potential to improve the economic status of working women with disabilities.

A Four-Year Research and Demonstration Project to Address Ways to Improve the Employment Practices Covered by Title I of the Americans with Disabilities Act (ADA)

Cornell University
106 ILR Extension Building
Ithaca, NY 14853-3901
smb23@cornell.edu
http://www.ilr.cornell.edu/ped

Principal Investigator: Susanne Bruyère, PhD, 607/255-7727 (V)
Public Contact: Deborah Fisher, 607/255-3079 (V); 607/255-2891 (TTY); Fax: 607/255-2763

Project Number: H133A70005
Start Date: October 1, 1997
Length: 48 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 97 $249,958; FY 98 $249,804; FY 99 $249,804; FY 00 $249,855
Abstract: This project addresses ways to improve the employment practices covered by Title I of the ADA. The purpose of this effort is to investigate the impact of the ADA on the employment practices of private sector small, medium, and large businesses. The intended outcome is to assist in the identification of employment practices that have been the most challenging in implementing the ADA, and to identify interventions that can be used by private sector employers and people with disabilities to address these challenging employment practices. Employment policy and practices that enhance both the hiring and retention of workers with disabilities are examined. A representative sample of small, medium, and large private sector employers was selected for study from the membership of the Washington Business Group on Health and the Society for Human Resources Management. A survey was conducted of almost 1,000 private-sector employers and the results have been used to identify specific interventions to address remaining barriers. The study is conducted in collaboration with the Washington Business Group on Health, the Society for Human Resource Management, and The Lewin Group.

Field-Initiated Projects (FIPs)
District of Columbia

Policy Barriers for People with Long Term Mental Illness Who Want to Work

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Principal Investigator: Gerben DeJong, PhD, 202/466-1900
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Project Number: H133G80031
Start Date: May 1, 1998
Length: 36 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 98 $124,996; FY 99 $124,923; FY 00 $125,043
Abstract: This project uses the personal experiences of people with long-term mental illness (LTMI) to identify policies and implementation strategies within the public assistance system that either promote work or create barriers to work for this population. The project has the following objectives: (1) to determine whether programs and policies constitute barriers to employment among working and nonworking people with LTMI and how participants in this sample experience the identified barriers; (2) to determine whether and how a small sample of workers with LTMI use existing work incentives and other programs to maintain employment; (3) to determine what perceived policy and programmatic barriers to employment identified in Phase I are present a year later in the same sample, and whether they systematically vary by socioeconomic status, gender, race, age, or other sociodemographic characteristics; (4) to provide an in-depth description of the impact of perceived policy and programmatic barriers and options on the employment histories of four workers and four nonworkers with LTMI; and (5) to recommend policies and implementation strategies that promote work among the LTMI population, and to disseminate the information. Dr. DeJong can be reached at the NRH Center for Health and Disability Research, 1016 - 16th Street NW, Suite 460, Washington, DC 20036.

Development of an Individualized Marketing Strategy for Job Development for People with Severe Disabilities

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Project Number: H133G80030
Start Date: June 15, 1998
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $123,878; FY 99 $124,989; FY 00 $124,076
Abstract: This project develops an Individualized Employment Portfolio and a training manual that helps people with severe and multiple disabilities, including physical and communication disabilities, to secure employment. The product increases their functional capability for individualized representation with potential employers, as well as by employment representatives as appropriate. The project surveys and field-tests the materials with employers, and then modifies and finalizes the product.

Development and Dissemination of a Questionnaire and Method to Evaluate Customer Satisfaction with Rehabilitation

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Project Number: H133G80023
Start Date: October 1, 1998
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $125,000; FY 99 $125,000; FY 00 $125,000
Abstract: This project develops a short, uncomplicated consumer satisfaction survey instrument to be administered by rehabilitation programs. Maximizing satisfaction with rehabilitation services should allow more consumers to reach employment and other important goals, and should reduce the number of consumers who drop out. The project: (1) develops an instrument and methodology for the collection of data regarding consumer satisfaction with services provided by the state and federal rehabilitation agencies, and (2) disseminates information about the use of the instrument and analysis of the data provided by the instrument. When instrument development is completed, it is validated by soliciting input from focus groups. Then revisions are made and the instrument is pilot tested. The project produces a survey methodology designed to generate the highest possible response rate in order to assure that the rehabilitation agency is getting an accurate assessment of satisfaction. Ongoing information about the service delivery system should include data regarding satisfaction so that service delivery can be improved and priorities can be managed.

Comparison of Two Employment Models for Consumers with Severe Mental Illness

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Project Number: H133G90155
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This project conducts a randomized controlled trial comparing supported employment with well-established, comprehensive psychiatric rehabilitation approaches. It also investigates interactions between consumer characteristics and employment approaches, toward an understanding of the best vocational rehabilitation strategies for people of color, especially people from the African American community. This study compares the effectiveness of two important, popular employment models for people with Severe Mental Illness (SMI). The Diversified Placement Approach (DPA) offers a gradual, stepwise preparation for competitive employment, including prevocational training, agency-run business opportunities, group placements, individual placements, and ultimately movement into independent employment, all available on a flexible, individualized basis without fixed time limits. The second model is a supported employment model developed in New Hampshire, known as Individual Placement and Support (IPS). IPS is a supported employment approach for individuals with SMI. As a consumer-oriented approach, key features of the IPS model include individualized planning with careful attention to consumer preferences in the job matching process, close coordination between rehabilitation and treatment, and rapid job search.

Field-Initiated Projects (FIPs)
Massachusetts

Exploratory Study of the Relationship Between Sustained Employment and Psychosocial Adjustment of People with Psychiatric Disabilities

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Project Number: H133G80124
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $124,998; FY 99 $125,000; FY 00 $125,000
Abstract: This project studies the relationship between successful employment of people with psychiatric disabilities and their overall level of psychosocial adjustment. In this study the concept of psychosocial adjustment is related to the concept of recovery, described as a unique process of changing one's attitudes, values, feelings, goals, skills, and roles. In this way, recovery is conceptualized as the core of the process of psychosocial adjustment, since it involves the internal restructuring of the person and is expected to lead not only to the person's adaptation to the illness but also to a significant improvement and a qualitatively different functioning of the person. From this perspective, this study explores the relationship of sustained competitive employment to consumers' psychosocial functioning. The relationship of consumers' vocational and psychosocial functioning over time is explored as well.

The Self-Employment Experience: Learning About Entrepreneurs with Disabilities to Build Models for Improving Self-Employment Outcomes

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Project Number: H133G70064
Start Date: August 1, 1997
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 97 $120,822; FY 98 $124,990; FY 99 $124,492; FY 00 (No-cost extension through 7/31/01)
Abstract: This project examines self-employment experiences of people with disabilities. While self-employment is a growing national trend for people without disabilities, it is generally considered a less-than-optimal outcome for consumers of vocational rehabilitation (VR) services and is seldom pursued. Survey respondents are sampled from two sources. First, state VR agencies with high percentages of self-employment closures are solicited to participate by providing access to consumers they have assisted in starting businesses. Second, the Disabled Businesspersons Association (DBA) is solicited to provide access to members who have achieved self-employment without the assistance of a VR agency. Project goals include: (1) providing a clearer understanding of self-employment for people with disabilities, (2) encouraging development of new policies and procedures, and (3) providing future entrepreneurs with disabilities and support agencies with recommendations for improved practice. Researchers also develop profiles of self-employed individuals with disabilities and recommend changes to VR practices that promote self-employment as a viable service outcome.

Self-Employment Technology Transfer (SETT)

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Project Number: H133G000189
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $149,970
Abstract: The Self-Employment Technology Transfer (SETT) project has developed and field tested a vocational rehabilitation (VR) self-employment support model based on extensive research. This project is designed to develop, demonstrate, and evaluate methods for facilitating the widespread adoption by practicing VR counselors of this empirically derived model of standards and practices in a cost-effective manner and in a relatively short time. It is estimated that achieving this goal benefits 25,560 to 62,850 consumers of VR services annually. Further it is believed that such a technology transfer model for disseminating empirically derived social technology from research into practice has the potential to shape the content, methods, and goals of future disability and rehabilitation research. There has been an explosion of interest in self-employment for people with disabilities. Over a half-million people with disabilities report owning their own businesses and people with disabilities are nearly twice as likely to be self-employed as those in the general population. While self-employment is not for everyone, it clearly is a viable option used by many. Yet, Vocational Rehabilitation (VR) agencies nationally help fewer than 2.5 percent of their consumer achieve self-employment. Research shows that few of the estimated 9,500 practicing VR counselors have the knowledge or skills to support consumers who choose to pursue self-employment. Anecdotal reports indicate that VR agencies and staff have a significant interest in developing methods to respond to this consumer demand. While a few programs have served as models for promoting self-employment, none are designed specifically for VR counselors or organized for such wide-scale dissemination.

Medication Management and Successful Work Transition in Persons with HIV/AIDS

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Project Number: H133G000195
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $149,998
Abstract: This project conducts survey research and a series of focus groups with graduates of a comprehensive vocational rehabilitation program. The purpose is to identify effective strategies used by persons with HIV/AIDS for managing combination antiretroviral medications in the workplace. Men and women with HIV/AIDS are a population from the new universe of disability; many are from ethnically diverse backgrounds and are economically disadvantaged. Within this population NIDRR-funded research has found a high frequency of hidden traumatic brain injury and a strong correlation between health and employment. The information gleaned from the survey research and focus groups, as well as other research on how people with HIV/AIDS can maintain their health, is used to create rehabilitation interventions for people with HIV/AIDS to enter the labor market and sustain employment. Medication management is conceptualized in its broadest sense to include adherence to prescribed treatment protocols, management of medication side effects and other HIV/AIDS-related symptoms while balancing daily life roles, routines, activities, expectations, and demands. The effectiveness of these rehabilitation interventions will be evaluated in the context of a community-based employment agency in New York City—Mobilizing Talents and Skills (MTS)—that serves men and women with HIV/AIDS from ethnically diverse backgrounds. The interventions are expected to enhance the vocational rehabilitation services provided by MTS and combine a series of psycho-educational groups with individualized service coordination and counseling.

Field-Initiated Projects (FIPs)
New York

Measuring Employer Openness to Hiring People with Disabilities: Development of Expanded Labor Market Survey

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Principal Investigator: Dennis Gilbride, PhD
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Project Number: H133G000028
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 00 $149,306
Abstract: This project works to understand the labor market in regards to people with disabilities. The first goal is to identify the key factors that distinguish employers that are authentically open to people with disabilities throughout the human resource management process, including recruitment, selection, training, supervision, accommodation, and promotion. The second goal is to develop a simple interview protocol (and supportive training materials) that rehabilitation consumers and counselors can use as part of an enhanced labor market survey to target employers for placement, employer development, and consulting efforts based upon that employer's level of openness. Five objectives help to achieve these goals: (1) develop and convene a consumer advisory panel; (2) conduct focus groups and interviews with employers in key labor markets; (3) analyze the data to identify key components of openness; (4) present the data to a consumer advisory panel and a practitioner panel to help develop enhanced labor market survey questions, protocols, and training materials; and (5) disseminate the project results to consumers, practitioners, educators, and employees. Consumers and rehabilitation professionals can use the enhanced labor market survey to understand the openness of employers. The Web and CD-ROM versions of the labor market survey illustrate the key aspects of employer openness with Quicktime movies of employer statements.

Resolving ADA Employment Discrimination Charges

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Project Number: H133G000132
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 00 $149,925
Abstract: The project's purpose is to assess the impact of the ADA employment discrimination service system on the lives of people with disabilities, using data from the computerized charge data system of the U.S. Equal Employment Opportunity Commission (EEOC). Under Title I of the Americans with Disabilities Act (ADA), individuals who believe they have been discriminated against in employment on the basis of a disability may file an administrative charge with either the EEOC or a state or local Fair Employment Practice Agency (FEPA). During the statute's first decade of operation, the EEOC and the FEPAs have become a significant service system for people with disabilities, handling an average of 30,000 Title I claims each year. Recently, landmark Supreme Court decisions interpreting the ADA, the EEOC's implementation of a new charge processing policy, and their ambitious new mediation program have significantly changed the Title I charge process and considerably altered the landscape in which EEOC offices and FEPAs process Title I charges. The aims of the project, therefore, are as follows: (1) to monitor the evolving implementation of Title I of the ADA by the EEOC and the FEPAs, (2) to monitor the evolving implementation of the EEOC's new mediation program, and (3) to design and disseminate useful and accessible information about the Title I charge process for people with disabilities and persons who support them.

Variables Associated with Vocational Success Among Persons with Severe Mental Illness: An Empirical Study

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Project Number: H133G990036
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 99 $138,332; FY 00 $141,462

Abstract: This project (1) examines the relationships between several variables and vocational success among people with severe and persistent mental illness; and (2) develops a model of how those variables together lead to vocational success in this population. Many attempts have been made to identify factors associated with vocational success among people with severe mental illness, but no comprehensive portrait of these factors has been developed. The study is carried out at a community employment collaborative among three community-based rehabilitation service agencies in Cleveland Ohio that provides a range of vocational services to individuals with severe and persistent mental illness. This study uses a longitudinal design with three data collection points to follow approximately 300 individuals receiving vocational training; the variables to be examined are in three areas: personal factors, work environment factors, and other factors. Personal factors include social functioning, symptomatology, symptom management, and expectations to succeed. Work environment factors include the employers' knowledge about mental illness, the work environment, and pay. Other factors include the fit between employee interests and the actual job, and social networks.

Functional Assessment in Rehabilitation Software Conversion (FAIR/SC)

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Project Number: H133G80099
Start Date: September 1, 1998
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 98 $124,952; FY 99 $124,904; FY 00 $124,952
Abstract: This project develops, field tests, and produces an innovative computer-based software system to improve the effectiveness of employment programs for people with cognitive disabilities. This new software uses new vocational assessment technology developed and tested over a three-year period. The project's objectives: (1) to design a software version of the FAIR assessment model, which will guide supported employment practitioners in working with consumers in structured community-based situational assessment experiences; (2) to recruit service providers as partners and conduct user focus groups at field sites, and integrate results of testing several hardware and software configurations; (3) to perform parallel, interrelated activities and continual quality assurance to test for adherence to written specifications; (4) to design refinements and improvements during one-year field tests of use by supported employment practitioners and service recipients; (5) to write user documentation; (6) to perform more field tests at various sites; (7) to evaluate effectiveness, review and assimilate user feedback; and (8) to refine, write final user guides and documentation, and publish the application.

Field-Initiated Projects (FIPs)
Pennsylvania

Testing the Effectiveness of School-to-Work Transition Services for Youth with Serious Emotional Disturbances

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Project Number: H133G80084
Start Date: September 1, 1998
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $123,297; FY 99 $124,685; FY 00 $123,963
Abstract: This project improves school-to-work transition services by comparing an experimental and a comparison group on a variety of economic and noneconomic outcomes. The project builds upon a pilot initiative, Project YES (Young-adult Employment Supports), which was designed to develop a model for inter-system collaboration in the operation of a school-to-work transition program for youth with serious emotional disturbance. In this project, the Philadelphia Board of Education, the Philadelphia Office of Mental Health and its citywide network of provider agencies, and the Philadelphia Office of the State Vocational Rehabilitation system, provide interventions through each of three clearly delineated stages: (1) identification and engagement of youth leaving school, (2) implementation of services, and (3) development of individual supports to maintain youth in post-transition activities. The seven economic and noneconomic factors compared include: use of mental health and vocational rehabilitation services, types of employment, length of employment, wages earned, self-esteem, empowerment and community involvement, and criminal activity.

Enhancing Consumer-Counselor Working Relationships in Rehabilitation: An Empirical Research Investigation of Counselor Expectancies and Working Alliance as Variables for Optimizing Consumer-Counselor Relationships, Consumer Satisfaction, and Rehabilitation Outcomes

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Project Number: H133G80135
Start Date: August 1, 1998
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $124,444; FY 99 $124,767; FY 00 $124,618
Abstract: This project brings the concept of “consumer involvement” to a place beyond the level of good intentions, rhetoric, platitude, and legal mandate; it provides practical tools with which relevant constructs can be measured and changed to build meaningful partnerships. Maximizing the involvement of consumers in the vocational rehabilitation (VR) process in a meaningful manner can be accomplished if the working alliance between counselor and consumer is strengthened in a direct and measurable way. The target audience includes clients with severe disabilities of the state-federal VR program and the counselors who are employed to provide them with services.

Small Business Innovative Research (SBIR), Phase I
California

Internet-Based Presentation of Role Models for Youth in Transition from School to Work

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Project Number: ED-00-CO-3590
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 00 $49,932
Abstract: This project creates a prototype Internet site, featuring adults with disabilities who can serve as role models for transition-age students. This Web-based product, with supplemental CD-ROM and text discussion guide, offers 7th- to 12th-grade students an opportunity for career awareness and exploration and an aid to eventual career selection. The prototype presents six working adults representing various ethnicities, disabilities, and a range of traditional and nontraditional careers that require a variety of postsecondary education and vocational preparation. Role models are important in shaping students' expectations for their futures, including the range of possible career options. Through role models, young people develop a sense of their own potential, an awareness of a variety of careers, and realistic expectations about possible career challenges. Students with disabilities frequently lack exposure to adults with disabilities who work effectively in their careers and cope effectively with workplace challenges.

Small Business Innovative Research (SBIR), Phase I
Hawaii

Computer-Based Multimedia Interactive "E-Entrepreneur" Training for Individuals with Disabilities

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Project Number: ED-00-PO-3953
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Donna McCole
NIDRR Funding: FY 00 $50,000
Abstract: This project tests the technical merits and feasibility of a computer-based training system that is accessible "anytime and anywhere" by individuals with disabilities. The goal is to train individuals with disabilities to leverage computing, telecommunication, and disability-specific add-on assistive technologies to start, operate, and manage businesses electronically - to be successful E-entrepreneurs and business people. The combination of Internet-enabled E-business with assistive technologies is a great democratizing force and provides unprecedented self-employment opportunities for individuals with disabilities. In geographically remote rural areas such as the island of Hawaii, the project research site, self-employment is often the only option for employment for individuals with disabilities.

Small Business Innovative Research (SBIR), Phase I
Wisconsin

Fair and Appropriate Community Employment (FACE): A Management Information System (MIS) for Evaluating Impact of Employment Programs on Persons with Disabilities

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Project Number: ED-00-PO-3955
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 00 $50,000
Abstract: The purpose of this grant is to develop a comprehensive Fair and Appropriate Community Employment (FACE) management information system (MIS) that consists of four major components: (1) case management to track clients while providing services and/or employment; (2) profiling clients on the four domains of FACE upon entry to the program, at exiting, and at various follow-up periods for the purpose of identifying the value added to the client; (3) identifying and tracking the cost of various activities provided to clients; and (4) using Benefit-Cost Analyses to assess the effectiveness and efficiency of the service and/or employment program from the perspectives of the individual, organization, funding agencies, taxpayer, and society. While several rigorous research methodologies have been designed to examine the relationship between rehabilitation services and employment outcomes, the actual collection of data from 7,000 community rehabilitation programs (CRPs), which serve nearly 4 million people with disabilities, has met with much less success. There is a critical need for a comprehensive management information system that CRPs can use to evaluate the relationship between services provided to employment and other outcomes achieved by consumers with various disabilities and backgrounds. Over the past five years, the concept of Fair and Appropriate Community Employment has been developed as a theoretical approach for CRPs to evaluate the effectiveness and efficiency of their service interventions upon outcomes. The first FACE MIS prototype software is being installed at the L. E. Phillips Career Development Center, Eau Claire, Wisconsin with the assistance of Betty Reinke, Director of Programs & Services.

Small Business Innovative Research (SBIR), Phase II
Florida

AbilityForum.com

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Project Number: ED-00-PO-0219
Start Date: September 1, 2000
Length: 24 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $150,000
Abstract: This project further develops an Internet-based job opportunity network and social support Web site for people with disabilities. The goal of Phase II is to enhance the site in order to increase the use rates and thereby increase the revenue potential of the venture in order to become self-sustaining. Enhancements expand the information sources, content, and features. The Web site currently includes three main areas: employment, reference materials, and avenues for social support. It is anticipated that a larger number of people with disabilities could be employed if they could work from their homes. The employment section provides current job postings from around the country as well as new job search tools. Networks of universities, rehabilitation sites, and partner Web sites expand the reference area with a broader array of products, educational programs, and service postings. Other new features include: news updates, events, videos, and finance information. The Web site is designed for use by persons with a variety of disabilities and is compliant to the Web Content Accessibility Guidelines. For individuals that are homebound, this provides an exciting outlet for interaction and growth.

Health and Function

NIDRR's research focus for health and function addresses problems in individual care, services, and supports for people with disabilities. Research topics include: medical rehabilitation; health and wellness programs; service delivery; short and long-term interventions; systems research; and new and emerging disabilities.

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Rehabilitation Research and Training Center on Secondary Conditions of Spinal Cord Injury: Promoting General Health, Well-Being, and Community Integration Through Home-Based, Self-Directed Care

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Project Number: H133B980016
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 98 $799,993; FY 99 $799,998; FY 00 $799,998
Abstract: This RRTC conducts coordinated, integrated, and advanced research in the prevention and treatment of secondary conditions of spinal cord injury (SCI). The eight interrelated projects include: (1) determine the effectiveness of cranberry pills to prevent and treat urinary tract infections (UTIs); (2) evaluate interventions used to prevent and treat UTIs in people with SCI using the University of Alabama/Birmingham SCI Urologic Database; (3) study the relationship of beverage consumption and water hardness to the risk of urinary tract stones; (4) address pain following SCI by evaluating SCI pain classification systems, studying the effectiveness of gabapentine and methadone in relieving certain types of pain, and developing a method to target those at risk; (5) determine the duration of immune response to pneumococcal vaccine and the need for revaccination; (6) evaluate a screening tool to identify people with SCI at high risk for sleep apnea, and evaluate treatments to improve their health and quality of life; (7) study the use of telemedicine to reduce depression and secondary conditions among people with SCI and their caregivers through problem solving interventions; and (8) evaluate and adapt a nationally recognized weight-loss project for a population of people with SCI. A collaborative project with another Center evaluates a computer-based risk assessment and feedback tool for assessing secondary conditions. This RRTC provides training on research methodology and information based on research activities to people with disabilities, their families, service providers, and rehabilitation professionals. Information is disseminated through print media (information sheets and newsletters), electronically (through the Internet and a fax information service), and through technical assistance.

Rehabilitation Research and Training Center in Neuromuscular Diseases

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Project Number: H133B980008
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $650,000; FY 99 $650,000; FY 00 $650,000
Abstract: This project conducts research designed to enhance the quality of life of people with neuromuscular diseases. Through multidisciplinary research and a comprehensive program of training and information services, the Center serves consumers, physicians, and health care workers. Program areas include: interventions to preserve functional capacity including management of weakness and respiratory insufficiency due to muscle wasting, exercise interventions, treatment of exercise related fatigue, pain interventions, lower limb orthotic interventions, and dietary interventions; interventions to enhance community integration, including incorporating goal-based approaches to community integration, facilitation of healthy adaptation through development of stress management and coping skills, and resource training for acquisition of disability-related information through the Internet; genetic testing, information, and research; and training and information services.

Aging with Spinal Cord Injury (SCI)

Los Amigos Research and Education Institute, Inc. (LAREI)
Rancho Los Amigos National Rehabilitation Center
7601 East Imperial Highway, 800 West Annex
Downey, CA 90242
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http://www.agingwithsci.org

Principal Investigator: Bryan J. Kemp, PhD; Robert L. Waters, MD
Public Contact: Lilli Thompson, Training Director, 562/401-7402; Fax: 562/401-7011

Project Number: H133B70011
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 97 $650,000; FY 98 $650,000; FY 99 $650,000; FY 00 $650,000
Abstract: The Rehabilitation Research and Training Center (RRTC) on Aging with Spinal Cord Injury (SCI) is devoted to understanding the unique problems people with spinal cord injury experience as they age. Topics of research include: the natural course of aging with SCI, cardiovascular disease (CVD) and risk factors of CVD, pulmonary aspects of aging with SCI, bone loss, functional changes associated with age and duration of SCI, maintaining employment, treatment of depression, and informal and formal care systems for people aging with SCI. The RRTC has several goals for education, training, dissemination, and utilization: (1) to train current and future health, allied health, and rehabilitation professionals about aging with SCI; (2) to train and develop rehabilitation research professionals in the area of aging with SCI; (3) to improve adoption and use of RRTC-developed knowledge and treatment regimens by health and rehabilitation professionals; (4) to disseminate information about aging with SCI to people with SCI and their families; and (5) to train graduate students and medical students in advanced knowledge and techniques from studies about aging with SCI. Training and dissemination occurs through advanced and continuing education courses, local and national conferences, workshops, publications in professional and consumer oriented journals, and the Internet.

Rehabilitation Research and Training Center on Aging with a Disability

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Principal Investigator: Bryan J. Kemp, PhD
Public Contact: Grace Farwell Granger, Associate Training Director, 562/401-7402; Fax: 562/401-7011

Project Number: H133B980024
Start Date: September 1, 1998
Length: 60 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 98 $700,000; FY 99 $700,000; FY 00 $700,000
Abstract: This project assists people who are aging with a disability by conducting a series of research studies using a database of over 1,000 people who represent a variety of disabilities (for example, cerebral palsy, rheumatoid arthritis, stroke, spinal cord injury, polio). Research projects include: (1) the natural course of aging with a disability, (2) assisting family caregivers of people aging with a disability, (3) improving community integration and adjustment, (4) preventing secondary complications such as diabetes and thyroid disorders, (5) improving bone density through a regimen of exercise and vitamins, and (6) understanding the role of assistive technology (AT) and environmental interventions (EI) in maintaining functional performance. Training, dissemination, and technical assistance activities focus on students and professionals in the health, allied health, and rehabilitation fields, as well as people aging with a disability and their families. Goals include training rehabilitation researchers knowledgeable about aging with a disability, improving the adoption and utilization of RRTC-developed assessment and treatment regimens by health and rehabilitation professionals, and disseminating information about aging with a disability to people with disabilities and their families. Training and dissemination occurs through advanced and continuing education courses; local, national, and international conferences; workshops; publications in professional and consumer oriented journals; and the Internet.

Managed Health Care for Individuals with Disabilities

MedStar Research Institute
NRH Center for Health and Disability Research
1016 - 16th Street, Northwest, Suite 400
Washington, DC 20036
gxd3@mhg.edu
http://www.ilru.org/mgdcare/index.html

Principal Investigator: Gerben DeJong, PhD
Public Contact: Olga Elizabeth Hayes, 202/466-1919; Fax: 202/466-1911

Project Number: H133B70003
Start Date: May 1, 1997
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 97 $499,969; FY 98 $499,988; FY 99 $500,000; FY 00 $700,000
Abstract: This project provides national leadership on the major health service and health policy issues facing consumers with disabilities in managed health care arrangements. It: (1) conducts research; (2) prepares special policy analyses; (3) hosts forums for discussion; (4) presents expert testimony to Congress and governmental agencies; (5) publishes in the health policy, consumer, and trade literature; (6) trains graduate students with disabilities in health service research; and (7) disseminates findings to diverse consumer, provider, payer, academic, and policy-making audiences. On the state and national levels the project seeks to make managed care and the larger health care system more responsive to the needs of people with disabilities by acting as a catalyst for the development of new ideas. Program partners are the NRH Center for Health and Disability Research in Washington DC and the Independent Living Research Utilization (ILRU) center in Houston Texas.

National Rehabilitation Research and Training Center for Children with Disabilities with Special Health Care Needs

Georgetown University
Child Development Center
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Washington, DC 20007
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Principal Investigator: Phyllis Magrab, PhD
Public Contact: Tammy Abdou, Program Coordinator, 202/687-8617; Fax: 202/687-8899

Project Number: H133B001200
Start Date: July 1, 2000
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 00 $699,956
Abstract: This center improves rehabilitation outcomes for children and youth with disabilities with special health care needs by increasing the effectiveness of service systems. Using an integrated, multifaceted research program, and related training, dissemination, and technical assistance activities, the program targets five areas: (1) access to rehabilitative services, (2) impact on health services within managed care, (3) promising practices of transition to adult health care in managed care settings, (4) training to address skills needed by professionals in relation to assistive technology, and (5) appropriateness and effectiveness of telerehabilitation in geographically remote areas. In addition, a variety of strategies utilize this information and other knowledge to provide training and technical assistance to the target audiences of families, consumers, providers, researchers, policymakers, and managed care organizations to improve rehabilitative services to this population in order to enhance their quality of life and that of their families. The RRTC is run by the Georgetown University Child Development Center in collaboration with Brandeis University's Heller School, the University of Florida's Institute of Child Health Policy, and Family Voices.

Access to Rehabilitation and Empowerment Opportunities for Minority Persons with Disabilities

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Principal Investigator: Sylvia Walker, EdD
Public Contact: 202/806-8086; Fax: 202/806-8148

Project Number: H133B000903
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $600,000

Abstract: The Howard University Research and Training Center for Access to Rehabilitation and Empowerment Opportunity (HURTC) is implementing a RRTC on Access to Rehabilitation and Empowerment Opportunities for Minority Persons with Disabilities to help them achieve self-determination, economic independence, and full participation in American life. The program of the Center is designed to attain the following objectives: identify methodological problems determining the rehabilitation needs of persons with disabilities from minority backgrounds (including sub-populations within these groups) and propose strategies to address these methodological problems; based on research findings, identify implications for rehabilitation research, training, policy development, and services; assess the outcomes of rehabilitation for persons with disabilities from minority backgrounds as measured by two or more variables (such as functional abilities, wellness, employment, health/wellness, and psychosocial status); analyze the affects of minority status on rehabilitation outcomes; and identify, develop, and evaluate rehabilitation methodologies, models, and interventions for specific minority groups. The HURTC collaborates with the Center for Disease Control, the Center for Minority Health, and a variety of stakeholders including consumers with disabilities, state agencies, continuing education programs, and community-based organizations.

Rehabilitation Research and Training Center on Aging with Developmental Disabilities

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Principal Investigator: Tamar Heller, PhD; David Braddock, PhD
Public Contact: Ann Cameron Williams, 800/996-8845 (V); 312/413-1860 (V); 312/413-0453 (TTY); Fax: 312/996-6942

Project Number: H133B980046
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 98 $699,934; FY 99 $699,987; FY 00 $699,985
Abstract: This project promotes the independence, productivity, community inclusion, full citizenship, and self-determination of older adults with mental retardation through a coordinated program of research, training, technical assistance, and dissemination activities. The research program aims to increase knowledge about the changing needs of older adults with mental retardation and their families as they age, and to increase the effectiveness of innovative approaches, public policies, and program interventions that provide needed supports and that promote the successful aging of these adults and their families. It examines how age-related changes in physical and psychological health affect the ability to function in the community, including home, work, and leisure settings. The research program also identifies best practices and current public policies that support these adults and their families. The primary goal is to translate the knowledge gained into practice through broad-based training, technical assistance, and dissemination to people with mental retardation, their families, service providers, administrators and policy-makers, advocacy groups, and the general community. Dissemination vehicles include the Center's clearinghouse, Web site, and newsletters. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center on Stroke Rehabilitation

Rehabilitation Institute Research Corporation
345 East Superior Street
Chicago, IL 60611

Principal Investigator: Elliot J. Roth, MD, 312/238-4637
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Project Number: H133B980021
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $800,000; FY 99 $800,000; FY 00 $800,000

Abstract: This project tests the effectiveness of several stroke rehabilitation strategies and tactics, trains stroke survivors and professionals, and disseminates knowledge relevant to stroke care. In order to extend the knowledge base of stroke rehabilitation, produce changes in clinical practice, and enhance the quality of life of stroke survivors and their families, the Center: (1) identifies, develops, and evaluates rehabilitation techniques in order to address coexisting and secondary conditions and improve outcomes for all stroke patients; (2) develops and evaluates standard aerobic exercise protocols; (3) identifies and evaluates methods to identify and treat depression and other psychological problems associated with stroke; (4) determines the effectiveness of stroke prevention education provided in a medical rehabilitation setting; (5) evaluates the impact of changes in diagnosis and medical treatment of stroke on rehabilitation needs; (6) evaluates long-range outcomes for stroke rehabilitation across different treatment settings; (7) evaluates the impact of stroke practice guidelines on delivery and outcomes of rehabilitation services; (8) provides training on new approaches, innovations, and the specialized principles and practices of rehabilitation care of individuals with stoke; (9) provides applied research experience and training in research principles and methods; (10) disseminates information of new developments in the area of stroke care and research to people with stroke and their families, rehabilitation professionals, and service providers; and (11) conducts a state-of-the-science conference. The Center has a large database of information regarding stroke rehabilitation patients and continues ongoing systems and activities to collect and analyze data concerning stroke impairment, disability, and social functioning. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Missouri Arthritis Rehabilitation Research and Training Center (MARRTC)

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Principal Investigator: Jerry C. Parker, PhD, 573/814-6480
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Project Number: H133B980022
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 98 $800,000; FY 99 $800,000; FY 00 $800,000
Abstract: MARRTC helps to prevent and manage disability in people with arthritis and related musculoskeletal disease by providing leadership at the national level through three strategies: (1) MARRTC conducts state-of-the-art rehabilitation and health services research that addresses the needs of people with arthritis and related musculoskeletal diseases in the following areas: exercise and fitness, interventions for psychological well-being and pain, job accommodations and employment, and health and wellness using participatory action research (PAR) strategies to emphasize the inclusion of consumers in all phases of the research process; (2) MARRTC provides training for physicians and other health care professionals in the rehabilitative aspects of rheumatologic practice, including university-based programs, national presentations, research capacity-building, and publications aimed at improving clinical skills; and (3) MARRTC disseminates rehabilitation research and technology transfer for the empowerment of people with arthritis to help them to minimize disability, maintain employment, and improve functional status.

Rehabilitation Research and Training Center on Health and Wellness for Persons with Long-Term Disabilities

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Oregon Institute on Disability and Development
Child Development and Rehabilitation Center
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Principal Investigator: Gloria Krahn, PhD, 503/494-8364
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Project Number: H133B990019
Start Date: October 1, 1999
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 99 $700,000; FY 00 $700,000
Abstract: The Center has a comprehensive program of research, training, technical assistance, and dissemination with primary attention given to the physical and mental aspects of health for people with long-lasting disabilities such as cerebral palsy, spinal cord injury, multiple sclerosis, amputation, and post-polio. Interconnected research areas include evaluating health assessment definitions, practices, policies, and measurement, and their impact on health promotion and investigating the relationship between selected health maintenance strategies and the incidence and severity of secondary conditions and other functional outcomes. Center projects examine the practices of exemplary generic and specialized health promotion programs; analyze the health behaviors and related functional outcomes of individuals with disabilities; examine the relationship between health definitions, practices, and secondary conditions to develop a screening tool for health and wellness for people with disabilities; and investigate the association between disability and differential detection of cancer. The Center's third area of focus centers on identifying and evaluating best practices in health promotion. These include an Internet-delivered reproductive health promotion package, strategies for enhancing the participation of individuals with disabilities in self-directed physical activity, the accessibility of alcohol and drug treatment programs to people with disabilities, and methods for culturally responsive health promotion. An additional research focus is the use and efficacy of complimentary alternative medicine among people with these specific long-term disabilities.

Rehabilitation Research and Training Center on Rehabilitation Interventions Following Traumatic Brain Injury

The Institute for Rehabilitation and Research (TIRR)
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Principal Investigator: Walter M. High Jr., PhD
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Project Number: H133B990014
Start Date: September 1, 1999
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $650,000; FY 00 $650,000
Abstract: The Center promotes the scientific advancement of rehabilitation research by focusing on several areas identified as needing further research. These include areas of weakness in the current knowledge and future research regarding traumatic brain injury (TBI) recovery and rehabilitation effectiveness: improvement of the diagnosis and treatment of persons with mild TBI; development of interventions to assist school-age children with TBI; the needs of minority groups members with TBI; evaluation of the effectiveness of rehabilitation interventions; and treatment for the family members of people with TBI. Activities include publishing an informational and technical assistance resource for consumers and professionals; training for medical and neuropsychological fellows in rehabilitation research; coordinating a state-of-the-science conference on mild TBI; and producing an educational videotape to train family members in effective coping skills. Through representation on the advisory committees, consumers are involved in all aspects of planning and evaluating research and training activities.

Multiple Sclerosis Rehabilitation Research and Training Center

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msrtc@u.washington.edu
http://depts.washington.edu/rehab/MS

Principal Investigator: George H. Kraft, MD, 206/543-7272
Public Contact: Ed O'Shaughnessy, Research Program Administrator, 206/221-5688; Fax: 206/685-3244

Project Number: H133B980017
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 98 $691,314; FY 99 $697,978; FY 00 $697,978
Abstract: This Center promotes health and wellness of people with multiple sclerosis (MS) and improves their functioning and employment status. Fundamental to the project is a health survey administered to people with MS throughout the Northwest region. Information from the survey is fed into six project components: (1) promoting wellness among people with MS through brief counseling methods; (2) improving the functioning of people with MS through three studies: improving psychological distress using pharmacological intervention, evaluating the combined effect of cooling and exercise on performance, and improving function through cognitive rehabilitation interventions; (3) exploring the employment status of people with MS; (4) designing practical interventions and workplace modifications; (5) studying the interaction between aging and MS; and (6) exploring the effects of gender, culture, socioeconomic status, ethnicity, place of residence, and insurance coverage on people with MS, in regard to symptomology and response to treatments. Researchers develop and apply interventions and conduct follow-up surveys to evaluate the effectiveness of the intervention strategies. This Center collaborates with the RRTC on Substance Abuse, the Consortium of MS Centers, the National MS Society, and the MS Association of Kings County.

Rehabilitation Services for Persons with Emergent Disabilities: Medical Rehabilitation Services for Persons with Disabilities

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Principal Investigator: Gerben DeJong, PhD, 202/466-1900
Public Contact: Olga Elizabeth Hayes, 202/466-1919; Fax: 202/466-1911

Project Number: H133A990013
Start Date: August 8, 1999
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 99 $200,000; FY 00 $200,000
Abstract: This project evaluates: (1) changes in the medical rehabilitation industry; (2) the need for and access to medical rehabilitation among individuals with emerging disabilities; and (3) the potential impact of these changes on the rehabilitation of individuals with emerging disabilities. The project demonstrates empirically how structural changes in the post-acute health care market and the emergence of previously unrecognized disabilities intersect, and outlines new challenges to health care policy and service delivery. Emerging disabilities occur from changes in the social, economic, and physical environment, such as social inequalities (e.g., violence-induced neurological trauma; diabetes); changes in workplace technologies (e.g., repetitive motion syndromes); environmental factors (e.g., child and adult asthma); and medical conditions with increasing prevalence (e.g., HIV/AIDS; diabetes). The evaluation process is conducted through critical literature reviews, secondary data analyses, and qualitative interviews with different stakeholder groups (including rehabilitation and acute care providers, health plans, purchasers, consumers, and consumer advocacy groups). The resulting synthesis illuminates the divergence/convergence of changes in the medical rehabilitation industry and the unfolding needs of emerging disability populations, and informs health care policy and health care delivery systems on how these new demands on post-acute care can be met adequately.

Exercise and Recreation for Individuals with a Disability: Assessment and Intervention

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Center for Health and Fitness
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http://richealthfit.org/resrched/nidrr.htm

Principal Investigator: Jeffery Jones
Public Contact: 312/908-4292; Fax: 312/908-1051

Project Number: H133A60032
Start Date: November 1, 1996
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 96 $175,000; FY 97 $175,000; FY 98 $175,000; FY 99 (No-cost extension through 8/31/00); FY 00 (No-cost extension through 11/30/00)
Abstract: This project demonstrates that participation in exercise and physical activity improves function, facilitates community reintegration, and enhances the quality of life of people with disabilities. The project: (1) investigates the long-term effects of an exercise fitness program on the physiology, metabolic performance, and quality of life of people with spinal cord injury, stroke, and cerebral palsy; (2) examines the role of self-efficacy in maintaining participation in an exercise fitness program; (3) describes the types and frequency of recreation and fitness activities among people who have had a stroke, people with spinal cord injury, and people with cerebral palsy; (4) examines the relationships between participation in recreation and exercise programs and health status, life satisfaction, and depression in the above populations; and (5) delineates barriers and deterrents to participation in recreation and exercise programs that exist for a variety of disability groups.

Access to Health Care Services for Persons with Disabilities: Defining the Barriers and Strategies for Change

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Principal Investigator: Mari-Lynn Drainoni, PhD
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Project Number: H133A990014
Start Date: October 1, 1999
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $245,434; FY 00 $245,434
Abstract: This project examines a wide range of access barriers to the continuum of health care services for people with disabilities across the life span in Massachusetts. The objectives of the research project are: to examine variation in access to health care services by provider type; to examine different types of access important for people with disabilities: physical access, communication access, cognitive access, and medical access; to identify changes made since the passage of the ADA; to identify barriers to health care services as experienced by individuals with disabilities and compare this experience with provider perceptions; to identify best practices that mitigate access barriers; to develop a research agenda for future activities in this area; and to develop dissemination products that advance both knowledge and practice among purchasers, regulators, health plans, providers, and people with disabilities. The project examines the accessibility of a range of health care providers, including outpatient clinics, hospital outpatient departments, mental health and substance abuse treatment providers, dentists' offices, hospitals, rehabilitation facilities, acute detoxification facilities, and assisted living facilities.

Collaborative Study of Impaired Self-Awareness After Traumatic Brain Injury

Mississippi Methodist Rehabilitation Center
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Principal Investigator: Mark Sherer, PhD
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Project Number: H133A980067
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 98 $140,108; FY 99 $140,108; FY 00 $140,108
Abstract: This project creates new knowledge on impaired self-awareness (ISA) in people with moderate to severe traumatic brain injury (TBI). ISA interferes with effective delivery of rehabilitation services, prevents self-advocacy, leads to distress within the family system, and negatively affects social outcomes. This project studies its impacts and its subjective meaning for consumers in order to design new treatments and service delivery innovations. It conducts the first large-scale (N=160), prospective longitudinal study of ISA's neural substrates, neuropsychological features, natural history, and relationship to functional and quality-of-life outcomes over the first year following moderate-to-severe TBI. With several methodological innovations that improve interpretation of the quantitative data, project researchers provide the first systematic qualitative study of self-awareness from the perspective of people with TBI and their families. The project uses: (1) the expertise of researchers involved in TBI outcomes research, (2) many data elements already captured in the Model System database and supported by Model System infrastructure, and (3) the high volume of subjects and excellence of resources jointly available at the two collaborating sites. The project is a collaboration between the TBI Model System of Mississippi and the TBI Model System at MossRehab in Philadelphia. Findings are disseminated to consumers, rehabilitation professionals, and the TBI Model Systems nationwide.

A Double-Blind, Placebo-Controlled Trial Exploring the Efficacy of Nortriptyline and Amantadine in the Management of Post-Traumatic Agitation

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Project Number: H133A980056
Start Date: November 1, 1998
Length: 48 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $269,000; FY 99 $265,435; FY 00 $273,845
Abstract: This study provides objective data for evidence-based evaluation and treatment of the most common behavioral impediment to acute rehabilitation, posttraumatic agitation. Posttraumatic agitation is a dramatic behavioral consequence of traumatic brain injury (TBI) occurring in approximately 33 percent of coma-emerging patients. The agitated brain injury survivor has diminished capacity to tolerate or respond to traditional rehabilitation services. At risk for injury and disruptive to the therapeutic milieu, these patients consume considerable health care resources. Pharmacologic intervention is becoming increasingly important in the care of posttraumatic agitation in an effort to resolve the aberrant behavior promptly and permit the patient to respond to an expanded range of rehabilitation services. This project offers a unique opportunity to develop the multicenter trial needed to recruit a statistically meaningful cohort for study. The project involves a randomized, double-blind, placebo-controlled study of two medications commonly used to treat agitation. The study has specifically chosen measures of treatment efficacy with demonstrated validity in this population. The study is done in collaboration with more than four NIDRR-funded Model Traumatic Brain Injury Systems.

Treatment of Shoulder Dysfunction in Polio Survivors and Elderly Adults with Lower Extremity Impairment

MossRehab
Albert Einstein Healthcare Network
1200 West Tabor Avenue, Korman Suite 213
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Principal Investigator: Mary G. Klein, PhD
Public Contact: 215/456-7864; Fax: 215/456-5926

Project Number: H133A000101
Start Date: July 1, 2000
Length: 24 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 00 $233,074

Abstract: This project demonstrates how a well-structured exercise program can help to alleviate shoulder symptoms in polio survivors. Research is needed to determine the effectiveness of treatment modalities, such as exercise, on shoulder overuse disorders in polio survivors and other populations with lower extremity impairments. Previous research has determined that shoulder pain is one of the most frequent overuse symptoms seen among post-polio survivors. Additionally, elderly adults who have lower extremity impairments, but no history of polio, also develop overuse symptoms. This research uses a predictive model of shoulder pain that demonstrated that lower extremity weakness and weight were associated with the presence of shoulder overuse symptoms, thus suggesting that these symptoms may arise from use of the upper extremities to compensate for lower extremity weakness during transfers, stair climbing, and other activities. Exercise training is a potential means of reducing the burden of both primary and secondary impairments in post-polio and elderly populations with significant lower extremity weakness, and an effective treatment for improving function and quality of life. Other populations with lower extremity weakness who may benefit from this research include those with muscular sclerosis or incomplete spinal cord injuries.

Impact of Family Environment on Patient and Family Outcome After TBI: A Multi-Center Study

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Principal Investigator: Angelle M. Sander, PhD
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Project Number: H133A980058
Start Date: November 1, 1998
Length: 48 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $224,989; FY 99 $210,239; FY 00 $210,239
Abstract: This study determines the importance of the pre-injury family environment in the prediction of long-term patient and family outcome after traumatic brain injury (TBI). The research develops models that can be used to identify family members and patients who are at risk for developing long-term adjustment problems. Information gained is also used to develop and pilot a structured family intervention. Previous research has shown that TBI results in substantial distress for a majority of family members. Research conducted with parents of children with TBI indicates that pre-injury family functioning has an impact on children's outcome. Similar studies have not been conducted with the population of adults with TBI. In this project data is collected at three Model System Centers: The Institute for Rehabilitation and Research (TIRR), Mississippi Methodist Rehabilitation Center (MMRC), and the Mayo Medical Center (MAYO); data collection is integrated with the current Model Systems Research Protocol. Systematic dissemination activities are designed to target consumers (people with TBI and their families) and rehabilitation professionals.

Effects of Methylphenidate on Working Memory and Cerebral Glucose Metabolism in Persons with Severe Traumatic Brain Injury

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Principal Investigator: Harvey S. Levin, PhD
Public Contact: Keisha S. Johnson, 713/798-4860; Fax: 713/798-1456

Project Number: H133A980073
Start Date: December 1, 1998
Length: 48 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $279,903; FY 99 $274,319; FY 00 275,255
Abstract: This project conducts a multicenter clinical trial of methylphenidate (MPH) to treat deficits in working memory and other cognitive impairments resulting from severe traumatic brain injury (TBI). MPH is a potentially cost-effective intervention that could mitigate frequent and disabling cognitive impairments and thereby improve the lives of people with TBI, their families, and caregivers. By using functional brain imaging to identify the mechanism through which MPH improves cognitive functioning, the project seeks direction for developing pharmacologic interventions for people with TBI. A total of 144 people with severe TBI are recruited at three TBI Model Systems Centers (including The Institute for Rehabilitation and Research, Houston, Texas, and the Department of Rehabilitative Medicine, University of Washington, Seattle, Washington). All have a working memory deficit on one or both screening tests and no medical contraindications for MPH treatment. Working memory, long-term memory, processing speed, everyday memory, and productivity in performing adaptive activities are assessed at pretreatment baseline. Subsets of participants also undergo functional magnetic resonance imaging to evaluate changes in patterns of brain activation. Results are disseminated through publications, presentations, and Internet media to NIDRR Model Systems network investigators, other researchers, rehabilitation providers, family members, and payers.

Model System for Burn Injury Rehabilitation

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Principal Investigator: Dennis C. Lezotte, PhD, 303/315-6873
Public Contact: Rebecca Sloan, Database Administrator, 303/315-0320; Fax: 303/315-3183

Project Number: H133A980055
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $125,000; FY 99 $125,000; FY 00 $125,000
Abstract: The Burn Model System/Data Coordinating Center (BMS/DCC) works for and regularly communicates with all clinical BMS principal investigators and their staff to provide the necessary technical, data management, research, and data analysis support for evaluating burn care and rehabilitation outcomes. The DCC and all sites periodically assess specific data elements and operational definitions to become part of a common data dictionary that supports broad-based health services and resource utilization research. The activities of the DCC include developing strategies for establishing and deploying methods to: (1) ensure standard data collection over time; (2) retrieve and integrate each clinical center's common dataset into a combined database; (3) perform essential quality control checks and distribute site-specific error reports; (4) compile and distribute annual program summaries; (5) perform and monitor statistical analyses required of the combined database; (6) assist in the design and support of special ad-hoc research projects; and (7) assist in the dissemination of summary and scientific reports addressing the utility and effectiveness of Burn Model System clinical and rehabilitation strategies.

Model Burn Injury Systems
Maryland

Johns Hopkins University Burn Injury Rehabilitation Model System

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Project Number: H133A70025
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $294,375; FY 98 $294,375; FY 99 $294,375; FY 00 $294,375
Abstract: This project provides a systematized protocol for the care of pediatric and adult patients with severe burn injuries through a comprehensive and integrated program of research. The protocol is expected to serve as a platform for an accessible and compatible database containing all relevant data. The project validates and develops normative data for several measures related to physical, psychosocial, and vocational outcomes (self-selected walking speed task, hand function test, adjustment to disfigurement, generic and burn-specific quality-of-life tests). Additionally, the project conducts studies evaluating innovative methods of reducing functional impairment due to secondary complications, such as cross-joint contractures, deconditioning, posttrauma distress, disfigurement-related distress, and enhancing vocational quality-of-life and educational outcomes, including a vocational rehabilitation intervention and a school-based rehabilitation intervention. Experts provide training to generalist health care professionals serving burn survivors in remote and rural regions. Finally, researchers conduct collaborative studies with the University of Washington Model System and the New York Hospital Center/Cornell University. This project contributes to the national statistics database at the University of Colorado Health Sciences Center.

Model System for Burn Injury Rehabilitation

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Project Number: H133A70023
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $295,000; FY 98 $295,000; FY 99 $295,000; FY 00 $295,000
Abstract: This multidisciplinary, comprehensive, and coordinated system conducts emergency, medical/surgical, rehabilitation, psychosocial, and vocational activities. To address the goal of prevention of secondary complications, the project conducts two site-specific studies: (1) comparing use of sustained stretching with and without paraffin, and (2) comparing serial splinting with serial casting. To develop and evaluate rural outreach programs, the project has established two quarterly clinics in rural areas of northeast Texas and plans to initiate a third clinic in Fort Worth Texas. Also, two collaborative research projects develop and evaluate functional outcome measures: (1) development and validation of a new physical functional outcome tool, and (2) assessment of the SF-36 as a measure of community integration and quality of life. The project provides medical rehabilitation and psychosocial interventions for people with burn injury, including children. Interventions are evaluated by addressing several research questions. Also, children are evaluated by addressing outcomes that may vary as a function of the services they received or the compliance of their families with treatment. This project contributes to the national statistics database at the University of Colorado Health Sciences Center.

Pediatric Burn Injury Rehabilitation Model System

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Principal Investigator: David Herndon, MD, 409/770-6731
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Project Number: H133A70019
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $295,000; FY 98 $295,000; FY 99 $295,000; FY 00 $295,000
Abstract: This project builds and analyzes a database of information on children and burns, including measures of cardiopulmonary function, physical growth and maturation, bone density, range of motion, activities of daily living, scar formation, reconstructive needs, and measures of psychosocial adjustment. Analysis determines areas that require improvement and measures of functional outcome that can be used in the evaluation of treatment methods. Additionally, the project improves outcomes by instituting and evaluating two modifications to current rehabilitation for children with large severe burn injuries. First, an intensive inpatient rehabilitation program includes rigorous active resistance exercise training and daily care directed by the complete medical and psychosocial rehabilitation team. Effectiveness is compared with functional outcomes achieved in traditional home-based programs. Second, the use of chronic growth hormone therapy is evaluated to increase growth, strength, bone density, function, and well-being. The project assesses current methods of treatment that subdue effects of scar formation. The project's Community Resources Training Program operates in conjunction with selected existing outreach clinics and school reintegration programs. This project contributes to the national statistics database at the University of Colorado Health Sciences Center.

University of Washington Burn Injury Rehabilitation Model System

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Project Number: H133A70014
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $295,000; FY 98 $295,000; FY 99 $295,000; FY 00 $295,000
Abstract: This model system: (1) identifies and evaluates techniques to prevent secondary complications; (2) develops and evaluates programs that improve follow-up services for rural populations; (3) develops and evaluates measures of functional outcome for burn rehabilitation; and (4) identifies and evaluates interventions, including vocational rehabilitation and special education interventions, to improve psychosocial adjustment, quality of life, community reintegration, education, and employment-related outcomes. This project contributes to the national statistics database at the University of Colorado Health Sciences Center.

UAB Model Spinal Cord Injury Care System

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Project Number: H133N000016
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $340,000
Abstract: The purpose of the University of Alabama at Birmingham (UAB) Spinal Cord Injury Care System (UAB-SCICS) program is to provide cutting edge, cost effective, comprehensive care from the moment of injury across the life span for persons who incur a spinal cord injury (SCI); to investigate ways of improving aspects of that system of care through clinical research; and to disseminate project research findings to persons with spinal cord injury, their family members, and professional care providers. UAB-SCICS includes three research projects: (1) investigating musculoskeletal/spine changes in post-menopausal women with SCI; (2) carrying out a preemptive clinical trial to prevent or minimize neuropathic pain; and (3) completing a longitudinal investigation of the processes involved in coming to terms with disability over the first year post-injury. UAB-SCICS maintains linkages with emergency medical service agencies throughout the state, with state and local vocational rehabilitation and long-term follow-up programs, with clinically oriented research activities within the UAB-SCICS itself; with UAB's companion Medical RRTC on Secondary Conditions of SCI, as well as with clinical research programs being conducted at other Model SCI Systems. The UAB-SCICS currently maintains the National Spinal Cord Injury Statistical Center.

Regional Spinal Cord Injury Care System of Southern California

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Project Number: H133N000029
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $345,000
Abstract: The Regional Spinal Cord Injury Care System of Southern California's primary mission is to collect initial and follow-up data on persons who have sustained spinal cord injuries and submit it to the national statistics database at the University of Alabama at Birmingham. Another component of the project focuses on literacy in individuals with spinal cord injury (SCI). Also, the project identifies, evaluates, and eliminates environmental barriers, particularly cultural and social barriers, to enable people with SCI to fully reintegrate into their community, and thus improve their lives. The project has been designed to meet the needs of the approximately 75 percent minority and underserved populations that comprise its clientele, and has samples sufficient for achieving adequate statistical power in the relevant designs and producing meaningful research. Finally, the System contributes new and useful information to the current collection of SCI literature. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Model Spinal Cord Injury System

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Project Number: H133N000007
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $340,000

Abstract: The system of care at the Santa Clara Valley Medical Center (SCVMC) that extends from the scene of the accident to community reintegration has been developed through a program encompassing services, teaching and demonstration, and clinical research activities in its northern and central California and Nevada catchment area. This effort continues to include community agency staff and consumers and has produced a network of services addressing the needs of individuals with spinal cord injury (SCI). Based on input from consumers and their family members, community organizations, rehabilitation health professionals, and the rehabilitation literature, the research program studies: (1) the efficacy of peer support, both group and one-on-one mentoring, to improve quality of life, physical and psychosocial status, and community participation and integration; (2) if a regular exercise program can improve the above mentioned community outcomes; (3) the effect of high personal attendant turnover on the above mentioned variables and whether an intervention can decrease that turnover and improve outcomes; and (4) the provision of SCI-specific education and whether improving knowledge improves outcomes. This project contributes to the national statistics database at the University of Alabama at Birmingham.

The Rocky Mountain Regional Spinal Injury System

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Project Number: H133N000001
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $375,0000
Abstract: The Rocky Mountain Regional Spinal Injury System (RMRSIS) emphasizes research and significant contributions that have been made in the areas of spinal cord injury (SCI) costs of care, aging, outcome assessment, high tetraplegia, neurorehabilitative surgery, and program evaluation, as well as participation in randomized controlled multicenter clinical trials. An integrated research agenda includes a controlled clinical trial of therapy for shoulder pain and evaluations of longitudinal outcomes of surgery for spinal cord myelopathies, recovery from pressure sore surgery, perimenopausal symptoms and treatments in women with SCI, the issues of women who provide assistance to a partner with SCI, and the impact of environmental barriers on the full participation in of people with SCI. The project includes two highly regarded Level I and Level II trauma centers with specialized acute neurotrauma care facilities (St. Anthony Hospital and Swedish Medical Center) and the rehabilitation and lifetime follow-up services of Craig Hospital. These facilities bring together a full complement of disciplines and specialists, medically directed by six full-time physicians specializing in SCI acute and rehabilitation management, to provide all components of a Model System of care. This project contributes to the national statistics database at the University of Alabama at Birmingham.

South Florida Regional Spinal Cord Injury Model System

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Project Number: H133N000017
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $375,000
Abstract: This Model Spinal Cord Injury Center for the South Florida Spinal Cord Injury System (SFSCIS) has established a multidisciplinary system of providing comprehensive rehabilitation services, specifically designed to meet the special needs of individuals with spinal cord injury (SCI). The clinical components of the SFSCIS include emergency medical services, acute care, vocational and other rehabilitation services, community and job placement, long-term community follow-up and health maintenance, a comprehensive prevention program, and a significant and substantial research program focusing on the maintenance of health and function. The SFSCIS has three clinical trials and six major research projects. Each of these projects studies interventions that improve outcomes in the preservation or restoration of function following SCI. This project contributes to the national statistics database at the University of Alabama at Birmingham. A program designed for widespread dissemination of research and demonstration findings incorporates accommodations for people with sensory impairments. In addition, culturally appropriate methods of education, training, and outreach are interwoven throughout the projects. The project includes a comprehensive evaluation program. The SFSCIS is a cooperative effort between the University of Miami School of Medicine, and The Miami Project To Cure Paralysis and Jackson Memorial Hospital.

Georgia Regional Spinal Cord Injury Care System

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Project Number: H133N000005
Start Date: September 30, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $374,992
Abstract: The Georgia Regional Spinal Cord Injury Care System at the Shepherd Center, Inc. admits approximately 200 individuals annually with acute onset paralysis secondary to spinal cord injury (SCI). Post-discharge data is collected on 600 individuals each year. The continuum of care begins at injury and continues through transport, assessment, acute care, rehabilitation, emotional adjustment, community reintegration, and lifetime follow-up. At 100 beds, Shepherd Center, Inc. is the largest free standing specialty hospital in the United States, and receives its patient population primarily from Georgia, the rest of the Southeast, and the Eastern Seaboard. The project is an integral piece of the clinical research activity sponsored by the facility's Crawford Research Institute, and is responsible for ongoing referrals of acutely injured individuals, as well as the long-term follow-up and data collection. This project contributes to the national statistics database at the University of Alabama at Birmingham. In addition to database activities, the project is also involved with site-specific research projects on: incomplete spinal cord injuries, enhanced long distance technological communications with patients, and the determination of early predictors of secondary complications.

Model Spinal Cord Injury Systems
Massachusetts

The New England Regional Spinal Cord Injury Center

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Project Number: H133N000024
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $374,514
Abstract: The principal goals of the New England Regional Spinal Cord Injury Center (NERSCIC) are to identify interventions with a high likelihood of promoting employment and reemployment and to evaluate, systematically and scientifically, the efficacy of these strategies. The outcome is a regional clinical and research capacity designed to meet the needs of people with spinal cord injury (SCI), their employers and prospective employers, and the needs of people who provide their care. The Model SCI System includes ten research projects: (1) a pilot study on the effects of Internet access upon the health and social interactions of people with SCI; (2) a study of building accessibility in eastern Massachusetts; (3) a study of "way-finding" as confronting environment barriers and facilities; (4) a return to work of twenty people with SCI; (5) a study of freehand; (6) secondary data analysis of the inter-relationship among catheterization, smoking, and bladder cancer; (7) an insurance study identifying incentives and disincentives to work; (8) a study of the effects of health and fitness on secondary conditions to initiating or continuing paid employment; (9) the child care and dependent care needs of adults with disabilities and the effects of employment upon their children and other dependents; and (10) a secondary analysis of Veterans with SCI. This project contributes to the national statistics database at the University of Alabama at Birmingham.

University of Michigan Model Spinal Cord Injury Care System

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Principal Investigator: Denise G. Tate, PhD, ABPP, 734/936-7052
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Project Number: H133N000009
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $320,000
Abstract: The University of Michigan Model Spinal Cord Injury Care System provides comprehensive care and services to both children and adults, and is the only facility in Michigan to care for ventilator-dependent persons of all ages with spinal cord injury (SCI). The project objectives are to: (1) provide a continuum of comprehensive, multidisciplinary services for persons with SCI, from emergency medical services to long-term community follow-up, with a focus upon maintaining health; (2) demonstrate the effects of the continuum of comprehensive services, focusing on its efficacy in promoting employment, health maintenance and wellness, independent living, and community reintegration; (3) conduct significant research, using a participatory action research approach involving consumer input from inception through implementation; (4) operate an efficient service system; and (5) develop and demonstrate methods of community outreach and education in collaboration with the Ann Arbor Center for Independent Living (AACIL) to reach professionals, consumers, and their families in other rehabilitation facilities and Centers for Independent Living (CILs) in Michigan. These objectives emphasize community reintegration as a key outcome. The Model System is in collaboration with the AACIL, with the goal of promoting community reintegration. This partnership ensures a coordinated approach to clinical care, training, and research that integrates consumer empowerment with comprehensive lifelong follow-up, bringing a consumer-professional synergy to the project that serves as an example for other Model SCI Systems. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Southeastern Michigan Spinal Cord Injury System

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Project Number: H133N50006
Start Date: September 1, 1995
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 95 $373,000; FY 96 $373,000; FY 97 $373,000; FY 98 $373,000; FY 99 $373,000; FY 00 (No-cost extension through 9/30/00)
Abstract: The Southeastern Michigan Spinal Cord Injury System is a research and demonstration model of a comprehensive system of spinal cord injury (SCI) care, from point of injury through emergency services, acute medical care at Detroit Receiving Hospital, rehabilitation management at the Rehabilitation Institute of Michigan, and long-term community follow-up. The scope of work includes evaluation of the costs and benefits of this system, and collaborative and local research to solve medical management and rehabilitation problems. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Missouri Model Spinal Cord Injury System

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Project Number: H133N000012
Start Date: October 1, 2000
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $300,000
Abstract: The Missouri Model Spinal Cord Injury System (MOMSCIS) is committed to developing, implementing, and evaluating innovative research that promotes independent living and community integration among persons with spinal cord dysfunction. The two studies focus on the effect of a consumer-directed personal assistance services training intervention on consumer satisfaction, independent living, and community integration. The purpose of Study 1 is to develop, implement, and evaluate the in-person Individualized Management of Personal Assistant/Consumer Teams (IMPACT) workshop. The purpose of Study 2 is to assess whether this workshop can be implemented as effectively via video teleconferencing as in person, thereby increasing dramatically its dissemination potential. The objectives of the studies are: (1) to determine the effect of the IMPACT workshop on consumer satisfaction, the incidence of secondary conditions, activity, and participation (as defined by the ICIDH-2); (2) to determine the effect of the IMPACT workshop on personal assistant's job satisfaction, job stress, and attrition; (3) to test for differences in outcomes between the participants who attended the workshop in-person and those who attend the workshop via video teleconferencing; and (4) to develop, evaluate, and refine a Web version of the interactive IMPACT workshop. Data from this research provides valuable information for future studies seeking to document changes in personal independence and community integration. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Northern New Jersey Spinal Cord Injury System

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Project Number: H133N000022
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $345,000
Abstract: The primary purpose of the Northern New Jersey Spinal Cord Injury System (NNJSCIS) is to generate new knowledge to improve outcomes for persons with spinal cord injury (SCI) through the development of improved interventions and expanded service delivery options. The NNJSCIS is a collaborative endeavor involving Kessler Medical Rehabilitation Research and Education Corporation (KMRREC), Kessler Institute for Rehabilitation (KIR), and the University of Medicine and Dentistry of New Jersey—University Hospital. The NNJSCIS has a well-established interdisciplinary system of rehabilitation care that has been specifically designed to meet the needs of individuals with SCI, including emergency medical services; acute care; psychological, social, and vocational services; peer support; independent living services; community and job placement, and long-term community follow-up and health maintenance. The research and demonstration projects include: targeting two of the most common problems faced by persons with spinal cord injuries (i.e., pressure ulcers and urinary tract infections) with new advances in treatments and technology; recognizing that obesity in persons with SCI is not only a health issue but impacts community access; health literacy; and the identification of other health and psychosocial risk factors that may have escaped detection. The project tests the newly developed Clinical Practice Guidelines along with research into the effect of managed care in order to yield important findings that assist consumers, health care providers, insurance providers, and policy-makers in devising optimal treatment. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Mount Sinai Spinal Cord Injury Model System

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Project Number: H133N000027
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $320,000
Abstract: The Mount Sinai Spinal Cord Injury Model System (MS-SCI-MS) of the Department of Rehabilitation Medicine of Sinai Hospital (MSH) and the Mount Sinai School of Medicine (MSSM) in New York City, provides comprehensive care to meet the diverse needs of persons with spinal cord injury (SCI) in its catchment area. There are four components of the system: (1) comprehensive clinical care; (2) research (center-specific and contributions to the national statistics database); (3) dissemination, education, and training; and (4) injury prevention. The comprehensive clinical program stresses interdisciplinary care, and employs a primary team model to enhance coordination among caregivers. Comprehensive outpatient rehabilitation services and long-term follow-up at MSH are also included. Rehabilitation services include a high-tech wheelchair and seating system evaluation program, a lower extremity functional electrical stimulation ergometry program, psychosocial services, extensive vocational rehabilitation services, a consumer-directed program to promote community reintegration (DO IT!), and a women's peer group. Specialty medical and surgical services available include a fertility program for males with ejaculatory dysfunction, intrathecal pumps for treatment of spasticity, upper extremity reconstruction, and cutting edge technology. A preventive healthcare demonstration project for screening and early intervention of secondary medical conditions is included as a collaborative effort of the MS-SCI-MS and the Spinal Cord Damage Research Center at the Bronx Veterans Affairs Medical Center. The research program of MS-SCI-MS consists of three studies relevant to one of the most disabling secondary conditions of SCI: chronic pain: (1) meta-analyses of pain reports and pain treatments; (2) a prospective study of pain; and (3) a trial of a novel therapy, intrathecal magnesium sulfate, alone and in combination with morphine, for relief of chronic intractable pain. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Demonstration of a Model Spinal Cord Injury System Center

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Project Number: H133N000023
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $370,000
Abstract: The Regional Spinal Cord Injury Center of Delaware Valley (RSCICDV) is a comprehensive program of coordinated patient care, education, and research activities. The RSCICDV: (1) conducts on-site research focusing on improved outcome measures to meet Federally established objectives; (2) refines and improves the RSCICDV's operational services and demonstration projects; and (3) conducts four development projects including development of a spinal cord injury (SCI) Web site, implementation of an SCI Care Path, development of a Pressure Sore Program, and employing persons with SCI through hireAbility. The on-site research includes four experiments: (1) validation of the Walking Index of Spinal Cord Injury (WISCI) scale in a clinical setting for severity and hierarchical ranking; (2) validation of WISCI scale for elements of a disability measure for distance, speed, and endurance into WISCI levels; (3) demonstration that the WISCI scale is responsive to change in a clinical trial setting; and (4) demonstrate consumer preference for walking. The four development projects include: (1) improved access to information via the Web site; (2) implementation of a critical pathway for more efficient heathcare delivery; (3) increased employment and advancement of employment through hireAbility; and (4) increased monitoring of pressure sores and strategies for prevention. This project contributes to the national statistics database at the University of Alabama at Birmingham. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Model Spinal Cord Injury System

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Project Number: H133N50007
Start Date: September 1, 1995
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 95 $373,000; FY 96 $373,000; FY 97 $373,000; FY 98 $373,000; FY 99 $373,000; FY 00 (No-cost extension through 10/31/00)
Abstract: Within a system-wide research environment, this multidisciplinary service system: (1) demonstrates and evaluates services and the costs and benefits of those services, (2) demonstrates and evaluates the application of improved methods and equipment, (3) demonstrates methods of community outreach and education, and (4) participates in national studies of the benefits of a spinal cord injury (SCI) service system. This system addresses projects related to: violence-related spinal cord injuries, maximizing interactions with independent living centers, substance abuse among individuals with SCI, disability and rehabilitation-related problems of people with SCI from minority backgrounds, the role of families and personal advocacy in successful community reintegration, and adoption of the SCI systems model of care into the practice of regular health care delivery. This system also houses the database of all presentations and educational materials developed by the nationwide network of Model SCI System centers. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Texas Model Spinal Cord Injury System

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Project Number: H133N000004
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $375,000
Abstract: The Texas Model Spinal Cord Injury System (TMSCIS) provides services along the entire continuum of care from emergency medical service to long-term follow-up and management of secondary conditions. TMSCIS performs an analytic longitudinal investigation of disability models to explore and quantify the interaction among various individual and environmental variables. TMSCIS operationalizes the Institute of Medicine model disability utilizing state-of-the-art measurement techniques and comprehensive statistical approaches to test hypotheses about dynamic interrelations of persons with spinal cord injury (SCI) and their environment. This investigation involves following newly injured persons with SCI for two years after injury. Measurements are taken of pre-injury life conditions, enabling processes, as well as, personal, psychological, and physical environments. This project contributes to the national statistics database at the University of Alabama at Birmingham. In addition, the project develops and tests theoretically derived structural models from the national database and other existing data sources.

VCU Model Spinal Cord Injury Center

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Principal Investigator: William O. McKinley, MD
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Project Number: H133N000015
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $310,000
Abstract: This project develops and implements a Model Spinal Cord Injury System at Virginia Commonwealth University/Medical College of Virginia (VCU/MCV), with a concentrated emphasis on employment. Researchers monitor and assess the impact of interventions, advancing technology, and policy changes on employment following spinal cord injury (SCI). Collaborating partners include VCU/MCV's Rehabilitation Research and Training Center on Workplace Supports, the Virginia Department of Rehabilitation Services, and the other SCI Model Systems delivery of care. Additionally, the project partners with the Mid-Atlantic Paralyzed Veterans Association in several training, dissemination, and other mutual outreach activities. Research studies involve use of the national statistics database, a major employment policy study across 18 states, a major study with the Virginia Department of Rehabilitation Services on employment outcomes (e.g., earning histories), and an evaluation of technology training on employment outcomes. Involvement of SCI mentors in training new vocational mentors with SCI is also an important component of the work. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Model Spinal Cord Injury Systems
Washington

Northwest Regional Spinal Cord Injury System

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Principal Investigator: Diana D. Cardenas, MD, 206/543-8171
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Project Number: H133N000003
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $330,000
Abstract: The University of Washington's Northwest Regional Spinal Cord Injury System (NWRSCIS) serves a critical mass of patients with spinal cord injury (SCI) and has all the necessary disciplines to provide state-of-the-art medical, surgical, and rehabilitation care. NWRSCIS has four objectives: (1) examine interventions to improve outcomes in the preservation or restoration of function or the prevention and treatment of secondary conditions; (2) contribute to the national database; (3) maintain specialized clinical programs; and (4) develop and maintain education programs for consumers and families, especially for those who belong to minority and disadvantaged groups. In addition, the Center maintains an SCI Consumer Resource Manual and provides for the widespread dissemination of research and demonstration findings. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Model Construct for Community Integration in SCI

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Project Number: H133N50024
Start Date: October 1, 1995
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 95 $373,000; FY 96 $373,000; FY 97 $373,000; FY 98 $373,000; FY 99 $373,000; FY 00 (No-cost extension through 4/30/01)

Abstract: This project emphasizes and integrates the major research areas relating to spinal cord injury (SCI) and community integration through a series of research and demonstration projects. The individual projects contribute to overall federal objectives and address problems identified with the research, demonstration services, or data collection aspects of the Model SCI System. In addition to the core work of the project, researchers engage in six research and demonstration projects and six collaborative projects. The core is focused on the integration of the Wisconsin Model Spinal Cord Injury Center with its multiple components and data compilation requirements. The two main foci of the research and demonstration projects are: enhancement of seamless community integration and quality of life for people with spinal cord injuries, and assessment of clinical and educational SCI programs. Resource and demonstration projects include: The Changing Sexuality Needs of Minority Individuals with Spinal Cord Injury, Substance Abuse and Spinal Cord Injury, Barriers to Community Adjustment in Individuals with Spinal Cord Injury, Development of Assistive Devices for Individuals with Spinal Cord Injury, Wisconsin Spinal Cord Registry: A Public-Private Partnership, and Children at Risk for Violence: A Demonstration Project. Dissemination of the results of the demonstration projects, the participation in database collection, and national collaborative studies integrate the role of SCI management in Wisconsin. This project contributes to the national statistics database at the University of Alabama at Birmingham.

Model Traumatic Brain Injury Systems
Alabama

Traumatic Brain Injury Care System

University of Alabama/Birmingham
Spain Rehabilitation Center
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Project Number: H133A980010
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: The Traumatic Brain Injury Care System (UAB-TBICS) maintains and improves a cost-effective, comprehensive service delivery system for people who incur a traumatic brain injury, from the moment of injury across the life span. The project: studies the course of recovery and outcomes following the delivery of the coordinated system of care; investigates alternative methods of service delivery to people with TBI, exploring emerging technologies to promote recovery; examines key predictors of rehabilitation outcome and costs of care; and places emphasis on home- and community-based activities as well as interventions that maximize community reintegration following TBI. The project establishes and maintains linkages with emergency medical service agencies throughout the state, state vocational rehabilitation and long-term follow-up programs, clinically oriented research activities within the UAB-TBICS itself, and other clinical research programs being conducted at Model TBI Systems nationwide. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Model Traumatic Brain Injury Systems
California

A Comprehensive System of Care for Traumatic Brain Injury

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Medical Staff Corporation
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Principal Investigator: Jeffrey Englander, MD, 408/885-2000
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Project Number: H133A70018
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 97 $345,000; FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: This program is a comprehensive, interdisciplinary system of care whose rehabilitation program empowers consumers through a clinical program, community services for consumers, several important research studies, and dissemination of information. Clinical services and research studies include: (1) the community Vocational Task Force on vocational issues in brain injury; (2) the Peer Support Program for families and consumers from time of injury through community integration; (3) the Mild Brain Injury (MBI) program, which disseminates an educational brochure to all entering the emergency department who have sustained injuries to the head and those who have sustained an MBI (those who have residual complaints are evaluated for subtle deficits); and (4) a quarterly community education series focusing on TBI topics requested by customers. The project operates in collaboration with several community agencies. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Rocky Mountain Regional Brain Injury System

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Project Number: H133A980020
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: The Rocky Mountain Regional Brain Injury System (RMRBIS) operates a comprehensive system of care, conducts research, and disseminates the results. Collaborating programs include Swedish Medical Center and St. Anthony Hospital, two highly regarded Level I and Level II trauma centers and acute care facilities, and community-based programs that range from Colorado's Medicaid Waiver Program, to private vocational services, to programs for the arts and recreation, that offer lifelong services, ongoing follow-up, and an enhanced quality of life to people with TBI and their families. The project conducts 13 distinct yet complementary research projects to: (1) compare the various treatment pathways occurring in Colorado; (2) evaluate the effectiveness of vocational and other community-based services; (3) assess the potential of a pharmacological intervention for improving memory; (4) develop and validate neuropsychological tests; (5) improve outcome predictions through the quantification of MRI results and environmental factors; (6) examine the influence of funding alternatives; and (7) seek a better understanding of the roles of violence and substance abuse in TBI. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Georgia Model Brain Injury System (GAMBIS)

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Principal Investigator: Anthony Stringer, PhD
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Project Number: H133A980028
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: The Georgia Model Brain Injury System (GAMBIS) has the capacity to follow approximately 45 percent of the moderate to severe brain injury cases expected annually in metropolitan Atlanta, and combines the academic resources of Emory University and the Crawford Research Institute of Shepherd Center, Inc., with the clinical resources inherent in six trauma centers, two inpatient rehabilitation programs, and multiple postacute and subacute rehabilitation pathways. Project activities include: comparisons between the efficacy, cost-effectiveness, and cost per quality-adjusted life year for patients in home-based and facility-based subacute care; outcome comparisons between TBI patients grouped by injury severity to determine optimal matches between patients and service delivery methods; the impact of violence as a cause of injury on cost and outcome within all postacute treatment pathways; studying the efficacy of telecommunications technology and a consumer-directed Clubhouse Program in supporting community and vocational reentry; and the role of traditional (e.g., injury severity, level of insurance benefits) and novel (e.g., progesterone level, apolipoprotein E genotype) predictors of outcome and subjective well-being following TBI. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Traumatic Brain Injury Model System

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Principal Investigator: Mel B. Glenn, MD
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Project Number: H133A980034
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: This Traumatic Brain Injury Model System provides a comprehensive spectrum of care for people with traumatic brain injury (TBI) through the collaborative effort of a complex of organizations committed to participation in a variety of research and demonstration projects. Objectives include demonstrating a comprehensive model system of care for individuals with TBI; investigating the efficacy of alternative service delivery; identifying and evaluating interventions that can improve vocational outcomes and community integration; developing key predictors of rehabilitation outcome, including subjective well-being; determining the relationship between cost, interventions, and outcomes; and examining the implications of violence as a cause of TBI. The six research studies of the project include: (1) responsiveness of the Community Integration Questionnaire and the Supervision Rating Scale; (2) attributes of dysarthric speech as a predictor of successful use of voice recognition software for computer access; (3) efficacy of a group model for including family members in the community integration of the patient with TBI; (4) efficacy of community skills group outpatient therapy; (5) palmtop computer technology as a prospective memory aid for individuals with TBI living in the community; and (6) posttraumatic apathy: analysis, pharmacologic treatments, and outcomes. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Southeastern Michigan Traumatic Brain Injury System

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Principal Investigator: Robin Hanks, PhD, 313/745-9736
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Project Number: H133A70021
Start Date: January 1, 1998
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 97 $344,989 (SEMTBIS); $125,000 (TBI National Database); FY 98 $344,989 (SEMTBIS); $125,000 (TBI National Database); FY 99 $344,989 (SEMTBIS); $125,000 (TBI National Database); FY 00 $344,989 (SEMTBIS)

Abstract: This project maintains and enhances an existing model system of care and conducts collaborative and local research projects including the following: (1) a multicenter collaborative project with existing Traumatic Brain Injury Model Systems entitled “Post-Acute Service Delivery: Needs, Interventions, Costs and Outcomes;” (2) the local project “Evaluation of an Enhanced Community-Based Vocational Training Program Serving Economically Disadvantaged Persons with TBI;” (3) rehabilitation outcome, addressed through a combination of multicenter collaborative research and dissemination projects, as well as several local projects; (4) a multicenter collaborative project, “Length of Stay in Inpatient Rehabilitation: Does It Make a Difference?;” (5) a local project, “Managed Primary Care for Persons with Traumatic Brain Injury: Prediction of Long-Term Medical Care Utilization and Costs;” and (6) a multicenter collaborative project led by this project: “Implications of Violence as a Cause of TBI on Cost, Functional Outcome, and Long-Term Community Integration.” The project previously managed the TBI National Database Center and continues to contribute to the statistical database at the Kessler Medical Rehabilitation Research and Education Corporation. Additional goals include coordinating research and dissemination activities with other NIDRR TBI grantees to optimize research output, minimize redundancy of effort, and engage in collaborative dissemination.

Model Brain Injury System

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Principal Investigator: James F. Malec, PhD
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Project Number: H133A980036
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: This Model System enables people with traumatic brain injury (TBI) in the Minnesota region to participate fully in their families, communities, school, and work. The System's 14 studies and projects include: (1) providing the appropriate continuum of care for the approximately 500 people with TBI admitted yearly through the Mayo Level I Trauma Center through an existing Case Coordination system that facilitates access to hospital- and community-based services for community reintegration; (2) determining the long-term outcomes of postacute rehabilitation pathways; (3) evaluating key outcome predictors, including apolipoprotein and genotype; (4) examining the implications of violence for outcome, costs, and special rehabilitation needs; (5) demonstrating innovative postacute rehabilitation and vocational interventions and evaluating their effectiveness through experimental and quasi-experimental designs; (6) further evaluating specialized TBI vocational services at the Mayo Brain Injury Program that result in almost 75 percent of the people served in community-based placements; (7) extending Annegers's previous population-based epidemiological studies of TBI to determine the effect of severity and type of TBI (e.g., violent versus nonviolent) on outcomes and costs; and (8) developing and testing cost models using prospective and retrospective data and national Model TBI System data. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Traumatic Brain Injury (TBI) Model System of Mississippi (TBIMSM)

Mississippi Methodist Rehabilitation Center
Brain Injury Program
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http://www.mmrcrehab.org

Principal Investigator: Mark Sherer, PhD
Public Contact: 601/364-3448; Fax: 601/364-3452

Project Number: H133A980035
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: The Traumatic Brain Injury Model System of Mississippi (TBIMSM) collaborates with other Model TBI System projects, and performs a program of research and demonstration, dissemination, and collaborative projects. Issues addressed are of particular importance to people with traumatic brain injury (TBI) who live in rural areas of Mississippi. The System contributes to improved understanding of methods of service delivery, interventions to improve vocational outcomes and community integration, extended job coaching, rural versus urban outcomes, electrophysiology, awareness, depression, delirium after TBI, key predictors of rehabilitation outcomes, the relationship of cost of care to functional outcomes, and special implications of TBI caused by violence. Two demonstration projects involve a Seizure Clinic and a Spasticity Clinic. Findings are disseminated to people with TBI, their families and significant others, rehabilitation professionals, and makers of public policy both locally and nationally. TBIMSM solicits support, feedback, and guidance from people with TBI, family members, significant others, advocacy agencies, and service agencies to ensure that the projects address the needs and concerns of these people and organizations. The system is a collaboration between the Mississippi Methodist Rehabilitation Center and the University of Mississippi Medical Center. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Missouri Model Traumatic Brain Injury System (MOMBIS)

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Principal Investigator: Brick Johnstone, PhD, 573/882-6258
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Project Number: H133A980008
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $344,999; FY 99 $344,999; FY 00 $344,999
Abstract: This model system, based in central Missouri, provides a continuum of traumatic brain injury (TBI) care to an underserved and understudied population: communities that are primarily rural. The project also completes a series of innovative research programs and contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation. MOMBIS develops a model system of care that: (1) investigates the efficacy of alternative methods of service-delivery interventions after inpatient rehabilitation discharge and after other postacute treatment pathways; (2) identifies and evaluates interventions using emerging technology that can improve vocational outcomes and community integration; (3) develops predictors of rehabilitation outcome, including subjective well-being, at hospital discharge and at long-term follow-up; (4) examines the relationships among cost of care, specific treatment interventions, and functional outcomes; and (5) examines implications of TBI caused by violence on treatment interventions, rehabilitation costs, and long-term outcomes. Individual MOMBIS projects are evaluating the efficacy of a community-based support system, the efficacy of a partial weight-bearing gait retraining program, and predictors of vocational and financial success for clients of the state Vocational-Rehabilitation Division. MOMBIS is also piloting research in: (1) the transportation challenges of individuals with TBI in rural areas and how those challenges affect outcomes, (2) the actual amount and source of public and private financial assistance being received by individuals with TBI, and (3) the relationship between challenges in access to environmental resources and outcomes for individuals with TBI living in rural areas of Missouri.

Northern New Jersey Traumatic Brain Injury System (NNJTBIS)/ NIDRR TBI Model Systems National Database

Kessler Medical Rehabilitation Research and Education Corporation
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West Orange, NJ 07052
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Principal Investigator: Mark V. Johnston, PhD, Project Director, TBIMS; Mitchell Rosenthal, PhD, Project Director, TBI National Database
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Project Number: H133A980030
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $343,381; FY 99 $343,381; FY 00 $343,381 (NNJTBIS); $250,000 (National TBI MS Database)

Abstract: The Northern New Jersey Traumatic Brain Injury System (NNJTBIS) is a comprehensive set of projects designed to improve the quality of care for people with traumatic brain injury (TBI) in New Jersey and to answer selected research questions. In both research and development projects, the NNJTBIS emphasizes the interplay of medical, neuropsychological, social, and economic factors. Three small randomized clinical trials include: an intervention program to train caregivers to manage behavior problems in the home or other natural settings, a program of cognitive remediation and cognitive-behavioral therapy for people with TBI living in the community, and an improvement to a cognitive remediation program involving enhanced choice by the person with TBI. Other research addresses issues of: how to improve outcome measures by incorporating the expressed values and perceptions of people served, financial issues and costs, the implications of violence in the etiology of TBI, substance abuse, and consequences of delay or refusal of Medicaid coverage for people with severe TBI injuries. Demonstration projects fill gaps in vocational rehabilitation in New Jersey by providing augmented work trials and education of vocational rehabilitation counselors regarding TBI, develop trial cognitive remediation and social support tools for the Internet, and educate emergency room personnel regarding mild TBI. Educational offerings for people with TBI, their families, and professionals are provided through conferences, retreats, talks, support groups, and development of a TBI resource center. Local advisory boards advise System staff, and plans include a task force to improve the system of care in New Jersey. The project currently manages the national statistics database for the Model TBI System projects. Additional goals include coordinating research and dissemination activities with other NIDRR TBI grantees to optimize research output, minimize redundancy of effort, and engage in collaborative dissemination. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Model Traumatic Brain Injury Systems
North Carolina

The Carolinas Traumatic Brain Injury Rehabilitation and Research System (CTBIRRS)

Charlotte-Mecklenburg Hospital Authority
Charlotte Institute of Rehabilitation
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Project Number: H133A980025
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: The Carolinas Traumatic Brain Injury Rehabilitation and Research System (CTBIRRS) improves the lives of people with newly acquired traumatic brain injury (TBI) through a comprehensive service delivery system. Research studies investigate: (1) the effectiveness of alternatives to a comprehensive outpatient brain injury day program; (2) the use of a Community Transition Coordinator to improve access to services and enhance community reintegration; (3) the novel use of an electronic personal organizer as a memory aid; (4) the predictability of functional outcomes, quality of life, and cost of care for those with TBI; (5) the impact of TBI on spouses and significant others; (6) the efficacy and cost of serial casting versus ultrasound with weight bearing for contractures; (7) epidemiologic characteristics, rehabilitation costs, and outcomes of violence-induced TBI compared to nonviolent TBI incidence; (8) the costs and outcomes of depression following violence-induced TBI versus nonviolent TBI; and (9) the outcomes of those who suffer severe TBI who do not receive inpatient rehabilitation. Five of the studies involve collaboration with other NIDRR Model Systems. In addition, researchers collaborate with a non-Model-Systems NIDRR grantee to address TBI-related issues. CTBIRRS disseminates research findings via telemedicine; a Web site; local and national committees, programs, conferences, and peer-reviewed publications; and provides free computer and Internet access for people with disabilities. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Ohio Regional Traumatic Brain Injury Model System

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Project Number: H133A70032
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 97 $344,975; FY 98 $344,975; FY 99 $344,975; FY 00 $344,975
Other funding: FY 00 $342,247 (Center for Substance Abuse Treatment (CSAT) at the Substance Abuse and Mental Health Administration (SAMSA)); $41,339 (RRTC on Drugs and Disability, Wright State University); $82,678 (Ohio Rehabilitation Services Commission)
Abstract: The Ohio Regional Traumatic Brain Injury Model System serves a population of two million people living in 21 urban and rural counties in central and southern Ohio. It provides specialized care from emergency evacuation through community integration and lifelong living. The project is a collaborative effort of the Ohio State University Medical Center, OhioHealth's Grant Medical Center, and the Ohio Valley Center for Brain Injury Prevention and Rehabilitation. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

Oregon Model Traumatic Brain Injury System

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Principal Investigator: Randall M. Chesnut, MD
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Project Number: H133A980027
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: This model system compares treatment and outcomes among people with traumatic brain injury (TBI) cared for within the model system versus those who follow alternative care paths. The sample: (1) includes trauma system patients who remain in Portland and those who return to rural homes after discharge, allowing for a comparison of care paths as determined by environment; (2) assesses outcomes based on the type and extent of care by evaluating payer programs by level and type of funding; and (3) develops and validates two key predictors of outcome: a measure of acute care and a social adjustment scale. This understanding of outcomes as determined by care path (model versus alternative), environment (rural versus urban), and payer program (level of funding) is used to address the three primary needs of Oregon residents with TBI and their families: information, access, and quality. Ancillary demonstration projects implement and evaluate caregiver training and home-based multidisciplinary rehabilitation as an alternative to postacute treatment interventions. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

A Model System of Brain Injury Care in the Philadelphia Region

MossRehab
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Principal Investigator: John Whyte, 215/456-5924
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Project Number: H133A70033
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 97 $345,000; FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: This traumatic brain injury (TBI) Model System of Care serves people with TBI and their families in the greater Philadelphia region. A full continuum of TBI services is provided through the Drucker Brain Injury Center at MossRehab, using a transdisciplinary dedicated team model. Postacute services are community-based and include a client-directed Clubhouse and an Affirmative Business. The Model System provides extra case management and tracking to meet the needs of enrollees, many of whom are inner-city residents with social and economic disadvantages. There is also a strong emphasis on research. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation. In addition, 11 local and collaborative projects address topics such as the evaluation and rehabilitation of motor control, the effects of emerging technologies on social and vocational outcome, psychosocial factors affecting recovery, and the clinical assessment of attention. Other research projects are concerned with the prediction of rehabilitation costs, case mix adjustment for improved outcome prediction, and the effects of service availability on outcome. Three consumer Advisory Boards operate to provide feedback and quality improvement to both research and clinical programs. The Model System project is a collaboration among MossRehab/MRRI and the trauma/neurosurgery services of Albert Einstein Medical Center and Temple University Hospital.

Traumatic Brain Injury Model System of TIRR

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Project Number: H133A70015
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $345,000; FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: This project develops and demonstrates a comprehensive, multidisciplinary rehabilitation services model system for people with traumatic brain injury (TBI). The project: (1) investigates the efficacy of alternative methods of service delivery interventions after inpatient rehabilitation discharge and after other postacute treatment pathways; (2) identifies and evaluates interventions, including those using emerging technology, that can improve vocational outcomes and community integration; (3) develops key predictors of rehabilitation outcome, including subjective well-being at hospital discharge and at long-term follow-up; (4) determines the relationship between cost of care, specific treatment interventions, and functional outcomes; and (5) examines the implications of violence as a cause of TBI on treatment interventions, rehabilitation costs, and long-term outcomes. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation. It participates in collaborative projects with other model system programs and coordinates research efforts with other NIDRR grantees that address TBI-related issues.

Virginia Traumatic Brain Injury Model System

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Project Number: H133A980026
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $344,914; FY 99 $344,914; FY 00 $344,914
Abstract: The Virginia Traumatic Brain Injury Model System has four research projects and three demonstration projects. The System: (1) examines the needs, outcomes, and costs of alternative service delivery systems; (2) examines the etiology and incidence of rehospitalization in the one-to-four years following traumatic brain injury (TBI) to evaluate predictors of acute rehospitalization and to characterize the relationship between rehospitalization and long-term outcomes; (3) investigates identification and placement practices in secondary schools and tracks educational and vocational outcomes for youth with TBI, and identifies best practices to facilitate mainstreaming and optimal educational and vocational outcomes; (4) compares the costs of violent injury to the costs of other causes, identifies the types and intensities of services used by victims of violence, relates the intensity of services to payer source and other demographic information, evaluates long-term implications by assessing employment, community integration, substance abuse status, and subjective well-being, and identifies characteristics that predispose a person to violent injury; (5) assesses vocational outcomes in return-to-work interventions for people with mild and moderate brain injuries; (6) develops, with consumer input, a consumer education and self-advocacy workshop given throughout the state; and (7) develops a “best practices” handbook on work supports for people with brain injury that is field tested and disseminated via the Internet and other avenues. This project contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation.

The University of Washington Traumatic Brain Injury Model System

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Project Number: H133A980023
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $345,000; FY 99 $345,000; FY 00 $345,000
Abstract: The University of Washington Traumatic Brain Injury Model System operates a comprehensive, multidisciplinary Model System of Care serving people with TBI from the time of injury to integration into the community. The System: performs innovative research and demonstration projects; contributes to the national statistics database at the Kessler Medical Rehabilitation Research and Education Corporation; collaborates with other model system sites in addressing TBI-related issues; and engages in dissemination activities that include professionals, people with brain injury and their families, and the community at large. The Department of Rehabilitation Medicine at the University of Washington Academic Medical Center, which includes Harborview Medical Center and the University of Washington Medical Center, collaborates to conduct: a randomized, controlled trial examining the impact of scheduled, system-initiated telephone intervention on outcome (including employment and community integration); two studies examining the state and federal costs of TBI, and cost-effectiveness of the randomized study; two complementary studies examining early costs and discharge decisions in violence-related TBI and the relationship among violence, rehabilitation services received, and long-term outcome; a study examining long-term outcome as a function of alternative pathways of postacute treatment; and three demonstration projects, with two using technology to develop community-based resources and professional communication.

Amantadine to Improve Neurorecovery in TBI

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Project Number: H133G80025
Start Date: June 1, 1998
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $121,290; FY 99 $124,567; FY 00 $121,290
Abstract: This project attempts to establish the efficacy and detrimental effects of amantadine in the acute stages of recovery from traumatic brain injury (TBI). Because TBI is one of the most significant causes of disability to able-bodied people in the most productive period of life, this research may reduce a significant disability and economic burden. The most common cause of TBI is high-speed transportation accidents; such accidents result in a mechanism of injury commonly described as diffuse axonal injury, which results in a decrease in dopamine turnover in the brain, leading to some degree of impaired initiation and attentional deficits. Research suggests that increasing dopamine turnover at the synaptic level may have a beneficial effect on recovery from brain injury. Amantadine has been the subject of considerable interest and clinical use; however, the definite beneficial effect of amantadine on brain injury recovery has never been demonstrated. Because amantadine is available generically, the private sector shows little interest. The study design is a double-blind, randomized, controlled trial using well-established outcome measures, including behavioral and cognitive measures.

Use of Propranolol to Manage Behavioral Dysfunction and Agitation in Persons with Postacute Brain Injury

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Project Number: H133G000072
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $123,967

Abstract: This project conducts research to confirm the empirically reported efficacy of the beta-adrenergic receptor blocker propranolol in managing behavioral dyscontrol following brain injury (BI) in the postacute phase (greater than one year). The study builds on published case reports of propranolol's effectiveness. It implements the first-ever randomized double-blind crossover trial of propranolol with placebo control in 50 individuals who are more than one year post-BI, in an outpatient setting. The project establishes whether propranolol decreases the behavioral dyscontrol and agitation commonly seen in postacute BI; despite widespread empirical use of propranolol, such decreases have never been established conclusively. It also provides for detailed measurement of possible neurocognitive side effects of propranolol, which were not evaluated in previous studies. The study utilizes the Agitated Behavioral Scale (ABS) for valid and reliable measurement of agitation. The project utilizes functional brain imaging techniques to provide preliminary insights into possible sites and mechanisms of action. If propranolol is thus documented to be useful in the postacute BI population, functional MRI and SPECT studies exploring its mechanisms of action is warranted.

Developing a Rehabilitation Service Delivery Model for Minority Farmers with Disabilities

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Project Number: H133G000192
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $150,000
Abstract: This project gathers data from farmers and service providers in Arkansas, Louisiana, and Mississippi. Using the survey data, the project constructs a model of rehabilitation service delivery for minority farmers with disabilities based on their needs, perceptions, disabilities, and the most effective methods of reaching and communicating with them. The main thrust of the project is active participation by minority farmers in research and model building. Project objectives are to: (1) identify and interview minority farm households that have members with disabilities; (2) identify and interview nonminority farm households that have members with disabilities; (3) interview rehabilitation counselors and county extension agents; (4) build a service delivery model based on analyses of responses of the farmers, rehabilitation counselors and county extension agents; and (5) disseminate model and research findings.

Daily Living Context and Pressure Sores in Consumers with Spinal Cord Injury

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Project Number: H133G000062
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $149,942
Abstract: This project examines the beliefs and practices underlying the activities, habits, and daily routines of 18 ethnically diverse consumers with spinal cord injury (SCI). The intent is to document how personality, lifestyle patterns and choices, and environmental context mutually interact within the individually constructed lives of consumers to influence the development of pressure sores. The problem of recurrent, medically serious pressure sores represents a key challenge to the ability of individuals with SCI to experience a full and satisfying life. Although prior research has documented that the development of pressure sores is in general linked to psychosocial and environmental variables, there is a need to obtain new, consumer-centered information about how pressure sores can be minimized through personally tailored adaptive strategies that are responsive to the opportunities and difficulties embedded in the unique sets of everyday circumstances that characterize individual lives. A variety of data collection procedures, including participant observation as well as interviews with consumers, their caregivers, and other associated persons, are analyzed to generate results that are comprehensive and trustworthy. These results will be used to develop a series of applied products, including: (1) a consumer-oriented self-help manual; (2) a set of guidelines for rehabilitation practice; and (3) a lifestyle-oriented occupational therapy treatment model. Consumer representatives contribute to all aspects of the project to ensure that it is relevant and maximally useful to the target population.

Marketing Health Promotion, Wellness, and Risk Information to Spinal Cord Injury Survivors in the Community

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Project Number: H133G80011
Start Date: May 1, 1998
Length: 36 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 98 $124,995; FY 99 $124,989; FY 00 $124,803
Abstract: Building on experience gained from the RRTC in Aging with Spinal Cord Injury at Craig Hospital, this project offers health promotion, wellness, and risk information to spinal cord injury (SCI) survivors. Recent reports from survivors, caregivers, and researchers are demonstrating that SCI is not the unchanging disability it was once thought to be; over time many survivors face medical complications, psychosocial concerns, and diminishing quality of life. Although many of these adverse outcomes could be averted or lessened with active health maintenance and wellness strategies, SCI survivors in the community face a dearth of information they need to make positive lifestyle choices. This project creates: (1) a Wellness and Risk Assessment Profile that provides individualized SCI-specific health risk appraisals via the Internet; (2) regular health information columns in three widely read consumer journals; (3) custom brochures targeting the prevention and health promotion needs of SCI survivors in the community; (4) a handbook offering information about making wise health and lifestyle choices for recently injured SCI survivors; (5) a handbook targeting caregivers of SCI survivors; and (6) a curriculum for people who teach and provide support to caregivers.

Field-Initiated Projects (FIPs)
District of Columbia

Toward a Risk Adjustment Methodology for People with Disabilities

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Project Number: H133G70072
Start Date: August 1, 1997
Length: 36 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 97 $124,983; FY 98 $124,401; FY 99 $91,550; FY 00 (No-cost extension through 7/31/01)
Abstract: This knowledge dissemination project provides information to health care policy-makers and payers that advances development of a risk adjustment system for working- and retirement-age people with disabilities. Risk adjustment reduces the incentive for risk selection and promotes access to needed health services. To achieve this goal, the project assembles a panel of leading experts on risk adjustment and disability to guide the development of a consensus report that: (1) details the state of science in risk adjustment, (2) evaluates the appropriateness of health care outcome indicators for people with physical and mental disabilities, and (3) provides a set of recommendations for modifying and implementing risk adjustment methodologies that enhance access to health services for people with disabilities enrolled in public sector and private sector health plans.

Aging and Adjustment After Spinal Cord Injury: A 25-Year Longitudinal Study

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Project Number: H133G70111
Start Date: July 1, 1997
Length: 36 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 97 $124,796; FY 98 $122,475; FY 99 $121,094; FY 00 (No-cost extension through 6/30/01)
Abstract: People are now living longer after spinal cord injury (SCI), yet only limited research has addressed issues of aging and life adjustment after SCI. The purpose of this study is to implement the fifth stage of data collection to a 25-year longitudinal study that has traced the course of life adjustment after SCI over the past two decades. The unique contributions of this data collection include: (1) inclusion of nearly 100 participants who have been injured more than 30 years, (2) first-time longitudinal comparisons among large samples of women and racial/ethnic minorities (including more than 200 minority participants, 63 of whom are women), and (3) use of consumer advisory groups to help to identify factors accounting for change.

Enhancement of Upper Limb Functional Recovery in Stroke Using a Computer-Assisted Training Paradigm

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Project Number: H133G80063
Start Date: August 1, 1998
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $124,992; FY 99 $124,923; FY 00 $124,957
Abstract: This study investigates use of a novel computer-assisted isometric training regime to overcome abnormal movement synergies following hemiparetic stroke. In most stroke patients, these synergies are reflected, in part, by the existence of abnormal coordination between the activations of shoulder and elbow muscles. These stereotypic movement patterns found in stroke survivors are functionally disabling and often debilitating, yet are not well understood in the rehabilitation setting. Current neurotherapeutic approaches to the amelioration of these abnormal patterns have produced, at best, limited functional recovery. Therefore, the objectives of this investigation are to evaluate and demonstrate the usefulness and effectiveness of a novel static training regime to enhance the quality of life of consumers with stroke. The effect of two training regimes on functional arm movement are being investigated in 40 hemiparetic stroke subjects. The first protocol uses a general, classical strengthening regimen to increase torque production in specific directions. The second approach strengthens subjects using torque combinations that require the subject to deviate progressively from their abnormal torque synergies. Assessment of the effectiveness of these two protocols is based on quantitative comparisons of voluntary upper limb movements performed pre- and post-training.

The SPIRATE Project (Spinal Injury Risk Assessment for ThromboEmbolism)

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Project Number: H133G990046
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 99 $135,244; FY 00 $139,362

Abstract: The purpose of this study is to develop a risk assessment methodology to guide the intensity and duration of antithrombotic prophylaxis. The study is performed in two parts: a retrospective analysis of 500 patients treated by the Midwest Regional Spinal Cord Injury Care System over the past decade, and a prospective analysis of 100 patients admitted for care of spinal cord injury. In the first part, archival data on the 500 patients is analyzed to identify risk factors for thromboembolism. In the second part, the 100 patients all receive prophylaxis consisting of compression leggings and Heparin, they are examined daily for clinical evidence of thrombosis, and they have bilateral contrast venography prior to discharge. Three risk scoring systems are tested. The first is based on the retrospective study. The second is expanded to include additional factors such as functional measures and emotional well-being assessments. A third risk scoring system, to be developed, includes the data from the second system as well as the day-to-day changes in the symptoms recorded over the course of the study for individual patients. The cross-generalizability of the systems is assessed, and the final instrument is used to assign patients at high risk to more intensive prophylaxis.

Secondary Prevention Trial of Exercise and Diet for Improvement of Physical Fitness, Independence, and Overall Health in Adult Paraplegics

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Project Number: H133G990143
Start Date: September 1, 1999
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 99 $149,959; FY 00 $149,988
Abstract: This project investigates the impact of an exercise intervention coupled with nutrition education on the strength and fitness of a sample of overweight paraplegics with chronic illnesses. This intervention improves cardiovascular fitness and strength leading to improved independence and improved overall health. The research objectives are to recruit adult paraplegics with chronic disease for involvement in the program and then to compare the effects of the program on physical fitness in participants who have completed the program to physical fitness in those participants randomized but waiting, during the same 12 weeks, to begin the intervention. The impact of the program is assessed using changes in strength and body composition, levels of independence, dietary knowledge and intakes, blood pressure, the total-to-high-density lipoprotein cholesterol ratio, bone mineral density, and fasting glucose concentrations.

Mild Traumatic Brain Injury in High School Football

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Project Number: H133G70087
Start Date: July 1, 1997
Length: 36 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 97 $122,981; FY 98 $120,525; FY 99 $122,597; FY 00 (No-cost extension through 12/31/00)
Abstract: The goal of this multidiscipline research project is to conduct an intensive exploration of factors related to mild traumatic brain injury (MTBI) in youth. Even with clear and specific criteria for discriminating minor from moderate or severe brain injury, several factors may affect the reliability of MTBI classification. For accurate diagnosis, reliable observers must be present. The presence of multiple trauma in some cases may compound and prolong the disability, and may also make it difficult to distinguish the cause of some forms of symptomatology. The effects of alcohol or other drugs, when present, often mimic symptoms of MTBI, further confounding its diagnosis. Given these potential problems, Tulane University has chosen to study minor brain injury within the context of high school football. A population of young athletes participating in organized football allows for a more controlled study, due to the fact that additional massive trauma is absent, trained individuals are present at the time of injury, and secondary complications rarely occur that further brain injury.

Consumers' Participation in Nursing Home Decisionmaking Preferences and Perceptions

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Project Number: H133G000068
Start Date: June 1, 2000
Length: 36 months
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NIDRR Funding: FY 00 $149,556
Abstract: This project examines decisionmaking about long-term care, as it relates to institutional admission and discharge, viewing these decisions as having a critical influence on the opportunities individuals have to attain valued long-term care goals. The study explores the decisionmaking process of a nursing home population for which little information is available—working-age residents. Current research has focused on acute care for the most part; limited attention has been given to consumer values and preferences in long-term care and the role, if any, these play in long-term care decisions. Specific objectives and analyses include describing the level of consumer participation in the nursing home admission decision and describing the perceived adequacy of participation in decisionmaking by consumers.

Measuring Functional Communication: Multicultural and International Applications

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Project Number: H133G70055
Start Date: May 1, 1997
Length: 36 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 97 $125,000; FY 98 $125,000; FY 99 $125,000; FY 00 (No-cost extension through 4/30/01)
Abstract: The long-term objective of this project is to improve the quality of life for adults with communication disabilities by expanding and validating an assessment tool for multicultural and international populations. Assessments can then be made regarding communication functions and needs, and rehabilitation can be individualized to optimize the person's ability to communicate in their natural environments. Reliable communication skills are a requisite for individuals to achieve their social, educational, and vocational potentials, and for patients to understand and participate in their care and recovery. Activities of this project include: (1) development of a measure of quality of communicative life; (2) validation of the extended American Speech-Language-Hearing Association Functional Assessment of Communication Skills for Adults with multicultural groups including African Americans, Asian Americans, Caucasian, Hispanic, and Native Americans; (3) validation with various populations with communication disorders such as those caused by brain injury, stroke, Alzheimer's disease and related dementias, and acquired neurological disorders; and (4) validation in other English-speaking countries.

The Parenting Options Project: A Development Project for Parents with Psychiatric Disabilities

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Project Number: H133G70079
Start Date: July 1, 1997
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $125,000; FY 98 $124,408; FY 99 $124,671; FY 00 (No-cost extension through 6/30/01)
Abstract: The purpose of this project is to develop new rehabilitation techniques focusing on parents with psychiatric disabilities, an emerging population whose needs often have been ignored by rehabilitation specialists and mental health service providers. Existing parent education programs often are based on traditional clinical models developed for children at risk of child abuse, or models developed for parents without disabilities. Because consumers are not active participants in program development, existing services often are irrelevant to parents with psychiatric disabilities, and may present barriers to parents' participation. No parent skills training model has been developed with systematic input from all stakeholders, and no goal-setting or assessment tool exists for this significant domain of adult functioning. Employing participatory action research (PAR) strategies, the project's goals are to: (1) develop an education and skills training curriculum for parents with psychiatric disabilities, (2) develop a goal-setting and assessment tool for parents and related professionals, and (3) evaluate the PAR development process.

Repetitive Intensive Training Exercise: Effect on Upper Extremity Motor Function in Spasticity

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Project Number: H133G000058
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $149,854
Abstract: Using motor control testing techniques, this project studies the effect of a repetitive, intensive training intervention on upper limb function. It investigates whether a program of repetitive, intensive training exercises designed to improve motor coordination leads to greater improvement in motor performance than either a group receiving a more typical frequency of intervention or a control group receiving a socialization intervention. A further goal is to determine if evidence exists of carry-over once the intervention is terminated. The study includes 36 subjects between the ages of 6 and 15 who have upper extremity spasticity of cerebral origin.

Effect of Motor Learning Procedures on Brain Reorganization in Subjects with Stroke

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Project Number: H133G80041
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $105,969; FY 99 $108,461; FY 00 $99,178
Abstract: This project determines whether elements of motor learning can promote brain reorganization and recovery of function in individuals with stroke. Two interventions have been shown to be effective in helping people recover from stroke: “forced use” of the weak side and electrical stimulation. Investigators have hypothesized that these treatments may unmask dormant motor centers or improve synaptic effectiveness, but no evidence has been forthcoming. The project involves two experiments: (1) subjects with stroke receive 20 training sessions at a finger movement tracking task in which they are forced to process the perceptual motor information mentally and learn to respond accurately, and (2) different subjects with stroke receive 20 days of electrical stimulation to the weak forearm muscles. For both experiments, changes in finger function are measured with tracking and manual dexterity tests. Neuroplastic changes in the brain are measured with functional magnetic resonance imaging. This project may show for the first time that physical rehabilitation procedures may stimulate beneficial reorganization of the brain following stroke and invite further experiments to optimize treatments.

Creating Permanent Behavioral Health Access for Rural Missourians with TBI: Teleconferencing Application for Improved Services

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Project Number: H133G80033
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $104,462; FY 99 $111,129; FY 00 $83,015
Abstract: This project offers one-on-one training of community mental health providers via teleconferencing sessions, and uses information learned from these sessions to create specialized training manuals, brochures, and workshops that synthesize issues regarding traumatic brain injury (TBI) behavioral health. Community reentry after TBI carries a host of physical, emotional, social, and vocational challenges for patients and families. In response to these challenges, behavioral health care is a central component in the rehabilitation process. Rural residents with TBI receive behavioral health services while in acute rehabilitation programs, but often are unable to access follow-up services in their local rural communities due to lack of coordination among inpatient and outpatient service providers. A permanent service structure of providers with competency in TBI adjustment and rehabilitation is desperately needed in rural areas. Services offered through this project are integrated among the adult inpatient rehabilitation, the post-rehabilitation recovery, and the extended outpatient adaptation and community reintegration periods of TBI adjustment. The project offers the educational tools to all rural mental health providers across the state, and institutes a permanent rural TBI behavioral health service structure.

Developing and Evaluating an Interactive Tool to Support Literacy Learning in Adolescents with Severe Speech and Physical Impairments

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Project Number: H133G990501
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 98 $124,755; FY 99 $124,755; FY 00 $124,988
Abstract: This project creates a Web-based tool, the Adolescent Literacy Learning Link (ALL-Link), that provides adolescents with Severe Speech and Physical Impairments (SSPI) with an innovative learning environment. ALL-Link features age-appropriate reading and writing activities that are theoretically grounded in inclusive models of comprehension and composition that apply equally to people with and without disabilities. Projected outcomes of ALL-Link development include: (1) successful development and implementation of an innovative and interactive literacy-learning Web site for adolescents with SSPI and their teachers; (2) wide dissemination of the site, and parallel or related materials for classrooms without Internet access; and (3) project management that efficiently provides target groups with increased access to and use of the Web site, related materials, and project findings.

Project PATH (Promoting Access, Transition, and Health)

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Project Number: H133G000150
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $149,996
Abstract: This project performs a randomized, controlled trial of Project PATH (Promoting Access, Transition, and Health), a community-based health promotion wellness program for people with new spinal cord injuries (SCIs). This health-promoting program involves a variety of interventions including wellness education, an individualized fitness program, recreation skill development with family and friends, community accessibility and advocacy, and peer advising. Working in conjunction with consumers, family, friends, and health and rehabilitation professionals, Project PATH is designed to empower people with new SCIs to make prudent and appropriate use of recreation and leisure resources and in that way, to reduce the incidence and intensity of some the most prevalent and destructive secondary conditions of SCI: e.g., pressure sores, upper respiratory and urinary tract infections, and depression. The project is a coordinated effort among the University of New Hampshire, Northeast Passage, a group of private proprietary rehabilitation hospitals, a private, nonprofit hospital, university-based research, and the New England Regional SCI Center.

Hippocampal Dysfunction Following TBI: A Functional and Volumetric MRI Study of Memory Loss and Recovery

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Start Date: May 1, 1997
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $125,000; FY 98 $124,995; FY 99 $124,999; FY 00 (No-cost extension through 10/31/00)
Abstract: For people with traumatic brain injury (TBI) and their caregivers, one of the most prominent and disabling of the numerous traumatic brain injury sequelae is loss of memory; abnormalities of hippocampal function and structure underlie these memory deficits and mechanisms of loss and recovery. This project: (1) tests the hypothesis that an abnormal activation in the hippocampal formation (HF) and temporal neocortex serves as the central neural substrate of disordered anterograde memory shortly after TBI, (2) relates recovery of memory functioning to normalization of temporal-hippocampal activation pattern 12 months after TBI, and (3) characterizes the relationship between abnormalities in hippocampal function as measured by functional MRI and changes in hippocampal volume.

Catecholaminergic Modulation of Working Memory in Traumatic Brain Injury: An fMRI Study of the Effects of D2 Dopaminergic and Alpha-2 Adrenergic Agonistics

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Project Number: H133G000136
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: Joel Myklebust, PhD
NIDRR Funding: FY 00 $150,000
Abstract: This project determines the role of dopaminergic (DA) and alpha-2 adrenergic (A2A) mechanisms in the memory deficits experienced after a traumatic brain injury (TBI). Many of the 1-2 million individuals who sustain a mild-to-moderate TBI (MMTBI) each year suffer deficits in working memory in the first several weeks after the injury. This project uses neurocognitive and fMRI measures in two populations, one with normal WM (healthy controls), and one with low working memory capacity (individuals with MMTBI) to: (1) characterize baseline working memory deficits in two domains (verbal and spatial) within one month of MMTBI, and (2) test and compare the ability of DA and A2A agonists to ameliorate working memory deficits in the two domains within one month of MMTBI. The study predicts that relative to healthy controls, individuals with MMTBI have greater deficits in verbal and spatial working memory, show greater improvement in working memory while on D2 and A2A agonists, and that DA and A2A agonists result in different profiles and degrees of working memory improvement. Furthermore, relative to controls, the fMRI of individuals with MMTBI should show less activation associated with low and high working memory load conditions, should normalize when acquired while on DA and A2A agonists, and should show selective prefrontal increased activation in response to increased working memory load.

Functional, Physiologic, and Immunologic Outcomes of Quantitative Progressive Exercise Rehabilitation of the Lower Extremities in Juvenile Arthritis: A Pilot Study

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Project Number: H133G70156
Start Date: June 1, 1997
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $124,994; FY 98 $124,999; FY 99 $124,999; FY 00 (No-cost extension through 5/31/01)

Abstract: This project determines the effects of muscle exercise rehabilitation on juvenile arthritis (JA) using quantitative measurement of functional, physiological, immunological, and biochemical outcomes of Quantitative Progressive Exercise Rehabilitation (QPER). JA is the most common of the rheumatic diseases affecting children; the disability that may result from this disease has a greater impact on lifestyle and quality of life in children than adults due to its early onset. Approximately 25 percent of all children with JA develop contractures and deformity, with 10 percent experiencing significant functional disabilities into adulthood. The goals of this project: (1) to determine the differences affecting the lower joints, between normal children and those with JA, with respect to their functional, physiologic, biochemical, and immunologic responses to exercise; (2) to evaluate the efficacy and effects of a previously published muscle exercise program developed in the laboratory involving QPER with JA; and (3) to investigate the biochemical and immunologic changes occurring as a result of exercise testing and the QPER program. Assessment of the impact on disease activity, symptoms, and a variety of functional outcome parameters is planned following completion of the program and 12 months later.

Acupuncture as an Adjunctive Treatment in Stroke Rehabilitation

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Project Number: H133G000120
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 99 $149,556; FY 00 $149,343
Abstract: The purpose of this research is to design and evaluate the efficacy and safety of acupuncture in ways that may be beneficial, in addition to standard rehabilitation, in restoring and improving functional recovery of stroke survivors. The project directly addresses the medical, cognitive, and psychological sequelae of stroke. The following acupuncture issues are addressed: (1) which acupuncture points and model to use, (2) when to start acupuncture, and (3) electroacupuncture. The project also compares acupuncture with and without electrical stimulation in stroke treatment. The aim of the study is to use rigorous research methods to determine: (1) whether acupuncture has a beneficial effect on activities of daily living, motor and cognitive functioning, and quality of life in post-stroke survivors, above and beyond standard rehabilitation; and (2) if so, whether the length of time after stroke, before acupuncture is begun, affects the extent to which acupuncture is effective, and what the optimal time to begin acupuncture therapy would be. In addition, it is important to determine whether there is any benefit to initiating acupuncture treatment in stroke survivors who are well past the subacute stage, and who have apparently reached a plateau in their recovery.

Community Reintegration and Quality of Life Following Traumatic Brain Injury

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Project Number: H133G990221
Start Date: July 1, 2000
Length: 12 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $194,711
Abstract: This project increases understanding of community reintegration (CI) and quality of life for people with traumatic brain injury (TBI), and develops instruments that can be used in future research. CI refers to a return to the mainstream of community life, and again becoming an active and contributing member of one's family and society. When people with TBI, their families, and professionals in rehabilitation discuss quality of life following TBI, they consider home and community roles and activities, rather than the impairments or disabilities resulting from the injury. The best currently available instrument, the Community Integration Questionnaire (CIQ) has serious limitations regarding the measurement of all aspects of CI in a comprehensive, reliable, and sensitive manner. This project: (1) produces a new version of the CIQ, and assesses its validity and reliability; (2) develops norms for the new CIQ, for subgroups defined by age, gender, and racial/ethnic group; (3) creates a life-satisfaction measure specific to people with TBI, and assesses its validity and reliability; (4) investigates the relationship between CI and subjective well-being; (5) describes the CI and quality of life of TBI survivors, with a focus on severity of injury, age, gender, socioeconomic status, and racial and ethnic group differences; and (6) disseminates the instruments and other results to people with TBI and their families, professionals, policy-makers, and researchers.

The Impact of Managed Care on Rehabilitation Services and Outcomes for Persons with Spinal Cord Injury

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Project Number: H133G990220
Start Date: July 1, 2000
Length: 12 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $168,769

Abstract: This project examines the impact of managed care on rehabilitation services and outcomes for people with spinal cord injury (SCI). The study analyzes demographic, medical, functional, community integration, life satisfaction, and service delivery data collected from Model Systems projects to determine how managed care is altering the acute and rehabilitative management of SCI and how it affects short- and long-term outcomes, such as functional status and community integration. Objectives include: (1) describing the pathways of newly injured people with SCI through the health care system, from injury to stable community residence: acute care, rehabilitation care (including inpatient-acute, subacute, day hospital, and outpatient), home care, and readmissions for complications; (2) assessing the impact of managed care on these pathways: determining whether managed care patients differ from those with more traditional health insurance in terms of services received (providers, services, durations); and (3) assessing the effect of various pathways on the outcomes for this patient population at one and two years after injury in functional, medical, psychological, and health services utilization. The project team disseminates findings to consumers, managed care and other payer organizations, policy-makers, and SCI professionals using a variety of mechanisms. Findings are expected to contribute to the redesign of the SCI Model Systems National Database to make it correspond optimally to the organization of health and rehabilitative services in the 21st century.

Field-Initiated Projects (FIPs)
New York

Interventions to Improve Memory in Patients with Multiple Sclerosis

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Project Number: H133G990058
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 99 $147,304; FY 00 $147,816
Abstract: This project: (1) tests the efficacy of interventions, specifically targeting cognitive functioning, in patients with Multiple Sclerosis (MS); and (2) uses a novel outcome measurement that may be more sensitive and ecologically valid than existing measurements. The experiments determine the efficacy of donepezil therapy and glucose administration for enhancing memory functioning, two interventions that are extremely well-tolerated and have been demonstrated to be effective for improving memory and other aspects of cognitive functioning in several populations. Verbal memory is the most common area of impairment in people with MS, and therefore a verbal memory task is the primary outcome measure. Secondary outcome measures assessing other aspects of cognitive function (i.e., nonverbal memory, conceptual thinking, processing speed) may also be improved with intervention.

The Physiologic Basis of Functional Electrical Stimulation on Muscle Atrophy in Acute Spinal Cord Injury

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Project Number: H133G80100
Start Date: May 1, 1998
Length: 36 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 98 $125,000; FY 99 $125,000; FY 00 $125,000
Abstract: This study characterizes the changes in muscle mass, morphology, and histochemistry in the first 6-7 months following acute spinal cord injury (SCI) and explores the impact of early reinstitution of muscle contraction on prevention of musculoskeletal atrophy. Muscle contractions are accomplished through the application of functional electrical stimulation (FES) induced cycle ergometry, but this study is not designed to develop FES technology. Rather it leads to a better understanding of the effect of FES-induced isotonic muscle contraction with dynamic force on the musculoskeletal changes known to occur after acute SCI. It also defines the dose-response relationship of FES-induced workloads on muscle mass and quality. Finally, the study begins to explore the mechanisms for the observed changes through characterization of both systemic growth hormone and insulin-like growth factors and local insulin-like growth factor changes over the six-month FES cycle ergometry training program. A better understanding of the factors associated with the development of musculoskeletal atrophy occurring after acute spinal cord injury should lead to the development of better rehabilitation and pharmacologic interventions directed at preventing these secondary impairments of SCI.

Traumatic Brain Injury Rehabilitation: The Argentina Project

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Project Number: H133G000154
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $149,905
Abstract: This project compares a cohort of 200 traumatic brain injury (TBI) patients from Argentina with a matched sample of 200 cases from the National TBI Model Systems Database. The Neurotrauma Group of the Argentina Society of Intensive Medicine (SATI) has instituted, at a group of trauma hospitals in Argentina, a level of TBI acute care equal to that found in U.S. hospitals. However, TBI patients in Argentina are discharged from this excellent acute care to no further formal treatment. This affords an opportunity to test two groups of TBI survivors who have equivalent levels of acute care but radically different postacute rehabilitation care. In the U.S. sample, all cases have had at least postacute, inpatient rehabilitation. Some have had outpatient treatment as well. Patients in both groups are case-matched for major predictive variables and are compared with respect to short- and long-term mortality and morbidity, to investigate the influence of postacute care on outcome. Additionally, the influence of acute care management practices on outcome will be evaluated and regression analysis will be used to establish the major predictive variables in this patient population. This project is the first to address integrated TBI management under the conditions of significant resource limitations that exist in many areas of the world.

Health Promotion for Women Aging with Disability

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Project Number: H133G000226
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $149,940
Abstract: This project studies whether an intervention to improve self-efficacy and connectedness improves health-promoting behaviors, which is related to improved physical and psychological health. The research is based on two hypotheses: First, regarding the effectiveness of the intervention: women aging with physical disabilities who participate in a health promotion workshop intervention report higher levels of connectedness and self-efficacy in disability management after the intervention and at a three-month follow-up, than women aging with physical disabilities who do not participate in the intervention; and second, regarding predictors of health outcomes and the mediating effect of health promoting behaviors: connectedness in social and intimate relationships and self-efficacy in disability management significantly predict health promoting behaviors, which predict physical and psychological health outcomes among women aging with physical disabilities, when severity of disability and socioeconomic status are controlled.

Technology for Access and Function

Rehabilitation, biomedical engineering, and assistive technology research has produced results that have helped people with disabilities to achieve and maintain maximum physical function, live in their own homes, attain gainful employment, and participate in and contribute to society. NIDRR's research addresses a broad range of technology, including systems of public technology, such as telecommunications and the built environment and orphan technology for individuals. The research program also encourages universal design practices.

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Rehabilitation Engineering Research Centers (RERCs)
California

Technologies for Children with Orthopedic Disabilities

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Project Number: H133E003001
Start Date: November 1, 2000
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $650,000
Abstract: The goal of this RERC is to improve the lives of children with orthopedic disabilities. Activities include: (1) conducting research to advance the state of knowledge; (2) disseminating this information to children and their parents, clinicians, and research investigators; (3) developing and testing prototype devices that are useful and efficacious; (4) transferring prototypes that have proven value to the marketplace; and (5) educating engineering students about the special needs of children with orthopedic disabilities. The research and development program is focused on three of the most important life activities of children: manipulation, mobility, and play and recreation. Three projects address the manipulation needs of children with upper limb deficiencies; one documents current fitting practices of children's prosthetic clinics throughout North America, while a second develops improved elbows and prehensors for young children. A third project adds a power assist to the mobile arm support, a product developed and commercialized during the current grant period. The mobility projects address the needs of children with cerebral palsy, spinal bifida, spinal cord injury, muscle disease, and other chronic conditions that affect the child's ability to ambulate. The RERC develops lightweight orthotic components, evaluates the effectiveness of functional electrical stimulation to correct gait abnormalities in children with cerebral palsy, and determines the appropriate time to provide children with wheeled mobility. The RERC program conducts clinical trials at Rancho Los Amigos National Rehabilitation Center, Shriners Hospital LA, and Childrens Hospital LA. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Engineering Research Center on Telerehabilitation

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Project Number: H133E990007
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $890,000; FY 99 $950,000; FY 00 $950,000
Abstract: This project experiments with various models of telerehabilitation for strategic populations, engages in development activities that exploit promising technologies, and focuses on all aspects of the human-technology interface in a broad range of activities that benefit people with disabilities. Structured to include national resources with a strong focus on outreach and dissemination activities and a broad-based set of research activities, the Center focuses on: (1) Telehomecare: telesupport for stroke caregivers; (2) Telecoaching: enhancing job options; (3) Telemonitoring: passive sensing of functional performance and health parameters at home using unobtrusive instrumentation; (4) Teleassessment: remote evaluation of skin health and decubiti for people with SCI at rural hospitals and clinics using innovative technologies; (5) Telerehab Consumer Toolkit: outreach and development activities and products; (6) Home Telerehab: interactive systems for remote delivery of therapy, assessment, teaching and demonstration at home; (7) Telecounseling and Teleevaluation: remote psychological counseling and neuropsychological evaluation at rural clinics and homes; (8) Behavioral Virtual Reality: investigation and training of social and attending behaviors using virtual environment technology; (9) Teleplay: therapeutic play, including embedded teleassessment for children with disabilities; and (10) Integrating Telerehabilitation in Today's Health Care Marketplace. The Center also establishes National Resources activities: (1) Homecare and Telerehabilitation Technology Center; (2) Homecare and Telerehab Education/Training Center; (3) Virtual Library and Dissemination Center; (4) Standards, Codes, and Electronic Patient Records (EPR); and (5) Telerehab Policy Information Center. The Center comprises three institutions: The Catholic University of America (CUA), the National Rehabilitation Hospital (NRH); and the Sister Kenny Institute (SKI).

Rehabilitation Engineering Research Center on Prosthetics and Orthotics

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Project Number: H133E980023
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $900,000; FY 99 $900,000; FY 00 $900,000
Abstract: The Center studies human performance as assisted by prosthetic and orthotic systems, with the aim to engineer improved prostheses and orthoses through deeper scientific understanding of their function. Research and development activities include: (1) development of automated alignment methods for prostheses and orthoses, based on characterization of foot rocker shape during walking; (2) development of "smart limbs" to adapt to the walking surface; (3) investigation of shock absorption properties of the locomotor system; (4) mechanical consideration for improved crutch ambulation; (5) studies of standard human walking; (6) determination of prosthetic foot roll-over shapes; (7) examination of the effects of shoes on kinematic and kinetic parameters of gait; (8) development of a portable, real-time, 3D gait evaluation system (3D Direct Ultrasound Ranging System) that is able to provide estimates of walking efficiencies and quality of walking (outcomes) using a simple technology; (9) development and delivery of validated data-gathering instruments and a prototype database for collection, storage, and processing short- and long-term information concerning outcomes of prosthetic and orthotic (P&O) fittings; (10) development of a computer-based visualization aid that displays prosthetic arms on the human body before the arms are fabricated, to assist with decision making and fitting; (11) study of factors affecting reach when using a trans-humeral prothesis; (12) development of humeral rotation mechanisms, particularly for persons with bilateral trans-humeral limb loss; (13) "proof-of-concept" investigation of ankle-foot orthoses fabrication using "fast prototyping" methods; (14) advancement of the design of several P&O components and systems to technology transfer and utilization stages; (15) collaboration with the RERC on Land Mines and others engaged in related research; and (16) publishing of work in scholarly journals, presentation at conferences, and interaction with consumers, clinicians, engineers, scientists, and the general public through a quarterly newsletter, telephone, the Internet, and personal meetings.

Rehabilitation Engineering Research Center: Improved Technology Access for Land Mine Survivors

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Project Number: H133E980031
Start Date: November 1, 1998
Length: 60 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 98 $850,000; FY 99 $850,000; FY 00 $850,000
Abstract: This RERC is active in research, development, and demonstration; consumer surveys; education and training; utilization activities; technical assistance; and dissemination relating to improved technology access for land mine survivors. To accomplish these activities, the project: (1) maintains a database of rehabilitation service providers and assessments of current prosthetic technologies; (2) develops or adapts technical advances in the design, production, and delivery of appropriate assistive devices; (3) designs and disseminates education, training, management, and outcome programs; (4) acts as a clearinghouse, providing researchers, educators, administrators, and funders access to resources that have been developed to facilitate service delivery to amputees in the United States and other countries; (5) disseminates information through an international newsletter and international journals, telecommunications, presentations at international meetings, training programs, consultations, open discussions, and other types of communication; and (6) develops and disseminates specific programs and products that address the needs of amputees and service providers in low-income countries where the vast majority of land mine survivors live. The RERC also establishes an Advisory Council that includes consumers and practitioners.

Rehabilitation Engineering Research Center on Ergonomic Solutions for Employment

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Project Number: H133E980007
Start Date: August 1, 1998
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $800,000; FY 99 $800,000; FY 00 $800,000
Abstract: This Center combines ergonomic interventions, work and worksite modifications, assistive technologies, and medical interventions to facilitate placement of workers with disabilities, and helps prevent development of subsequent musculoskeletal illnesses and injuries. The Model System establishes a database to include information on a broad range of interventions and case examples as well as procedures for assessing workers, analyzing jobs, identifying accommodation needs, and selecting interventions, including ergonomic technologies. The comprehensive approach involving rehabilitation medicine and ergonomics culminates in a Web-based Model System that can be used by rehabilitation professionals, employers, consumers, and organizations.

Rehabilitation Engineering Research Center on Assistive Technology for Older Persons with Disabilities

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Project Number: H133E60006
Start Date: September 1, 1996
Length: 60 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 96 $500,000; FY 97 $500,000; FY 98 $500,000; FY 99 $500,000; FY 00 $500,000

Abstract: Activities of the RERC focus on research, assistive device development, education, and information relating to assistive technology for older people in the home and beyond the home. The projects of the RERC fall into four major areas: (1) research: ten projects address assessments in the home and community, issues for minority elders, highly problematic device categories, clinical trials of effectiveness, and managed care work issues; (2) device development: six projects address automobiles, obesity, mobility, balance, stairs, and public seating; (3) education: four projects address professional students, graduate students, and rehabilitation and aging service professionals; and (4) information: ten projects include a “Helpful Products” series of videos and booklets, training manuals, resources for hotel and motel guests, product information, national conferences, newsletter inserts, a World Wide Web site, monograph series, resource sourcebook, and a resource phone line. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Engineering Research Center on Technology Transfer

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Project Number: H133E980024
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $900,000; FY 99 $900,000; FY 00 $900,000
Abstract: This Center improves the quality of life for people with disabilities by: advancing the methods of technology transfer through research, transferring technologies into products through development, and facilitating the commercialization of new and improved assistive devices. These three outcomes are accomplished through collaborations with academic, industrial, consumer, and government stakeholders. The Center, a partnership of technical, marketing, and consumer expertise and networks: (1) conducts research on the technology transfer process as it is applied to the field of assistive technology, and develops, validates, and disseminates comprehensive models of technology transfer; (2) applies the research results by implementing the technology transfer process through a development program; (3) identifies and transfers breakthrough technologies to industry through a demand-pull model, transferring at least three technologies annually; (4) identifies and transfers useful new inventions to the marketplace through a supply-pull model, transferring three to five products annually; (5) delivers training, dissemination, and technical assistance programs to stakeholders in the field; and (6) develops an on-line technology transfer course as part of the University at Buffalo's distance education initiative. The dissemination program includes a state-of-the-practice conference and the development of a technology transfer program to be offered for presentation in year three. The Center functions as an intermediary and a catalyst, improving the process while expanding the network of stakeholders involved with the field. The end result: new and improved assistive technology products available in the marketplace that benefit professional service providers, family members, and people with disabilities.

Rehabilitation Engineering and Research Center (RERC) on Universal Design and the Built Environment at Buffalo

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Project Number: H133E990005
Start Date: November 1, 1999
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $599,976; FY 00 $600,000
Abstract: The RERC on Universal Design and the Built Environment promotes the adoption of universal design. The research program includes The Prototype Anthropometric Database Project, a research database on anthropometrics of wheelchair users for application to ergonomic design, and The Buildings in Use Project that demonstrates the benefits of universal design by comparing the impact of buildings and elements with universal designs to buildings and elements that are not designed to be universally accessible. Product development efforts include development of prototypes for innovative universally designed products, evaluation & testing of these prototypes, and a Commercialization Package for each prototype to help bring it market. The Visitability Initiative will conduct training and action-research in 8 cities to develop visitability demonstration projects is a collaboration with Concrete Change, a consumer advocacy organization focusing on making housing visitable for people with disabilities. The RERC's research program also include training, curriculum development, publication, technical assistance, and dissemination of universal design resources.

Rehabilitation Engineering Research Center on Hearing Enhancement and Assistive Devices

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Project Number: H133E980010
Start Date: August 1, 1998
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 98 $900,000; FY 99 $900,000; FY 00 $900,000
Abstract: This RERC develops and evaluates technology to accommodate the needs of people with hearing loss, and disseminates related information in a form that is understandable to consumers, service providers, employers, and community leaders. These goals are accomplished by: (1) developing and evaluating improved, cost-effective technological aids for each of the target populations identified; (2) developing and evaluating instrumentation for detecting hearing loss at an early age; (3) providing improved access to modern telecommunications; (4) developing and evaluating specialized technology for community, home, and work environments; and (5) pursuing an active program of dissemination and training to ensure effective utilization of assistive technology. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Engineering Research Center on Communication Enhancement

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Project Number: H133E980026
Start Date: November 1, 1998
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $899,996; FY 99 $899,990; FY 00 $900,000
Abstract: This project uses innovative communications technologies to benefit researchers, engineers, rehabilitation service providers, developers, and users of alternative and augmentative communication (AAC) technologies. The project: (1) investigates attitudinal barriers toward technology use by elderly people with communication disorders, their listeners, and service providers; (2) studies the organizational strategies of adult AAC users to determine if preferences are predictive of performance using AAC; (3) studies how to improve AAC technologies for young children with significant communication disorders by evaluating learning demands and functional performance (also involves development of design specifications); (4) evaluates and enhances communication rate efficiency and effectiveness through the development of procedures and software technology that simulates and measures the performance of AAC technologies; (5) identifies barriers to employment, describes strategies to overcome them, documents design specifications for AAC technologies, and describes action plans to achieve successful employment outcomes; (6) increases employment opportunities for graduates of an employment and AAC program; and (7) develops a coordinated program that monitors and seeks out technology developments in both commercial form and prerelease development stages that affect the engineering and clinical AAC field.

Rehabilitation Engineering Research Center (RERC) on Universal Design and the Built Environment

North Carolina State University
Center for Universal Design
219 Oberlin Road
Box 8613
Raleigh, NC 27695-8613
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Principal Investigator: Molly Story, 919/515-3082
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Project Number: H133E990002
Start Date: September 1, 1999
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $399,988; FY 00 $399,988
Abstract: The purpose of the RERC on Universal Design and the Built Environment is to improve the accessibility and usability of the built environment and to advance the field of universal design. The goals of the project are to: (1) increase knowledge of the complex and dynamic relationship between the individual and the environment, including knowledge of what design features, details and arrangements optimize the accessibility and usability of the built environment for the widest diversity of users; (2) increase the adoption and improve the practice of universal design by the building and product manufacturing industries; (3) increase inclusion of the universal design approach in postsecondary design curricula, and increase the number of designers and researchers trained in universal design practices; and (4) increase awareness of and stimulate demand for universal design among builders, manufacturers, designers, human service professionals, and individuals with disabilities and their families.

Rehabilitation Engineering Research Center on Wheeled Mobility

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Rehabilitation Science and Technology
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Project Number: H133E990001
Start Date: January 1, 1999
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $900,000; FY 00 $900,000
Abstract: The RERC on Wheeled Mobility investigates the use of dynamic seating for reducing spasticity and enhancing seating comfort; investigates the biomechanical characteristics of soft tissue related to the risk of developing pressure ulcers and the relationship between pressure measurements and pressure ulcer incidence; develops and validates the use of outcomes measures for seating and mobility intervention; and investigates the use of the World Wide Web as a seating decision support tool for consumers. This project also develops and evaluates a comparative data source for use in decision support of wheelchair selection; an interface for integrating external devices with powered wheelchairs; wheelchair seating standards; standardized postural measures; injury prevention wheelchair technologies; and enhanced controls for powered wheelchairs.

Rehabilitation Engineering Research Center on Information Technology Access

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Trace Research and Development Center
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Principal Investigator: Gregg C. Vanderheiden, PhD, 608/263-5788
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Project Number: H133E980008
Start Date: June 12, 1998
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $1,350,000; FY 99 $1,350,000; FY 00 $1,350,000
Abstract: This RERC improves access by individuals with all types, degrees, and combinations of disabilities to a wide range of technologies, including computers, ATMs, kiosks, point-of-sale devices and smartcards, home and pocket information appliances, Internet technologies (XML, XSL, CSS, SMIL, etc.), intranets, and 3-D and immersive environments. As one component in a larger system of consumers, researchers, industry, and policy and public agencies, the Trace Center's program is designed to work within the existing structure, supporting other components and coordinating its efforts to address the functioning of the whole. The program identifies strategies that can be used by industry to broaden the user base for their standard products, so individuals with as broad a range of abilities as possible are able to use standard products directly. Further, the Center targets specific compatibility and interconnection standards work to ensure that people who cannot use products directly are able to operate them using assistive technologies. The Center focuses on the use of targeted projects and collaboration, both national and international, to carry out the research, development, information dissemination, training, and standard-setting activities required. The approach is intended to be flexible, forward-looking, and broad in scope, yet focused on key access issues as defined by its consumer constituency and its research programs.

Rehabilitation Engineering Research Center on Telecommunication Access

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Principal Investigator: Gregg C. Vanderheiden, PhD (Trace); Judy Harkins, PhD (Gallaudet University), 608/263-5788 (Trace); 202/561-5257 (Gallaudet)
Public Contact: Nancy Gores, 608/263-2309 (V); 608/263-5408 (TTY); Fax: 608/262-8848

Project Number: H133E990006
Start Date: September 1, 1999
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $675,000; FY 00 $675,000
Abstract: The focus of this RERC is to identify telecommunication access barriers in current and future technologies, work with others in the field to identify solution strategies, test them, implement any necessary standards, and assist industry in transferring the ideas into their commercial products. The primary areas of activity of the Center are: (1) research; (2) applied research and development; (3) transfer and technical assistance; and (4) dissemination, education, and outreach. Technologies being addressed include: customer premises equipment (CPE) of all types (phones, video phones, pagers, messaging system, etc.); telecommunication systems and services (voice mail, interactive voice response systems, etc.); network topologies; telecommunications standards; and next-generation multimedia telecommunication systems (telecollaboration, virtual meetings, etc.). The primary focus is on making these systems directly usable by people with all types and degrees of disability. It also includes ensuring compatibility with assistive technologies such as TTY's, assistive listening devices, alternative input devices, and devices with alternative displays.

Information Technology Technical Assistance and Training Center

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Principal Investigator: John Goldthwaite, 404/894-0563
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Project Number: H133A000405
Start Date: November 1, 2000
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $1,500,000
Abstract: This project promotes widespread use of accessible and useable electronic and information technology in the home, school, and workplace. It also promotes the benefits of universal design to technology manufacturers, product designers and engineers, technical writers, marketers, distributors, and purchasers of information technology. This collaboration of educators, researchers, and leaders in policy, industry, and disability implements strategies for information dissemination, training, and technical assistance on the interpretation and impact of Section 255 of the Telecommunication Act and Section 508 of the Rehabilitation Act. The Center works closely with lead federal regulatory agencies (the Federal Communications Commission, the Access Board, the Department of Justice, and the General Services Administration) to advance understanding and knowledge utilization of approaches to the requirements of Sections 255 and 508 through training and technical assistance activities.

Powered Mobility and Young Children with Disabilities: A Multicenter Trial to Determine the Cognitive and Coping Factors That Predict Wheelchair Skill Level

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Principal Investigator: Donald McNeal, PhD
Public Contact: Beatriz Weber, MBA, Program Coordinator, 562/401-7994 (V); 562/803-4533 (TTY); Fax: 562/803-6117

Project Number: H133G60183
Start Date: September 1, 1996
Length: 36 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 96 $124,958; FY 97 $124,973; FY 98 $124,958; FY 99 (No-cost extension through 8/31/00); FY 00 (No-cost extension through 3/31/01)
Abstract: This project validates, in a multicenter trial, a newly developed cognitive assessment battery for predicting a young child's readiness for powered mobility. This is important because research in developmental psychology asserts that the ability to move about independently is critical to a child's development of cognitive, social, and communication skills. Young children who are unable to move independently are at risk for development delays. Due to limited availability of clinical assessment instruments, it is often difficult to determine when a young child with mobility impairments may be developmentally ready to operate a powered wheelchair. In addition, the project expands the predictive power of this assessment instrument by adding a component to assess coping skill (e.g., persistence, distractibility, etc.) and to explore the applicability of this battery with a new population of children (i.e., those with cerebral palsy).

The Effect of Ankle-Foot Orthotic Design on Hemiplegic Gait

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Project Number: H133G000004
Start Date: June 1, 2000
Length: 36 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 00 $149,686

Abstract: This project defines the clinical criteria for optimal orthotic prescription in persons who have had a stroke. The study originates from the identification of significant lower extremity weakness in a recent study of recovery of walking in patients after stroke. A pilot survey of 10 patients who had been prescribed an ankle foot orthosis (AFO) after discharge from inpatient rehabilitation found 40 percent of the respondents were no longer using their orthosis. Reasons for the abandonment included improved walking capability, inability to don the AFO independently, and lack of improvement in walking. The results of this pilot indicate that the orthoses are not fully meeting the needs of this patient population. There is a need to develop criteria for orthotic prescription based on the patient's lower extremity strength and muscle tone. In concert with the development of definitive prescription criteria, patients need to be provided with information as to the purpose of the orthosis and what changes in their walking are realistically expected.

Robust, Low-Cost, Refreshable Braille Display

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Project Number: H133G000047
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $149,930

Abstract: This project conducts research to develop a refreshable Braille cell that is inexpensive, environmentally robust, and extensible to two-dimensional (page) Braille displays. The project capitalizes on microelectromechanical systems (MEMS) fabrication methods and novel electroactuation technology to make Braille cells that are significantly lower in cost than those currently available. The purpose of the work is to establish a process for the construction of refreshable Braille displays that is not limited to a single line of Braille characters and that creates more affordable devices than existing refreshable displays, which often cost $5,000 or more. Goals include: (1) demonstrating Braille dot actuation that meets essential force, response time, power dissipation, and other requirements; (2) designing and building several prototype Braille cells; and (3) testing the Braille cells with experienced Braille readers.

Development of a Transitional Ortho-Therapeutic Walker (TOTWalker) for Preschool Children with Physical Disabilities

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Principal Investigator: Christine Wright
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Project Number: H133G990103
Start Date: September 1, 1999
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $149,941; FY 00 $149,978
Abstract: This project develops and evaluates a new and innovative support walker that allows children with physical disabilities to maneuver in the indoor environments of home and school and to approach people and manipulate objects. The Transitional Ortho-Therapeutic Walker (TOTWalker) is designed primarily for children with cerebral palsy, traumatic brain injury, or developmental delay, who are 12 months to 5 years of age and who have no means for self-directed, upright mobility. The TOTWalker provides a highly maneuverable and efficient means for achieving indoor mobility. It also provides an efficient means for achieving mobility as measured by distance and speed of travel, and increases a child's accessibility to the environment.

Optimizing Assistive Technology Service with Video Teleconferencing

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Project Number: H133G990087
Start Date: September 1, 1999
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $150,000; FY 00 $149,997
Abstract: This project develops an interactive video teleconferencing (VTC) protocol to provide expert assistive technology (AT) evaluations to individuals with significant physical and speech disabilities and their local support teams living in rural or underserved areas. The VTC protocol includes methods, equipment, and materials specific to the provision of augmentative communication, environmental control, and computer access evaluations to improve independent functioning in daily living, academic settings, employment, and leisure activities. The VTC protocol is developed during video teleconferencing evaluations by a specialized team with extensive experience in these types of AT.

A Refreshable Braille/Tactile Graphics Display for Human-Computer Interaction

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Principal Investigator: John A. Brabyn, PhD
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Project Number: H133G990049
Start Date: April 1, 1999
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $149,998; FY 00 $149,973
Abstract: This project explores and evaluates a new concept for an electronically refreshable Braille/tactile graphics display for people who are blind. The goal is to allow manufacturing costs an order of magnitude less than existing displays, and ready expansion to a full page of Braille or tactile graphics. The concept is based on heat-induced fluid phase changes to form a design with minimal moving parts that lends itself to manufacture in arrays containing many dots rather than assembling one dot at a time. Advantages include very low cost, the ability to assemble entire arrays in one step, low power needs, physical compactness, easy expansion to a full page display, and reliance on proven materials. The goals are to: (1) investigate appropriate materials and processes; (2) fabricate and test a prototype with at least 20 Braille cells (a larger two dimensional array if time permits); and (3) conduct user testing to establish design parameters, user acceptability, speed, and comfort.

Optimizing the Conditions for Reading with the Periphery of the Visual Field

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Principal Investigator: Manfred MacKeben, PhD
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Project Number: H133G990003
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This project studies the parameters for optimal letter and word recognition using the periphery instead of the center of the retina in people with central (foveal) vision loss. The results are used to develop a computer program that optimizes reading off a screen after foveal vision loss. The project uses computer displays for presentation because they allow changing the display mode and typeface instantaneously. Font creation software is used to modify characteristics of often-confused letters, using an objective measure of salience, and the effect can be tested immediately. This optimizes typefaces for viewing with the peripheral retina. If it improves peripheral reading from a screen, the product is made available for printing on paper.

The Learning and Transfer of Prosthetic Control

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Project Number: H133G000024
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $149,011

Abstract: By studying the use of a simulated body-powered upper-extremity artificial limb, this project hopes to reduce the learning time required to use a prosthetic limb effectively and to decrease the unusually high rejection rates for people with amputations fitted with a new prosthesis. Project objectives include: (1) describing how people learn to control and coordinate body-powered upper-extremity prostheses, by assessing tasks related to daily living, in regard to changes in movement strategies, the rate at which learning occurs, and the degree to which changes in performance are maintained over a retention interval; (2) understanding bilateral transfer of movement components used to reach, grasp, transport, and apply appropriate pressure to objects; and (3) determining whether the type of prosthesis (i.e., voluntary opening and voluntary closing) influences the rate at which an individual achieves functional control of activities related to prosthetic manipulation. After a thorough understanding of how people learn prosthetic control is developed, the simulator could be successfully employed after amputation, up to prosthesis fitting, to familiarize patients with prosthesis use and control skills. Findings could also provide therapists with new strategies for training people with amputations to regain functional independence with a newly acquired artificial limb. Finally, the experiments contribute to the development of a theoretical knowledge base for clinical practice.

Personalized Synthetic Speech Using ModelTalker: Development and Evaluation

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Principal Investigator: H. Timothy Bunnell, PhD
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Project Number: H133G990182
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This project allows a sample group of consumers with ALS to capture their own voice for use in an experimental alternative and augmentative communication (AAC) device called ModelTalker. The new “corpus-based” speech synthesizer will be capable of capturing voices and producing speech that can range in quality from that of recorded natural speech to high quality synthetic speech and produce synthetic speech that can sound like the individual, and can additionally “play back” utterances that were not actually recorded, but have been constructed (synthesized) from bits of recorded speech. The project goals are: (1) to improve the voice capture procedures for creating personalized voices, (2) to modify aspects of the synthesis and voice capture software to make them more user friendly, (3) to prepare documentation and tutorial materials to allow people who are not speech scientists to prepare their own personalized voices, and (4) to evaluate the voice capture procedures and the synthesizer itself with one population of people who can benefit (people with ALS). The project is developing an optimal list of utterances for talkers to record for ModelTalker, a list that is as short as possible without compromising the quality of the resulting synthetic speech. Once the list is optimized, the output from ModelTalker is compared to other synthesizers commonly used in AAC devices. Based on the results of this evaluation, the list, the ModelTalker, or both are modified as needed.

Specifying the Facilitative Effects of Animation on the Understanding of Action Word Representatives

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Principal Investigator: Beth A. Mineo Mollica, PhD, 302/651-6836
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Project Number: H133G990115
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $149,964; FY 00 $149,920
Abstract: Using a customized computer-based assessment protocol, this project examines the differential ability of several types of graphics (static and animated) to convey the meaning of action word representations. Picture-based language representations afford access to augmentative and alternative communication (AAC) options for many individuals who otherwise would be unable to benefit from communication enhancement approaches. Some new products in the AAC marketplace offer consumers the feature of animation. While it has been presumed that animation would make the meaning of verb representations more salient, this position has not been proven, and it may in fact be the case that the complexity of the linguistic task is affected by the complexity of the representation. Six varied representational types are investigated with children with typical development, children with disabilities, adults with developmental disabilities, and adults with acquired cognitive disabilities. Further, the investigators attempt to determine which characteristics of action representation positively affect performance.

An Upper Limb Orthosis for People with Muscular Dystrophy

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Principal Investigator: Tariq Rahman, PhD
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Project Number: H133G000117
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $147,970

Abstract: This project develops an orthosis that provides a full range of movement for people with upper-limb weakness while still supporting their arms against gravity. For a person whose sensory system is intact, the orthosis uses their sensory system to augment their residual motor ability. It provides proprioception, an essential part of an effective interface between the human and the orthosis. Five prototypes are developed and clinical trials with twenty consumers are performed. Upon completion of the evaluation and analysis phases, the technology is transferred to a private company. The expected result is a relatively inexpensive, functional, and well-concealed assistive device that provides the opportunity for educational, vocational, and social interaction for thousands of individuals with upper-extremity motor disabilities.

Field-Initiated Projects (FIPs)
Georgia

Telerehabilitation to Support Assistive Technology

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Project Number: H133G990133
Start Date: May 1, 1999
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $149,985; FY 00 $149,992
Abstract: This project explores the application of telerehabilitation to support assistive technology (AT) and assistive technology services, implementing three activities that involve development and testing of new methods and devices. The first component examines telerehabilitation to provide training in the use of augmentative communication systems to individuals with significant physical and speech disabilities. The second component explores the use of telecommunications technology by seating and mobility specialists to provide follow-up consultation and verify setup and use of new wheelchairs. If successful, this approach permits follow-up with consumers who cannot return to the clinic for a follow-up clinic visit. The third component investigates the use of videoconferencing technology to complete accessibility assessments in remote locations.

Development of a Rehabilitator for Arm Therapy After Brain Injury

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Project Number: H133G80052
Start Date: May 1, 1998
Length: 36 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 98 $124,117; FY 99 $122,181; FY 00 $124,939
Abstract: This project develops a self-therapy rehabilitator for the arm after hemiplegic stroke and other types of brain injury to correct the current lack of appropriate technology. The device, called the "Assisted Rehabilitation and Measurement (ARM) Guide," implements a common manual therapy technique, active assistance for reaching movements. In addition, the ARM Guide is designed to provide visual feedback of guidance forces to the user during assisted reaching. Dr. Reinkensmeyer can be reached at the Department of Mechanical and Aerospace Engineering, 4200 Engineering Gateway, University of California, Irvine, Irvine, CA 92697-3975.

Neuromuscular Reorganization to Improve the Control of Artificial Limbs

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Principal Investigator: Todd A. Kuiken, MD, PhD
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Project Number: H133G990074
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $149,900; FY 00 $149,512
Abstract: This project is concerned with improving myoelectric control of powered prostheses using nerve-muscle grafts. Currently, people with upper limb amputations can only control one joint at a time with myoelectric prostheses. By grafting the residual nerve endings to muscles in or near an amputated limb, it may be possible to produce additional, independent surface electromyographic (EMG) signals. The muscle would essentially be used as a biological amplifier of the nerve signals. These additional myoelectric signals could be used to control multiple joints simultaneously in externally powered prostheses. This approach has great potential for improving the functional use of upper limb prostheses.

Training Material for Blind Computer Users

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Project Number: H133G990195
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 99 $149,997; FY 00 $149,993
Abstract: This project develops appropriate training materials in alternative media for computer users who are blind and develops a self-sustaining mechanism to continue the production of independent, high-quality training material. Objectives include: (1) research, develop, evaluate, and produce 30 training packages in alternative media, each of which addresses a specific combination of screen reader and application; (2) develop, evaluate, document, and implement five marketing strategies for dissemination of training products; (3) develop a procedures manual detailing the strategies, procedures and operations used to develop, produce, and market training packages; (4) develop a viable business plan for the enterprise based on research and market experience; and (5) locate appropriate individuals and/or existing entities interested in taking over the project. As computer hardware and software continue to evolve, computer users with visual impairments need accessible and appropriate training material in order to keep up with the changes and remain competitive in school, at work, and in their communities. This project ensures a continuing enterprise over the long run to meet this critical need for appropriate training material.

The Influence of Real-Time Frequency Transposition on the Recognition and Understanding of Speech by Adults Who Are Hearing Impaired

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Project Number: H133G000188
Start Date: September 1, 2000
Length: 24 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $129,520
Abstract: This project tests a new generation of real-time frequency transposition hearing aids. The purpose is to compare the influence of the new devices with that of conventional hearing aids on the recognition and understanding of speech by adults who possess the most common type of hearing loss among adults with hearing impairments: precipitous high frequency sensorineural hearing loss. Performance in speech recognition and speech understanding in adults who possess significant hearing loss is compared with the performance of conventional hearing aids. The project is based on the premise that adults who possess sensorineural hearing loss in the moderate-to-severe range generally possess their best hearing in the lower frequencies. Audiologists attempt to take advantage of that usable hearing when fitting them with hearing aids in order to provide the person with the greatest advantage for the recognition and understanding of speech. However, in spite of current technology, it becomes difficult to amplify the better low frequency hearing and also amplify sound in the middle-to-high frequencies with enough gain to enhance the person's hearing in that range without discomfort or overamplification in the lower frequencies.

Development and Commercial Transfer of a Tactile Image Printer (TIP)

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Principal Investigator: T. V. Cranmer, PhD
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Project Number: H133G80103
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 98 $125,000; FY 99 $125,000; FY 00 $125,000
Abstract: The project designs a product that allows students, educators, and other professionals who are blind to access a variety of graphic material such as computer screens, maps, schematics, geometry tables, organizational charts, flow charts, and line drawings. Researchers develop a device that produces sharper, better-defined tactile images and includes lines and filled-in areas of varying dimensions and textures. Colors can also be produced as needed or as appropriate. Developers include the inventor, engineers, educators, publishers, and grassroots advocacy organizations, with support from three Rehabilitation Research Engineering Centers, those on Information Access (Trace), Blindness and Visual Impairment (Smith-Kettlewell), and Technology Transfer (SUNY/Buffalo). The device should help people who are blind or who have visual impairments to become active participants in the new global economy. Phases of the project include firmware development, experimentation and testing, creation and testing of graphic material, and product and information dissemination.

Closed Captioning and Audio Description: Development and Testing for Access to Digital Television

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Principal Investigator: Larry R. Goldberg
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Project Number: H133G80050
Start Date: June 1, 1998
Length: 36 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 98 $125,000; FY 99 $125,000; FY 00 $125,000
Abstract: This project addresses the urgent, time-sensitive need to improve the effectiveness of Digital Television (DTV) to deliver high-quality captioning and description services to people with hearing or visual impairments. Digital Television (DTV) is a complete redesign of North America's television service, featuring a digital signal, a sharper picture, an aspect ratio resembling that of a wide-screen movie, multiple CD-quality audio channels, and ancillary data services. This project uses knowledge and understanding gained from research and development previously undertaken by the WGBH Educational Foundation (among others) to design and develop prototype DTV captioning and description processes. Project objectives are: (1) to develop and disseminate a *standard* data file that tests DTV systems for quality and accuracy in handling DTV captions and descriptions as they are encoded, transmitted, and decoded in accordance with accepted standards and official *minimum requirements;* (2) to develop and disseminate an *advanced-features* data file that tests DTV systems for quality and accuracy in handling DTV captions and descriptions as they are encoded, transmitted, and decoded in accordance with accepted standards and with a full *range of advanced features;* and (3) to evaluate the effectiveness of DTV receivers in decoding DTV captions and descriptions and to measure implementation of advanced features.

Access to Convergent Media

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Project Number: H133G990105
Start Date: August 1, 1999
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This project attempts to make it possible for people who are blind or who have visual impairments to use convergent media effectively, by influencing industry standards and developing new media delivery technologies. “Convergent media” refers to programming and services growing out of the intersection of broadcast and cable television, digital television, PC, and Internet technologies. The project objectives are: (1) to propose and develop standard approaches to tag, parse, and present data so that electronic program guides and advanced services are accessible; (2) to develop software/hardware specifications for a prototype system or systems, that enables orientation, navigation, and feedback when using electronic program guides; (3) to collaborate on development of the prototype access system and integrate it into an alpha advanced cable set-top box; and (4) to identify barriers to using convergent media, outline solutions, and suggest methods for carrying out such solutions.

Field-Initiated Projects (FIPs)
Massachusetts

Access Solutions for Rich Media: Tools, Pathways, and Resources

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Project Number: H133G000109
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $150,000
Abstract: This project works with researchers, technology developers, Web designers, and consumers to develop, test, and disseminate access solutions for multimedia technologies. Such solutions include streaming media, animation, graphics, and dynamic HTML—collectively known as rich media. Access solutions developed by this project ensure that Americans who are deaf, hard-of-hearing, blind, or who have low vision are included in the telecommunication industry revolution. Within the next five years, massive changes in on-line delivery systems will occur. Broadband technologies delivered via cable modem, satellite, wireless and Digital Subscriber Lines (DSL) will allow Web-delivered video, audio, graphics, and annotation to become mainstream components of Web sites and intranets serving industry, education, commerce, and communities. The technologies used to create and play media on the Web are maturing quickly in anticipation of this widespread use. Without a high-profile research and development effort during these years of growth and consolidation, some forms of on-line media are likely to present a closed door to people who have disabilities.

Word for Word: Developing an Enhanced Tool for Individuals with Disabilities

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Project Number: H133G000204
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $149,998
Abstract: This project creates, documents, and tests new speech recognition technology. Tasks include: (1) designing an innovative software product, Word for Word, that addresses the writing needs of people with a wide range of disabilities by integrating two powerful text entry modes, speech recognition and word prediction, in an interface based on principles of universal design; (2) working in collaboration with Don Johnson, Inc., a leading producer of special needs software, on the manufacture and marketing of this product, based on the prototype; (3) working in collaboration with a producer of speech recognition software (i.e., Dragon Systems or IBM Corporation) on the design and implementation of the proposed product based on the prototype; (4) developing materials to support the use and dissemination of the product; and (5) testing the educational outcomes associated with the use of the product.

Direct Brain Interface for Control of Assistance Technology

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Project Number: H133G70120
Start Date: September 1, 1997
Length: 36 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 97 $124,993; FY 98 $124,971; FY 99 $124,933; FY 00 (No-cost extension through 6/30/01)

Abstract: Most assistive technology interfaces are operated by some form of physical movement; however, many people could benefit from an interface that does not require physical movement and instead accepts commands directly from the brain. This research explores the detection and use of event-related potentials (ERP's) intracranially recorded from subdural electrodes to demonstrate the feasibility of a direct brain interface for people with disabilities. In this study a direct brain interface is defined as an interface that accepts signals directly from the brain and requires no physical movement. Work in this project is limited to signals arising from voluntary cognitive activity as opposed to those evoked through external stimuli.

The Use of Virtual Reality Technology for Assessment of Driving Skills Following Acquired Brain Injury

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Project Number: H133G000073
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $116,732
Abstract: This study examines the efficacy of a virtual reality driving system (VRDS) for the assessment of driving ability in persons with acquired brain injury (ABI) and stroke. The primary objectives are: (1) to evaluate the concurrent validity of a VR driving protocol, by comparing it to a traditional rehabilitation-hospital-based driving evaluation; (2) to examine the effects of the addition of complex and challenging driving factors (i.e., nighttime and traffic congestion) on driving performance within a VR environment; and (3) to elucidate the effects of demographic and medical factors that may impede or facilitate driving performance within a VR environment. To achieve the first and third objectives, approximately 80 participants with ABI are administered both the traditional hospital-based driving evaluation and the VRDS. To address the second objective and allow comparison and interpretation of VRDS performance, an additional group of 20 age-and-education-matched, healthy control subjects are administered the VRDS.

A Direction Finding, Beam Forming (DF-BF) Conference Microphone System

The Lexington School for the Deaf/Center for the Deaf
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Project Number: H133G70122
Start Date: June 1, 1997
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 97 $125,000; FY 98 $125,000; FY 99 $125,000; FY 00 (No-cost extension through 5/31/01)
Abstract: This project develops and evaluates a conference microphone system that is intended to provide improved speech intelligibility in noisy and reverberant environments for people who are hard of hearing. The microphone system also improves the accuracy of computer-assisted speech transcription systems for people who are deaf. The system uses digital array processing techniques to perform two discrete functions: (1) determine talker direction within a given angular resolution, and (2) aim a superdirectional beam pattern at that talker. In instances where more than one person is speaking at the same time, the system has the ability to activate more than one directional pattern, or alternatively receive sound from all directions until one talker has taken the floor. Although this device is designed specifically for people who have hearing loss, it also offers advantages to the general population, particularly when used in teleconferencing.

Optimizing Posture, Trunk Control, and Reach of Wheelchair Users

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Project Number: H133G990048
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $149,489; FY 00 $149,489
Abstract: The study's objective is to improve function via better postural support by developing clinical guidelines and prototype devices that accommodate to the varying needs for trunk stability and mobility throughout the day. To meet this objective, the study has two aims: (1) to determine the effects of posture and postural supports (cushion, backrest height and supports) on the trunk control and upper extremity function of wheelchair users, and (2) to determine if optimizing back height and cushion type permit people to sit with an erect posture without hindering function. For wheelchair users, balancing sufficient trunk support with adequate trunk mobility has important functional and medical consequences. Better understanding of the posture-function relationship and improved design concepts are needed to improve trunk control of wheelchair users. Improved control permits stability during activities of daily living while not hindering function by restricting mobility.

Field-Initiated Projects (FIPs)
North Carolina

Geographic Information System Community Resource Mapping

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Project Number: H133G990132
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 99 $149,755; FY 00 $149,737
Abstract: This project develops and evaluates the use of Geographic Information System (GIS) mapping technology as an information management system for promoting the flow of services, resources, and supports to individuals with disabilities and their families. It studies the methods practitioners, families, and individuals with disabilities can use to identify the individuals, programs, organizations, etc., that constitute sources of supports and resources in the community. The GIS System is developed in a user-friendly and community specific format that matches the ways in which families think about community resources.

Promoting the Practice of Universal Design

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Project Number: H133G80060
Start Date: June 1, 1998
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $124,970; FY 99 $124,955; FY 00 $124,993
Abstract: This project promotes the practice of universal design by developing and implementing a self-supporting product design evaluation and marketing program that responds to consumer and industry needs. Universal design is the design of products and environments that are usable, to the greatest extent possible, by everyone regardless of their age or ability. The critical next step toward increasing the practice of universal design is adoption and application of its principles both by consumers and by industry. The three objectives of this project are to improve consumers' ability to recognize universal design, to improve designers' ability to meet the needs of a diverse consumer base, and to recognize and support industry efforts to market universal design successfully. Ways these objectives are achieved through this project include: (1) developing a set of performance measures that reflect the Principles of Universal Design, (2) confirming the reliability of these measures and pilot testing the evaluation program, (3) developing a plan of self-support for the universal design evaluation program, and (4) disseminating the results to appropriate audiences. The project develops a sound universal design program based on information gathered directly from future users—consumers, designers, and marketers—as well as the universal design research community.

Accessibility of Personal Computers for Adults with Significant Cognitive Disabilities: Development and Field-Testing of Assistive Software for Personal Management

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Project Number: H133G80095
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 98 $124,983; FY 99 $124,979; FY 00 $124,953

Abstract: This project develops and field tests a graphically driven software application to augment the ability of users with cognitive disabilities to schedule and manage personal activities. As conceived, the software can also serve as a cognitively accessible gateway for other functions, such as finding out about and scheduling community events, managing a personal budget, communicating and coordinating activities with friends, and performing household tasks. The application design is based on pilot work with adolescents and employs a graphic interface that guides users through the metacognitive choices implicit in detailing and scheduling activities. This involves deciding what activity to schedule when, who is doing it, how much money is needed, where it is happening, how to get there, what to bring, and what to wear. For each of these decisions, the user is presented with a grid of graphic representations, each of which is some combination of personalized photo image, symbol, text, and sound. By selecting from the images represented for each aspect of activity planning, the user constructs an entire activity and can print out and carry a personal daily schedule with detailed reminders. Approximately 50 adults with significant cognitive disabilities are involved with the project.

The Mentor Project: Exemplary Practices for Developing Supportive Mentor-Protégè Relationships via the Internet for People with Significant Physical and Speech Disabilities

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Project Number: H133G80044
Start Date: August 1, 1998
Length: 36 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 98 $124,806; FY 99 $124,887; FY 00 $124,555
Abstract: This project addresses two critical needs: it responds to the needs of people with a combination of significant physical and speech disabilities, including those who are members of traditionally underrepresented groups; and it investigates the use of teleconferencing technology to provide disability-related services. People with physical and speech disabilities who use augmentative and alternative communication (AAC) confront significant barriers in their drive to maximize educational and vocational achievement, inclusion in society, self-sufficiency, and the overall quality of their lives. These problems are particularly acute for adolescents and young adults, especially those who reside in rural areas or who are members of ethnic and racial minorities. The project provides adolescents and young adults who use AAC with regular access to competent mentors with similar disabilities who can provide encouragement, collaborative problem-solving, and information about disability-related resources. Activities include: (1) investigating the effect of a leadership training program, delivered via the Internet, on the acquisition, generalization, and maintenance of problem-solving strategies and mentoring skills by 30 adults with physical and speech disabilities; (2) investigating the effect of a mentor program for 30 adolescents and young adults who have physical and speech disabilities, as well as the effect on their successful attainment of individualized educational, vocational, social, and personal goals; and (3) developing, evaluating, and disseminating resource materials documenting exemplary practices for the implementation and evaluation of effective mentoring programs to be used by people with disabilities, their families, and rehabilitation professionals. Consumers with disabilities are integrally involved in planning, implementation, evaluation, and dissemination activities of the project.

Novel Prosthetic Foot Design Method to Improve Metabolic Efficiency of BK Amputee Gait

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Project Number: H133G70038
Start Date: May 1, 1997
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 97 $121,550; FY 98 $125,000; FY 99 $125,000; FY 00 (No-cost extension through 12/31/00)

Abstract: This investigation examines the concept that to use a prosthesis optimally, energy must be stored and released over the proper time interval to meet kinetic requirements of gait. Despite recent improvements in the materials used to construct lower limb prostheses, further improvements in prosthetic foot design could result in increased function, endurance, improved vocational and recreational opportunities, and improved quality of life for people with below-knee amputations. The intent of this research is to test the hypothesis that the metabolic cost of ambulation is minimized in people with below knee amputations wearing energy restoring prostheses, when the driving frequency of oscillation (dictated by ambulation speed) matches the resonant frequency of the prosthesis (dictated by prosthesis stiffness and user mass). The hypothesis can be described another way: when the foot contact time on the ground (dictated by ambulation speed) matches the time period over which the prosthesis compresses and extends when it is allowed to do so in a natural or unrestrained fashion (i.e., at resonance), the energy cost is minimized. The long-term objectives of this study are to provide a rational basis for the design of energy-storing lower limb prostheses and to improve the function of people with lower limb amputations through increased metabolic efficiency of ambulation.

Multi-Lingual Web Tutorial

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Project Number: ED-00-PO-4009
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 00 $43,000

Abstract: The goal of the project is to develop a flexible multi-language Web Based tutorial to augment instructor lectures and lab exercises in the areas of Electronics Technology Training. Through flexible Web tutorials, Delta 101 Technologies seeks to retain typically at-risk students by reinforcing mathematical and technical concepts introduced in the classroom. A major question in developing a mature multi-lingual Web Base Training Platform is to determine the effectiveness of presenting instructional material in the multi-lingual format (is the student's mastery level improved and, if so, is the student's level of English comprehension also improved). Topic areas include: Basics of Algebra (Use of Equations; Scientific and Engineering Notations; Ohms Law Series and Parallel Circuits); Semi-Conductor Theory (FETs); Uses of the DMM (Digital Multi-Meter); and, Uses of the Oscilloscope. All topic areas are based on teacher lectures with audio HELP databases in the following languages: Spanish, Russian, Chinese, and English.

Small Business Innovative Research (SBIR), Phase I
Colorado

Personal Scanner: A Hand-held Device That Speaks the Information Displayed on Common Office Equipment

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Project Number: ED-00-PO-3843
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 00 $50,000
Abstract: This project demonstrates the technical merit, feasibility, and cost efficiency of a portable electronic device to assist a person with a visual impairment in the use of common office equipment. The specific application area tested in this project is providing a device that reads the digital display of common office equipment and speaks what is displayed in English. Recent breakthroughs in image acquisition, pattern recognition, and speech synthesis provide the basic building blocks for this technology to be applied to this area. Specific aims in this project are to: (1) develop custom algorithms that will train the system to recognize text and icons on the digital displays of common office equipment and then verbally communicate the correct information to the user; (2) build a prototype unit; and (3) perform a usability analysis with actual users. During the usability testing, the success of the user is measured and compared with the success when a job coach is used.

Small Business Innovative Research (SBIR), Phase I
Colorado

QwikClick - An Intelligent Scanning Keyboard that Maximizes the Capability of Single-Switch Users

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Project Number: ED-00-PO-3784
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Donna McCole
NIDRR Funding: FY 00 $50,000
Abstract: This research provides a faster alternative to existing keyboard technologies, optimizing computer performance and user enjoyment for people who use single switches. Specific aims are to: (1) construct a prototype that incorporates statistical analysis and neural net algorithms to provide important feedback to the therapist and improved prediction capability to the user; and (2) perform a usability analysis with actual users to test the feasibility of tailoring a scanning keyboard system to an individual's capabilities. Research includes a cost and time comparison made between this system and conventional scanning keyboard systems.

Small Business Innovative Research (SBIR), Phase I
Iowa

Gesture Recognition System for Personal Computing Applications

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Project Number: ED-00-PO-3587
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $50,000
Abstract: This project focuses on recognition of multiple head and face gestures by computer input devices other than the standard keyboard and mouse. Many people use alternative input devices to access computers due to mobility impairments or other disabilities including cerebral palsy, ALS, stroke, spinal cord injury, and repetitive stress injury. The availability of powerful personal computers and inexpensive digital video cameras creates the opportunity to develop a new type of practical computer interface: gesture recognition. This system uses standard low-cost digital video cameras (under $100) and standard personal computers. Face and head gestures are used to generate mouse or keyboard actions to control the computer. For example, one application would allow “surfing the Web” hands-free using head gestures to navigate Web pages, including selecting and activating desired links. Gestures recognition can be used to replace or augment existing such as head, foot, or hand-activated switches, something that could greatly improve computer access speed. Gesture recognition is expected to fill an important gap between switches, speech recognition (which has a number of disadvantages in work and school settings), and expensive head-tracking systems for computer control.

Small Business Innovative Research (SBIR), Phase I
Maryland

Testing Vision in Young Deaf Children

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Project Number: ED-00-R-0013
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $49,997
Abstract: This project is developing two computerized vision screening systems for children who are deaf. The first is a simple computer software system that can be marketed for under $50. This Simple Vision Screening (SVS) system is aimed at parents and others who wish to do simple home vision screening. The second system is much more sophisticated and is for use by trained school personnel. The Advanced Vision Screening (AVS) system is based on computerized eye tracking equipment. Very little attention has been paid to vision in children who are deaf, even though this is the sense that replaces hearing for most communication and learning tasks. To maximize the potential of children who are deaf, it is necessary not only to make full use of residual hearing, but also to make sure there are no vision problems. It is extremely important that children who are deaf and who have vision problems be diagnosed as early as possible, so that the condition can be dealt with and its impact minimized. Unfortunately, there are no modern, computerized vision screening tests available to parents and schools that are specifically geared to young children who are deaf.

Small Business Innovative Research (SBIR), Phase I
Minnesota

A Computerized Worker-Job Assessment to Access Assistive Technology Information for the Workplace

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Project Number: ED-00-PO-3935
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 00 $49,987
Abstract: WORKEASE software helps to identify and solve work-site problems due to limitations resulting from aging in the workforce, disability, or hazard. The completed program gives decision makers, whether they are workers, employers, or others, an efficient and effective checklist-type instrument for creating and implementing state-of-the-art workplace adaptations. The project defines appropriate ability and demand characteristics and builds a demonstration database of job-adapting assistive technology. For each identified job requirement that exceeds worker capacity, the program retrieves a solution from its database that enables assistive technology to adapt the job to the individual.

A Modular Desktop Manipulator

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Project Number: ED-99-PO-4636
Start Date: September 1, 1999
Length: 6 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $49,987; FY 00 (No-cost extension through 3/17/00)

Abstract: This project explores the feasibility of the Modular Desktop Manipulator in terms of facilitating access to hands-on science education environments for students with physical disabilities. This includes the construction of a working prototype of the system in conjunction with teachers and consultants. The Modular Desktop Manipulator permits students with physical disabilities to carry out effectively a wide range of tasks in a classroom setting in a way that is supportive of the students' learning and is easily facilitated by the teacher. The modularity and extensibility of the device permits its use in a wide range of custom desktop activities.

Small Business Innovative Research (SBIR), Phase I
New Jersey

Writing Rehabilitation System with Dynamic Analysis Tools

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Project Number: ED-00-PO-3857
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 00 $50,000

Abstract: This project helps people reacquire handwriting skills while reducing the work of occupational therapists by developing a “writing trainer” assistive technology for home and professional settings. The task of handwriting has always been linked to psychological and educational well-being, and recent research professes that the lessons of handwriting have such a beneficial impact that such learning is paramount to healthy mental development. The loss of handwriting skills due to a stroke or other debilitation is immeasurably distressing; occupational therapists spend many hours helping individuals reacquire some if not all of them. The envisioned handwriting trainer would allow occupational therapists to preprogram or select routines for users to perform on their own. It would physically help individuals perform handwriting motions and use sensory interfaces to monitor performance.

Small Business Innovative Research (SBIR), Phase I
New York

Conception, Design, and Implementation of an Audio/Tactile Atlas of the World for Use by Students Who are Blind or Visually Impaired and Others

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Project Number: ED-00-PO-3854
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $49,917
Abstract: This project tests the feasibility of an innovative, accessible Atlas of World Maps that helps readers who are blind or who have visual impairments to explore and learn about world geography. By pressing regions, shapes, objects, and icons on the tactile map, the user activates interactions with a human-voice narrator. The user selects from a number of operational modes to gain access to a database of sociopolitical and geographical information that corresponds to regions and places depicted on the maps. The Atlas is as an accessory application for the Talking Tactile Tablet, an inexpensive computer device created by Touch Graphics, on which a user mounts raised-line and textured (tactile) plastic map overlays. The National Geographic Society's Map Division supplies base maps and associated information, and provides cartographic expertise to ensure that the product meets current standards for print Atlases.

Small Business Innovative Research (SBIR), Phase I
Rhode Island

Development of Noise-based Devices That Enhance Somatosensory Function

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Project Number: ED-00-PO-3779
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 00 $50,000
Abstract: This project expects to demonstrate that the tactile sense and quiet stance stability of research subjects can be improved by applying electrical noise to certain areas of the foot and ankle. This result would lead the way to commercialization of a new class of devices (therapeutic electrical stimulation devices) that would benefit people's mobility and security and would also result in significant savings in healthcare for broad classes of patient groups, including elderly people, people with diabetes, and people who have had a stroke. Stochastic resonance (SR), a counterintuitive phenomenon in which slight amounts of environmental noise actually increase the discernability of signals or stimuli, has been demonstrated to affect somatosensory (tactile and proprioceptive) sensitivity in networks of sensory cells in healthy, young subjects and clinical subjects. Somatosensory dysfunction is known to have significant clinical sequellae including gait abnormalities, propensity to fall, and foot ulcers; the project designs tests that represent activities of daily living and examines whether the use of electrical noise results in better function.

Small Business Innovative Research (SBIR), Phase I
Utah

Omnidirectional Wheelchair to Increase the Mobility of Persons with Physical Disabilities

Lincoln Laboratories
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College Ward, UT 84339
kremund@optionsind.org

Principal Investigator: Kent Remund, 435/760-1488
Public Contact: 435/755-3442; Fax: 435/753-5390

Project Number: ED-00-PO-3781
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 00 $45,100
Abstract: This project develops an omnidirectional wheelchair that is simple, light, inexpensive, and capable of indoor and outdoor navigation across a variety of terrains and among a variety of user types. To overcome the obstacles others have had in trying to commercialize this needed capability, the developers propose a middle-wheel-drive device that is composed of one motor and two sensors, and has retrofit capability. The project: (1) describes the target market and additional consumer markets that may be appropriate, including market size and potential revenues from each market segment; (2) develops consumer-driven product specifications in the design, ease of use, and user interface; (3) creates technical specifications leading to the development of the prototype device; and (4) determines the feasibility of the new product design.

Small Business Innovative Research (SBIR), Phase I
Virginia

A Low-Cost, High-Performance Physical Activity Monitor (PAM)

Barron Associates, Inc.
1160 Pepsi Place, Suite 300
Charlottesville, VA 22901
http://www.barron-associates.com

Principal Investigator: B. Eugene Parker Jr., PhD
Public Contact: 804/973-1215; Fax: 804/973-4686

Project Number: ED-00-PO-3741
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 00 $49,725

Abstract: This project focuses on health-related physical fitness assessment and physical activity monitoring. In particular, the Team of Barron Associates, Inc. (BAI), the Human Performance Laboratory at Barnes-Jewish Hospitals, and the Washington University School of Medicine, propose to develop a miniature, lightweight, low-profile, low-cost, high-performance multifunctional Physical Activity Monitor (PAM) to collect, store, and analyze translational and rotational motion and heart-rate data in children and other subjects. The system addresses the deficiencies of current commercial activity monitors. Monitoring of both motion and heart rate allows assessment of health-related physical fitness via computation of the Energy Expenditure Index in ambulatory children both with and without handicaps. All information collected and stored on the PAM device is uploadable to a PC for off-line data analysis.

Graph And Print (GAP)

Automated Functions, Inc.
7700 Leesburg Pike, Suite 420
Falls Church, VA 22043
autofunc@tmn.com; marylandon@compuserve.com

Principal Investigator: Ronald A. Morford
Public Contact: 703/883-9797; Fax: 703/883-9798

Project Number: ED-00-PO-3782
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 00 $49,922

Abstract: The objective of the Graph And Print (GAP) project is to provide better access to graphs that may greatly assist students who are blind or who have low vision in comprehending math and science equations. These students do not have access to graphing scientific calculators, which are widely used by sighted students. This is important since it hinders students with visual impairments from obtaining the information provided on their graphic display. Custom software, combined with sensory modalities of synthetic speech, stereo sound, and a haptic (force feedback) mouse, provide a system that enables students with visual impairments to analyze and print graphs of equations independently. GAP enables all or part of graphs to be printed and therefore is available to both the sighted teacher and the student with a visual impairment. GAP enables these students to compete equally with their sighted peers in math and science courses.

Small Business Innovative Research (SBIR), Phase I
Virginia

Interactive Multimedia to Facilitate the School-to-Work Transition of Secondary Students and Young Adults with Disabilities

American Research Corporation of Virginia
1509 Fourth Street, P.O. Box 3406
Radford, VA 24143-3406
arcova@swva.net

Principal Investigator: Russell J. Churchill, PhD
Public Contact: 540/731-0655; Fax: 540/731-0836

Project Number: ED-00-PO-3586
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $50,000
Abstract: This project develops and evaluates an innovative interactive multimedia program offering training in workplace competencies and foundation skills for secondary students and young adults with disabilities. The prototype program, based on guidelines of the U.S. Department of Labor's Secretary's Commission on Achieving the Necessary Skills (SCANS), offers school-to-work transition training for secondary students and young adults with disabilities. Technical objectives include developing training content and scripts for video portions of the program, integrating the content with multimedia presentation technology, and evaluating the system with regard to usability and knowledge-gain potential.

Small Business Innovative Research (SBIR), Phase II
Florida

Automated PC-Based Speech-to-Sign-Language Interpreter

Vcom3D, Inc.
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Orlando, FL 32817
es_ssi@bellsouth.net
http://www.seamless-solutions.com/html/sign_language

Principal Investigator: Edward M. Sims, PhD, 407/737-7309
Public Contact: Carol Widenman, 407/737-7310; Fax: 407/737-6821

Project Number: ED-99-CO-0116
Start Date: September 1, 1999
Length: 24 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $124,276; FY 00 $124,275
Abstract: This project integrates speech recognition and natural language processing software with Seamless Solutions, Inc.'s PC-based Signing Avatars™ 3D character animations of sign language communication to provide a prototype PC-based speech-to-sign language and text-to-sign-language interpreter. The new development in this project is the addition of Natural Language Processing (NLP), using a sign lexicon and translation rules that analyze English sentences to provide not only correct translations of each sign, but also correct and realistic facial expression, timing, and emphasis. The result is the synthesis of high quality, realistic sign language translation of spoken or textual English language input.

Small Business Innovative Research (SBIR), Phase II
Maryland

A Computer Program to Emulate TTY Communication

Institute for Disabilities Research and Training, Inc.
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http://www.idrt.com

Principal Investigator: Carl Jensema
Public Contact: 301/942-4326 (V/TTY); Fax: 301/942-4439

Project Number: ED-99-CO-0117
Start Date: September 1, 1999
Length: 24 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $125,000; FY 00 $125,000
Abstract: This project produces a marketable Baudot TTY program for personal computers, and a programmer's tool kit for adding Baudot communication to other programs. Previous research demonstrated that it is now possible to emulate TTY communication on a personal computer using software alone. Rather than generating tones using special hardware, the tones for each Baudot character can be stored in audio waveform files and transmitted as needed. Similarly, incoming tones can be recorded into a computer and analyzed mathematically to identify the Baudot characters received. A personal computer with this software can be used to communicate with the Baudot TTY equipment currently used by the Deaf community.

Independent Living and Community Integration

Independent living recognizes that each person has the right to independence through maximum control over his or her life, based on an ability and opportunity to make choices in performing everyday activities. These activities include: managing one's personal life; participating in community life; fulfilling social roles, such as marriage, parenthood, employment, and citizenship; sustaining self-determination; and minimizing physical or psychological dependence on others. Community integration incorporates ideas of both place and participation, so that a person is physically located in a community setting, and participates in community activities. Issues of consumer direction and control also are integral to concepts of community integration. NIDRR's research program encourages independent living and community integration to achieve more successful outcomes for people with disabilities, and it fosters the development of innovative methods to achieve these outcomes and to measure achievement.

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Rehabilitation Research and Training Center on Personal Assistance Services (PAS)

World Institute on Disability
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tom@wid.org
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Principal Investigator: Deborah Kaplan, JD
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Project Number: H133B70008
Start Date: July 1, 1997
Length: 60 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 97 $500,000; FY 98 $500,000; FY 99 $500,000; FY 00 $500,000
Abstract: This project furthers the understanding that Personal Assistance Service (PAS) systems design can better promote the economic self-sufficiency, independent living, and full integration of people of all ages and disabilities into society. The project explores the models, policies, access to, and outcomes of, personal assistance services, through: (1) gathering perspectives of consumers, program administrators, policy-makers, and personal assistants using a state of the states survey and database development; (2) a policy study; (3) a cost-effectiveness study; (4) a study of workplace PAS; and (5) a study on the conditions to improve the quality and quantity of the Personal Assistant workforce.

Rehabilitation Research and Training Center on Positive Behavioral Support

University of South Florida
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Department of Child and Family Studies
13301 Bruce B. Downs Boulevard
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Principal Investigator: Glen Dunlap, PhD
Public Contact: Kirsten Cuenca, 813/974-3115; Fax: 813/974-6115

Project Number: H133B980005
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $600,000; FY 99 $600,000; FY 00 $600,000
Abstract: This project acquires and disseminates new knowledge to advance the field of behavior support in school, home, and community settings. Through research and training projects, the Center increases and enhances the effectiveness of behavioral support strategies, expands the applicability of effective practices to broader and more diverse populations, and addresses the need for effective training, technical assistance, and widespread dissemination. The three primary research projects: (1) expand the applicability of effective interventions, (2) increase and enhance the effectiveness of interventions, and (3) understand and describe the long-term impacts and processes of effective behavioral support. Embedded within these research projects are systematic studies of nonaversive interventions, etiology and prevention, maintenance, self-management, and functional assessment. The three primary training projects focus on: (1) in-service and pre-service training, (2) dissemination, and (3) technical assistance. The Center is conducted as a consortium that includes the University of South Florida, the University of Oregon, State University of New York (SUNY) at Stony Brook, the University of Kansas, the University of California at Santa Barbara, and the University of California at Hayward.

Rehabilitation Research and Training Center for Children's Mental Health

University of South Florida
Florida Mental Health Institute
13301 Bruce B. Downs Boulevard MHC2335
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Principal Investigator: Robert Friedman, PhD
Public Contact: Krista Kutash, PhD, 813/974-4661 (V); 800/955-8771 (TTY); Fax: 813/974-6257

Project Number: H133B990022
Start Date: September 28, 1999
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $750,000; FY 00 $750,000
Abstract: This project conducts research and training that improves the delivery of services to children and adolescents who have serious emotional disturbances and their families. Operating under the model that children and families are best served in coordinated, community-based systems of care, the RRTC conducts research in the areas of managed care, accountability, school-based mental health services, and documentation of the characteristics of this population. The project provides training in the areas of leadership and participatory evaluation, as well as on children's mental health services research within a graduate program at the University of South Florida. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center on Full Participation in Independent Living

University of Kansas Center for Research, Inc.
Schiefelbusch Institute for Life Span Studies
1052 Dole
Lawrence, KS 66045
rtcil@ukans.edu
http://www.lsi.ukans.edu/rtcil/rtcil.htm

Principal Investigator: Glen W. White, PhD, 785/864-0590
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Project Number: H133B000500
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $499,876

Abstract: Through research, training, and dissemination, this project makes available person-environment strategies that enable full participation in society by persons with disabilities from diverse cultures, varying socioeconomic strata, and emerging disability populations. This mission is implemented through multiple research and training activities that are influenced by independent living (IL) philosophy and values; for example, participatory action research is emphasized, in which consumers take an active role throughout the research process. The RRTC develops, tests, and uses measurement tools to investigate the interactional relationship between personal and environmental factors and their effects on full participation in IL by the target populations. Based on the Analytical Research Framework, four core areas of intervention development and testing include: (1) increasing the knowledge base about the emerging universe of disability, (2) community participation and wellness, (3) cultural IL accommodations, and (4) personal and systems advocacy. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center in Rehabilitation of Persons with Long Term Mental Illness

Boston University
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Principal Investigator: Marianne Farkas, 617/353-3549
Public Contact: Fax: 617/353-7700

Project Number: H133B990023
Start Date: October 1, 1999
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $749,990; FY 00 $749,990
Other funding: FY 2000 $300,000 (Center for Mental Health Services)
Abstract: The focus of the Center is on the recovery and rehabilitation of people with long-term mental illness and the individual and environmental factors that promote recovery. The Center is linked by its programmatic focus on three specific core areas, strengthened by the use of the appropriate research strategies, and assisted by a vigorous program of training, technical assistance, and dissemination activities designed to maximize the impact of the RRTC at all levels in the field of psychiatric rehabilitation. The research program is organized into the following three core or programmatic areas of investigation: Recovery Dimensions, Rehabilitation Interventions, and Alternative Interventions. The research projects are designed to have an impact on the field at multiple levels—at the personnel level as well as the program and system levels. Research projects use a participatory research process with significant input from consumers and other stakeholders, and culminate in dissemination, training, or technical assistance activities to maximize the impact of the research program. The Training, Dissemination, and Technical Assistance (TDTA) projects are designed to provide exposure, experience, and expertise level of knowledge transfer. The TDTA program produces new technologies in recovery and rehabilitation, and increases the likelihood that researchers, service providers, and others use the cumulative knowledge developed by this Center.

Rehabilitation Research and Training Center for Community Integration of Persons with Mental Retardation

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RTC/Institute on Community Integration
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Principal Investigator: Charlie Lakin, PhD, 612/624-5005
Public Contact: Mary Hayden, PhD, 612/625-6046; Fax: 612/625-6619

Project Number: H133B980047
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $700,000; FY 99 $700,000; FY 00 $700,000
Other funding: $640,000 (Administration on Developmental Disabilities); $150,000 (Health Care Financing Administration); $125,000 (additional NIDRR funds); $60,000 (University of Minnesota); $10,000 (Department of Education)
Abstract: The Center conducts research, training, technical assistance, and dissemination of relevance to enhancing inclusion and self-determination of citizens with mental retardation and related developmental disabilities (MR/DD). The research program has six outcome areas: support to families, state system reform, Medicaid services, policies and practices for full participation, consumer controlled services, and direct support personnel. The approach to each priority area includes: (1) research syntheses of the state of knowledge and practice; (2) secondary analyses of high quality, topically relevant national and state data sets; (3) case studies of best practices; (4) evaluation of demonstration efforts to improve policy and practice; (5) survey and interview studies of critical issues; and (6) group process studies with key constituencies. An integrated intramural training program addresses the development of skilled disability researchers and rehabilitation professionals, including graduate students, postdoctoral associates, and research interns. Outreach training programs provide training and technical assistance to agencies and individuals providing support to people with MR/DD, including members of their families. Outreach programs include conferences and workshops for a wide variety of national, regional, and state audiences, a state of the science conference, and intensive technical assistance with community organizations, including advocacy and self-advocacy organizations. The Center disseminates practical information to targeted audiences (i.e., IMPACT, Policy Research Brief, Frontline Initiative) and maintains high standards for scholarly productivity (i.e., books, journal articles). The Center provides print and Web site access to a variety of other information including descriptions of best practices, national statistics on services and expenditures, resource guides, and distance learning training.

Rehabilitation Research and Training Center on Independent Living Management (RRTC-ILM)

The Western New York Independent Living Project, Inc.
3108 Main Street
Buffalo, NY 14214-1384
djusiak@acsu.buffalo.edu

Principal Investigator: Douglas J. Usiak
Public Contact: 716/836-0822; Fax: 716/835-3967

Project Number: H133B000002
Start Date: November 1, 2000
Length: 60 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $600,000
Abstract: To help Centers for Independent Living (CIL) become more fully integrated with their communities, this project identifies and applies best practices, finding examples from both inside and outside the CIL network. The work is conducted embracing, supporting, and emulating the principles of the independent living philosophy, which encompass consumer control, self-help, advocacy, peer relationships, peer role models, and empowerment. The seven projects of the RRTC-ILM are: (1) developing a database of CIL profiles, aggregating the information required to develop and implement a set of related research, training, and dissemination projects whose best practices help to build a secure economic foundation for CILs; (2) designing and testing options for generating funding from alternative sources, through collaborations with others that include building business development strategies and analyzing the policy-related and programmatic consequences of various funding options (such as those independent of public financing); (3) identifying best practices and developing test programs that allow CILs to expand their services to youth with disabilities and their families, including those from diverse cultural backgrounds, and to interface with existing educational and transitional programs to prepare children and youth for independent living; (4) modifying and testing management models of other successful community-based organizations so those strategies benefit CILs; (5) investigating CIL and vocational rehabilitation agency policies related to collaborations, and designing strategies for innovative partnerships that promote employment outcomes for individuals with disabilities; (6) coordinating activities with the Rehabilitation Services Administration (RSA) and providing them instruments, curricula, methodologies, resource guides, and research findings; and (7) providing training and information for CIL policy-makers, administrators, and advocates on the RRTC's research findings and identified strategies.

Rehabilitation Research and Training Center on the Community Integration of Individuals with Traumatic Brain Injury

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http://www.mssm.edu/tbinet

Principal Investigator: Wayne A. Gordon, PhD
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Project Number: H133B980013
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $800,000; FY 99 $800,000; FY 00 $800,000

Abstract: This program includes seven projects that: (1) evaluate a measure of community integration that assesses an individual's level of participation and the experience of that participation, in home and community; (2) evaluate replications of The Program Without Walls, a pioneering, consumer-oriented program for the delivery of vocational rehabilitation services developed in Rochester New York; (3) respond to the needs of families by providing peer mentoring by an individual or family member who has successfully coped with the challenges of a TBI; (4) implement and evaluate the Consumer Advocacy Model (CAM) of substance use prevention within an outpatient TBI day-treatment program; (5) study the emergence and resolution of post-TBI behavioral and emotional challenges to determine those at risk, and factors in the environment that help in overcoming challenges such as substance abuse, depression, and anxiety disorders; (6) conduct a longitudinal study of older individuals with TBI and their counterparts without disabilities to explore the factors associated with successful post-TBI aging; and (7) validate a brain injury screening effort within a high school in New York City. Both academic performance and behavioral challenges of children identified as having had a brain injury are documented.

Rehabilitation Research and Training Center to Improve Services for Children with Serious Emotional and Behavioral Disabilities and Their Families

Portland State University
Regional Research Institute
School of Social Work
P.O. Box 751
Portland, OR 97207-0751
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Principal Investigator: Barbara Friesen, PhD
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Project Number: H133B990025
Start Date: October 1, 1999
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $725,000; FY 00 $725,000
Other funding: FY 99 $150,000 (Center for Mental Health Services (CMHS));
FY 00 $155,000 (CMHS)
Abstract: This project conducts an integrated set of research, training, and technical activities to: (1) develop and evaluate service delivery models for children with an emotional disturbance and their families, including family-centered and culturally sensitive services; (2) define and evaluate the formal and informal components of family support and identify successful family support interventions; (3) identify and evaluate early intervention strategies; and (4) identify, develop, and evaluate communication skills to enable families and service providers to communicate effectively with each other. Research issues include caregivers and employment, inclusive care, early intervention, education, service delivery, training, and mentoring. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center in Community Integration for Individuals with Spinal Cord Injury

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Houston, TX 77030
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Principal Investigator: Karen A. Hart, PhD; Diana H. Rintala, PhD
Public Contact: Karen A. Hart, PhD, 713/797-5946; Fax: 713/797-5982

Project Number: H133B40011
Start Date: January 24, 1994
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 94 $650,000; FY 95 $650,000; FY 96 $650,000; FY 97 $650,000; FY 98 $650,000; FY 99 (No-cost extension); FY 00 (No-cost extension through 1/23/01)
Abstract: This RRTC: (1) conducts a program of research and training that develops and disseminates new knowledge and techniques to improve personal and psychological adjustment after spinal cord injury (SCI); (2) enhances family life, including involvement of family members in rehabilitation, and options for marriage, sexuality, reproduction, and parenting; (3) enhances participation in community life; (4) improves and maintains health status; (5) improves systems for long-term care (health and other support services) in the community; and (6) identifies gender and cultural differences relevant to community integration of people with SCI. This RRTC houses the National Database of Educational Resources on SCI, collected from a nationwide network of rehabilitation facilities and NIDRR-funded projects on SCI.

Leadership Development - A New Generation of Effective Leadership

Howard University
2900 Van Ness Street Northwest
Holy Cross Hall, Suite 100
Washington, DC 20008
swalker@howard.edu

Principal Investigator: Sylvia Walker, EdD
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Project Number: H133A990020
Start Date: October 1, 1999
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 99 $175,000; FY 00 $175,000
Abstract: This project improves services provided under the Rehabilitation Act as amended, especially services provided to individuals from minority populations. The goal of the project is to increase the leadership competencies of individuals with disabilities from underserved and underrepresented communities, thereby maximizing the full inclusion and integration of people with disabilities from underserved and underrepresented groups into society, employment, independent living, family support, and economic and social self-sufficiency. All activities are focused on promoting and ensuring full participation of members of groups who have traditionally been underserved by the vocational rehabilitation system. Community-based rehabilitation, disability, and educational organizations and entities work as collaborators to the project in nominating people from underserved and underrepresented groups to participate in the training and to provide assistance to the participants in the implementation of a follow-up plan of action. Individuals participate in a leadership development training program that provides a broad range of technical assistance, consultation, and support services to them during implementation of their individual action plans.

Parents with Disabilities and Their Adolescent Children

Through the Looking Glass
2198 Sixth Street, Suite 100
Berkeley, CA 94710-2204
rolkin@compuserve.com
http://www.lookingglass.org

Principal Investigator: Rhoda Olkin, PhD
Public Contact: 800/644-2666; Fax: 925/944-1859

Project Number: H133G990130
Start Date: October 1, 1999
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This project: (1) defines the national population of parents with disabilities with adolescent children and their demographic characteristics; (2) compares family responsibilities, i.e., household tasks and personal care tasks of adolescents in families in which a parent does or does not have a disability; (3) furthers the understanding of key disability-related concerns for the parents and their adolescent children; (4) furthers the understanding of family responsibilities within the context of families in which a parent has a disability; (5) furthers the understanding of the influence of a parental disability on family togetherness and rituals; (6) develops a task analysis model that can be used to evaluate the degree to which adolescents assist their parents with personal care tasks; (7) generates hypotheses for further research on parents with disabilities and their children; and (8) develops and documents methods of reaching underrepresented groups of parents with disabilities.

Field-Initiated Projects (FIPs)
California

The Relationship Between Early Experiences and Development in Young Children with Severe Visual Impairments: A Cross-Cultural Perspective

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Principal Investigator: Jamie Dote-Kwan
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Project Number: H133G80119
Start Date: August 1, 1998
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 98 $116,910; FY 99 $117,539; FY 00 $120,969
Abstract: This longitudinal project examines the relationship between early experiences and the development of infants and toddlers who are blind. Subjects consist of 60 caregiver-child dyads divided equally into four different ethnic groups (i.e., African-American, Hispanic/Latino, Asian-American, and Euro-American). The children, approximately 12 months old at the onset of the study, are examined for approximately 16 months, with data collection occurring at four-month intervals. Major objectives include: (1) to describe the home environment and early experiences of young children with severe visual impairments; (2) to examine the differences in home environment and early experiences between African-American, Hispanic/Latino, Asian-American, and EuroAmerican families; (3) to examine the relationship between caregiver-child interaction and home environment to the development of young children with severe visual impairments; (4) to identify within-group variables that positively influence the developmental outcomes of young children with severe visual impairments; and (5) to identify culturally accepted practices and strategies that facilitate the developmental outcomes of young children with severe visual impairments.

Evaluation of Voucher Alternatives for Early Intervention Developmental Disability Services

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steven.rosenberg@uchsc.edu
http://jfkproject.org/programs.asp

Principal Investigator: Steven Rosenberg
Public Contact: 303/315-0178; Fax: 303/315-5641

Project Number: H133G80121
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $119,687; FY 99 $124,411; FY 00 $124,940
Abstract: This study compares the effect of Block (traditional) and Flexible (fee for service) funding of Part C early intervention services on parent satisfaction, costs, and service utilization. Flexible funding allows families to obtain services from multiple providers and programs. Block funded services are provided through a single program that provides all Part C services for the child at a fixed monthly rate. Preliminary findings indicate that children in Flexible funding receive fewer educational services and more therapy than children served through Block funding.

Field-Initiated Projects (FIPs)
Florida

Home-Based Video-Counseling for Rural At-Risk Adolescents with Epilepsy and Their Parents: An Accessibility and Outcome Analysis

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Principal Investigator: Robert L. Glueckauf, PhD
Public Contact: Patricia Dages, Project Coordinator, 352/265-0680, ext. 4-4129; 800/282-2962

Project Number: H133G990500
Start Date: December 1, 1999
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $149,900; FY 00 $149,900
Abstract: This project is evaluating the impact of issue-specific, video-system counseling on the psychosocial and educational functioning of at-risk teens with epilepsy and their parents who reside in rural areas. Objectives include: (1) assessing the difference between home-based video counseling and office-based counseling on the level of improvement, severity, and frequency of specific problems identified by at-risk teens and their parents; (2) assessing the difference between home-based video counseling and office-based family counseling on the therapeutic relationship between family member and counselor, and on overall consumer satisfaction; (3) examining the effects of home-based video counseling and office-based counseling on overall family functioning; and (4) testing for differences in adherence to intervention and in attrition rates between families in the two counseling conditions.

Integrated Services and Parent Partnerships in Schools: Meeting the Needs of Children with Emotional and Behavioral Disabilities and Their Families

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Project Number: H133G70013
Start Date: August 1, 1997
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $125,000; FY 98 $124,102; FY 99 $124,156; FY 00 (No-cost extension through 10/31/00)

Abstract: This project empirically tests the effectiveness of an integrated services model designed to help children with severe emotional and behavioral disabilities (EBD) by including parents as partners with service providers and schools. The project identifies outcomes for children with EBD in the areas of academic achievement, social functioning, and community adjustments. Under the conditions of an integrated services model, outcomes of parents as partners versus usual special education practice are compared.

Determining the Effectiveness of a Capacity-Building Program for Individuals with Chronic Fatigue Syndrome

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Project Number: H133G000097
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 00 $149,848

Abstract: This project evaluates the efficacy, replicability, and sustainability of peer-based intervention strategies applied to individuals with chronic fatigue syndrome (CFS) as implemented within a Center for Independent Living (CIL). The project applies theoretical frameworks of empowerment theory, participatory action research, control theory, and the new paradigm of disability. The predicted outcome is that such community-based intervention improves overall quality of life, functional capacity, illness severity, coping, and service utilization among individuals with CFS. In addition, the study predicts that the intervention serves to increase knowledge and awareness of CFS among CIL staff. The resulting findings, curriculum, and resource manual are disseminated to other individuals with CFS, researchers, treatment providers, policy-makers, self-help groups, and to CILs nationwide. These findings have important implications in the design of future studies for people with CFS, and for individuals with other emergent disabilities, such as fibromyalgia, multiple chemical sensitivity, and Gulf War Syndrome.

The Development of a Valid System for Measuring Rehabilitation Service Outcomes

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Project Number: H133G990137
Start Date: September 1, 1999
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 99 $146,373; FY 00 $147,958
Abstract: This project develops an easy-to-use, reliable, and valid evaluation system called the Rehabilitation Outcome Measurement and Evaluation System (ROMES). This standardized system addresses: (1) vocational status, functional capacity, and quality of life; (2) rehabilitation outcomes that maximize provider/consumer involvement in setting rehabilitation goals; and (3) how to measure rehabilitation gains in the specified competency areas. These competency areas include independent living, social and psychological functioning, and work. The research product is primarily targeted to meet the program evaluation needs of people with disabilities, rehabilitation service providers, and managers/administrators in state vocational rehabilitation (VR) as well as those involved in private rehabilitation.

Independent Living for People with Psychiatric Disabilities: Using Contextual Cues to Remove Environmental Barriers

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Project Number: H133G000152
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 00 $148,765

Abstract: This project examines an intervention that reduces environmental barriers by teaching contextual cues. The grocery store, an exemplar of a complex community-based environment, is the focus, and grocery shopping is the designated skill. The hypotheses tests the effectiveness of the intervention in improving knowledge, performance, and application of grocery shopping skills, and the relationship of cognition to skill acquisition. Individuals with psychiatric disabilities from five community-based sites are randomly assigned to either the grocery shopping intervention or a wait-list control group. Outcome measures address all levels of skill acquisition: knowledge, performance (including generalizability and maintenance), and application of grocery shopping skills. In addition, measures of basic cognitive processes and executive functioning determine whether cognition predicts skill acquisition. Consumer collaborators are included in all aspects of the program. The findings provide direction for enhancing this and other skills training interventions.

Louisiana's Self-Determination Research Project

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Project Number: H133G990169
Start Date: April 1, 1999
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 99 $149,999; FY 00 $150,000
Abstract: This project investigates short- and long-term effects that self-determination instruction, participation in a Youth Leadership Forum (YLF), or both have on the self-determination abilities, IEP involvement, and adult outcomes of adolescents with disabilities. The curricula and the YLF are based on these premises: (1) self-determination is a critical factor for successful transition into adulthood, (2) individuals with disabilities do not easily achieve desired adult outcomes because they generally do not possess self-determination skills, and (3) self-determination instruction improves these students' adult outcomes. The target population for this study is adolescents with disabilities attending high schools throughout Louisiana, beginning in their junior year, until one year after exiting high school.

Field-Initiated Projects (FIPs)
Michigan

Identifying Social Integration Needs During Transition to Adulthood Following Traumatic Brain Injury

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Project Number: H133G000038
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $148,363
Abstract: This study identifies specific social rehabilitation and integration needs of persons with traumatic brain injury (TBI). Social functioning is a core domain of quality-of-life, a key predictor of well-being, and is critical to the development of independence. Earlier work has demonstrated that persons with TBI are at risk for social isolation and impaired social problem-solving (SPS) skills including the ability to be assertive in achieving desired social outcomes in school, work, and other settings. SPS skills have been shown to be powerful predictors of social success and integration in noninjured individuals. The specific aims of this study are to: (1) examine SPS skills as key predictors of social integration and quality of life in a sample of young adults with TBI; (2) examine the mediating role of SPS in the relationships between age of onset of TBI and outcome variables; (3) examine predictors of SPS following TBI; and (4) examine SPS following childhood TBI as predictors of social integration and subjective well-being in adulthood.

Field-Initiated Projects (FIPs)
Michigan

Quality of Life for Persons with a Spinal Cord Injury: A Qualitative Longitudinal Study

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Project Number: H133G990219
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $148,565; FY 00 $148,565
Abstract: This qualitative, longitudinal investigation increases understanding of the experience of quality of life (QOL) of people with spinal cord injury (SCI). The study focuses on changes in self-rated QOL from before injury (retrospectively) through 30 months post-SCI. Project objectives: (1) to collect longitudinal data on QOL as experienced by various groups of people with SCI, based on multiple unstructured interviews starting soon after injury; (2) to analyze this information with specific attention to subjective QOL differences between groups, changes and consistencies over time, and the interplay of internal factors such as personality and the will to live, with external factors such as neurological recovery, equipment, and resources; and (3) to disseminate information on QOL after SCI to consumers, professionals, and other concerned audiences. Analyses of the data address a number of specific hypotheses on the process of change in subjective QOL.

Field-Initiated Projects (FIPs)
Minnesota

National Study on the Impact of SSI Redetermination of 18-Year-Old Youth with Disabilities on Employment, Independent Living, and Community Participation Outcomes

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Project Number: H133G000201
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $149,988
Abstract: This project performs five specific types of studies and analyses on the impact of SSI redetermination: (1) a post-school outcome survey of SSI recipients and nonrecipients: a study in five or six states on the employment, independent living, and community participation of young adults with disabilities, including those who have successfully achieved redetermination at age 18, compared to those whose participation in the program has ceased; (2) individual and family case studies: in-depth case studies in 3-4 states to better understand the impact of SSI redetermination policies and practices on individuals and families; (3) a state policy survey: policies and practices (including the use of information for assessing "work-related functional limitations") from designated state agencies within the 50 states and U.S. territories, analyzed for their implications for youth with disabilities and their families; (4) research integration/synthesis: previous post-school outcome, policy, and service delivery research studies and reports focusing on SSA policies and practices, reviewed, synthesized, and reported in a comprehensive monograph; and (5) an expert panel/best practices review: "promising" or "best" practices related to SSA's SSI redetermination policies and practices identified and reviewed.

Survey of Home Ownership Nationwide

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Project Number: H133G000034
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 00 $149,999
Abstract: This project systematically investigates the quality-of-life outcomes of home ownership for people with severe disabilities, and the personal, service system, financial system, and support network variables associated with achieving and maintaining successful home ownership. Five interrelated studies are conducted: (1) a home ownership outcome study, using in-person structured interviews across six states, conducted by individuals with disabilities, in collaboration with the Temple University Institute on Disabilities, to examine the effect of home ownership on quality-of-life and quality-of-service provision; (2) a study of facilitating and inhibiting factors in home ownership, based on telephone interviews with disability service system personnel, financial personnel, and informal support persons assisting the successful and unsuccessful home seekers identified in the outcome study above, in collaboration with the UNH Center for Survey Research; (3) an investigation of the predictors of mortgage company underwriting decisions to test the effect of differences in disability, assistance, and income sources on mortgage lending; (4) an intensive case study of selected home owners to examine the personal meaning of home ownership and the process of overcoming barriers; and (5) a follow-along study of the variables associated with long-term success by successful home owners.

Field-Initiated Projects (FIPs)
New York

Preventing Severe Behavior Problems

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Project Number: H133G980104
Start Date: July 1, 1998
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $123,192; FY 99 $124,849; FY 00 $124,849
Abstract: This project studies aspects of the child and his or her home and family to identify risk and protective factors in the development of severe behavior problems to identify additional ways to help to prevent later, more severe problem behaviors. Aggression and self-injurious behavior, among others, represent some of the most difficult obstacles faced by individuals with disabilities, and seriously interfere with efforts to provide them with more independent lives. The first goal is to evaluate the impact of the interventions both on a short- and long-term basis, by comparing three groups in a stratified-random sample: (1) individuals who receive traditional (non-function-based) intervention; (2) individuals who receive a package of function-based interventions; and (3) individuals who receive a package of function-based behavioral interventions with ongoing intervention and consultative support. The study evaluates if intervention support successfully prevents behavior problems from escalating into more severe problems; follow-up is conducted up to two years following the initial intervention. The second goal is to identify developmental and epidemiological patterns of behavior for all 140 children that are predictive of later problems, over a three-year period, using sophisticated structural equation modeling.

Effectiveness of a System that Includes Computer-Based Monitoring in Promoting Care Among Older Persons with Physical Disabilities

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Project Number: H133G990086
Start Date: August 1, 1999
Length: 36 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This study determines the effectiveness of using a computer-based system of services between live-alone older people with physical disabilities and health care professionals. The system, which includes Internet-based communication (including audio and video), is used to: (1) monitor daily self-care needs, (2) identify the need for a home health care visit, (3) suggest self-administered interventions, and (4) provide information and training to enhance daily functional performance. The study employs a randomized clinical trial design with 100 older people with physical disabilities from Western New York, an evaluation of assistive device use among older rehabilitation patients, an evaluation of assistive device use among older renters, and an environmental skill-building program for family caregivers of dementia patients. Secondarily, the study determines: (1) the costs associated with placement of computer technology and Internet capacity in the homes of frail elders and instruction in the self-care monitoring program, (2) the reliability of self-report functional assessment using computer technology in comparison to in-home observation of self-care performance, and (3) the acceptability of computer monitoring and utilization of intervention components.

Field-Initiated Projects (FIPs)
Ohio

A Family Intervention Following Traumatic Brain Injury in Children

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Project Number: H133G990069
Start Date: April 1, 1999
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 99 $149,008; FY 00 $147,765
Abstract: This project operates an outpatient intervention program that studies the impact on caregiver functioning of moderate to severe traumatic brain injury (TBI) in children. It seeks to reduce psychological disability in caregivers, thereby enabling the family to support the child's recovery from TBI in an optimal way, through development and testing of an intervention adapted from established problem-solving and communications skills training protocols that have been used successfully with families of children with chronic illnesses and behavior disorders. The study is a randomized, controlled trial comparing the effects of standard medical and psychosocial care to standard care plus the individualized problem-solving and communication intervention on the following outcomes: (1) injury-related stress and burden, and (2) caregiver psychological distress. Participants include the families of children, aged 6-14, who have experienced a moderate to severe TBI between 6 and 18 months prior to study participation. Families are randomly assigned to the standard care or problem-solving/communication skill groups. Group differences are examined using a multivariate approach to analysis of covariance, controlling for injury severity, age, gender, sociodemographic status, and time since injury. The hypothesis is that better problem-solving and communication skills means less injury-related stress and better caregiver functioning among the intervention group compared to the standard care group.

Neuropsychological Functioning and Psychosocial Adjustment in Adolescents with Spina Bifida and NLD

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Project Number: H133G000134
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 00 $147,750

Abstract: This study examines the relationship between type and severity of neuropsychological impairment, in particular the nonverbal learning disability (NLD) profile, and psychosocial functioning in adolescents with spina bifida. Adolescents with spina bifida exhibit a variety of neurocognitive deficits that are thought to undermine psychosocial adjustment. Between 40 and 50 percent have neuropsychological impairments indicative of NLD, which is strongly associated with poor social adjustment and internalizing behavior problems (e.g., depression). In general, adolescents with spina bifida display problems in behavioral, social, and personality adjustment, although there is considerable variability in this population. Primary goals of the study are to: (1) identify differential patterns of psychosocial management at different points in adolescent development; (2) determine the predictive utility of the NLD profile to subsequent psychosocial functioning and determine if psychosocial problems increase with age in those with NLD; and (3) test whether family functioning moderates the association between neuropsychological impairment and psychosocial adjustment. Results from this study elucidate causal relationships between neuropsychological impairment and psychosocial functioning in adolescents with spina bifida, delineate risk factors that contribute to early identification and the design of effective interventions, and reveal patterns of psychosocial functioning across age in adolescents.

Building Comprehensive Behavioral Support: Bridging the Gap

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Project Number: H133G80116
Start Date: May 1, 1998
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $124,975; FY 99 $124,975; FY 00 $124,975
Abstract: This project develops, validates, and disseminates a model of behavioral support that transforms research results into practical strategies that families and residential providers can use to break the destructive cycle of problem behaviors in the lives of individuals with severe intellectual disabilities. Such problem behaviors remain the single most common reason people with disabilities are isolated from school, work, and community opportunities. The project focuses on youth and adults with severe intellectual disabilities who have a history of problem behaviors, with an emphasis on providing residential staff and families with a practical technology that allows them to redesign behavioral support. Central objectives of the project: (1) to define a model for moving to comprehensive, positive behavioral support; (2) to conduct research studies examining the effects of the model on change in problem behaviors and lifestyle; (3) to develop an operations manual that support personnel can use to create practical plans of behavioral support; (4) to field-test the operations manual with residences that provide residential support to people with severe intellectual disabilities and problem behaviors; (5) to disseminate project outcomes/products; (6) to manage the project; and (7) to evaluate the project.

Field-Initiated Projects (FIPs)
Oregon

Women's Personal Assistance Services (PAS) Abuse Research Project

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Project Number: H133G70154
Start Date: July 1, 1997
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $125,000; FY 98 $125,000; FY 99 $125,000; FY 00 (No-cost extension through 6/30/01)

Abstract: This project increases the identification, assessment, and response to abuse by formal and informal personal assistance service (PAS) providers of women with physical and/or cognitive disabilities living independently in the community. The aims of the project are to: (1) develop culturally sensitive screening approaches to identify PAS abuse, (2) develop a culturally appropriate PAS abuse assessment protocol, and (3) develop culturally appropriate response strategies to prevent and manage PAS abuse. Culturally diverse participants assist in the development of these three aims. The study includes three phases, beginning with a focus group study of culturally diverse women with physical and cognitive disabilities. Phase II involves the use of findings from Phase I to develop and disseminate a survey of 260 culturally diverse females with disabilities drawn from four national organizations. Phase III involves the development and field testing of the effectiveness of the screening, assessment, and support protocols, the final product being a comprehensive package of PAS abuse prevention materials. The project plans to disseminate these materials on a national basis.

PALS: Postsecondary Adjustment, Literacy, and Socialization for Secondary Students with Mild/Moderate Disabilities

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Project Number: H133G70050
Start Date: September 1, 1997
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $124,946; FY 98 $124,946; FY 99 $124,946; FY 00 (No-cost extension through 8/31/01)
Abstract: This project conducts an upward extension of Peer Assisted Learning Strategies (PALS) to improve Postsecondary Adjustment, Literacy, and Socialization (PALS) for secondary students with mild/moderate disabilities (MMD): PALS for PALS. The goals are to improve literacy and numeracy, enhance socialization, and facilitate successful postsecondary adjustments for students with MMD who enter technical training and nonsupported work settings after high school. Development of this instructional approach is expected to contribute to high schools' capacity to provide comprehensive and effective programs for students with MMD.

The Transition of Pediatric Burn Survivors into Adulthood

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Project Number: H133G990052
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 99 $150,000; FY 00 $150,000
Abstract: This study examines the long-term adjustment of pediatric burn survivors as they undergo the transition from adolescence and burn induced dependency to the independence and autonomy of adulthood. It is hypothesized that individuals burned as children have increased difficulty with the transition from home to independent living. They expect that for these individuals, psychosocial difficulties with the transition to adulthood increase with larger burn size. The study completes a baseline assessment of 150 individuals ages 18 to 26, burn size 30 percent or greater, and at least 2 years postburn, who have been treated at the Shriners Burns Hospital as children. This assessment includes a physical disability determination and intelligence testing as well as interviews focusing on psychiatric disorder, psychosocial adjustment, living arrangement, and family relationships. The data is analyzed against age, with special attention to gender, burn size and viability, age of burn, physical handicaps, intelligence, and initial family environment.

Self-Esteem and Women with Physical Disabilities

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Project Number: H133G990039
Start Date: July 1, 1999
Length: 36 months
NIDRR Officer: Donna Nangle
NIDRR Funding: FY 99 $149,997; FY 00 $149,961
Abstract: The purpose of this study is the development of a greater understanding of self-esteem in women with physical disabilities. The study examines the effectiveness of a psycho-educational, peer-facilitated workshop intervention designed to enhance the self-esteem of women with physical disabilities. The goal is to increase self-esteem while concurrently learning about ways to build relationship skills. Specific subgoals are to understand the impact of gender and disability role socialization, increase self-awareness and self-understanding, increase self-nurturance, understand health relationships and boundaries, learn about communication skills and consumer advocacy, and integrate and apply skills. Peer leaders facilitate the program. The project also documents and widely disseminates information about the self-esteem of women with physical disabilities, to women with disabilities, independent living counselors, and mental health professionals.

Middle School Phonemic Awareness Study

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Project Number: H133G000142
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $149,920

Abstract: This study investigates the effects of an intensive, acoustically modified, computer-driven academic intervention called Fast For Word-2 and Fast For Word-3, through an after-school intervention project for middle school students. A large body of research identifies difficulty with phonological processing as the fundamental deficit for many children with reading and language impairments, so concentration will be on studying: (1) receptive language, (2) phonemic awareness, (3) word attack skills, (4) word identification, and (5) reading comprehension. To ensure that gains made from training with processed speech result from distinguished speech sounds rather than time spent concentrating on a computer screen, matched groups of students work an equal amount of time on computer-driven academic tasks. Control students are provided homework assistance. Functional magnetic resonant imaging (fMRI) is conducted at Georgetown University as a collaborative extension. The fMRIs plus a battery of psychometric tools are used to evaluate the effectiveness of phonological awareness training in comparison to academic skill development and homework tutoring. As a tangential consideration, students' modality preferences are correlated with their number of computer-task trials to investigate the relationship between modality preference and students' level of engagement with the computer-driven exercises. These results could help identify students who will persistently engage in (and benefit from) the computer activities.

Small Business Innovative Research (SBIR), Phase I
Colorado

NutriNet: An Internet Based Self-Directed Multimedia Nutritional Planning and Grocery Shopping System for Individuals with Mental Retardation

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Project Number: ED-00-PO-3951
Start Date: September 1, 2000
Length: 6 months
NIDRR Officer: Sean Sweeney, PhD
NIDRR Funding: FY 00 $49,998
Abstract: NutriNet is an Internet-based multimedia system for self-directed menu planning, grocery list development, nutritional education, and meal preparation. The system uses live video, audio prompts, and still pictures or animated graphics to: (1) guide the special needs user through the process of independently preparing a nutritionally healthy menu; (2) generate a shopping list based upon that menu; and (3) provide an interactive, non-text-based format for understanding various nutritional concepts. For most Americans, understanding and planning daily diets can be a confusing and multifaceted. The cognitive challenges faced by people with mental retardation create even greater barriers in understanding the complexity of nutritional concepts such as the food groups, caloric values, saturated fats, cholesterol, daily recommended allowances, etc. This has resulted in a high level of dependency on others and all too often poor nutritional health and excess weight in this population. Specific objectives for this project include development of a prototype for the Menu Planning and Grocery List Modules. These Modules are tested against traditional staff-assisted methods of menu planning and comprehension of text-based grocery lists by persons with mental retardation in a pilot study.

Small Business Innovative Research (SBIR), Phase II
Colorado

Visual Assistant: A Portable Multimedia Training System for Community-Based Skill Development for Individuals with Mental Retardation

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Project Number: ED-99-CO-0124
Start Date: September 1, 1999
Length: 24 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $249,997; FY 00 $249,997
Abstract: This project builds on the successful results of previous research to: (1) complete the Visual Assistant multimedia software program, a Windows CE-based multimedia trainer for training individuals with mental retardation in specific community integration skills, (2) build a companion software application for the PC that helps manage the setup of the Visual Assistant training tasks, and (3) perform expanded field testing of the system to evaluate its applicability for a wide range of activities of daily living and levels of disability. One of the most exciting aspects of the Visual Assistant system is its promise for reducing the need for human assistance when performing activities of daily living. Activities that have been too difficult without assistance from a caregiver or counselor can be programmed into the portable Visual Assistant system to help the individual perform the task independently, maybe for the first time.

Small Business Innovative Research (SBIR), Phase II
Massachusetts

Strategies for Test Success: A CD-ROM for Students with Learning Disabilities

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Project Number: ED-99-CO-0125
Start Date: September 1, 1999
Length: 24 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 99 $250,000; FY 00 $250,000
Abstract: This novel instructional program on CD-ROM teaches test-taking strategies to students with learning and attention difficulties. The Strategies for Test Success (STRATS) program allows students to learn and practice test-taking strategies within a motivating, multidimensional, structured format. Test-taking deficiencies represent a major hurdle for students with learning disabilities who are now confronted with new barriers to academic success resulting from the recent introduction of standards-based testing in many states. Improvements in test-taking strategies can help students with learning disabilities to perform at the level of their potential and to attain greater academic success that, in turn, prevents the high frustration levels that so often lead to school dropout, delinquency, and unsuccessful employment histories in this population.

Associated Disability Research Areas

Related disability research emphasizes knowledge areas that are cross-cutting and essential to the support and refinement of disability research generally. The common theme linking disability statistics, outcome measures, and the emerging fields of disability studies, rehabilitation science, and disability policy research is that they all provide essential frameworks and building blocks for the research and address important issues in a meaningful way.

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American Indian Rehabilitation Research and Training Center

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Principal Investigator: Richard Carroll, PhD
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Project Number: H133B980049
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 98 $595,000; FY 99 $605,000; FY 00 $605,000
Abstract: This Center, in a collaboration that includes the Consortia of Administrators for Native American Rehabilitation (CANAR) and other Rehabilitation Research and Training Centers, develops, implements, and conducts research and training activities around four core areas. Eight research projects and six training projects focus on: (1) investigating and analyzing existing disability and employment data, and recommending methodology for planning and evaluating employment services for American Indians and Alaska Natives; (2) recommending successful strategies to improve employment outcomes, including existing employment and vocational rehabilitation service practices for American Indians and Alaska Natives with disabilities on or off reservations; (3) developing and evaluating innovative and culturally appropriate vocational rehabilitation services for the employment of American Indians and Alaska Natives; and (4) disseminating results of the data collection and evaluation of model employment services to a range of relevant audiences, using appropriate accessible formats. Consultation with researchers, CANAR, and the training team helps develop a dissemination method that is accessible and acceptable for each respective target community. Information and resources are developed and disseminated to providers, tribal and state vocational rehabilitative agencies, consumers, and Regional Continuing Education Programs. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Disability Statistics Rehabilitation Research and Training Center

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Principal Investigator: Mitchell P. LaPlante, PhD, 415/502-5210 (V)
Public Contact: Diana Stammerjohn, Program Coordinator; Barbara Wenger, Information Specialist, 415/502-5210 (V, Stammerjohn); 415/502-5217 (V, Wenger); 415/502-5216 (TTY); Fax: 415/502-5208

Project Number: H133B980045
Start Date: December 1, 1998
Length: 60 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 98 $700,000; FY 99 $750,000; FY 00 $700,000
Abstract: The Center conducts research in the demography and epidemiology of disability including costs, employment statistics, health and long-term care statistics, and statistical indicators. Statistical information is disseminated through published statistical reports and abstracts, journals, professional presentations, and a publications mailing list. Training activities and resources (such as a predoctoral program) disseminate scientific methods, procedures, and results to both new and established researchers, policy-makers, and other consumers, and assist them in interpreting statistical information. A National Disability Statistics and Policy Forum is conducted periodically to foster dialogue between people with disabilities and representative organizations, researchers, and policy-makers. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Rehabilitation Research and Training Center on Policies Affecting Families of Children with Disabilities

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Principal Investigator: Ann Turnbull, PhD; H. R. Turnbull, PhD
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Project Number: H133B980050
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $650,000; FY 99 $650,000; FY 00 $650,000
Abstract: This project assesses policies and services and their impact on families' quality of life, focusing on four priorities: (1) developing an analytical framework for policy and service analysis; (2) developing measurement tools that apply state-of-the-art legal and policy analysis methodologies to the assessment of policies, service systems, and family outcomes; (3) identifying impacts of partnership (including interagency collaboration and coordination) on family outcomes; and (4) conducting research with families from diverse backgrounds in several communities and states (Kansas, Louisiana, and North Carolina). This research agenda is composed of five comprehensive training projects, six dissemination projects, and five technical assistance projects. Training activities include: (a) pre-service training and the preparation of three textbooks; (b) in-service training that helps service providers and families form community coalitions using the measurement toolkit; and (c) sponsorship of an international state-of-the-science conference. Dissemination activities include: (a) networking with federal agencies; (b) developing and disseminating the measurement toolkit, six users' manuals, and a management information software package; and (c) publishing articles in peer-reviewed newsletters, research briefs, fact sheets, a Web site, and a newsletter. Technical assistance focuses on: (a) enhancing federal and state policies; (b) conducting summer institutes with state-local partners on policy and service analyses; and (c) developing partnerships with federal agency liaisons, grantees, and key family and professional organizations to mentor them in using the results of project research to enhance policies and services.

Rehabilitation Research and Training Center on Measuring Rehabilitation Outcomes

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Sargent College of Health and Rehabilitation Sciences
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Principal Investigator: Alan M. Jette, PhD, 617/353-2704
Public Contact: Roseanne Monarch, 617/353-1297; 617/353-3277; Fax: 617/358-1355

Project Number: H133B990005
Start Date: September 1, 1999
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $699,736; FY 00 $699,868
Abstract: This Center develops new, more effective outcomes measurement tools and applies these tools to determine the effectiveness of medical rehabilitation interventions. Research components include: (1) identifying gaps in existing outcome measures and developing new instruments that address these gaps as part of a rehabilitation outcomes system; (2) critically evaluating the newly developed instruments against tools currently in use; (3) implementing the newly developed outcome instruments across impairment groups and across rehabilitation settings to assess their feasibility, responsiveness, and validity; (4) investigating the extent to which specific rehabilitation interventions affect outcomes following the onset of a stroke; and (5) applying modern psychometric techniques to develop dynamic outcome instruments that can also be used with individual patients in a clinical setting. Several components have been designed to enhance the translation of research findings into rehabilitation practice and to provide stakeholders with the opportunity to provide input into the Center including surveys of the use of medical rehabilitation outcomes data, consensus conferences, institutes, fellowships, a Web site, and a consumer guide to choosing postacute care services.

Center on Emergent Disability: A National Study on the Changing Impact of Major Demographic, Health, Social, and Economic Trends on the Manifestation of Disability

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Principal Investigator: Glenn T. Fujiura, PhD
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Project Number: H133A990017
Start Date: October 1, 1999
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 99 $250,000; FY 00 $250,000
Abstract: The Center on Emergent Disability at the University of Illinois/Chicago is a national research effort that seeks to characterize the changing impact of major demographic, health, social, and economic trends on the manifestation of disability in America. Core activities of the Center include: (1) state level analysis of changes in the etiology of disability through a systematic canvas and analysis of state public health surveillance systems; (2) evaluation of the implications of change from the perspective of implications for service delivery at the local level in conjunction with state-wide disability planning councils in Florida, Illinois, New Jersey and Texas; (3) study of political identity and coalition building with these constituencies and their relationships to the development of policies in state human services infrastructure; (4) a series of secondary analyses of national health and economic data sets to profile the character of changes in the population of Americans with disability; and (5) an integrated framework for monitoring and reporting medical and diagnostic research on “newly emergent” conditions. The goal is to develop a model of evolving risk and its impact on population change, state-wide agenda formation, planning, policy choice, and implementation against the backdrop of emergent conceptions of disability.

The Empowerment Project: Promoting Equality for People with Disabilities Through Electoral Participation

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Principal Investigator: Kay Schriner, PhD, 501/575-6417
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Project Number: H133G990188
Start Date: August 15, 1999
Length: 36 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 99 $145,458; FY 00 $149,973
Abstract: The Empowerment Project is a three-year program of research and dissemination activities that address and reduce a variety of barriers to voting. People with disabilities constitute the largest minority group in the United States, but their voice in American democracy is faint. The outcomes of this project include: new knowledge based on comparative legal analyses of voting rights legislation for racial minorities, women, and people with disabilities; a study of implementation of the National Voter Registration Act (NVRA) by disability service agencies; strategies for improving implementation of the NVRA; new knowledge regarding the effects of state-level differences in election practices on the electoral participation of people with disabilities; a study of the needs and preferences of people with disabilities with respect to registration and voting practices; strategies for use by state and local election officials to promote accessibility in registration and voting; and a National Summit on Electoral Participation by People with Disabilities to promote the use of project results and products.

Field-Initiated Projects (FIPs)
California

Disability Rights and the Independent Living Movement: The Formative Years Nationwide

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Principal Investigator: Charles B. Faulhaber, PhD, 510/642-3781
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Project Number: H133G000083
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $150,000
Abstract: This project creates a national platform for comprehensive research on the origins and leadership of the independent living and disability rights movement in the United States. An experienced team collects and preserves oral histories and archival records of pivotal leaders and key organizations across the country, before they are irretrievably lost. The documentation that is generated about the formative years of the movement is to be made widely available for research use, both on the Internet and in appropriate archival repositories. The project includes three main components: (1) oral history interviews with 50 to 60 national and regional leaders of the movement, (2) collection and preservation of historical records in archival repositories, and (3) the creation of an Internet-based Disability Rights and Independent Living Movement Digital Archive that includes oral histories, selected documents, and finding aids for collected materials at all repositories.

Equiprecise Measurement for ICIDH-2 Classification of Activity: An Innovative Solution for Evaluating the Worldwide Incidence and Prevalence of Disability

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Project Number: H133G990167
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $149,644; FY 00 $149,459
Abstract: This project develops an efficient and precise activity measurement system that is accessible and useful to individuals with disabilities, consumer groups, health care service providers, and policy-makers. In the context of people with musculoskeletal/connective tissue disorders or orthopedic impairments, Rasch analysis and Computerized Adaptive Testing (CAT) techniques are used, applying equiprecise measurement to the categories of movement, moving around, and daily life activities as defined in the Activity dimension of the ICIDH-2. CAT achieves efficiency by selectively presenting questions at the individual's ability level, and equiprecise measurement refers to the potential to have high precision in measuring a trait or construct across the entire range of that trait or construct.

Re-Defining Wholeness: Formulating A Minority Group Model of Disability Identity Development

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Principal Investigator: Carol J. Gill, PhD
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Project Number: H133G990110
Start Date: May 1, 1999
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $149,915; FY 00 $146,732
Abstract: The project constructs and validates a theoretical model of disability identity development analogous to models formulated for ethnic, racial, gay/lesbian, and women's identity development. The model has significant value in generating testable hypothesis in disability research by contributing a more refined and differentiated understanding of intragroup developmental differences. The goals of the project are: (1) to illuminate the process by which people with disabilities develop a positive identity that integrates their disability status, resulting in a sense of wholeness that fortifies both their resilience to social devaluation and their efforts to live fully in society; (2) to formulate a comprehensive model of disability identity development that takes into account the experiences of people with various disabilities from a range of social/cultural backgrounds; (3) to validate the model by testing predicted relations between disability identity categories and other variables that are theoretically relevant to identity development; (4) to use the model to investigate how people with disabilities who also have other minority group status (based on race, ethnicity, gender, or sexual orientation) develop disability identity, and organize their intersecting identities and multiple group affiliations; and (5) to disseminate this information to people with disabilities, their families, professionals, and advocates so it can be used to support positive identity development in children, adolescents, and adults with disabilities.

A Multi-Level Analysis of the Relationship Between Domestic Violence and Disability

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Project Number: H133G990144
Start Date: September 1, 1999
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 99 $149,853; FY 00 $149,949

Abstract: The nature of this study is to understand the intersection between domestic violence and disability. All subjects are female adult victims of domestic violence, including detailed case studies of 15 women who are domestic violence victims with a disability, interviewed and observed in routine activities of daily living over a two-year period. This project is designed to begin building an understanding of the relationships and consequences of domestic violence and disability through a multimethod approach. Research objectives are: (1) to document the extent and nature of impairment/disability among women who are identified as victims of domestic violence in a municipal hospital; (2) to document the disability-related characteristics of women who present to an emergency shelter for domestic violence; and (3) to disseminate project findings in appropriate formats to policy-makers, service providers, and consumers.

Knowledge Dissemination and Utilization

Dissemination and utilization are the tools through which to ensure that people with disabilities become fully integrated and participating members of society. NIDRR's dissemination and utilization efforts ensure the widespread distribution, in usable formats, of practical scientific and technological information generated by research, demonstration, and related activities. NIDRR's challenge is to reach diverse and changing populations, to present research results in many different and accessible formats, and to use technology appropriately.

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National Resource Center for Parents with Disabilities

Through the Looking Glass
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Project Number: H133A980001
Start Date: April 1, 1998
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 98 $500,000; FY 99 $500,000; FY 00 $500,000
Abstract: The National Resource Center for Parents with Disabilities focuses on the 10.9 percent of U.S. families with children in which one or both parents have a disability—nearly 9 million parents. The Center provides: (1) accessible and disability-appropriate information regarding parenting with a disability to parents, potential parents, disability advocates, and legal, medical, and social service providers; (2) training to parents with disabilities, potential parents, and service providers; (3) technical assistance that increases informed practice and informed decisions; (4) program consultation that increases local and regional services that are accessible and disability-appropriate. To accomplish these goals, project researchers: (1) consolidate and disseminate information and resources, (2) synthesize and disseminate materials from other agencies and organizations, (3) develop and disseminate new materials tailored to address the specific needs of parents with disabilities and service providers, (4) expand the national availability of training and technical assistance to parents with disabilities and service providers, and (5) develop curricula to train future service providers. Parenting areas designated as highest priority are: custody, pregnancy and birthing, adoption, adaptive parenting equipment, and general parenting information. The project is staffed by nationally recognized experts regarding parents with disabilities, the majority of whom are parents with disabilities or family members of parents with disabilities.

Ideas for the New Millennium

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Project Number: H133A990006
Start Date: October 1, 1999
Length: 60 months
NIDRR Officer: Eva M. Gavillán, EdD
NIDRR Funding: FY 99 $400,000; FY 00 $400,000
Abstract: This project creates a productive international exchange of information and expertise on disability and rehabilitation, connecting disability research and advocacy leadership in ten target countries with their peers in the United States. At the heart of this exchange is an on-line information system that captures innovation, links government officials, policy-makers, disability leaders, rehabilitation specialists, researchers and innovators in a lively exchange of ideas, networks, resources, and contacts. This sustainable network of information and resources on substantive disability issues is available across professions, cultures, and communities. The issues critical to the information exchanges are: (1) disability rights and independent living, (2) employment and entrepreneurial activity, (3) access and technology, (4) mass media images, and (5) influence through governance. Using a civil rights perspective, the project addresses disability policy, law, advocacy, research, and related developments in the ten countries. The project systematically promotes international exchange, reports results, and analyzes their significance in consumer-friendly formats and forums, including a comprehensive database, five annual symposia, as well as a monthly Webzine and on-line exchange of information in English and Spanish. The project collaborates with five disability-led organizations with substantial international experience.

Disability and Rehabilitation Research Project to Disseminate Independent Living Research Information Through the Mass Media to Persons with Disability

Center for an Accessible Society
Exploding Myths, Inc.
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Principal Investigator: Cynthia Jones
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Project Number: H133A980045
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 98 $299,991; FY 99 $299,994; FY 00 $299,988
Abstract: This project disseminates research information on Independent Living (IL) through the popular mass media. Like many groups who rely on well-planned programs of media dissemination involving media relations firms, this project hires and works proactively with a media relations firm and selected researchers to obtain coverage of IL issues in the popular mass media. The goal is to create the recognition that the target population and its issues require ongoing, in-depth coverage. The project conducts a proactive "media watch" to identify opportunities to insert an IL perspective into public debates on policy issues in the popular mass media. As part of that watch, the project establishes a "rapid response" program to provide members of the popular mass media with resources among IL researchers, and to generate a response from the IL community to stories that omit the IL perspective. The project manages an interactive Web site to provide information and resources about IL research to members of the popular mass media, researchers, and consumers.

TECH CONNECTIONS: Improving the Utilization of Existing and Emerging Rehabilitation Technology in the State Vocational Rehabilitation Program

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Principal Investigator: Anthony J. Langton, MS
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Project Number: H133A980052
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 98 $499,970; FY 99 $500,000; FY 00 $499,978
Abstract: TECH CONNECTIONS facilitates the use of rehabilitation technology in state vocational rehabilitation (VR) programs. This customer-responsive, customer-driven training, technical assistance, and dissemination project features: (1) a multifaceted approach to training that builds capacity through new curricula and new supporting materials that augment existing materials, for use by project-trained rehabilitation and university staff; (2) regional "Train-the-Trainer" forums, topic-specific audio conferences, and satellite video training; (3) individualized technical assistance and information about the assistive technology, on a case-by-case basis, for rehabilitation professionals and for their customers with disabilities; and (4) broad-based outreach and dissemination to people who provide assistive technology. Training includes an Internet-based discussion group open to rehabilitation professionals, people with disabilities, and other interested parties and a mentoring program pairing experienced technology users with rehabilitation professionals or people with disabilities seeking assistive technology. Additional methods of outreach include project announcements circulated to rehabilitation, education, and disability Internet discussion lists; presentations at conferences and workshops; a toll-free phone number; and an Internet-based newsletter. United Cerebral Palsy Association works in collaboration with the Center for Rehabilitation Technology and the Southeast Disability and Business Technical Assistance Center.

Improving Research Information Dissemination and Utilization to Promote Independent Living (The RIIL Project)

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http://www.GetRIIL.org

Principal Investigator: James Budde, EdD; Glen White, PhD
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Project Number: H133A980048
Start Date: January 1, 1999
Length: 60 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 98 $299,999; FY 99 $299,999; FY 00 $299,999
Abstract: This project increases the amount of relevant and useful independent living (IL) information to consumers to enable them to reach their IL goals more effectively. Consumer-empowered teams determine the need and provide input for research and development over the course of each project. Activities include: (1) completion of needs and barriers survey, how input from consumers can help identify priorities, and using this knowledge to create a research primer; (2) developing an information infrastructure for research that includes a searchable and interactive IL database (available at http://www.GetRIIL.org) and uses existing Internet tools such as chat rooms and Internet discussion lists; (3) providing technical assistance to consumers, family members, policy-makers, and practitioners; (4) training practitioners and advocates to provide technical assistance; and (5) assisting researchers in developing research reports for consumers, family members, and practitioners involving consumers in their research. To date, several products are available that include a brief of the initial survey, guidelines to research for nonresearchers, and a review of literature related to writing for nonresearchers. This project is partnered with the Independent Living Research and Utilization Project at The Institute for Rehabilitation Research (TIRR). This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

ABLEDATA Database Program

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Project Number: HN96015001
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 96 $269,522; FY 97 $269,522; FY 98 $269,522; FY 99 $269,522; FY 00 $269,522

Abstract: This project maintains and expands the ABLEDATA database, develops information and referral services that are responsive to the special technology product needs of consumers and professionals, and provides the data to major dissemination points to ensure wide distribution and availability of the information to all who need it. The ABLEDATA database contains information on more than 26,000 assistive devices, both commercially produced and custom made. Requests for information are answered via telephone, mail, electronic communications, or in person.

National Rehabilitation Information Center (NARIC)

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Principal Investigator: Mark X. Odum
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Project Number: ED-99-CO-0057
Start Date: February 1, 1999
Length: 34.5 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 99 $736,876; FY 00 $850,000

Abstract: The National Rehabilitation Information Center (NARIC) maintains a research library of more than 60,000 documents and responds to a wide range of information requests, providing facts and referral, database searches, and document delivery. Through telephone information referral and the Internet, NARIC disseminates information gathered from NIDRR-funded projects, other federal programs, and from journals, periodicals, newsletters, films, and videotapes. NARIC maintains REHABDATA, a bibliographic database on rehabilitation and disability issues, both in-house and on the Internet. Users are served by telephone, mail, electronic communications, or in person. NARIC also prepares and publishes the annual *NIDRR Program Directory* and its companion *Compendium of Products by NIDRR Grantees and Contractors.* Both are available in database format from NARIC's Web site.

Web Accessibility Initiative - Phase II

Massachusetts Institute of Technology
Web Accessibility Initiative
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Project Number: H133A000500
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $499,999

Abstract: The project addresses newly emerging accessibility issues in the Web industry, and expands implementation of existing Web accessibility solutions. Activities include: (1) developing advanced versions of WAI guidelines and techniques to cover advanced Web technologies such as XML applications; (2) developing a superset of universal design guidelines by integrating device-accessibility issues in 25 or more W3C specifications; (3) documenting techniques for accessibility features of W3C specifications in appendices and example code; (4) expanding techniques for retrofitting and validating conformance with WAI guidelines; (5) developing resource packages for accessibility of E-Commerce and distance learning; (6) providing in-house technical assistance to industry on the design of accessible Web sites and software; (7) providing and monitoring a liaison to research and development projects that affect future Web accessibility; and (8) providing technical assistance to research projects to promote adoption of universal design approaches in development of new Web technologies. Support for the Phase I project enabled WAI to address cross-disability Web accessibility issues successfully through a broad range of activities. It has provided a forum where scores of organizations internationally have combined their efforts to improve the accessibility of the Web. For tens of millions of Americans with visual, hearing, physical, or cognitive disabilities, Web accessibility provides the key to the information society: to the on-line commercial world, educational opportunity, employment opportunity, workplace communication, government services, recreation, and more.

Center for International Rehabilitation Research Information and Exchange (CIRRIE)

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Project Number: H133A990010
Start Date: September 1, 1999
Length: 60 months
NIDRR Officer: Eva M. Gavillán, EdD
NIDRR Funding: FY 99 $400,000; FY 00 $400,000
Abstract: The mission of this Center is to improve rehabilitation services by obtaining and disseminating information on international rehabilitation research and practices. CIRRIE has four primary objectives: (1) develop and maintain an international research database, searchable from an accessible Web site and organized according to the major types of rehabilitation research, as delineated in the NIDRR Long-Range Plan; (2) assist grantees of the Office of Special Education and Rehabilitation Services (OSERS) to establish an international component within their domestic conferences by facilitating and subsidizing participation by international experts and involve U.S. experts in international conferences; (3) conduct an international exchange of research and technical assistance experts based on requests from rehabilitation research centers in the U.S. and other countries; and (4) disseminate information to rehabilitation service providers on the cultural issues relevant to meeting the needs of recent immigrants. Publications include monographs addressing the relevant cultural issues for the top ten countries of origin of foreign-born people in the U.S. The monographs are based on a model of the service provider as a “culture broker,” with the first monograph in the series addressing the theory of culture brokering and its relevance to rehabilitation practice. A workshop on this topic is also available.

National Resource Center on Supported Living and Choice for People with Mental Retardation and Developmental Disabilities

Syracuse University
Center on Human Policy
805 South Crouse Avenue, Room 101
Syracuse, NY 13244-2280
thechp@sued.syr.edu
http://soeweb.syr.edu/thechp

Principal Investigator: Steven J. Taylor, PhD, 315/443-3851
Public Contact: Bonnie Shoultz, Associate Director; Rachael A. Zubal, Information Coordinator, 800/894-0826 (V); 315/443-3851 (V); 315/443-4355 (TTY); Fax: 315/443-4338

Project Number: H133A990001
Start Date: January 1, 1999
Length: 60 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 99 $400,000; FY 00 $400,000
Abstract: This project conducts information dissemination, training, and technical assistance on community inclusion, with a specific focus on supported living and choice. The Center identifies and documents innovative policies and practices for home ownership, self-directed support services, self-determination, self-advocacy, and community participation. Activities include the preparation of information materials for direct support staff, a national survey of state funding for supported living, and increased efforts to address the needs of historically underrepresented groups. The project maintains an information clearinghouse on supported living and choice and disseminates resource material targeted to people with developmental disabilities, family members, professionals, direct services staff, policy-makers, and providers. It offers assistance and support to Self Advocates Becoming Empowered, state and local providers, developmental disability councils, and protection and advocacy agencies.

National Center for the Dissemination of Disability Research (NCDDR)

Southwest Educational Development Laboratory
211 East Seventh Street, Suite 400
Austin, TX 78701-3281
lharris@sedl.org
http://www.ncddr.org

Principal Investigator: John Westbrook, PhD, 512/476-6861
Public Contact: Lin Harris, Information Assistant, 800/266-1832 (V/TTY); Fax: 512/476-2286

Project Number: H133A990008
Start Date: September 30, 1999
Length: 60 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 99 $750,000; FY 00 $750,000
Abstract: The National Center for the Dissemination of Disability Research (NCDDR) helps close the gap between the production of disability research and its use by addressing four objectives: (1) to increase the use of effective dissemination and utilization strategies among NIDRR-funded research projects by identifying and evaluating effective D&U methodologies that grantees can use; (2) to assure access to NIDRR-funded research findings among diverse public audiences by developing, implementing, and evaluating a range of access strategies; (3) to improve the effectiveness and efficiency of NIDRR grantees' dissemination efforts by developing, implementing, and evaluating plans for collaboration among NIDRR-funded research projects; and (4) to strengthen the capacity of NIDRR-funded research projects to address the needs of their intended audiences by providing technical assistance in the design and implementation of dissemination and utilization (D&U) methodologies. Research includes collecting data to clarify information needs among people with disabilities and their families, describing barriers that prevent access to research outcomes, and obtaining descriptions of how researchers set research priorities and disseminate results. D&U activities include a variety of supports for dissemination to people with disabilities, service and community-based agencies, advocacy organizations, and disability and mainstream media. The project focuses extensively on innovative approaches to electronic media, but also addresses the needs of consumers, service agencies, and others who lack electronic access. NCDDR staff provide information, training, and consultations in response to technical assistance requests from NIDRR grantees via toll-free telephone, electronic mail, the World Wide Web, and print media. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.

Total Access: An Innovative System to Provide Destination Accessibility Information for Children and Adults with Disabilities

Meeting the Challenge, Inc.
3630 Sinton Road, Suite 103
Colorado Springs, CO 80907-5072
msnow@mtc-inc.com
http://www.mtc-inc.com

Principal Investigator: Mark Snow
Public Contact: 719/444-0252; Fax: 719/444-0269

Project Number: H133G980013
Start Date: June 1, 1998
Length: 36 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 98 $124,917; FY 99 $124,904; FY 00 $124,912

Abstract: This project develops and tests the technical feasibility and merit of a system that provides access information about tourist attractions. Accessibility information about destinations is a critical issue for people with disabilities and their parents, teachers, and friends. When information is unavailable or inaccurate, many people with disabilities are restricted from participating in stimulating activities, especially those involving people without disabilities. Through the use of standardized documentation and Internet Web sites, the design phase of this effort produces prototypes of destination access information for several locations. The project reviews a wide range of destination information sources to identify the elements described and types of information presented about each element. The project then develops a survey instrument to be completed by a number of requirements analysis teams, composed of people with disabilities, their associates, and destination site managers.

Field-Initiated Projects (FIPs)
Colorado

Disability Law Knowledge Management System: A One-Stop Clearinghouse for Disability Information

Meeting the Challenge, Inc.
3630 Sinton Road, Suite 103
Colorado Springs, CO 80907-5072
info@mtc-inc.com

Principal Investigator: Robert H. Gattis Jr.; Brenda Williams
Public Contact: Brenda Williams, 719/444-0252; Fax: 719/444-0269

Project Number: H133G000221
Start Date: June 1, 2000
Length: 36 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 00 $149,998
Abstract: The Disability Law Knowledge Management System (KMS) project develops a comprehensive knowledge dissemination and utilization repository of disability civil rights information in a Web-based helpdesk format. The system builds on research conducted for the Rocky Mountain Disability and Business Technical Assistance Center (DBTAC) project, in which a prototype knowledge management system was developed and tested with information specialists from NIDRR-funded DBTACs. The prototype included a portion of the material available on the American with Disabilities Act. The Disability KMS project expands on the earlier work in two important areas. It vastly increases the quantity of information in the knowledge base, and it makes the work of information specialists more available to the general public. The project includes a comprehensive evaluation of the resulting system.

A Knowledge Dissemination Project to Enhance the Transfer of Rehabilitation Engineering and Assistive Technologies to People with Disabilities

Cerebral Palsy Research Foundation of Kansas
5111 East 21st Street
Wichita, KS 67208
leonarda@cprf.org
http://www.atsolutions.org

Principal Investigator: Leonard Anderson
Public Contact: 316/688-1888; Fax: 316/651-5206

Project Number: H133G80077
Start Date: June 1, 1998
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $124,999; FY 99 $124,999; FY 00 $124,999
Abstract: This project uses information dissemination mechanisms to expand the availability of assistive technologies that enrich the quality of life of people with disabilities. Goals of the project are: (1) to encourage technology originators and developers to disseminate information, and to facilitate dissemination actions regarding assistive devices and modifications to consumer technology; (2) to improve the quality and reliability of the design and fabrication of assistive devices; (3) to disseminate information about available products and technology to people with disabilities, family members, and professionals; (4) to facilitate better use of local resources for fabricating technology devices, with a focus on assistive technology devices; (5) to improve the usefulness and effectiveness of the devices; (6) to ensure that legal implications of providing engineering information on assistive technology devices are addressed in a satisfactory, cost-effective manner; and (7) to ensure that people with disabilities are involved in the project's activities and goals. A Web site has been established to disseminate information.

Development of a Consumer-Responsive Resource on Assistive Technology Information

ORC Macro
11785 Beltsville Drive, #300
Calverton, MD 20705
lowe@macroint.com
http://www.abledata.com

Principal Investigator: Robert Gold; Lynn Halverson
Public Contact: Stephen Lowe, 301/572-0887; Fax: 301/572-0999

Project Number: H133G80048
Start Date: May 1, 1998
Length: 36 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 98 $124,969; FY 99 $124,919; FY 00 $124,971
Abstract: This project establishes "AT in the Media," a database of up-to-date resources on comparative assistive technology information. Since this project works in conjunction with the existing ABLEDATA project, consumers with disabilities can access the new database through the ABLEDATA Web site and through access to ABLEDATA information specialists. Sources for the database include articles from consumer-oriented periodicals, trade publications, and professional journals. Other multimedia resources are also abstracted. The resources are organized in two Web site areas called the Reading Room and AT Forum. To ensure that they meet consumer information needs about assistive technology, these areas are developed with consumer input and advice. In addition, two new Web-based resources are developed to enable consumers and service providers to obtain information from other consumers or experts.

Exploring Universal Design: Developing and Disseminating Universal Design Education Material Online

North Carolina State University
Center for Universal Design
219 Oberlin Road
Box 8613
Raleigh, NC 27695-8613
molly_story@ncsu.edu
http://www.design.ncsu.edu/cud

Principal Investigator: Molly Story
Public Contact: 303/699-8133; Fax: 303/699-4703

Project Number: H133G000025
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $149,967
Abstract: This project develops an interactive Web site of universal design instructional materials, project ideas, visuals, teaching strategies, and resources for use by design faculty, students, practicing designers, and user/experts. These growing audiences require sophisticated instructional materials, available through an efficient and timely means of communication and dissemination. Objectives include: (1) allowing flexibility and discussion in how projects, visuals, and instructional materials are used in design education; (2) building an infusion model of teaching rather than a prescriptive, singular curriculum approach; and (3) promoting the site internationally to design faculty, practitioners, and others interested in universal design education. Partners in the project are the Center for Universal Design, the IDEA Center/Center for Virtual Architecture at SUNY/Buffalo, and the Adaptive Environments Center.

Field-Initiated Projects (FIPs)
Wisconsin

Seeking, Screening, Evaluating, Describing, and Disseminating Approaches Used by Two-Year Colleges to Serve Rehabilitation Services Clients with Severe/Multiple Functional Limitations in Highly Effective Ways

University of Wisconsin/Madison
Center on Education and Work
964 Educational Sciences Building
1025 West Johnson Street
Madison, WI 53706
jgugerty@education.wisc.edu
http://www.cew.wisc.edu/nidrr

Principal Investigator: John Gugerty
Public Contact: 608/263-2724; Fax: 608/262-3050

Project Number: H133G70073
Start Date: June 15, 1997
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 97 $124,904; FY 98 $124,885; FY 99 $124,973; FY 00 (No-cost extension through 8/31/00)
Abstract: This project improves the ability of two-year colleges to serve rehabilitation clients and other students with significant disabilities by providing ready access to current, detailed descriptions of highly effective approaches other two-year colleges use to serve these populations. Community colleges and technical colleges offer opportunities for students to learn skills that pay a living wage, and they are the postsecondary education venue of choice for state and federal rehabilitation-services professionals when their clients' Individual Plans for Employment (IPEs) call for skill training. This project serves rehabilitation professionals, parents, individuals with severe and multiple limitations, special educators, vocational educators, and regular educators who wish to: (1) address and solve the continuing unemployment and underemployment problems of individuals with severe/multiple functional limitations, and (2) strengthen the approaches used by two-year colleges to serve rehabilitation clients and other students with severe/multiple functional limitations. The project obtains information, synthesizes it, makes it widely and readily available in print, electronic, and other alternative formats, and provides training and technical assistance to individuals wishing to replicate or adapt these approaches.

Small Business Innovative Research (SBIR), Phase II
California

Trails Web Site with Universal Access Information

Beneficial Designs, Inc.
5858 Empire Grade
Santa Cruz, CA 95060
mail@beneficialdesigns.com
http://www.beneficialdesigns.com

Principal Investigator: Peter W. Axelson; Denise A. Chesney
Public Contact: 831/429-8447; Fax: 831/423-8450

Project Number: ED-98-CO-0046
Start Date: October 1, 1998
Length: 24 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 98 $125,000; FY 99 $130,053; FY 00 (No-cost extension through 9/30/01)
Abstract: This project develops the Trails Web site to provide universal access information for trails throughout the United States, making the site useful to all hikers, regardless of their ability. The Universal Trails Assessment Process enables trail managers to assess specific trails objectively with regard to grade, cross slope, width, surface characteristics, and obstacles. The collected trail data is processed to create Trail Access Information in a format similar to a Nutrition Facts food label. The Trails Web site contains Trail Access Information on numerous hiking trails and allows users to search for trails that meet their specific access needs.

assistivetech.net (formerly Global Assistive Technology Explorer (GATE))

Georgia Institute of Technology
Center for Rehabilitation Technology
490 Tenth Street Northwest
Atlanta, GA 30332-0156
joe.koncelik@arch.gatech.edu
http://www.assistivetech.net

Principal Investigator: Joseph Koncelik, 404/894-1413
Public Contact: Carol Hughes, 404/894-4283; Fax: 404/894-9320

Project Number: H224B990004
Start Date: November 1, 1999
Length: 36 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 99 $352,000; FY 00 $300,000
Abstract: This project maintains assistivetech.net, a comprehensive, up-to-date, easy-to-use Internet site on disability-related resources. The site increases the availability of, and access to, information about assistive technology (AT), services, and resources available for people with disabilities. The assistivetech.net Website serves people with disabilities, their families, service providers, educators, employers, and members of their communities. The site has been created for maximum access to all users, regardless of ability, software, or hardware. assistivetech.net features: access to a comprehensive library (a database) of information on AT and rehabilitation equipment available for all environments; an innovative automated intelligent agent to assist users in problem definition and selection of appropriate AT devices and service resources; a vendor data entry interface to ensure up-to-date information on AT and devices; a Web-based meeting place where all people concerned with disability and AT can meet and discuss ideas, problems, and solutions; electronic links to appropriate and accessible public and private resources and information related to all types of disabilities, including low-level reading skills.

ADA Technical Assistance Programs

The Americans with Disabilities Act (ADA) opens more opportunities for persons with disabilities. It also places certain responsibilities on employers, transit and communication systems, state and local governments, and public accommodations. To assist covered parties to understand and comply with the ADA, NIDRR has funded a network of grantees to provide information, training, and technical assistance to businesses and agencies with duties and responsibilities under the ADA.

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Field-Initiated Projects (FIPs)
Illinois

Developing the Capacity of Minority Communities to Promote the Implementation of the Americans with Disabilities Act

University of Illinois/Chicago
Institute on Disability and Human Development
1640 West Roosevelt Road
Chicago, IL 60608-6904
fabricio@uic.edu; brigidah@uic.edu
http://www.uic.edu/depts/idhd/empower

Principal Investigator: Fabricio E. Balcazar, PhD, 312/413-1646
Public Contact: Brigida Hernandez, PhD, 312/996-6824 (V); 312/413-0453 (TTY); Fax: 312/413-1804

Project Number: H133G80074
Start Date: June 1, 1998
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 98 $125,995; FY 99 $124,995; FY 00 $124,997
Abstract: This project develops, implements, and evaluates the capacity of minority communities to further the implementation of the Americans with Disabilities Act (ADA). The project includes: (1) assisting grass-roots organizations that service the needs of Latinos and African Americans with disabilities in conducting participatory needs assessments; (2) assisting these organizations in setting goals and planning actions to address specific problems identified in the needs assessment process; (3) providing feedback and technical support to these organizations in meeting their goals; (4) providing leadership training and technical support to strengthen the independence and self-reliance of these grass-roots organizations; and (5) conducting research with local independent living centers in minority communities of Chicago, including assessments of ADA physical accessibility and surveys on barriers to employment.

New England Disability and Business Technical Assistance Center - Region I

Adaptive Environments Center, Inc.
374 Congress Street, Suite 301
Boston, MA 02210
vfletcher@adaptenv.org
http://www.adaptenv.org

Principal Investigator: Valerie Fletcher, Project Director, 617/695-1225, ext. 26
Public Contact: 800/949-4232 (V/TTY in CT, ME, MA, NH, RI, and VT); 617/695-1225, ext. 31 (V/TTY); Fax: 617/482-8099

Project Number: H133D60015
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $499,830; FY 97 $538,400; FY 98 $520,000; FY 99 $499,830; FY 00 $532,590

Abstract: The New England DBTAC provides technical assistance, training, and information dissemination for Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The project's emphasis is on ensuring that the knowledge and skills to implement the ADA are infused within state and local organizations. Contracts with each state and with local independent living centers extend technical assistance capacity throughout the region. The DBTAC uses a toll-free telephone hotline, a World Wide Web site, electronic mailing lists, and audio teleconferencing to extend its reach throughout New England. The project places a strong emphasis on the training of trainers, and has established a Training and Technical Assistance Resource Center that supports trainers and technical assistance providers. A regional advisory board consists of representatives from each state, including centers for independent living, parent programs, seniors, businesses, and state and local governments, and provides guidance, helps prioritize the use of incentive grants, and evaluates DBTAC efforts.

Northeast Disability and Business Technical Assistance Center - Region II

United Cerebral Palsy Associations of New Jersey
354 South Broad Street
Trenton, NJ 08608
dbtac@ucpanj.org
http://www.disabilityact.com

Principal Investigator: Huntley Forrester, 609/392-4004
Public Contact: 800/949-4232 (V/TTY, in NJ, NY, PR, and VI); 609/392-4004 (V); 609/392-7044 (TTY); Fax: 609/392-3505

Project Number: H133D60013
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $550,000; FY 97 $469,855; FY 98 $578,000; FY 99 $588,000; FY 00 $598,000

Abstract: The Northeast DBTAC provides technical assistance, training, and information dissemination for New Jersey, New York, Puerto Rico, and the Virgin Islands. In this collaborative effort, United Cerebral Palsy Associations of New Jersey functions as the lead agency, providing technical assistance, training, and information dissemination, and coordinating the activities of the regional program. The New York State Office of Advocate for Persons with Disabilities serves New York and Cornell University School of Industrial and Labor Relations provides training and management support for the DBTAC in Region II. The University of Puerto Rico is the program partner in Puerto Rico.

Mid-Atlantic Disability and Business Technical Assistance Center - Region III

TransCen, Inc.
451 Hungerford Drive, Suite 607
Rockville, MD 20850
adainfo@transcen.org
http://www.adainfo.org

Principal Investigator: Marian S. Vessels, Project Director
Public Contact: 800/949-4232 (V/TTY, in DC, DE, MD, PA, VA, and WV); 301/217-0124 (V/TTY); Fax: 301/217-0754

Project Number: H133D60006
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $575,000; FY 97 $578,000; FY 98 $578,000; FY 99 $600,000; FY 00 $600,000

Abstract: The Mid-Atlantic DBTAC provides technical assistance, training, and information dissemination for Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. It focuses on two major initiatives to implement the ADA effectively: (1) increasing the capacity of state and local organizations to implement the ADA by developing six ADA coalitions made up of employers, people with disabilities, nonprofit organizations, state and local governments, independent living centers, and other covered entities to provide technical assistance, coordinate training, disseminate information, and promote awareness of the ADA on the local level; and (2) providing a wide range of technical assistance services, training, information, and information dissemination to individuals and entities with responsibilities and rights under the ADA.

Southeast Disability and Business Technical Assistance Center - Region IV

United Cerebral Palsy Associations, Inc.
490 Tenth Street, First Floor
Atlanta, GA 30318
se-dbtac@mindspring.com
http://www.sedbtac.org

Principal Investigator: Shelley Kaplan, 404/385-0636
Public Contact: 800/949-4232 (V/TTY, in AL, FL, GA, KY, MS, NC, SC, and TN); 404/385-0636 (V/TTY); Fax: 404/385-0641

Project Number: H133D60018
Start Date: November 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $650,000; FY 97 $709,031; FY 98 $739,000; FY 99 $722,168; FY 00 $732,757

Abstract: The Southeast DBTAC provides technical assistance, training, and information dissemination for Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. The DBTAC: (1) facilitates timely access to information and technical assistance by establishing a regional and state presence on the Internet, Internet mailing lists, distance education, and a Web page; (2) enhances the capacity of DBTAC state affiliates by continuing to assist in maintaining and updating their libraries of ADA-related resource materials, and by establishing an instate mentoring program for co-training and assistance in developing ADA awareness within locales; (3) facilitates state linkages among groups protected by the ADA and entities with responsibilities under the ADA, resulting in effective ADA implementation over the long term; and (4) expands outreach to people with and without disabilities who are from minority backgrounds. An information initiative in all eight states is targeted to minority-owned businesses as well as to community organizations, networks, and media serving various ethnic populations.

Great Lakes Disability and Business Technical Assistance Center - Region V

University of Illinois/Chicago
Department of Disability and Human Development
1640 West Roosevelt Road
Chicago, IL 60608-6904
gldbtac@uic.edu
http://www.adagreatlakes.org

Principal Investigator: David L. Braddock, PhD, 312/413-1647
Public Contact: Robin Jones, Project Director, 800/949-4232 (V/TTY, in IL, IN, MI, MN, OH, and WI); 312/413-1407 (V/TTY); Fax: 312/413-1856

Project Number: H133D60011
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $700,000; FY 97 $738,018; FY 98 $778,000; FY 99 $730,000; FY 00 $750,000

Abstract: The Great Lakes DBTAC provides technical assistance, training, and information dissemination for Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. ADA Committees in each state represent business, government, the disability rights community, and other interested parties. Members of these committees serve as a referral network that can be called upon to address local issues. The state ADA Committees conduct training conferences, provide technical support, and address ADA needs that are unique to each state. GLDBTAC disseminates updated information regarding implementation of the ADA to interested parties throughout the region via its quarterly newsletter, *Region V News,* an Internet discussion list, and a learning program.

Southwest Disability and Business Technical Assistance Center - Region VI

The Institute for Rehabilitation and Research (TIRR)
Independent Living Research Utilization (ILRU)
2323 South Shepherd Boulevard, Suite 1000
Houston, TX 77019
lfrieden@ilru.org
http://www.ilru.org/dbtac

Principal Investigator: Lex Frieden
Public Contact: Wendy Wilkinson, Project Director, 800/949-4232 (V/TTY, in AR, LA, NM, OK, and TX); 713/520-0232 (V); 713/520-5136 (TTY); Fax: 713/520-5785

Project Number: H133D60012
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $550,000; FY 97 $550,000; FY 98 $600,000; FY 99 $583,683; FY 00 $608,000

Abstract: The Southwest DBTAC provides technical assistance, training, and information dissemination for Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The DBTAC is based at Independent Living Research Utilization (ILRU), a program of The Institute for Rehabilitation and Research (TIRR) in Houston Texas. The DBTAC carries out its activities with the assistance of a number of affiliated organizations in all the states it serves. Ongoing activities of the DBTAC include ADA outreach to Hispanic individuals. DBTAC affiliates include Centers for Independent Living in each state, the Consumer Education Foundation of the Better Business Bureau in Austin Texas, the Center for Health Policy and Law at the University of Houston, and the Regional Rehabilitation Continuing Education Program (RRCEP).

Great Plains Disability and Business Technical Assistance Center - Region VII

University of Missouri/Columbia
100 Corporate Lake Drive
Columbia, MO 65203
hamburgl@missouri.edu
http://www.adaproject.org

Principal Investigator: Jim de Jong, Project Director, 573/882-3600 (V)
Public Contact: 800/949-4232 (V/TTY, in IA, KS, MO, and NE); 573/882-3600 (V/TTY); Fax: 573/884-4925

Project Number: H133D60004
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $500,000; FY 97 $535,000; FY 98 $535,000; FY 99 $500,000; FY 00 $572,000

Abstract: The Great Plains DBTAC provides technical assistance, training, and information dissemination for Iowa, Kansas, Missouri, and Nebraska. GPDBTAC has established working relationships with state and local agencies throughout the four-state region that assist with service delivery. Services are tailored to the needs of the consumer. Timely, periodic mailings, by Internet and regular mail, are sent to professionals, businesses, agencies, local government personnel, persons with disabilities, and other interested parties announcing new developments and resources related to the ADA.

Rocky Mountain Disability and Business Technical Assistance Center - Region VIII

Meeting the Challenge, Inc.
3630 Sinton Road, Suite 103
Colorado Springs, CO 80907-5072
endrphn@mtc-inc.com
http://www.ada-infonet.org

Principal Investigator: Joyce Maynard Hume, Project Director
Public Contact: 800/949-4232 (V/TTY, in CO, MT, ND, SD, UT, and WY); 719/444-0268 (V/TTY); Fax: 719/444-0269

Project Number: H133D60010
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $512,997; FY 97 $616,754; FY 98 $646,754; FY 99 $693,520; FY 00 $642,709
Abstract: The Rocky Mountain DBTAC provides technical assistance, training, and information dissemination for Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. The project includes a centralized InfoCenter that serves as a clearinghouse, a network of experts qualified to provide assistance, and linkages with groups who have rights and responsibilities under the ADA. Information is disseminated through databases, direct mail, a newsletter, the general media, and the telephone.

Pacific Disability and Business Technical Assistance Center - Region IX

Public Health Institute
2168 Shattuck Avenue, Suite 301
Berkeley, CA 94704-1307
adatech@pdbtac.com
http://www.pacdbtac.org

Principal Investigator: Erica C. Jones, Project Director, 510/848-2980 (V); 510/848-1840 (TTY)
Public Contact: Robin Kelley, 800/949-4232 (V/TTY, in AZ, CA, HI, NV, and the Pacific Basin); 510/848-2980; Fax: 510/848-1981

Project Number: H133D60016
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $650,000; FY 97 $753,682; FY 98 $737,789; FY 99 $740,000; FY 00 $740,000

Abstract: The Pacific DBTAC provides technical assistance, training, and information dissemination for Arizona, California, Hawaii, Nevada, and the Pacific Basin. The DBTAC coordinates and conducts regional conferences, individual state and local training sessions, and workshops about the provisions of the ADA. The Center also works to increase the level of local entities' capacities to provide expertise to ensure that implementation of the ADA occurs. The Pacific DBTAC engages in minority outreach and training, and uses electronic distance learning techniques to reach underserved geographic locations. The current network of affiliates is being expanded to enhance local capacity through a home page on the World Wide Web and by creating partnerships with business, state and local government agencies, and people with disabilities. By increasing awareness in the region through a comprehensive marketing and communications plan, the project is fulfilling the NIDRR DBTAC priorities.

Northwest Disability and Business Technical Assistance Center - Region X

Washington State Governor's Committee on Disability Issues and Employment
P.O. Box 9046, MS 6000
Olympia, WA 98507-9046
dcolley@esd.wa.gov
http://www.wata.org/NWD

Principal Investigator: Toby Olson, Project Director
Public Contact: Denise Colley, 800/949-4232 (V/TTY, in AK, ID, OR, and WA); 360/438-4116 (V/TTY); Fax: 360/438-3208

Project Number: H133D60009
Start Date: October 1, 1996
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 96 $512,500; FY 97 $484,322; FY 98 $533,345; FY 99 $533,345; FY 00 $533,000

Abstract: The Northwest DBTAC provides technical assistance, training, and information dissemination for Alaska, Idaho, Oregon, and Washington. A subcontract has been established with a consumer-controlled, community-based organization in each of the states in Region X. In order to augment community capacities, the project uses and improves existing community organizational structures. The project maintains a toll-free number for information, technical assistance, and referral to national, regional, state, and local resources. The Center provides callers with an appropriate range of options and links them with individuals in their community who have gained expertise in the caller's area of concern.

National ADA Program Assistance Coordinator

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Principal Investigator: Shelia Newman
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Project Number: ED-99-CO-0002
Start Date: November 6, 1998
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 99 $319,744; FY 00 $327,553
Abstract: The role of the ADA Program Assistance Coordinator (PAC) is to enhance the performance of the organizations that are members of NIDRR's nationwide ADA Technical Assistance grant program. These include ten regional Disability and Business Technical Assistance Centers (DBTACs), and Cornell University School of Industrial and Labor Relations' Research and Demonstration Project (R&D) for improving employment practices covered by Title I of the ADA. The Program Assistance Coordinator conducts: (1) coordination services, (2) collaborative assistance, (3) public relations, and (4) reporting activities. In addition, the PAC organizes and manages the semi-annual Project Directors' meetings. It facilitates legal review of grantee generated materials. The PAC identifies and distributes appropriate materials from federal agencies, related NIDRR research projects, and private and public sector organizations. As a gateway to the national ADA technical assistance grant program, the PAC maintains a national Web site, develops and disseminates promotional materials, and implements a national visibility campaign for the grantees.

Capacity-Building for Rehabilitation Research and Training

NIDRR funding for capacity building supports advanced instruction for researchers and service providers, and training for consumers in applications of new research and technology. This involves training researchers across disciplines, training rehabilitation practitioners and service providers to use research-generated knowledge and new techniques, and training consumers to participate in research efforts. Distinguished and Merit Fellowships are provided for a one-year period of intense research. The NIDRR Scholars is an innovative program aimed at generating interest in research careers for persons with disabilities. Scholars gain research experience and sponsoring centers receive a small stipend.

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UIC National Research and Training Center on Psychiatric Disability

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Project Number: H133B000700
Start Date: September 30, 2000
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 00 $750,000
Abstract: This Center conducts a comprehensive series of research and training projects that focus on increasing self-determination for persons with psychiatric disability. The Center's current projects are composed of five core areas: (1) choices in treatment decision-making; (2) economic self-sufficiency; (3) consumer advocacy under managed care; (4) career development through real jobs for real wages; and (5) strengthening self-determination skills and self-advocacy. These core areas reaffirm that people with psychiatric disabilities have the right to maximal independence, which grows out of making choices in the decisions that affect their lives. Project activities are implemented by multidisciplinary workgroups composed of consumers, families, service providers, state agency administrators, researchers, and Center staff. Outcome and measurement tools developed for each core area assess key outcomes and program policies related to self-determination. The project includes a collaboratively planned state-of-the-science conference on self-determination and psychiatric disability and a comprehensive report on self-determination in this area. Advanced technology is incorporated into each project's objectives and Center training and dissemination activities. Multimedia formats ensure widespread accessibility of the Center's products and materials to multiple constituents. Additionally, the Center conducts evaluation and basic research; trains consumers, families, and rehabilitation, education, and mental health service providers. The staff also develops and provides information for public policy initiatives.

Center for Minority Training and Capacity Building for Disabilities Research

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Project Number: H133A990024
Start Date: October 1, 1999
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 99 $300,000; FY 00 $300,000
Abstract: This project addresses the education, training, and preparation of researchers from minority backgrounds and institutions in disability research, in collaboration with other minority, majority, and tribal institutions. The project includes a multifaceted approach to the assessment of current barriers experienced by minority researchers, including those with disabilities and those funded by NIDRR. Project activities include institutional capacity building for minority institutions to conduct disability research; training minority and majority researchers; and dissemination of information, communications, and publications to enhance the capacity of researchers to compete for future research funds.

A Life Course Approach to Peerage and Leadership in the Disability Rights Movement

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Project Number: H133F000044
Start Date: September 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $55,000
Abstract: This project studies how peer contact, role models, mentors, peer support, and cross-disability knowledge contribute to the development of leadership in the disability rights movement. It focuses on experience and opportunity, rather than on the traits of successful leaders (a popular focus of previous researchers). The primary source for this research is an archive of 30 life history interviews collected by the World Institute on Disability (WID) in 1994-96 and oral life histories collected more recently by the Bancroft Library at the University of California/Berkeley. Sample selection involved an expert nomination process. Criteria include membership in an historical cohort, types of leadership, and a focused recruitment for disability and cultural diversity. “Ethnograph” software and the creation of graphic “life history charts” are used for data analysis. WID believes that individual leaders move on a continuum from a sense of personal empowerment, gained through self-advocacy, to group leadership roles. Borrowing from “event history analysis,” this research uses a Life Course approach that identifies and chronologically maps essential “events” in different domains of life, creating an “event history.” The model describes how changes in someone’s life are step-like. It examines the sequencing of events in the domains of family formation, education and career, disability experience, etc., with disability peer contact and the assumption of leadership related to “transformations of status” and “roles” in one’s life. Implications of this research include how to support the development of young leaders.

Health and Disability: Pursuing Conceptual Clarity in Rehabilitation Measures

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Project Number: H133F000030
Start Date: July 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $55,000
Abstract: This project catalogs and analyzes the complex problems of identification and measurement of the rehabilitation of persons with physical disabilities. The scientific investigation of disability encompasses numerous disciplines, ranging from medicine and the health professions to engineering and education or vocational training. The proliferation of definitions of disability has impeded the collection of comparable data. This has been exacerbated by a major shift in the paradigm of disability research and policy from “functional limitations” to a “minority group” understanding. Chronic health conditions may be the most pervasive and most difficult challenge confronting medical personnel in the future; it is necessary to examine all the current quality of life measures to determine their possible value in the assessment of professional interventions concerning disability or chronic health problems.

Transitioning to Employment Through Secondary Education Job Development, Placement, and Negotiation of Supports

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Project Number: H133F000070
Start Date: August 21, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $55,000
Abstract: This project investigates aspects of post-school employment success. It evaluates IEPs of successfully employed people with disabilities to assess the participation of various stakeholders and to determine the content of post-school outcome planning. It also uses an ethnographic process for studying the implementation of transition planning and post-school outcomes. By using social network mapping and a script analysis of participants with successful employment post-school, the project describes the actions that lead to the identified outcomes. Finally, it does a comparative analysis of successful and unsuccessful cases and identifies factors associated with post-school employment success. This analysis is geared toward a description of practices, policies, and networks of support that promote employment success. The end result is the development of a new outcome-oriented model for employment practices that will replace current legislative or theory-based models.

Fundamental Disability Concepts and the Courts

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Project Number: H133F000067
Start Date: August 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $55,000
Abstract: This project explores decisions by U.S. courts in the 1990s to determine what they mean to the legal rights of people with disabilities. It investigates the extent to which the decisions are or are not consistent with fundamental precepts regarding the nature of disability, the feasibility of accommodation, and the appropriate role of individuals with disabilities in society. Tenets regarding disability, persons with disabilities, and disability-related programs, services, and activities are evaluated to understand the extent to which the rulings have reflected the following: (1) full inclusion and integration in society; (2) independent living; (3) economic and social self-sufficiency; (4) spectrum of abilities; (5) the developmental concept of disability; (6) family support; and (7) the continuum of and pliancy of activities, programs, and services.

Fellowships (Merit)
Illinois

The Assessment of Consciousness Following a Traumatic Brain Injury Among Veterans and Non-Veterans - Phase II

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Project Number: H133F000013
Start Date: June 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $45,000
Abstract: This project increases researchers' ability to identify which factors are important for neurological recovery from severe brain injury. Severe brain injury results in an altered state of consciousness, which has been described as consisting of three sub-syndromes; a comatose state, a vegetative state (VS) and a minimally conscious state (MCS). Knowledge regarding the progression through these sub-syndromes to consciousness is limited because measures of cerebral functioning in the unconscious mind have been inadequate. A neurobehavioral evaluation tool, the Disorders of Consciousness Scale (DOCS (c)), has, however, been shown to be a promising clinical instrument for producing a reliable and valid measure of cerebral functioning that reflects neurological functioning at one moment in time (static). The project refines and expands this static measure to reflect dynamic cerebral functioning and applies the dynamic measure to an investigation of the recovery of consciousness and the recovery of long-term functional skills.

Evidence for Clinically-Useful Tests and Test Clusters of Lumbar, Sacroiliac, and Hip Joint Movement Impairment in Patients Categorized by Mechanical Low Back Pain Status, Low Back Disability, and General Health Status

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Project Number: H133F000050
Start Date: August 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $45,000
Abstract: This study estimates the clinical usefulness of low back regional movement tests and test clusters in distinguishing persons categorized by self-reported low back disability, general health status, and mechanical low back pain status. Standard clinical tests of lumbar, sacroiliac, and hip movement are analyzed both as single tests and are combined into test clusters to identify those tests and clusters with superior sensitivity and specificity. This study is important because it critically evaluates the usefulness of low back regional movement tests and test clusters to distinguish persons with low back disability and symptoms. In addition, it identifies movement tests and test clusters that demonstrate sensitivity to change in relationship to measures of low back disability and symptoms.

Fellowships (Merit)
Oklahoma

Project POP: Placement Options for Preschoolers with Developmental Disabilities and Delays

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Project Number: H133F000023
Start Date: September 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $45,000
Abstract: This project compiles and analyzes 9 years of data from the SoonerStart early intervention program, on placements at age 3 and subsequent kindergarten placements, for 2,500 children with developmental disabilities and delays in Oklahoma. Placement of 3-year-old children with developmental disabilities in most states, including Oklahoma, are most typically in segregated settings in public school programs; current research has shown that inclusive education for students with disabilities has improved educational outcomes. Major concerns exist regarding the quality of early intervention to school transitions and the impact of the transition process on inclusive education opportunities for children aged 3-5 with developmental disabilities and delays. Data analysis for this study includes frequency analysis to determine placements and logistic regression to provide data regarding any trends in placements for Oklahoma preschoolers with developmental disabilities and delays.

Fellowships (Merit)
Pennsylvania

Rehabilitative Impact of Integrated Spiritual Care On An Inpatient Oncology Unit

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Project Number: H133F000042
Start Date: September 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $45,000
Abstract: The purpose of this study is to investigate the impact of augmented pastoral care hours on an oncology patient care unit. The goal is to improve outcomes as measured by patient perception, rehabilitative outcomes, and health care staff interaction. This is to be a non-denominational/inter-faith intervention for patients from structured and unstructured religious/spiritual backgrounds, and to be culturally sensitive. This study devotes increased pastoral care staffing on an inpatient oncology unit from 6 to 20 hours a week. The chaplain relates directly to patients. Additional pastoral care is expected to augment staff support such that morale is improved, and that staff burnout and stress is better addressed, resulting in overall enhanced patient care. Quantitative data measures the rehabilitative effects of the pastoral care presence on the unit. Medical outcome measures currently collected, such as length of stay, rehospitalization, and the use of pain medications may also decrease with this intervention, resulting in patient benefit. Additionally, it is hoped that self-reported psychological measures, which examine the quality of life, hopefulness, and adjustment to cancer, also improve with increased pastoral care. Significantly improved rehabilitation is the expected global contribution of the pastoral care intervention.

Fellowships (Merit)
Pennsylvania

Access to Rehabilitation Services and Technology for Children with Special Health Care Needs: Findings and Recommendations for Families and Providers

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Project Number: H133F000062
Start Date: September 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $45,000
Abstract: This project studies the complex array of health care services for children with special health care needs, because access to rehabilitation services has become more challenging for these children and their families in recent years. The project determines predictors of: (1) access to rehabilitation services based on families' experiences with access to care for their children, and facilitates the development of responsive and responsible health care systems; (2) performance of main insurance plans in providing therapy services, and (3) access to durable medical equipment/medical technology for health care. Because families are their children's most important health providers and caregivers, it is essential that their experiences be included in identifying barriers and improving access to care.

Fellowships (Merit)
Pennsylvania

An Urban Response to IDEA '97: The Development and Examination of a Community Partnership Approach to Support Paraprofessionals in Urban Schools

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Project Number: H133F000056
Start Date: September 1, 2000
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $45,000
Abstract: This project develops and evaluates a model for preparing and supporting Community Partners to provide general educational services for children who are at risk for, or are expressing, learning disabilities. In urban schools, adapting general education programming to meet the requirements of IDEA'97 is particularly challenging. The employment of paraprofessionals is a promising solution for increasing staff capacity to address the enormous need for support services in these schools. Objectives include: (1) adapting the Reading Accelerated through Community Empowerment (Reading: ACE) program community-based tutorial program for children at risk for reading disabilities, to a classroom-based intervention by Community Partners; (2) determining the impact of Community Partners of the school's capacity to instruct children with serious learning problems effectively in the general education curriculum; (3) determining the effectiveness of the classroom-based application of Reading ACE on first-grade children's development of early literacy skills; and (4) examining the impact of involving Community Partners in instructional roles on teachers' and families' perceptions of school and family relationships. The inclusion of community members as paraprofessionals (referred to as Community Partners) may offer other important advantages such as improving student achievement and strengthening relationships among schools, families, and communities.

Advanced Rehabilitation Research Training Project in Rehabilitation Services Research

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Principal Investigator: Allen W. Heinemann, PhD
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Project Number: H133P80014
Start Date: May 1, 1998
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 98 $150,000; FY 99 $150,000; FY 00 $150,000
Abstract: This project develops a five-year fellowship program in rehabilitation services research at Northwestern University's Institute for Health Services Research and Policy Studies and the Department of Physical Medicine and Rehabilitation. It uses available expertise and collaborators to train postdoctoral fellows in rehabilitation health services research. Over two years the program includes course work, a practicum, original research, and grant writing. Fellows new to health services research have six core courses, as well as the two additional courses for all fellows. The first year concentrates on beginning Masters in Public Health (MPH) courses. The second year includes intermediate MPH course work plus electives. Each fellow is expected to develop an individual research project by the end of the first training year and a publishable article by the end of the second year in addition to submitting at least one grant application related to the research activity.

Rehabilitation Science for Engineers and Basic Scientists: An Advanced Training Program

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Project Number: H133P990006
Start Date: February 1, 1999
Length: 60 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $148,323; FY 00 $148,752
Abstract: The goal of this program is to increase the number of PhD engineers and basic scientists trained to perform research aimed at solving problems of people with disabilities. To meet this objective, the project trains postdoctoral scientists in three areas of special expertise: musculoskeletal biomechanics; neurorehabilitation; and prosthetics, orthotics, and biomaterials. Targeted technical training is coordinated with intensive clinical instruction and experience. Postdoctoral trainees, including scientists and engineers from minority or disability groups, are recruited by regional and national advertising and via the Internet. Many training faculty are based within the Rehabilitation Institute of Chicago, providing access to active clinical rehabilitation programs, and interaction both with clinical faculty and people with disabilities.

Advanced Rehabilitation Research Training

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Project Number: H133P000005
Start Date: April 1, 2000
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $150,000
Abstract: This project provides an intensive interdisciplinary postdoctoral training program for disability and rehabilitation research scholars. The program combines immediate immersion in an ongoing research program with a focused didactic training experience, providing trainees with knowledge of the critical values, current issues, and innovative approaches in contemporary disability research. The training is offered through a cooperative effort of three units within the College of Health and Human Development Sciences: the Department of Disability and Human Development, Department of Occupational Therapy, and the Department of Physical Therapy. These departments have an established record of successful collaboration in advanced training, including creating the Interdisciplinary Doctor of Philosophy (PhD) in Disability Studies at UIC, a unique interdisciplinary doctoral program that addresses the multidimensional nature of disability. A central theme of this program is that the current fragmentation of knowledge regarding disability can be rectified only by preparing future scholars and researchers who have a coherent, integrated, and in-depth knowledge of the multidimensional nature of disabilities. All three academic units offering this advanced research training have senior faculty with established, ongoing research programs capable of guiding postdoctoral training in three specialized content areas of disability research: disability measurement, disability experience, and disability service and policy.

Rehabilitation Research Training Program

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Project Number: H133P70004
Start Date: July 1, 1997
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $150,000; FY 98 $150,000; FY 99 $150,000; FY 00 $150,000
Abstract: This project increases the quantity of new postdoctoral and doctoral researchers and ensures their competency along family-systems, life-span, and multicultural dimensions. Focusing on families whose members have disabilities, the scholars become capable of conducting independent research related to: (1) the families studied; (2) rehabilitation and special education agencies, systems, and processes; and (3) families and individuals from culturally and linguistically diverse backgrounds who are served by those systems. The postdoctoral fellows collaborate with faculty from the Beach Center, Special Education Department, and other faculty in learning and conducting disability and family research for a full year. The doctoral trainees take their PhD degrees in special education, majoring in family and disability studies and minoring in research methodologies.

The Development, Implementation, and Evaluation of a Research Training Program in Psychiatric Rehabilitation

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Project Number: H133P70014
Start Date: March 1, 1997
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $147,489; FY 98 $147,489; FY 99 $147,489; FY 00 $147,489
Abstract: In this program, six individuals who possess doctoral-level clinical training are recruited and provided with a broad-based, intensive 27-month training fellowship in rehabilitation research. To provide an optimal training experience, three fellows are in residence at a time. Each fellow gains competency in the following areas: psychiatric rehabilitation, research design/methodology, statistics, consumer issues (as they relate to applied research), the conduct of applied rehabilitation research, computer literacy, and grant and professional writing.

An Integrated Rehabilitation Engineering Research Training Program

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Project Number: H133P990003
Start Date: February 1, 1999
Length: 60 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 99 $149,915; FY 00 $149,915
Abstract: The goal of this project is to establish a clinically oriented, scientifically grounded educational program for training biomedical engineering (BME) postdoctoral fellows in rehabilitation engineering. The overall objective of the program is to produce biomedical engineers who are capable of communicating and interacting with physician investigators in a significant and meaningful manner, and who are capable of defining and solving clinically relevant problems in rehabilitation engineering. The specific objectives of this project are: (1) to establish a core faculty and administrative structure for the training program; (2) to provide BME postdoctoral fellows with the opportunity to participate in clinical educational rotations in physical medicine and rehabilitation (PM&R) and geriatrics; (3) to provide BME postdoctoral fellows and medical trainees in geriatrics or PM&R with the opportunity to collaborate on clinically relevant research projects; and (4) to establish a rehabilitation engineering curriculum that includes didactic sessions on clinical research methodology, as well as a seminar series to expose trainees to leaders in the field and develop their own expertise in giving scientific presentations. Accordingly, this program trains a new cadre of biomedical engineers with the knowledge and skills to develop innovative rehabilitation technologies that directly benefit individuals with disabilities.

Rehabilitation Health Services Research Fellowship Program

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Project Number: H133P990004
Start Date: June 1, 1999
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $149,999; FY 00 $149,429
Abstract: This program provides health services research training experience for doctoral-level professionals from the rehabilitation disciplines. The primary goal is to qualify these fellows to conduct independent, high quality, funded health services research on problems related to disability and rehabilitation. Specific goals of the program include: (1) providing intensive, broad-based health services research training consisting of didactic coursework offered by faculty of Boston University to a total of six postdoctoral fellows over the course of the five-year project; (2) providing each fellow with the opportunity to conduct rehabilitation health services research under the guidance of a faculty mentor from Boston University; and (3) critically evaluating this rehabilitation health services research training program, including the recruitment, academic preparation, mentoring, and the career development of participating fellows. Through state-of-the-art training and mentoring, the project contributes to the creation of a cadre of highly skilled health services researchers equipped to conduct research that improves the measurement of rehabilitation outcomes, evaluate new and existing rehabilitation inventions, and broadly apply health services research methods to the improved organization and management of rehabilitation services in this changing health care environment.

The UMHS/MSU/AACIL Rehabilitation Research Training Program

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Project Number: H133P990014
Start Date: February 1, 1999
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 99 $149,955; FY 00 $150,000
Abstract: Through this research training experience, fellows and resident trainees acquire and enhance research skills, learn to collaborate effectively across important rehabilitation areas and disciplines, learn to demonstrate a capacity to apply the results of research to the formulation of disability policy, and develop skills that result in successful research proposals, thereby ensuring continuance of outstanding rehabilitation research. Emphasizing the consumer-scientist-practitioner model, this multidisciplinary research training program utilizes faculty and resources from both the University of Michigan and Michigan State University, and the AACIL to train six postdoctoral level professionals and ten Physical Medicine and Rehabilitation (PM&R) resident physicians in advanced rehabilitation research. A variety of didactic and practical experiences make up this research training program. These include participation in academic courses available at two university campuses, research seminars, presentations and lectures at meetings and national conferences, and an opportunity to work collaboratively on research projects being conducted at the three sites. Fellows and resident trainees select from a curriculum that focuses on four content areas: (1) vocational rehabilitation and assistive technology; (2) health/medical rehabilitation outcomes; (3) independent living and community integration; and (4) socioeconomic aspects of rehabilitation.

Research Enrichment Program for Physiatrists

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Project Number: H133P80009
Start Date: April 1, 1998
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 98 $150,000; FY 99 $150,000; FY 00 $150,000
Abstract: This project trains 30 physiatry residents and junior faculty in the basic methodological skills and academic values required to conduct independent research projects. Participants in enrichment programs travel periodically to a central location (or locations) to receive intensive enrichment experiences. Participants are carefully mentored through the successive steps required for an independent research project. Through the use of carefully designed teaching modules and individualized instruction, ten participants per year are guided through the steps of an independent research project, including understanding research design, developing skills for statistical collaboration, preparing research manuscripts, presenting at scientific meetings, understanding peer review procedures, and applying for extramural funds. Scholarships are used to cover travel expenses for participants, and research accounts are used to defray the expenses associated with data collection. Over the course of one year, participants travel to six centralized training locations. Participants are required to plan and implement a thesis-like project in their home institutions and to present their research findings.

Advanced Multidisciplinary Training Program in Rehabilitation Outcomes Research

University of Medicine and Dentistry of New Jersey Medical School
Department of Physical Medicine and Rehabilitation, B261
150 Bergen Street
Newark, NJ 07103
mark_v_johnston@compuserve.com
http://www.kmrrec.org

Principal Investigator: Mark V. Johnston, PhD, 973/243-6810
Public Contact: Heidi Workman, 973/243-2015; Fax: 973/243-6963

Project Number: H133P70011
Start Date: March 1, 1997
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 97 $149,608; FY 98 $149,000; FY 99 $149,000; FY 00 $149,608
Abstract: Outcomes research designates a group of interrelated scientific methodologies and domains of knowledge that address issues of the effectiveness and cost-effectiveness of rehabilitation in practice. This project redesigns the research training program to address the scientific basis of patient outcomes and the effectiveness of rehabilitation in practice. Three areas of research and training, each with several specific training tracks under experienced research mentors, include: (1) general outcomes and rehabilitation services research, including functional assessment, practice guidelines, disability economics, health policy, and disability sociology; (2) studies of community intervention programs, including outpatient clinics, primary care, independent living programs, geriatric rehabilitation, and alternative medicine; and (3) medical and neuropsychological outcomes research, involving study of specific pathologies or interventions and their relationships to functional outcomes. The program provides advanced research training to three or more PhD or MD fellows each year, usually for a two-year term; a predoctoral student at the dissertation level may also be supported. The program is multidisciplinary, including all of the major disciplines associated with rehabilitation and with outcomes research.

Advanced Rehabilitation Research Training

Mount Sinai School of Medicine
One Gustave L. Levy Place
New York, NY 10029-6574
mary.hibbard@mssm.edu
http://www.mssm.edu/tbinet

Principal Investigator: Mary R. Hibbard, PhD
Public Contact: 212/659-9374; Fax: 212/348-5901

Project Number: H133P000001
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 00 $138,006
Abstract: This project provides advanced rehabilitation research training to nine postdoctoral psychology fellows. Each fellow participates in the ongoing research of the NIDRR-funded Rehabilitation Research and Training Center (RRTC) on Community Integration of Individuals with Traumatic Brain Injury (TBI). The goals of the training are to: (1) increase the number of researchers in the field of rehabilitation, (2) enhance knowledge of rehabilitation research, (3) disseminate research findings within the consumer community, and (4) train fellows to become part of an interdisciplinary research team. The RRTC is a model program of Participatory Action Research (PAR) that focuses on four core research areas: quality of life/outcome measurement, disability over the life span, models of community integration, and psychosocial challenges of persons with a disability.

Research Training in Rehabilitation Science with Special Emphasis on Disability Studies

University of Pittsburgh
School of Health and Rehabilitation Sciences
Dean's Office, 4029 Forbes Tower
Pittsburgh, PA 15260
cliffb+@pitt.edu
http://www.shrs.upmc.edu/new/FELLOWSHIPS.html

Principal Investigator: Clifford Brubaker, PhD
Public Contact: 412/647-1261; Fax: 412/647-1255

Project Number: H133P70013
Start Date: September 1, 1997
Length: 60 months
NIDRR Officer: Robert J. Jaeger, PhD
NIDRR Funding: FY 97 $141,327; FY 98 $147,327; FY 99 $147,327; FY 00 $141,327
Abstract: This program provides a plan for research training in the emerging academic discipline of rehabilitation science. The program is based on a multidisciplinary approach to the study of topics and issues of relevance to people with disabilities. A primary goal is to develop an increased capacity for research in the general domain of rehabilitation science, and particularly in the area of disability studies. The program of study is based on a challenging curriculum of didactic instruction, clinical exposures, community interaction, and research experiences, and encompasses study and research over a spectrum of scientific, technical, psychosocial, physical, physiological, cultural, ethical, political, economic, and clinical issues.

Interdisciplinary Rehabilitation Research Training Program

University of Texas Medical Branch
301 University Boulevard
Galveston, TX 77555
kottenba@utmb.edu
http://www.sahs.utmb.edu/rehab

Principal Investigator: Kenneth J. Ottenbacher, PhD
Public Contact: 409/772-3002; Fax: 409/747-1623

Project Number: H133P990001
Start Date: July 1, 1999
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 99 $129,562; FY 00 $129,562
Abstract: This project provides postdoctoral research opportunities to qualified individuals interested in clinical and academic careers related to rehabilitation research. Three postdoctoral fellows plan, conduct, and disseminate research in one of the following areas: Cognitive/Neurological Rehabilitation, Applied Biomechanics/Physiology of Rehabilitation, and Geriatric Rehabilitation. Each rehabilitation research fellow selects one of the three research areas and conducts clinical investigations for up to three years. Outcomes include published research studies, presentations at national scientific meetings, submission of grant proposals, completion of research-related courses, training in techniques of dissemination, and the development of interdisciplinary research networks. In addition to participating in clinical research activities, each fellow completes a series of core courses and directed study related to interdisciplinary research and the ethics associated with scientific inquiry in rehabilitation. The activities of each postdoctoral fellow are directed and monitored by a fellowship supervisor with a demonstrated ability to implement, conduct, and disseminate the results of research investigations important to the advancement of rehabilitation science.

Research Training and Career Development Program

Virginia Commonwealth University
Department of Physical Medicine and Rehabilitation
Box 980542
Richmond, VA 23298-0542
jskreutz@hsc.vcu.edu
http://www.neuro.pmr.vcu.edu

Principal Investigator: Jeffrey S. Kreutzer, PhD
Public Contact: Jennifer Marwitz, 804/828-3704; Fax: 804/828-2378

Project Number: H133P70003
Start Date: September 1, 1997
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 97 $142,430; FY 98 $149,971; FY 99 $149,971; FY 00 $142,430
Abstract: This project increases the number of highly skilled rehabilitation research professionals through an advanced research training program. The research training program is built upon an existing network of research, clinical care, and teaching resources: on-campus resources include the nation's third largest teaching hospital, an NIH Head Injury Center, a Rehabilitation Research and Training Center, and NIDRR traumatic brain injury and spinal cord injury model systems of care. Program philosophy emphasizes interdisciplinary collaboration, creativity, quality, and diligence, and emphasizes applied research; it provides training to individuals with advanced degrees who are committed to a career in rehabilitation. A distinguished interdisciplinary faculty represents fields within basic sciences, biostatistics and methodology, medicine, psychology, computing and telecommunications, allied health fields, and vocational rehabilitation.

Technical Support for Computer and Other Related Activities

Conwal, Inc.
6858 Old Dominion Road
McLean, VA 22101
headquarters@conwal.com
http://www.conwal.com

Principal Investigator: Shelia Newman
Public Contact: 703/448-2300 (V); 703/448-3079 (TTY); Fax: 703/448-3087

Project Number: ED-98-CO-0004
Start Date: January 9, 1998
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 98 $500,000; FY 99 $962,042; FY 00 $360,430
Abstract: This project provides technical support to NIDRR for computer-based and other related activities. Activities include data collection and tabulation, database and management information system development, statistical analyses, literature reviews, small surveys, and focus group meetings. Active projects involve analysis and design of a management information system for NIDRR, focus groups for planning the research agenda, and electronic dissemination.

NIDRR Scholars 2000-2001

The Scholars program attempts to build research capacity by recruiting undergraduates with disabilities to work in NIDRR-funded Centers and projects and introduces them to disability and rehabilitation research issues. Scholars gain work experience and participating projects receive a small stipend. This program is an innovative approach aimed at generating interest in research careers for persons with disabilities. For more information on these projects, see their listings in the *Directory*.

Richard Carroll, PhD, and Priscilla Lansing Sanderson, PhD, Mentors
American Indian Rehabilitation Research and Training Center (H133B980049)
Arizona University Affiliated Programs
Institute for Human Development
Northern Arizona University
Flagstaff, AZ 86011-5630
520/523-4791 (V), 520/523-1695 (TTY)
Fax: 520/523-9127
priscilla.sanderson@nau.edu
http://www.nau.edu/~ihd/airrtc

John Brabyn, PhD, Mentor
Technologies for Children with Orthopedic Disabilities (H133E003001)
Los Amigos Research and Education Institute, Inc. (LAREI)
Rancho Los Amigos National Rehabilitation Center
12841 Dahlia Street, Building 306
Downey, CA 90242
562/401-7994 (V), 562/803-4533 (TTY)
info@ranchorep.org
http://www.ranchorep.org/projects.html

Allen LeBlanc, PhD, Mentor
Disability Statistics Rehabilitation Research and Training Center (H133B980045)
University of California/San Francisco
3333 California Street, Room 340
San Francisco, CA 94118
415/502-5217 (V, Wenger), 415/502-5216 (TTY)
distats@itsa.ucsf.edu
http://dsc.ucsf.edu

Gale G. Whiteneck, PhD, Mentor
Rocky Mountain Regional Brain Injury System (H133A980020)
Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110
303/789-8308
Fax: 303/789-8441
kgerhart@craighospital.org

Robert Friedman, PhD, Mentor
Rehabilitation Research and Training Center for Children's Mental Health (H133B990022)
University of South Florida
Florida Mental Health Institute
Tampa, FL 33612-3807
813/974-4661 (V), 800/955-8771 (TTY)
Fax: 813/974-6257
kutash@fmhi.usf.edu
http://rtckids.fmhi.usf.edu

Tamar Heller, PhD, Mentor
Rehabilitation Research and Training Center on Aging with Developmental Disabilities (H133B980046)
University of Illinois/Chicago
Department of Disability and Human Development
College of Health and Human Development Sciences
MC 626
Chicago, IL 60608-6904
800/996-8845 (V), 312/413-1860 (V), 312/413-0453 (TTY)
Fax: 312/996-6942
rrtcamr@uic.edu
http://www.uic.edu/orgs/rrtcamr

Glen W. White, PhD, Mentor
Rehabilitation Research and Training Center on Full Participation in Independent Living
University of Kansas Center for Research, Inc.
Schiefelbusch Institute for Life Span Studies
Lawrence, KS 66045
785/864-4095 (V/TTY)
Fax: 785/864-5063
rtcil@ukans.edu
http://www.lsi.ukans.edu/rtcil/rtcil.htm

J. Elton Moore, PhD, Mentor
Rehabilitation Research and Training Center on Blindness and Low Vision (H133B60001)
Mississippi State University
P.O. Box 6189
Mississippi State, MS 39762662/325-2001 (V), 662/325-8693 (TTY)
schaefer@ra.msstate.edu
http://www.blind.msstate.edu

Mark V. Johnston, PhD, Mentor
Northern New Jersey Traumatic Brain Injury System (NNJTBIS)/NIDRR TBI Model Systems National Database (H133A980030)
Kessler Medical Rehabilitation Research and Education Corporation
1199 Pleasant Valley Way
West Orange, NJ 07052
973/243-2015
tbi@kmrrec.org
http://www.kmrrec.org

Suzanne Bruyere, PhD, Mentor
Rehabilitation Research and Training Center for Economic Research on Employment Policy for Persons with Disabilities (H133B980038)
Cornell University
Program on Employment and Disability
School of Industrial and Labor Relations
Ithaca, NY 14853-3901
607/255-7727 (V), 607/255-2891 (TTY)
Fax: 607/255-2763
smb23@cornell.edu
http://www.ilr.cornell.edu/ped/projects/default.html

John Ditunno Jr., MD, Mentor
Demonstration of a Model Spinal Cord Injury System Center (H133N000023)
Thomas Jefferson University
Jefferson Medical College
132 South 10th Street
Philadelphia, PA 19107-5244
215/955-6579
Fax: 215/955-5152
mary.call@mail.tju.edu
http://www.jeffersonhealth.org/spinalcordcenter

John D. Westbrook, PhD, Mentor
National Center for the Dissemination of Disability Research (NCDDR) (H133A990008)
Southwest Educational Development Laboratory
211 East Seventh Street, Suite 400
Austin, TX 78701-3281
800/266-1832 (V/TTY)
Fax: 512/476-2286
lharris@sedl.org

State Technology Assistance

This program, funded under Title I of the the Assistive Technology Act of 1998, supports consumer-driven Grants to States. Currently there are 56 projects that provide statewide, comprehensive, technology-related assistance for individuals with disabilities of all ages. The purpose of the program is to increase and improve access to assistive technology devices and services through public awareness and information, advocacy, outreach, technical assistance and training and interagency coordination.

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Assistive Technology Act Data Collection Project

InfoUse
2560 Ninth Street, Suite 216
Berkeley, CA 94710-2557
ljans@infouse.com

Principal Investigator: Lita Jans, PhD, 510/549-6509
Public Contact: 510/549-6520; Fax: 510/549-6512

Project Number: H224B990001
Start Date: September 30, 1999
Length: 48 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 99 $338,000; FY 00 $305,000
Abstract: The Assistive Technology (AT) Act Data Collection Project provides a Web-based performance standards reporting system that conforms to NIDRR policy and the requirements of the Government Performance and Results Act (GPRA) of 1993. The data elements and measures are developed through a broadly inclusive process involving the AT Act State Program grantees and other key stakeholders. InfoUse also provides national and state estimates of the need for and use of AT, as well as other useful information on the availability and use of AT devices and services, especially among underserved populations. In addition, the project provides descriptive and evaluative information on model approaches that reduce fragmentation of devices and build the capacity of organizations to deliver services. In conducting this project, InfoUse works closely with the 56 state and territorial AT Act grantees, the Technical Assistance Projects to the AT Act State Program and P&A Program grantees, the National AT Internet Site project, as well as consumers, service providers, advocates, and experts in the field.

National Assistive Technology (AT) Advocacy Project

Neighborhood Legal Services, Inc.
Disability Law Unit
295 Main Street, Room 495
Buffalo, NY 14203-2473
atproject@nls.org
http://www.nls.org

Principal Investigator: James R. Sheldon Jr., Esq.
Public Contact: 716/847-0650; Fax: 716/847-0227

Project Number: H224B990002
Start Date: October 1, 1999
Length: 36 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 99 $199,774; FY 00 $172,858

Abstract: This project serves a primary customer base of attorneys and advocates who work for the 56 Protection and Advocacy for Assistive Technology (PAAT) projects. It provides: (1) advocacy-related technical assistance (TA) by telephone, fax, E-mail, and mail to attorneys and advocates to assist them in their advocacy-related activities; (2) management-related TA to protection and advocacy (P&A) managers and fiscal officers to assist them in their management and fiscal responsibilities associated with their PAAT grants as funded through NIDRR; (3) advocacy-related training through an annual, three-day Project Conference, sessions at the annual National Association of Protection and Advocacy Systems (NAPAS) conference, and distance training on special education, Medicare, and other topics to be determined; (4) management-related training through its subcontractor, NAPAS, at four annual training events sponsored by NAPAS; (5) publications on the funding of AT through a variety of funding sources, including newsletters, feature articles, booklets, and training handouts; (6) a clearinghouse for documents related to the funding of AT through in-house Resource Libraries containing administrative hearing decisions and a wide range of court-related documents, including briefs and complaints; (7) a Web site containing information relating to the funding of AT, including many of the Project's publications, and links to other Web-based resources to support AT advocacy efforts.

Technical Assistance for Assistive Technology Act State Grant Program Grantees

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
1700 North Moore Street, Suite 1540
Arlington, VA 22209-1903
resnata@resna.org
http://www.resna.org/taproject

Principal Investigator: Lawrence C. Pencak
Public Contact: M. Nell Bailey, 703/524-6686, ext. 305 (V); 703/524-6639 (TTY); Fax: 703/524-6630

Project Number: H224B990005
Start Date: October 1, 1999
Length: 36 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 99 $637,999; FY 00 $600,000
Abstract: The technical assistance (TA) project supports the 56 State Assistive Technology Act Grantees. The purpose is to assist the state grantees in their efforts to reduce barriers and increase access to assistive technology (AT) devices and services for consumers with disabilities of all ages through advocacy and capacity-building initiatives. The TA project provides timely, responsive, and proactive assistance using a comprehensive model for delivery. Delivery strategies include on-site visits and training by expert consultants; national meetings focused on national policy issues; “tool kits” filled with ideas, strategies, sample documents, and other information; on-line services and communication tools; and others. All efforts are responsive to state grantees’ needs to build capacity in changing systems in their state in order to increase access to AT for individuals with disabilities.

Assistive Technology for Kansans Alternative Financing Program

University of Kansas Center for Research, Inc.
Schiefelbusch Institute for Life Span Studies
2601 Gabriel Avenue
P.O. Box 738
Parsons, KS 67357
ssack@ukans.edu
http://www.atk.lsi.ukans.edu

Principal Investigator: Sara H. Sack, PhD, 316/421-8367
Public Contact: Assistive Technology for Kansans, 800/526-3648 (800/KAN DO IT, in state only); 316/421-8367 (V/TTY); Fax: 316/421-0954 (Fax/TTY)

Project Number: H224C000011
Start Date: October 1, 2000
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $742,576
Abstract: The Assistive Technology for Kansans project (ATK) and the Kansas Assistive Technology Cooperative (KATCO) are working together to expand personal financing options for the purchase of assistive devices or services. The alternative financing program is operated by KATCO, a nonprofit organization, established and directed by persons with disabilities. KATCO currently manages a revolving loan program and operates a loan guarantee program through both a regional and a statewide credit union. The new program supports the expansion of the scope and utility of the current assistive technology loan program. The program addresses issues related to the operation of the two loan programs. Specifically, public awareness efforts assure that statewide coverage and supports are in place to expand the capacity to make loans. Individual Development Accounts enable individuals with disabilities to save money for assistive technology devices and services without declaring the money saved as an asset. KATCO goals are: (a) to expand the consumer services offered, including financial planning and credit restoration for persons with disabilities; (b) to expand its assistive technology cooperative services through strategies such as group purchasing and buying in bulk; (c) to explore the feasibility of operating a multistate cooperative; and (4) to explore the feasibility of operating a consumer run financial cooperative, generally known as a credit union.

The Assistive Technology Guaranteed Loan Program: Partnerships for Maxium AT Access

State of Maryland
Maryland Technology Assistance Program
2301 Argonne Drive, Room T17
Baltimore, MD 21218
http://www.mdtap.org

Principal Investigator: Michael Dalto
Public Contact: Tony Rice, Assistant Director, 410/554-9230; 800/832-4827; Fax: 410/554-9237

Project Number: H224C000009
Start Date: October 1, 2000
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $500,000
Abstract: The Assistive Technology Guaranteed Loan Program provides loan guarantees and interest buy-downs for AT loans when the end user is a Maryland resident with a disability. Two lenders currently participate in the program providing both guaranteed and non-guaranteed loans, while a third offers only non-guaranteed loans. Two lenders provide discounted interest rates for non-guaranteed loans, eliminating the need for the program to buy-down these rates. The program is soliciting additional partnerships and more flexible criteria to offer applicants a broader range of options and to maximize the number of borrowers the program can serve. The program is administered by an independent, community-based, volunteer Board of Directors. The Board oversees all operations, including setting policy, approving and declining loan guarantees and interest subsidies, establishing agreements with participating lenders and managing fiscal affairs. Staff provide information and referral to applicants; handle administrative tasks related to loan guarantees and interest buy-downs; and market the program through direct mail, partnerships with a broad coalition of disability groups and service organizations, articles in newsletters and newspapers, and presentations on request. The program has created partnerships to enhance AT access for borrowers. The Maryland AT Co-Op provides exclusive discounts on AT purchase for borrowers to make AT more affordable. Benefits InfoSource delivers assistance to enable borrowers to use SSI and SSDI work incentives to retain or increase cash benefits while working or pursuing careers; the added income enables users to better afford AT loan payments. The Maryland Centers for Independent Living offer counseling to borrowers referred through the program.

Assistive Techology Financial Loan Program - $how-Me Loans

State of Missouri
Missouri Assistive Technology Project
4731 South Cochise, Suite 114
Independence, MO 64055-6975
matpmo@qni.com
http://www.dolir.state.mo.us/matp

Principal Investigator: Diane Golden, PhD, 816/373-5193
Public Contact: 800/647-8557 (V, in state only)800/647-8558 (TTY, in state only); 800/647-8558 (TTY, in state only); 816/373-5193 (V); 816/373-9315 (TTY); Fax: 816/373-9314

Project Number: H224C000015
Start Date: October 1, 2000
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $550,000
Abstract: The Missouri Assistive Technology Council is establishing “$how-Me Loans”, a comprehensive statewide alternative financing program for assistive technology. The purpose of “$how-Me Loans” is to empower individuals with disabilities to achieve greater independence, productivity, and integration through increased access to assistive technology. The program is being designed to provide loans with rates and terms more favorable than those available commercially. The funds may be used to purchase assistive technology that enables a person with a disability to be more independent in a home, workplace, community, or other environment. Examples of assistive technology include, but are not limited to, access modifications to a vehicle, such as a wheelchair lift or hand controls; augmentative communications devices; stairway lifts; hearing aids; motorized wheelchairs; and housing access modifications such as a wheelchair ramp, a roll-in shower, widening of doorways, and many others

Alternative Financing Program

Temple University
Institute on Disabilities/UAP
1301 Cecil B. Moore Avenue, 423 Ritter Annex
Philadelphia, PA 19122
piat@astro.ocis.temple.edu
http://www.temple.edu/inst_disabilities/PIAT

Principal Investigator: Diane Nelson Bryen, PhD, 214/204-1356
Public Contact: Amy S. Goldman, 800/204-7428 (V); 800/750-7428 (TTY); 215/204-3862 (V); 215/204-1356 (V/TTY); Fax: 215/204-9371

Project Number: H224C000001
Start Date: October 1, 2000
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $500,000
Abstract: The Pennsylvania Assistive Technology Foundation (PATF), a community-based 501(c)(3) organization, was created by the Institute on Disabilities/UAP in response to the need for an alternative financing mechanism. The program is administered by the Institute on Disabilities/UAP and includes $500,000 in federal funds and $800,000 in nonfederal funds. Institute on Disabilities/UAP activities under the AFP grant include: (1) develop the PATF's infrastructure to the point that it has adequate staff and operational resources to operate independently of federal support; (2) expand the present program through the identification of additional funds for loans of $3,000 and more, and additional funds for the loan guarantee; (3) create a revolving loan program to allow for "small" loans, e.g. those under $3,000, which the current lender deems too burdensome to handle; (4) increase outreach and ease of access to the program, including the establishment of an network of volunteer "application centers;" and (5) provide for external evaluation of the quality of customer service, consumer choice, timeliness, and outcomes of the revolving and guarantee loan programs.

Alternative Financing Program

Utah State University
Center for Persons with Disabilities
6588 Old Main Hill
Logan, UT 84322-6588
uatf@cpd2.usu.edu
http://www.uatf.org

Principal Investigator: Martin E. Blair, 435/797-3886
Public Contact: Daryl McCarty, 801/273-7239; Fax: 801/273-7239

Project Number: H224C000004
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $500,000
Abstract: The Utah Assistive Technology Foundation has a collaborative partnership with First Security Bank to provide an interest buy-down and small grant program to help people with disabilities purchase AT devices and services. The activities are designed to expand the benefits and services of the Foundation by: (1) decreasing the loan amount charged on loans for the purchase of AT to approximately 1 percent of the loan value (currently 2 percent); (2) increase the grant amount applied to loan principle for the purchase of AT; (3) increase the interest buy-down amount for modified vehicles; (4) increase public awareness activities with regard to the Foundation; and (5) increase the endowment fund of the Foundation to provide ongoing funding for the activities listed above. Expanding the current alternative financing system for AT devices and services enables greater numbers of consumers with disabilities, their family members, personal assistants, advocates, and others to increase independence in home, school, work and community settings. The public awareness activities are targeted to individuals with disabilities in both urban and rural areas of Utah. Underrepresented populations such as Native American, Hispanic and the aging are the specific focus of public awareness activities. The Foundation was developed by several entities in the state under the direction of the Utah Assistive Technology Program (UATP), Utah's AT Act state program.

Alternative Financing Technical Assistance Project

RESNA
1700 North Moore Street, Suite 1540
Arlington, VA 22209-1903
http://www.resna.org/aftap

Principal Investigator: Nancy Meidenbauer
Public Contact: 703/524-6686. ext. 304 (V); 703/524-6639 (TTY); Fax: 703/524-6630

Project Number: H224C000200
Start Date: October 1, 2000
Length: 24 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $200,000
Abstract: The Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) is creating an Alternative Financing Technical Assistance Project (AFTAP) to support states in establishing and maintaining Alternative Financing Programs (AFP). The purpose of the project is to provide technical assistance (TA) to states in developing AFPs that reduce barriers to the availability of assistive technology (AT) and create new sources of funding for AT services and devices for people with disabilities of all ages. Technical assistance and information dissemination and utilization activities have been designed in order to achieve the project's goals. These goals are: (1) to provide timely, responsive, and proactive TA using a comprehensive model for delivery of TA; and (2) to address the TA needs of the states currently receiving Title III funds and those states that are in the process of preparing applications for AFP. The delivery strategies include on-site visits by expert consultants; a national meeting focused on issues related to developing, implementing, and maintaining financial loan programs; targeted research publications; and electronic services. A Web-based outcome data collection instrument enables collection of uniform data across state programs to assist in determining the outcomes and impact of the availability of AT AFPs for individuals with disabilities by region and across the county.

Alternative Financing Program

Virginia Department of Rehabilitative Services
Virginia Assistive Technology System (VATS)
8004 Franklin Farms Drive
P.O. Box K300
Richmond, VA 23288-0300
http://www.vats.org

Principal Investigator: Kenneth Knorr
Public Contact: 804/662-9995; Fax: 804/662-9478

Project Number: H224C000003
Start Date: January 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $1,000,000
Abstract: The Virginia Department of Rehabilitative Services (DRS)/ Virginia Assistive Technology System (VATS) establishes an Alternative Financing Program (AFP) to increase access to and funding for assistive technology. The program uses the additional funding to increase and enhance the existing loan program. DRS/VATS accomplishes this through a contract with a consumer-controlled organization, the Assistive Technology Loan Fund Authority (ATLFA) and with SunTrust Bank to provide loan financing and administration. DRS/VATS partners with all sixteen Virginia Centers for Independent Living (CILs) to educate consumers of the AFP and provide consumer counseling to applicants requiring assistance in device selection, application completion, identification of alternative financing sources for AT, as well as for financial counseling.

Alabama Statewide Technology Access and Response Project (STAR) System for Alabamians with Disabilities

Alabama Department of Rehabilitation Services
2125 East South Boulevard
P.O. Box 20752
Montgomery, AL 36120-0752
tbridges@rehab.state.al.us
http://www.rehab.state.al.us/star

Principal Investigator: Steve Shivers
Public Contact: Ted Bridges, 800/782-7656 (V, in state only); 334/613-3480 (V); 334/613-3519 (TTY); Fax: 334/613-3485

Project Number: H224A30009
Start Date: October 1, 1993
NIDRR Officer: Judith Fein
NIDRR Funding: FY 93 $520,670; FY 94 $540,000; FY 95 $580,000; FY 96 $536,900; FY 97 $574,900; FY 98 $710,052; FY 99 $730,000; FY 00 $688,624

Abstract: This project addresses nine goals: (1) to establish an organizational structure that maximizes consumer participation; (2) to facilitate interagency collaboration in the development of policies and procedures concerning technology services; (3) to maximize consumer participation at all levels of project activities; (4) to establish a statewide consumer and family network; (5) to develop a statewide consumer-responsive information and referral system; (6) to develop a public awareness campaign to elevate the understanding of the benefits and use of technology for people with disabilities; (7) to develop and provide technology training activities for consumers, their families, professionals, employers, and the general public regarding technology-related issues; (8) to advance positive policy and funding changes that improve the procurement of and access to technology devices and services; and (9) to develop and implement a project evaluation system and conduct ongoing needs assessment.

Assistive Technologies of Alaska

Alaska Department of Labor and Workforce Development
Division of Vocational Rehabilitation
1016 West Sixth, Suite 205
Anchorage, AK 99501
james_beck@labor.state.ak.us
http://www.labor.state.ak.us/ata/index.htm

Principal Investigator: Jim Beck
Public Contact: 800/478-4378 (V/TTY, in state only); 907/269-3569 (V/TTY); Fax: 907/269-3632

Project Number: H224A990001
Start Date: July 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $563,052; FY 91 $565,205; FY 92 $595,000; FY 93 $748,000; FY 94 $749,298; FY 95 $749,298; FY 96 $693,618; FY 97 $731,618; FY 98 $548,714; FY 99 $368,000; FY 00 $365,809

Abstract: Assistive Technologies of Alaska (ATA) is a systems change project funded under the authority of the Tech Act. ATA has worked to establish a statewide, consumer-responsive system to improve access to assistive technology. The project has responded to the needs of Alaskans with disabilities by creating training tools and resource documents; establishing a guaranteed loan program; achieving passage of an assistive technology consumer protection law; and setting up a statewide library system for access to technology. In the last two years, the project is transitioning services to other permanent programs.

American Samoa Assistive Technology Service (ASATS) Project

Division of Vocational Rehabilitation
Department of Human Resources
Pago Pago, American Samoa 96799
EdPerei@yahoo.com

Principal Investigator: Pete P. Galea'i
Public Contact: Edmund Pereira, Program Director, 011/684/699-1529 (V); 011/684/233-7874 (TTY); Fax: 011/684/699-1376

Project Number: H224A30014
Start Date: October 1, 1993
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 93 $139,200; FY 94 $150,000; FY 95 $150,000; FY 96 $150,000; FY 97 $150,000; FY 98 $210,000; FY 99 $105,000; FY 00 $150,000
Abstract: This project addresses four goals: (1) identification, training, and support of people with disabilities to provide direction and guidance to the American Samoa Assistive Technology Project; (2) development and implementation of a system for individual and program needs assessment for assistive technology; (3) development and promotion, in collaboration and in partnership with existing agencies, of a consumer responsive, culturally appropriate assistive technology service-delivery system; and (4) development and implementation of a model multiagency information, education, and public awareness system.

Arizona Technology Access Program (AzTAP)

Northern Arizona University
Institute for Human Development
2715 North Third Street, Suite 104
Phoenix, AZ 85004
jill.oberstein@nau.edu
http://www.nau.edu/ihd/aztap

Principal Investigator: Jill Oberstein, Project Director
Public Contact: 800/477-9921 (V); 602/728-9532 (V); 602/728-9536 (TTY); Fax: 602/728-9535

Project Number: H224A40002
Start Date: October 1, 1994
NIDRR Officer: Judith Fein
NIDRR Funding: FY 94 $507,916; FY 95 $550,000; FY 96 $509,130; FY 97 $547,130;
FY 98 $675,531; FY 99 $654,103; FY 00 $654,103
Abstract: This program increases access to assistive technology (AT) services and devices for people with disabilities and their families and facilitates the development of a coordinated, consumer-responsive AT service-delivery system. The program includes seven goals: (1) to establish a program infrastructure that is consumer responsive and promotes system change; (2) to increase consumer involvement; (3) to increase interagency collaboration and coordination; (4) to increase awareness of the needs for, and efficacy of, AT services and devices; (5) to increase the competencies and skills of providers and consumers of AT services and devices; (6) to improve program and fiscal resources; and (7) to develop and implement protection and advocacy services in support of the program. Priority activities include: information and referral, training and technical assistance, outreach to underrepresented populations, funding and policy analysis, advocacy, and research.

Arkansas Increasing Capabilities Access Network (ICAN)

Arkansas Rehabilitation Services
Department of Workforce Education
2201 Brookwood Drive, Suite 117
Little Rock, AR 72202
sogaskin@ars.state.ar.us
http://www.arkansas-ican.org

Principal Investigator: Sue Gaskin
Public Contact: 800/828-2799 (V/TTY, in state only); 501/666-8868 (V/TTY); Fax: 501/666-5319

Project Number: H224A90020
Start Date: October 1, 1989
NIDRR Officer: Judith Fein
NIDRR Funding: FY 89 $503,811; FY 90 $506,078; FY 91 $551,078; FY 92 $725,000; FY 93 $773,929; FY 94 $835,000; FY 95 $835,000; FY 96 $772,951; FY 97 $579,713; FY 98 $386,476; FY 99 $386,476; FY 00 $386,476
Abstract: This project's activities and objectives include establishing a clearinghouse for technology, expanding funding alternatives for technology, creating a consumer-responsive technology system through legal remedies, expanding outreach programs, increasing system capacity through education across professional and technical disciplines, and providing information and referral services.

California Assistive Technology System (CATS)

California Department of Rehabilitation
Program Community Support Division
Independent Living and Systems Change Division
2000 Evergreen
P.O. Box 944222
Sacramento, CA 94244-2220
DLaw@dor.ca.gov
http://www.atnet.org

Principal Investigator: William Campagna, 916/263-8686 (V)
Public Contact: Colin Corby, 916/263-8677 (V/TTY); Fax: 916/263-8683

Project Number: H224A30008
Start Date: October 1, 1993
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 93 $550,000; FY 94 $680,000; FY 95 $900,000; FY 96 $833,000; FY 97 $871,121; FY 98 $1,337,103; FY 99 $1,312,675; FY 00 $1,312,675

Abstract: This project is administered by a unit within the lead agency, Department of Rehabilitation. It is advised by an Assistive Technology Advisory Committee (ATAC), a majority of whose members are consumers. The unit administers a transportation and assistive technology loan guarantee program. The unit contracts with other entities to provide advocacy services, outreach, and training for underserved and rural populations; establish AT centers in rural counties; and establish a nonprofit organization to conduct other project activities and continue the project when grant funding ends. The nonprofit unit (AT Network) operated by the California Foundation for Independent Living Centers (CFILC) includes a toll-free AT information and referral service (800/390-2699 [V] and 800/900-0706 [TTY], in state only), a project Web site, an AT news service, public awareness and marketing activities, interagency coordination, and coordination of system change activities.

Colorado Assistive Technology Project (CATP)

University of Colorado Health Sciences Center
Colorado University Affiliated Program
The Pavilion, A036 Box B140
1919 Ogden Street, Second Floor
Denver, CO 80218
cathy.bodine@uchsc.edu
http://www.uchsc.edu/catp

Principal Investigator: Cathy Bodine, Project Director
Public Contact: 800/255-3477 (in state only); 303/864-5100 (V); 303/864-5110 (TTY); Fax: 303/864-5119

Project Number: H224A40014
Start Date: October 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $540,140; FY 90 $542,571; FY 91 $577,571; FY 92 $609,538; FY 93 $690,407; FY 94 $780,000; FY 95 $780,000; FY 96 $722,000; FY 97 $541,529; FY 98 $361,019; FY 99 $361,019; FY 00 $361,018
Abstract: This project's activities and objectives include a network of Technology Outreach Centers throughout the state and a central assistive technology resource center. Project activities include information, referral, public awareness, training, technical assistance, and electronic networking linkages between local agencies and the state. Systems-change activities include a task force on policy review and analysis, ongoing advocacy education, and direct advocacy services through a contract with the state protection and advocacy system.

Connecticut Assistive Technology Project

Connecticut Department of Social Services
Bureau of Rehabilitation Services
25 Sigourney Street, 11th Floor
Hartford, CT 06106
cttap@aol.com
http://www.techact.uconn.edu

Principal Investigator: John M. Ficarro
Public Contact: 800/537-2549 (in state only); 860/424-4881 (V); 860/424-4839 (TTY); Fax: 860/424-4850

Project Number: H224A20013
Start Date: October 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $525,000; FY 93 $554,000; FY 94 $580,000; FY 95 $520,000; FY 96 $500,000; FY 97 $538,000; FY 98 $651,365; FY 99 $629,937; FY 00 $472,453
Abstract: This program includes a single point of entry, advocacy, information and referral, peer counseling, and access to objective expert advice and consultation for people with disabilities. This system is founded on the principles of ready access to available technology, informed choice, coordination, and maximum use of available resources and knowledge. The project created a low-interest assistive technology revolving loan fund to serve as an alternative funding mechanism for individuals ineligible for existing funding streams. Finally, the program is supported by an extensive training, education, and public awareness component. The Project is developing an equipment recycling program, and is the primary sponsor of an annual assistive technology trade fair.

Delaware Assistive Technology Initiative (DATI)

Center for Applied Science and Engineering
University of Delaware
Alfred I. duPont Hospital for Children
1600 Rockland Road
P.O. Box 269
Wilmington, DE 19899-0269
dati@asel.udel.edu
http://www.asel.udel.edu/dati

Principal Investigator: Beth A. Mineo Mollica, PhD, 302/651-6836
Public Contact: Sonja Simowitz, Project Coordinator, 800/870-DATI (V/TTY, in state only); 302/651-6790 (V); 302/651-6794 (TTY); Fax: 302/651-6793

Project Number: H224A10005
Start Date: September 1, 1991
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 91 $501,562; FY 92 $505,146; FY 93 $550,616; FY 94 $620,000; FY 95 $620,000; FY 96 $573,934; FY 97 $611,928; FY 98 $695,827; FY 99 $521,870; FY 00 $347,921

Abstract: The DATI project has established county resource centers in each of Delaware's three counties. These centers serve as information and equipment resource sites, offering short-term equipment loans, training and demonstration workshops, and regular informational mailings. DATI also offers a quarterly newsletter featuring articles on funding, equipment recycling, and general assistive technology information. DATI assists consumers in locating funding for assistive technology devices and services. Collaboration among existing state agencies and consumer groups has enhanced further assistive technology promotion throughout the state.

University Legal Services AT Program for the District of Columbia

University Legal Services
300 I Street Northeast, Suite 200
Washington, DC 20002
atpdc@uls-dc.com
http://www.atpdc.org

Principal Investigator: Alicia C. Johns
Public Contact: Information Specialist, 202/547-0198 (V); 202/547-2657 (TTY); Fax: 202/547-2662

Project Number: H224A30001
Start Date: October 1, 1993
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 93 $500,000; FY 94 $550,180; FY 95 $565,000; FY 96 $523,015; FY 97 $557,503; FY 98 $632,503; FY 99 $616,143; FY 00 $616,143
Abstract: This project's activities are designed to empower individuals with disabilities; to promote consumer involvement and advocacy; and provide information, referral, and training as they relate to accessing assistive technology services and devices; and to identify and improve access to funding resources. Activities focus on increasing access to assistive technology devices and services for school age children, public awareness, and demonstrations targeting people who are underserved. The program collaborates with public and private entities, conducts advocacy training specifically for consumers with disabilities, and implements systems change activities that increase access to, provision of, and funding for assistive technology devices and services on a permanent basis.

Florida Alliance for Assistive Service and Technology (FAAST), Inc.

FAAST, Inc.
1020 East Lafayette Street, Suite 110
Tallahassee, FL 32301-4546
faast@faast.org
http://faast.org

Principal Investigator: Terry Ward, PhD, 850/414-1179
Public Contact: Ben Greve, Program Manager, 800/322-7881 (V/TTY, in state, information and referral only); 850/487-3278 (V/TTY); 850/487-2850 (TTY/Fax); Fax: 850/487-2805

Project Number: H224A000001
Start Date: July 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $550,000; FY 93 $995,000 (includes carryover funding); FY 94 $730,000; FY 95 $700,000; FY 96 $647,983; FY 97 $685,983; FY 98 $922,107; FY 99 $902,700; FY 00 $675,509
Abstract: FAAST, designed by and for consumers in Florida, provides comprehensive consumer outreach, awareness, and services. Its consumer-directed board is composed of 51-percent people with disabilities or family members of individuals with disabilities. Services are provided through four strategically located regional centers in Tallahassee, Jacksonville, Tampa, and Miami. FAAST's mission is to enhance the quality of life for all Floridians with disabilities by promoting access to, awareness of, and advocacy for assistive technology. Through a seamless supportive network between Florida business and government, FAAST provides assistive technology products and services that enable people with disabilities to participate fully in independent living, education, work, and recreation.

Georgia Tools for Life

Georgia Department of Human Resources
Division of Rehabilitation Services
2 Peachtree Street Northwest, Suite 35-413
Atlanta, GA 30303-3142
toolsforlife@mindspring.com
http://www.gatfl.org

Principal Investigator: Joy Kniskern
Public Contact: Clinton Fisher, 800/497-8665 (V, in state only); 404/657-3084 (V); 404/657-3095 (TTY); Fax: 404/657-3086

Project Number: H224A10001
Start Date: September 1, 1991
NIDRR Officer: Judith Fein
NIDRR Funding: FY 91 $519,474; FY 92 $520,000; FY 93 $585,000; FY 94 $729,924; FY 95 $729,924; FY 96 $675,683; FY 97 $713,683; FY 98 $888,822; FY 99 $666,617; FY 00 $444,411

Abstract: The Georgia Tools for Life program includes training at all levels, public awareness, funding policy analysis, direct services, device lending libraries, and program evaluation. The hub of Tools for Life is operated out of the Georgia Division of Rehabilitation Services. Tools for Life is responsible for seven areas of coordination: (1) policy analysis and improved service delivery, (2) coordination with consumers, (3) coordination among public and private organizations, (4) training and technical assistance, (5) public awareness and an information and referral network, (6) advocacy, and (7) consumer-responsive program evaluation. Tools for Life also coordinates four Technology Resource Centers, the ReBoot Recycling Service, and is helping to create the Association of Georgians with Disabilities, a consumer association. The association includes financial services, an advocacy group, a buying co-op, insurance options, and research and development based on member needs. It also provides technical assistance to Touch the Future, a private, nonprofit organization collaborating with the Tech Act initiatives in Georgia.

Guam System for Assistive Technology (GSAT)

University of Guam, UOG Station
University Affiliated Program on Developmental Disabilities
303 University Drive
Mangilao, GU 96923
gsat@ite.net
http://uog2.uog.edu/uap/gsat.html

Principal Investigator: Heidi E. Farra-San Nicolas, PhD, 671/735-2482 (V)
Public Contact: Ben Servino, Project Coordinator, 671/735-2490, ext. 3 (V); 671/734-8378 (TTY); Fax: 671/734-5709

Project Number: H224A40003
Start Date: October 1, 1994
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 94 $150,000; FY 95 $150,000; FY 96 $150,000; FY 97 $150,000; FY 98 $150,000; FY 99 $150,000; FY 00 $105,000

Abstract: This project has established a consumer-responsive, comprehensive, territory-wide program of technology-related assistance for people with disabilities to assist in overcoming Guam's unique challenges, including limited local funding, lack of trained personnel, few markets and market incentives, limited information, and limited eligibility for specific federal funding. Additionally, the provision of assistive technology devices and services in the Pacific Basin presents many unique challenges. Small island systems, such as Guam, have limited budgets, and a harsh tropical-island environment (salt water, high humidity, and rough terrain) that creates difficulties for equipment repair and maintenance. The remote geographic location makes procurement, adjustments, and custom modifications to assistive technology equipment extremely difficult and costly. The project emphasizes and supports systems change and advocacy activities that serve to build capacity within existing programs and with people with disabilities of all ages. GSAT is administered locally by the University Affiliated Program on Developmental Disabilities under the Office of Academic Affairs at the University of Guam.

Assistive Technology Resource Centers of Hawaii (ATRC)

Hawaii Department of Human Services, Vocational Rehabilitation,
and Services for the Blind and Physically Handicapped
414 Kuwili Street, Suite 104
Honolulu, HI 96817
atrc@atrc.org
http://www.atrc.org

Principal Investigator: Barbara Fischlowitz-Leong, Executive Director, 808/532-7110
Public Contact: 800/645-3007 (V/TTY, in state only), 808/532-7110 (V/TTY); Fax: 808/532-7120

Project Number: H224A10023
Start Date: October 1, 1991
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 91 $530,926; FY 92 $530,926; FY 93 $530,926; FY 94 $660,895; FY 95 $678,000; FY 96 $627,618; FY 97 $665,618; FY 98 $754,956; FY 99 $566,217; FY 00 $377,478

Abstract: Assistive Technology Resource Centers of Hawaii (ATRC) provides information and training on assistive technology devices, services, and funding resources. The organization conducts presentations and demonstrations in the community to increase AT awareness and promote self-advocacy among people with disabilities. ATRC offers classes on basic software and AT software at the new Technology Center. Open lab time for personal computers is also available. ATRC operates six equipment loan banks throughout Hawaii that give people the change to try out AT devices. ATRC also offers equipment for purchase and financial assistance for qualified individuals. The agency partners with a variety of groups including consumers, educators, state agencies, and private organizations. An advisory council provides input from consumers and service providers. The organization also collaborates with state agency officials through its Policy Coordinating Committee who are appointed by the Governor.

Idaho Assistive Technology Project

University of Idaho
129 West Third Street
Moscow, ID 83843-4401
seile861@uidaho.edu
http://www.ets.uidaho.edu/idatech

Principal Investigator: Ron Seiler, Project Director
Public Contact: Susan House, Information Specialist, 800/432-8324 (V/TTY); 208/885-3559 (V/TTY); Fax: 208/885-3628

Project Number: H224A20017
Start Date: September 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $529,436; FY 93 $676,680 (includes carryover funding); FY 94 $620,000; FY 95 $634,246; FY 96 $587,115; FY 97 $625,115; FY 98 $719,907; FY 99 $698,479; FY 00 $539,000

Abstract: The Idaho Assistive Technology Project is managed by the Center on Disabilities and Human Development at the University of Idaho. The project engages in systems change activities, training, materials development, information dissemination, and advocacy activities directed at increasing the availability of assistive devices and services to Idahoans who have disabilities. A customer board directs the overall activities of the project and engages in a process of barrier identification and elimination. Major project components include training for consumers and service providers about assistive technology, funding and loan programs for AT, advocacy, direct service provision through five regional resource centers, and systems change that addresses policy, practice, and legislation.

Illinois Assistive Technology Project

IATP
1 West Old State Capitol Plaza, Suite 100
Springfield, IL 62701
iatp@fgi.net
http://www.iltech.org

Principal Investigator: Wilhelmina Gunther
Public Contact: Sherry Edwards, 800/852-5110 (V/TTY, in state only); 217/522-7985 (V/TTY); 217/522-9966 (TTY); Fax: 217/522-8067

Project Number: H224A90038
Start Date: October 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $515,300; FY 90 $517,619; FY 91 $617,619; FY 92 $620,000; FY 93 $750,000; FY 94 $923,271; FY 95 $923,271; FY 96 $833,121; FY 97 $640,997; FY 98 $427,332; FY 99 $647,332; FY 00 $427,332
Abstract: This project's activities and objectives include information and referral services highlighting available technology and services, comprehensive advocacy training for people with disabilities and their families, and opportunities to explore assistive technology options in the demonstration center. The project has statewide consumer involvement. Consumers have input into all facets of the project's operation, from establishing goals and objectives to implementing the activities.

ATTAIN Inc. (Assistive Technology Through Action in Indiana)

ATTAIN Inc.
101 East Walnut Street
Washington, IN 47501
cfulford@attaininc.org
http://attaininc.org

Principal Investigator: Cris Fulford, Executive Director
Public Contact: Lisa Newkirk, 812/254-7305 (V); 888/288-9319 (TTY); Fax: 812/254-7306

Project Number: H224A00027
Start Date: July 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $521,480; FY 91 $541,277; FY 92 $565,277; FY 93 $660,288; FY 94 $726,892; FY 95 $726,892; FY 96 $672,877; FY 97 $710,877; FY 98 $533,158; FY 99 $355,439; FY 00 $355,439
Abstract: Assistive Technology Through Action in Indiana (ATTAIN) has primary responsibility for the Indiana Technology-Related Assistance Program. The project promotes: community-based, technology-related services and systems change through outreach and training; advocacy on funding issues; policy review; position statements; and assessments.

Iowa Program for Assistive Technology

Iowa University Affiliated Program
University Hospital School
100 Hawkins Drive, Room S295
Iowa City, IA 52242-1011
mary-quigley@uiowa.edu
http://www.uiowa.edu/infotech

Principal Investigator: Jane Gay, RN; Mary Quigley, JD, 319/356-4402 (V, Quigley); 319/356-4463 (Gay)
Public Contact: Information Specialist, 800/331-3027 (V/TTY); Fax: 319/384-9273

Project Number: H224A00028
Start Date: April 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $557,322; FY 91 $594,287; FY 92 $595,289; FY 93 $700,314; FY 94 $735,000; FY 95 $735,000; FY 96 $680,382; FY 97 $718,382; FY 98 $538,787; FY 99 $359,191; FY 00 $359,191
Abstract: This project conducts awareness and training programs and collaborates with other systems-change efforts. The information and referral portion of the Iowa program, InfoTech, provides information on new and used adaptive equipment, funding information, and a newsletter. The goals and objectives of the Iowa Program are developed and implemented through an extensive process that involves consumers, advocacy organizations, private and public service providers, regional and state agencies, third-party payers, and entities not traditionally associated with assistive technology services.

Assistive Technology for Kansans Project

University of Kansas
Life Span Institute
2601 Gabriel Avenue
P.O. Box 738
Parsons, KS 67357
ssack@ukans.edu
http://www.atk.lsi.ukans.edu

Principal Investigator: Charles R. Spellman, EdD; Sara H. Sack, PhD
Public Contact: 800/526-3648 (800/KAN DO IT, in state only); 316/421-8367 (V/TTY); Fax: 316/421-0954 (Fax/TTY)

Project Number: H224A30013
Start Date: October 1, 1993
NIDRR Officer: Judith Fein
NIDRR Funding: FY 93 $515,000; FY 94 $529,999; FY 95 $550,000; FY 96 $513,758; FY 97 $551,758; FY 98 $665,404; FY 99 $643,976; FY 00 $643,876
Other funding: FY 93 $89,029 (Kansas Rehabilitation Services); FY 95 $395,000 (KRS); FY 96 $780,000 (KRS)
Abstract: Through consumer involvement and leadership by the Kansas University Program at Parsons, this project engages in activities that are designed to result in laws, regulations, policies, practices, or organizational structures that promote consumer-responsive programs that increase access to assistive technology devices and services. Through subcontracts with organizations across the state, the project operates five Regional Assistive Technology Access Sites, provides a toll-free number that connects callers directly to the appropriate Regional Access Site, manages an Inter-agency Equipment Loan System, coordinates the statewide assistive technology distance learning program, conducts a three-day Assistive Technology Conference, and leads a policy analysis and legislative alert effort.

Kentucky Assistive Technology Services (KATS) Network

KATS Network Coordinating Center
8412 Westport Road
Louisville, KY 40242
katsnet@iglou.com
http://www.katsnet.org

Principal Investigator: J. Chase Forrester, JD, Project Director
Public Contact: Ronji Dearborn, 800/327-5287 (V/TTY, in state only); 502/327-0022 (V/TTY); 502/327-9855 (TTY); Fax: 502/327-9974

Project Number: H224A90002
Start Date: October 1, 1989
NIDRR Officer: Judith Fein
NIDRR Funding: FY 89 $535,102; FY 90 $537,510; FY 91 $577,102; FY 92 $680,000; FY 93 $710,108; FY 94 $800,000; FY 95 $800,000; FY 96 $740,552; FY 97 $555,414; FY 98 $370,276; FY 99 $370,276; FY 00 $370,276

Abstract: This project is a statewide network of organizations and individuals connecting to create a consumer-driven, collaborative system to make assistive technology information, devices, and services easily obtainable for people of any age or disability. In addition to its primary role in the development and coordination of activities among state agencies and organizations that facilitate access to, provision of, and funding for assistive technology devices and services, the Coordinating Center staff conducts information and referral services and disseminates information. Associated organizations provide training activities, assessments and evaluations, consultations on appropriate technologies, technical assistance, operate an equipment recycling and lending program and implement a low interest loan program. Consumers represent a majority of the advisory board membership.

Louisiana Assistive Technology Access Network (LATAN)

LATAN
P.O. Box 14115
Baton Rouge, LA 70898-4115
cpourciau@latan.org
http://www.latan.org

Principal Investigator: Julie M. Nesbit
Public Contact: Clara Pourciau, 800/270-6185 (V/TTY); 225/925-9500 (V/TTY); Fax: 225/925-9560

Project Number: H224A10028
Start Date: September 1, 1991
NIDRR Officer: Judith Fein
NIDRR Funding: FY 91 $502,566; FY 92 $505,398; FY 93 $555,398; FY 94 $631,095; FY 95 $660,000; FY 96 $610,955; FY 97 $648,955; FY 98 $791,475; FY 99 $593,606; FY 00 $395,738

Abstract: Louisiana Assistive Technology Access Network (LATAN) is an advocacy and systems change project whose mission is to ensure that Louisiana citizens with functional limitations who want assistive technology have what they need and are able to use it. Major program initiatives include: (1) consumer involvement, empowerment, and training; (2) advocacy and systems change; (3) outreach; (4) interagency coordination; and (5) provider training. Area programs provide the opportunity for LATAN to reach rural and inner-city areas, where a majority of ethnic minorities and elderly reside. The project provides information about aids that enable an individual to live at home, work, learn, and recreate. It also provides information about the services needed to acquire and use these assistive devices. Members of the project staff provide training that empowers individuals to self-advocate successfully for the aids they need. LATAN also advocates for increased access to assistive technology through public and private agencies and entities. Training is provided to increase the skills of case managers, personal service assistants, rehabilitation counselors, educators, therapists, and other providers and support personnel to recognize the benefits and uses of, and the need for, various types of assistive technology devices and services. A consumer board directs LATAN.

Maine Consumer Information and Technology Training Exchange (Maine CITE)

Maine CITE Coordinating Center
46 University Drive
Augusta, ME 04330
kpowers@maine.edu
http://www.mainecite.org

Principal Investigator: David Noble Stockford, 207/287-5950 (V); 207/287-2550 (TTY)
Public Contact: Kathleen Powers, Project Director, 207/621-3195 (V); 207/621-3482 (TTY); Fax: 207/621-3193

Project Number: H224A90047
Start Date: October 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $541,876; FY 90 $544,315; FY 91 $594,315; FY 92 $650,000; FY 93 $750,000; FY 94 $845,000; FY 95 $845,000; FY 96 $782,000; FY 97 $586,656; FY 98 $391,104; FY 99 $391,104; FY 00 $391,104

Abstract: This project collaborates with various Maine organizations, including centers for independent living, parent training agencies, and nonprofit community programs, to build a statewide network of information and resources on assistive technology. Project goals are: to promote broader understanding of the benefits and wider availability of assistive technology; to educate people with disabilities, their families, professionals, and general public in purchasing and using assistive technology; to promote self-advocacy among people with disabilities to shape public policy that promotes assistive technology and universal design; and to assist public and private institutions, organizations, and associations in providing the knowledge, skills, and competencies related to assistive technology and universal design to their constituents.

Maryland Technology Assistance Program (MD TAP)

Maryland Governor's Office for Individuals with Disabilities
2301 Argonne Drive, Room T17
Baltimore, MD 21218
rasinski@clark.net
http://www.mdtap.org

Principal Investigator: Paul Rasinski, Project Director
Public Contact: Patrick McCurdy, 800/832-4827 (800/TECH TAP, V/TTY); 410/554-9230 (V/TTY); Fax: 410/554-9237

Project Number: H224A90019
Start Date: October 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $500,000; FY 90 $502,250; FY 91 $502,250; FY 92 $671,029; FY 93 $770,000; FY 94 $825,000; FY 95 $825,000; FY 96 $763,694; FY 97 $572,771; FY 98 $381,000; FY 99 $381,847; FY 00 $381,847
Abstract: The Maryland Technology Assistance Program (MD TAP) is a part of the Governor's Office for Individuals with Disabilities serving individuals of all ages and disabilities. Activities of this program include conducting a public awareness campaign with a toll-free phone number, maintaining lending libraries of information and AT devices, and equipment demonstration centers. The program administers a loan guarantee project, that makes possible low-interest loans for AT to individuals with disabilities. The program grants funds to private organizations to provide regional coverage of the state in relation to AT issues.

Massachusetts Assistive Technology Partnership

Children's Hospital
1295 Boylston Street, Suite 310
Boston, MA 02215
matp@matp.org
http://www.matp.org

Principal Investigator: Marylyn Howe, Project Director, 617/355-7167 (TTY)
Public Contact: Patricia Hill, 800/848-8867 (V/TTY, in state only); 617/355-7153 (V); 617/355-7301 (TTY); Fax: 617/355-6345

Project Number: H224A00036
Start Date: July 1, 1990
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 90 $563,998; FY 91 $593,993; FY 92 $624,062; FY 93 $725,764; FY 94 $811,962; FY 95 $811,962; FY 96 $751,592; FY 97 $789,592; FY 98 $592,194; FY 99 $592,194; FY 00 $397,796
Abstract: The Massachusetts Assistive Technology Partnership (MATP) is a consumer-responsive, cross-disability, multicultural, statewide project that conducts activities to increase access to assistive technology for people with disabilities. Activities include public awareness, information services, training and technical assistance, funding and policy analysis, advocacy, and related work to improve services and promote involvement of people with disabilities in assistive technology. Through regional Peer Assistive Technology Programs, MATP provides information and referral, peer networking, training, and individual and systems advocacy. The MATP works closely with people with disabilities, family members, providers, and state agencies to identify needs and pursue change in the assistive technology service-delivery system. The project publishes an assistive technology newsletter, pursues remedies of funding and policy barriers, provides training on a range of assistive technology available and resources for obtaining assistive technology, pursues improvement of equipment standards, promotes increased availability of services, promotes increased involvement of people with disabilities in assistive technology services and policy making, and coordinates with related projects in Massachusetts, regionally, and nationally.

Michigan AT Project

Michigan Disability Rights Coalition
740 West Lake Lansing Road, Suite 400
East Lansing, MI 48823
roanne@sprynet.com
http://www.copower.org/At/index.htm

Principal Investigator: Sheryl Avery-Meints, Project Director
Public Contact: RoAnne Chaney, 800/760-4600 (V/TTY, in state only); 517/333-2477 (V/TTY); Fax: 517/333-2677

Project Number: H224A50009
Start Date: September 1, 1992
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 92 $550,000; FY 93 $885,881 (includes carryover funding); FY 94 $610,000; FY 95 $850,000; FY 96 $786,837; FY 97 $824,837; FY 98 $1,033,953; FY 99 $1,012,525; FY 00 $759,394

Abstract: Michigan's AT Project focuses on building the capacity of community-based, local organizations to advocate for the use of assistive technology as a tool for inclusion in all aspects of life. Currently, Michigan's AT Project has projects around the state that are creating genuine systems change on a local basis. The AT Project also supports a Web-based system of AT resources and communication networks.

Minnesota System of Technology to Achieve Results (STAR) Program

State of Minnesota Department of Administration
Governor's Advisory Council on Technology for People with Disabilities
360 Centennial Building
658 Cedar Street
St. Paul, MN 55155
star.program@state.mn.us
http://www.admin.state.mn.us/assistivetechnology

Principal Investigator: Ronna Linroth
Public Contact: 800/657-3862 (V, in state only); 800/657-3895 (TTY, in state only); 651/296-2771 (V); 651/296-8478 (TTY); Fax: 651/282-6671

Project Number: H224A90041
Start Date: October 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $500,000; FY 90 $502,250; FY 91 $567,250; FY 92 $700,000; FY 93 $750,000; FY 94 $820,000; FY 95 $820,000; FY 96 $759,066; FY 97 $694,268; FY 98 $569,300; FY 99 $379,500; FY 00 $379,500
Abstract: This project: (1) provides a toll-free information service for residents of Minnesota and Iowa; (2) distributes brochures and other literature; (3) hosts workshops and forums; (4) provides opportunities for consumer involvement; and (5) assists individuals seeking funding. STAR advocates for policy, practice, and legislative change regarding access to assistive technology; contracts for mobile outreach projects and legal advocacy services; and provides grants on a regional basis.

Mississippi Project START (Success Through Assistive/Rehabilitative Technology)

Mississippi Department of Rehabilitation Services
P.O. Box 1698
Jackson, MS 39215-1000
spower@mdrs.state.ms.us

Principal Investigator: Stephen Power, Project Director
Public Contact: Eugenie Bradshaw, 800/852-8328 (V/TTY, in state only); 601/987-4872 (V/TTY); Fax: 601/364-2349

Project Number: H224A00032
Start Date: May 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $521,285; FY 91 $530,000; FY 92 $554,000; FY 93 $594,714; FY 94 $619,430; FY 95 $619,430; FY 96 $573,400; FY 97 $611,400; FY 98 $458,550; FY 99 $305,700; FY 00 $305,700

Abstract: Project START is a multifaceted, collaborative effort. The primary components include: (1) an advisory council that allows for consumer input and the involvement of other relevant agencies, organizations, and groups; (2) an information clearinghouse that provides people with disabilities, their families, service providers, and other interested parties with information regarding available assistive technology devices and services; (3) a training program that ensures that service provider personnel, people with disabilities, and other relevant parties are familiar with the utility and potential of assistive technology devices; (4) a model service-delivery system that acts as a referral source and concurrent technical resource to existing assistive technology providers, and provides assistive technology services to people with disabilities ineligible for existing programs; and (5) an equipment loan program that makes assistive devices available to people with disabilities for trial periods, for use while their personal equipment is being repaired or replaced, and to service providers for training and demonstration purposes.

Missouri Assistive Technology Project

Missouri Department of Labor and Industrial Relations
Governor's Council on Disability
4731 South Cochise, Suite 114
Independence, MO 64055-6975
matpmo@qni.com
http://www.dolir.state.mo.us/matp

Principal Investigator: Diane Golden, PhD, Project Director
Public Contact: 800/647-8557 (V, in state only); 800/647-8558 (TTY, in state only); 816/373-5193 (V); 816/373-9315 (TTY); Fax: 816/373-9314

Project Number: H224A30015
Start Date: September 1, 1991
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 91 $524,488; FY 92 $526,988; FY 93 $550,801; FY 94 $667,121; FY 95 $675,000; FY 96 $689,639; FY 97 $727,639; FY 98 $878,221; FY 99 $658,666; FY 00 $439,111

Abstract: The primary components of this project include: (1) an advisory council established to provide input from consumers and relevant state agencies; (2) legislative and policy initiatives including an equipment loan program, an equipment distribution program through the state relay service that includes adaptive computer equipment, a no- or low-interest loan program to purchase assistive technology, health care coverage for mandatory infant hearing screenings and initial amplification devices, Medicaid coverage of augmentative communication devices for adults, an assistive technology lemon law, sales tax exemptions on assistive technology, managed care reform, and accessible state information technology; (3) an information and referral service; and (4) individual advocacy services.

MonTECH

University of Montana
Rural Institute on Disabilities
634 Eddy Avenue
Missoula, MT 59812
montech@selway.umt.edu
http://rudi.montech.umt.edu

Principal Investigator: Gail McGregor, Project Director
Public Contact: 800/732-0323 (V/TTY); 406/243-5676 (V/TTY); Fax: 406/243-4730

Project Number: H224A10002
Start Date: September 30, 1991
NIDRR Officer: Judith Fein
NIDRR Funding: FY 91 $550,553; FY 92 $550,553; FY 93 $590,553; FY 94 $675,258; FY 95 $673,058; FY 96 $624,080; FY 97 $663,080; FY 98 $752,408; FY 99 $564,306; FY 00 $376,204

Abstract: This project develops a comprehensive statewide system of technology-related assistance to ensure that all Montanans with disabilities have equitable access to the assistive technology devices and services they need. Emphasis is on eliminating barriers to obtaining assistive technology, enacting policy change, improving awareness, strengthening consumer and provider networks, and increasing access to funding. The Montana Consortium for Assistive Technology (MCAT) serves as the program advisory board and offers opportunities for consumer participation. Activities currently underway include: (1) a comprehensive equipment demonstration and evaluation center offering hands-on experience with devices to both consumers and service providers; (2) an assistive technology loan/lease clearinghouse; (3) an information and assistance service that includes maintenance of a comprehensive database of Montana service programs; (4) focused outreach activities with the state's largest minority group, Native Americans; and (5) an Internet Web site. Other activities include a low-interest financial loan program for consumers who do not qualify for other funding sources, and specialized training programs to increase the skills of professionals providing assistive technology services.

Nebraska Assistive Technology Partnership

Nebraska Department of Education
Division of Vocational Rehabilitation
5143 South 48th Street, Suite C
Lincoln, NE 68516-2204
atp@atp.state.ne.us
http://www.nde.state.ne.us/ATP/TECHome.html

Principal Investigator: Mark Schultz, Project Director
Public Contact: Kathryn Kruse, 888/806-6287 (V/TTY, in state only); 402/471-0734 (V/TTY); 402/471-0735 (V/TTY); Fax: 402/471-6052

Project Number: H224A90040
Start Date: October 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $523,000; FY 90 $525,352; FY 91 $570,352; FY 92 $730,000; FY 93 $766,984; FY 94 $820,000; FY 95 $820,000; FY 96 $759,066; FY 97 $569,300; FY 98 $379,533; FY 99 $379,533; FY 00 $379,533

Abstract: The Partnership provides statewide assistive technology and home modification services for Nebraskans of all ages and disabilities. The Partnership is a collaboration of private, nonprofit, and governmental organizations and agencies working together to create a seamless, comprehensive, statewide assistive technology program. Collaborators include Nebraska's departments of Education, Health and Human Services, Developmental Disabilities, Economic Development, and Vocational Rehabilitation. The collaboration has resulted in funding for services to help meet the diverse needs of consumers regarding education, employment, housing, and independent living. These services include assessment, evaluation, fabrication, repair, maintenance, and training. Cost savings have also resulted due to equipment recycling, identification of appropriate equipment, and cost sharing between partnering agencies. In addition, the Partnership helps to support Demonstration Centers, utilizes a Peer Support Network, and sponsors special events, including Technology Expos. Training materials have been developed for educators (3 hour instructional unit and special education technical manual), health care professionals, and insurance reviewers.

Nevada Assistive Technology Collaborative

Nevada Rehabilitation Division
Community-Based Services
711 South Stewart Street
Carson City, NV 89710
pgowins@govmail.state.nv.us
http://www.state.nv.us/detr/rehab/reh_pgbs.htm#State Assistive Technology Act Program

Principal Investigator: Donny Loux
Public Contact: Paul Haugen, 888/337-3839 (V, in state only); 775/687-4452 (V); 775/687-3388 (TTY); Fax: 775/687-3292

Project Number: H224A00037
Start Date: July 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $560,884; FY 91 $580,047; FY 92 $594,368; FY 93 $624,588; FY 94 $675,046; FY 95 $675,046; FY 96 $624,883; FY 97 $662,883; FY 98 $497,162; FY 99 $331,442; FY 00 $331,442

Abstract: The Nevada Project is accomplishing 15 major goals in systems change that have been established in response to identified needs in consultation with the state's consumer-directed executive board. Additionally, the project trains 400 consumers in the use of technology; a minimum of 1,800 consumers in self-advocacy skills; 550 families in applying technology to the needs of a family member with a disability; and a minimum of 5,730 cross-disciplinary university undergraduates in the fields of medicine, health, education, rehabilitation, gerontology, engineering, speech pathology and audiology, and counseling in assistive technology and cultural awareness. The project provides information and referral and other awareness services to a minimum of 10,000 consumers over the life of the project and evaluates the impact of those services through follow-up and satisfaction surveys.

New Hampshire Technology Partnership Project

University of New Hampshire Technology Partnership
Institute on Disability
The Concord Center
#14 Ten Ferry Street
Concord, NH 03301-5019
mcschuh@cisunix.unh.edu
http://www.iod.unh.edu/projects/assist.htm

Principal Investigator: Jan Nisbet, PhD; Terese Wilkomm, PhD, 603/862-4320 (V/TTY)
Public Contact: 800/427-3338 (V/TTY, in state only); 603/224-0630 (V/TTY); Fax: 603/226-0389

Project Number: H224A10015
Start Date: September 1, 1991
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 91 $506,307; FY 92 $505,008; FY 93 $550,008; FY 94 $635,000; FY 95 $635,000; FY 96 $587,813; FY 97 $625,813; FY 98 $717,815; FY 99 $538,361; FY 00 $358,908

Abstract: This project provides extensive training and network development focused on: (1) early intervention, (2) inclusive education, (3) supported living and employment, and (4) using alternative and augmentative communication to develop free expression and citizenship. Recycled equipment, demonstration and training, and information and referral are also available. The project's lead agency is the Institute on Disability, a University Affiliated Program at the University of New Hampshire. Additional subcontracts have been awarded to Granite State Independent Living, Disabilities Rights Center, and New Hampshire Alliance for Assistive Technology.

New Jersey Technology Assistive Resource Program (TARP)

New Jersey Protection and Advocacy, Inc.
210 South Broad Street, Third Floor
Trenton, NJ 08608
gblue@njpanda.org
http://www.njpanda.org/tarp

Principal Investigator: Ellen Lence, Project Director
Public Contact: 800/342-5832 (V, in state only); 609/633-7106 (TTY); 609/777-0945; Fax: 609/341-3327

Project Number: H224A20007
Start Date: September 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $548,050; FY 93 $670,528 (includes carryover funding); FY 94 $548,050; FY 95 $550,000; FY 96 $509,130; FY 97 $547,130; FY 98 $710,380; FY 99 $688,800; FY 00 $516,714

Abstract: TARP is a consumer-driven program whose mission is to increase awareness of and improve access to assistive technology for all people with disabilities in the state. The project provides information and referral through its 800 telephone number and Web site regarding all aspects of assistive technology. TARP also provides advocacy services, both legal and nonlegal, addressing both individual and systems issues. In addition, project staff members provide training and technical assistance, as well as outreach regarding the benefits of and funding for assistive technology devices and services. TARP disseminates brochures, funding guides, and informational bulletins.

New Mexico Technology Assistance Program (NMTAP)

New Mexico State Department of Education
Division of Vocational Rehabilitation
435 Saint Michaels Drive, Building D
Santa Fe, NM 87505
aklaus@state.nm.us
http://www.nmtap.com

Principal Investigator: Alan Klaus, Project Director
Public Contact: Caroll Cadena, 800/866-2253 (V/TTY); 800/659-4915 (TTY); 505/954-8533 (V/TTY); Fax: 505/954-8562

Project Number: H224A00017
Start Date: April 1, 1990
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 90 $500,500; FY 91 $515,500; FY 92 $525,000; FY 93 $660,710; FY 94 $750,000; FY 95 $750,000; FY 96 $694,000; FY 97 $732,268; FY 98 $549,201; FY 99 $366,134; FY 00 $336,134
Abstract: NMTAP examines and works to eliminate barriers to obtaining assistive technology in New Mexico. The project has established a statewide program for coordinating assistive technology services; the program is designed to assist people with disabilities to locate, secure, and maintain assistive technology that can increase, maintain, or improve functional capabilities of people with disabilities. This program is a resource both for people requiring assistive technology and those that manufacture and provide assistive technology devices or services. The program focuses on permanently eliminating barriers in three major areas: access to, availability of, and funding for assistive technology.

New York State Technology-Related Assistance of Individuals with Disabilities (TRAID) Project

New York State Office of Advocate for Persons with Disabilities
One Empire State Plaza, Suite 1001
Albany, NY 12223-1150
traid@emi.com
http://www.advoc4disabled.state.ny.us/TRAID_Project/technlog.htm

Principal Investigator: Lisa Rosano-Kazckowski, Acting Project Manager
Public Contact: 800/522-4369 (V/TTY/Spanish, in state only); 518/474-2825 (V); 518/473-4231 (TTY); Fax: 518/473-6005

Project Number: H224A00041
Start Date: October 1, 1990
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 90 $500,000; FY 91 $600,000; FY 92 $615,000; FY 93 $820,961; FY 94 $950,000; FY 95 $950,000; FY 96 $879,406; FY 97 $917,406; FY 98 $688,054; FY 99 $458,703; FY 00 $458,703

Abstract: The Technology-Related Assistance of Individuals with Disabilities (TRAID) Project has been established to improve access to assistive technology through consumer-responsive interventions to effect systemic change on a policy, regulatory, and legislative level. Project staff members chair and facilitate the workings of the NYS Interagency Partnership on Assistive Technology, a group designed to collaborate with a consumer-majority advisory board to identify systemic barriers to assistive technology devices and services and collaborate on strategies to address the barriers. In collaboration with the NYS Department of Health, Early Intervention Program, and Verizon, the local telecommunications corporation, the TRAID Project administers 12 Regional TRAID Centers that operate device demonstration and loan services, coordinate local information and referral, and support individualized self-advocacy. The TRAID Project also provides information and referral regarding assistive technology, provides training and public awareness, and administers the TRAID-IN Equipment Exchange service.

North Carolina Assistive Technology Project

North Carolina Department of Health and Human Services
Division of Vocational Rehabilitation Services
1110 Navaho Drive, Suite 101
Raleigh, NC 27609-7322
ncatp@mindspring.com
http://www.mindspring.com/~ncatp

Principal Investigator: Ricki Cook, Project Director
Public Contact: 919/850-2787 (V/TTY); Fax: 919/850-2792

Project Number: H224A00010
Start Date: July 1, 1990
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 90 $566,425; FY 91 $595,441; FY 92 $625,843; FY 93 $730,152; FY 94 $820,000; FY 95 $820,000; FY 96 $759,066; FY 97 $797,066; FY 98 $597,800; FY 99 $398,533; FY 00 $398,533
Abstract: This project provides information and referral services, technical assistance, and training seminars and materials. It supports four regional demonstration centers that provide demonstration and trial of devices. The project's central office in Raleigh coordinates systems change and advocacy, policy, and funding issues statewide. The North Carolina Division of Vocational Rehabilitation Services provides the project with internal management systems, agency resources, and fiscal management.

North Dakota Interagency Program for Assistive Technology (IPAT)

North Dakota Department of Human Services
Office of Vocational Rehabilitation
P.O. Box 743
Cavalier, ND 58220
lee@pioneer.state.nd.us
http://www.ndipat.org

Principal Investigator: Judith A. Lee, Project Director
Public Contact: 800/265-4728 (V/TTY); 701/265-4807 (V/TTY); Fax: 701/265-3150

Project Number: H224A30003
Start Date: October 1, 1993
NIDRR Officer: Judith Fein
NIDRR Funding: FY 93 $500,000; FY 94 $540,000; FY 95 $540,000; FY 96 $509,130; FY 97 $547,130; FY 98 $633,103; FY 99 $611,000; FY 00 $611,000
Abstract: The Interagency Program for Assistive Technology is dedicated to supporting the assistive technology (AT) needs of all people with disabilities in North Dakota, including those individuals experiencing the effects of aging. The vision of this project is increased access to assistive technology devices and services for the citizens of North Dakota. This goal is realized through: (1) interagency coordination that develops and promotes policies that improve access to assistive technology devices and services for individuals with disabilities of all ages; (2) a public awareness program designed to provide information to targeted individuals relating to the availability and benefits of assistive technology devices and services; (3) technical assistance and training that provides support to public and private entities to increase consumer access to appropriate assessments, training, equipment, and funding for assistive technology; and (4) outreach activities to all regions of this rural and sparsely populated state, including a focus on Native Americans and older individuals living below the poverty level, the two population groups identified as underrepresented in North Dakota.

Commonwealth of the Northern Mariana Islands (CNMI) Assistive Technology Project - System of Technology-Related Assistance for Individuals with Disabilities (STRAID)

CNMI Governor's Developmental Disabilities Council
Capitol Hill
P.O. Box 502565
Saipan, MP 96950-2565
clamkin@cnmiddcouncil.org; straid@cnmiddcouncil.org
http://www.cnmiddcouncil.org/atstraid/atflash.htm

Principal Investigator: Thomas J. Camacho, Project Director
Public Contact: Celia B. Lamkin, MD, Project Coordinator, 670/664-7000 (V); Fax: 670/664-7010

Project Number: H224A40007
Start Date: October 1, 1994
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 94 $150,000; FY 95 $150,000; FY 96 $150,000; FY 97 $150,000; FY 98 $150,000; FY 99 $105,000; FY 00 $105,000

Abstract: This project provides technology-related assistance for people with disabilities in the Commonwealth of the Northern Mariana Islands. The project focuses on the development of a locally based system for the technology-related needs of children, youth, and adults with disabilities. The primary objective of this project is to enhance opportunities for people with disabilities in the Commonwealth to become independent, productive, integrated, and fully included in the community. Through increased emphasis on coordination with agencies or organizations that provide or pay for the provision of assistive technology devices or services, the Developmental Disabilities Council is building and activating a system that responds to people with disabilities' needs to: (1) have greater control over their lives; (2) participate in, and contribute more fully to, activities in their home, school, work environments, and in the community; (3) interact to a greater extent with individuals who do not have disabilities; and (4) benefit from opportunities that are taken for granted by individuals who do not have disabilities.

Assistive Technology of Ohio (AT-OHIO)

Ohio State University Research Foundation
J.L. Camera Center
2050 Kenny Road, 9th Floor
Columbus, OH 43221
huntt.1@osu.edu
http://atohio.org

Principal Investigator: Sheldon R. Simon, MD
Public Contact: Douglas Huntt, Executive Director, 800/784-3425 (V/TTY, in state only); 614/292-2426 (V/TTY); 614/292-3162 (TTY); Fax: 614/292-5866

Project Number: H224A40001
Start Date: August 1, 1992
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 92 $522,100; FY 93 $522,000; FY 94 $770,113; FY 95 $600,000; FY 96 $555,414; FY 97 $593,414; FY 98 $815,688; FY 99 $794,260; FY 00 $595,695
Abstract: This project represents consumers of assistive technology in Ohio. It assists in the development and implementation of strategies to overcome barriers regarding access to, provision of, and funding for, assistive technology services and devices, with priority for identification of barriers to funding through state education (including special education), vocational rehabilitation services, medical assistance services, and, as appropriate, other health and human services, with particular emphasis on overcoming barriers for underrepresented and rural populations.

Oklahoma ABLE Tech

Oklahoma State University
University Wellness Center
1514 West Hall of Fame Road
Stillwater, OK 74078-2026
mljwell@okstate.edu
http://okabletech.okstate.edu

Principal Investigator: Mac McCrory, Project Director
Public Contact: Linda Jaco, Project Manager, 800/257-1705 (V/TTY); 405/744-9864 (V); Fax: 405/744-2487

Project Number: H224A50007
Start Date: July 1, 1992
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 92 $530,000; FY 93 $668,524 (includes carryover funding); FY 94 $530,000; FY 95 $575,000; FY 96 $532,272; FY 97 $570,272; FY 98 $695,237; FY 99 $673,809; FY 00 $505,357
Other funding: FY 00 $33,000 (Southwest Center for Agricultural Health, Injury Prevention and Education-NIOSH)
Abstract: The mission of ABLE Tech is to facilitate systems change to enhance the provision of, access to, and funding for assistive technology so that individuals with disabilities can achieve their greatest potential. ABLE Tech conducts statewide project activities, including public awareness, training and technical assistance, funding and policy development, individual and systems advocacy, and project coordination. The project also provides regional information and referral, and legal advocacy.

Oregon Technology Access for Life Needs (TALN)

Oregon Disabilities Commission
c/o Access Technologies, Inc.
3070 Lancaster Drive Northeast
Salem, OR 97305-1396
ati@orednet.org
http://www.taln.ncn.com

Principal Investigator: Byron McNaught, Project Director
Public Contact: 800/677-7512 (V/TTY, in state only); 503/361-1201 (V/TTY); Fax: 503/370-4530

Project Number: H224A50002
Start Date: April 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $540,000; FY 91 $555,000; FY 92 $575,000; FY 93 $620,000; FY 94 $670,000; FY 95 $670,000; FY 96 $620,212; FY 97 $658,212; FY 98 $493,659; FY 99 $329,106; FY 00 $329,106

Abstract: This project uses existing resources including community colleges, medical, rehabilitation, educational, and recreational and adaptive sports programs, the state library system, federally funded technology projects currently in existence in Oregon, and state agencies to expand the availability of assistive technology in Oregon. Projects include an exhibit to increase public awareness, a toll-free number for information and referral, training programs, equipment loan banks and demonstration labs, and a database on used equipment.

Pennsylvania's Initiative on Assistive Technology (PIAT)

Temple University
Institute on Disabilities/UAP
1301 Cecil B. Moore Avenue, 423 Ritter Annex
Philadelphia, PA 19122
piat@astro.ocis.temple.edu
http://www.temple.edu/inst_disabilities/PIAT

Principal Investigator: Diane Bryen, PhD; Amy S. Goldman
Public Contact: Amy S. Goldman, 800/204-7428 (V); 800/750-7428 (TTY); 215/204-5966 (V); 215/204-1356 (V/TTY); Fax: 215/204-9371

Project Number: H224A20006
Start Date: September 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $550,000; FY 93 $602,623; FY 94 $730,000; FY 95 $850,000; FY 96 $786,837; FY 97 $824,837; FY 98 $1,049,575; FY 99 $1,028,147; FY 00 $771,110
Abstract: This project focuses on the creation of a consumer responsive system, supported by combined public and private resources, through which Pennsylvanians with disabilities (including older Pennsylvanians) have access to the assistive technology services and supports they need to contribute to and participate fully in their communities. Major functional areas include public awareness, information and referral, individual advocacy and systems change, and training. PIAT has established a network of regional Assistive Technology Resource Centers (ATRCs). ATRCs are also a key to Pennsylvania's Assistive Technology Lending Library, a state funded program based on the pilot short-term equipment loan program developed by PIAT. The Pennsylvania Assistive Technology Foundation (PATF) was established with the assistance of PIAT, and has made cash loans for the purchase of assistive technology beginning in the Fall of 1998, as an independent 501(c) (3).

Puerto Rico Assistive Technology Project

University of Puerto Rico
Medical Sciences Campus
College of Health Related Professions
Office of Project Research and Development
Box 365067
San Juan, PR 00936-5067
pratp@pratp.org
http://www.pratp.org

Principal Investigator: Maria I. Miranda
Public Contact: 800/496-6035 (V/TTY, from the U.S.); 800/981-6033 (V/TTY, from Puerto Rico); 787/758-2525, ext. 4413; 787/754-8034 (TTY); Fax: 787/754-8034

Project Number: H224A70001
Start Date: October 1, 1993
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 93 $500,000; FY 94 $545,000; FY 95 $555,000; FY 96 $513,758; FY 97 $551,758; FY 98 $692,202; FY 99 $670,774; FY 00 $670,774
Abstract: This project establishes a comprehensive island-wide system of AT services to maximize and enhance existing resources in Puerto Rico. This system is timely and consumer-responsive to the needs of people with disabilities. The project's main focus is to influence the system through collaborative efforts with public and private agencies to guarantee equal opportunity and access to assistive technology by people with disabilities in Puerto Rico. The Assistive Technology Program is administered by the University of Puerto Rico, Medical Sciences Campus, Office of Research and Development.

Rhode Island Assistive Technology Access Partnership (ATAP)

Rhode Island Department of Human Services
Office of Rehabilitation Services
40 Fountain Street
Providence, RI 02903-1898
reginac@ors.state.ri.us
http://www.atap.state.ri.us

Principal Investigator: Raymond A. Carroll, Administrator
Public Contact: Regina Connor, Project Director, 800/752-8088 (in state only); 401/421-7005, ext. 390 (V); 401/421-7016 (TTY); Fax: 401/421-9259

Project Number: H224A30012
Start Date: October 1, 1993
NIDRR Officer: Judith Fein
NIDRR Funding: FY 93 $500,000; FY 94 $500,000; FY 95 $500,000; FY 96 $500,000; FY 97 $538,000; FY 98 $624,467; FY 99 $603,039; FY 00 $603,039
Abstract: The Rhode Island Assistive Technology Access Partnership (ATAP) is a statewide partnership of organizations, each with a targeted focus, working together with a consumer council (Rhode Island Council on Assistive Technology) to remove barriers and increase access to assistive technology for individuals with disabilities of all ages.

South Carolina Assistive Technology Program (SCATP)

University of South Carolina School of Medicine
Center for Disability Resources
Columbia, SC 29208
jjendron@usit.net; evelyne@cdd.sc.edu
http://www.public.usit.net/jjendron

Principal Investigator: Richard Ferrante, 803/935-5231 (V)
Public Contact: Evelyn Evans, Project Director, 803/935-5263 (V/TTY); Fax: 803/935-5342

Project Number: H224A60001
Start Date: October 1, 1991
NIDRR Officer: Judith Fein
NIDRR Funding: FY 91 $541,767; FY 92 $541,767; FY 93 $595,767; FY 94 $720,000; FY 95 $720,000; FY 96 $667,000; FY 97 $704,497; FY 98 $829,535; FY 99 $622,151; FY 00 $414,768

Abstract: This project is the catalyst for uniting assistive technology services statewide into an easily accessible system that is responsive to the needs of all South Carolinians with disabilities. SCATP collaborates with state agencies, policy-makers, and private entities to overcome barriers that prevent people from getting the devices and services they need for full and productive lives. Systems change activities are developed with three audiences under consideration: state agency administrators, service providers, and consumers. Rather than direct provision of services, SCATP focuses on strengthening systems so that they are mutually reinforcing and self-sustaining; the major funding streams of the Vocational Rehabilitation Department, Medicaid, the Department of Education, and private insurance are targeted. Systems change activities are connected to training and technical assistance activities that are supportive of systems change. All activities are guided by input from and responsiveness to consumers and their families.

South Dakota Assistive Technology Project (DakotaLink)

DakotaLink
221 South Central
Pierre, SD 57501
dvogel@tie.net
http://dakotalink.tie.net

Principal Investigator: Grady Kickul, 605/773-3195 (V)
Public Contact: Dave Vogel, 800/224-5336 (V/TTY, in state only); 605/224-5336 (V/TTY); Fax: 605/224-8320

Project Number: H224A20019
Start Date: July 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $520,000; FY 93 $520,000; FY 94 $620,000; FY 95 $650,000; FY 96 $601,699; FY 97 $601,699; FY 98 $728,100; FY 99 $700,000; FY 00 $525,000
Abstract: To achieve systems change, DakotaLink works with consumers, state and private agencies, and organizations providing services to, or advocating for, people with disabilities to identify and eliminate barriers to individuals receiving assistive technology devices or services in a timely manner. The project uses a mobile unit, outreach coordinators, rehabilitation technicians, and training programs as a catalyst to: (1) reach the most underserved areas; (2) provide advocacy training for people with disabilities and their representatives; and (3) provide information support to all individuals regarding access to, provision of, and funding for assistive technology devices and services. DakotaLink continues to use a Native American Outreach Coordinator to reach specifically that underserved population.

Tennessee Technology Access Project (TTAP)

TTAP
Cordell Hull Building, 5th Floor
425 5th Avenue North
Nashville, TN 37243
kwright@mail.state.tn.us
http://www.state.tn.us/mental/ttap.html

Principal Investigator: Kevin R. Wright, Project Director
Public Contact: 615/532-3122 (V); 615/741-4566 (TTY); 800/732-5059; Fax: 615/532-4685

Project Number: H224A00003
Start Date: July 1, 1990
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 90 $550,000; FY 91 $553,675; FY 92 $553,675; FY 93 $640,800; FY 94 $665,000; FY 95 $665,000; FY 96 $615,584; FY 97 $653,584; FY 98 $490,188; FY 99 $326,792; FY 00 $326,792
Abstract: The Tennessee project emphasizes the implementation and pursuit of systems change and advocacy activities by developing an information/communication network, working with state agency policy values, and developing alternate funding mechanisms. The administrative/organizational structure involves consumers, and facilitates interagency cooperation and interaction with the private sector.

Texas Assistive Technology Partnership

University of Texas at Austin
Texas University Affiliated Program
SZB 252 - D5100
Austin, TX 78712-1290
s.elrod@mail.utexas.edu
http://tatp.edb.utexas.edu

Principal Investigator: Susanne Elrod, Project Director
Public Contact: John Moore, 800/828-7839 (V/TTY, in state only); 512/471-7621 (V); 512/471-1844 (TTY); Fax: 512/471-7549

Project Number: H224A20012
Start Date: August 1, 1992
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 92 $550,000; FY 93 $550,000; FY 94 $550,000; FY 95 $850,000; FY 96 $786,837; FY 97 $824,837; FY 98 $1,167,518; FY 99 $1,146,080; FY 00 $859,566
Abstract: Major components include public policy advocacy and statewide systems change, protection and advocacy services (Advocacy, Inc., a protection and advocacy system), assistive technology and telecommunications access training, information and referral, and statewide public awareness activities.

U.S. Virgin Islands Technology-Related Assistance for Individuals with Disabilities (TRAID)

University of the Virgin Islands
Virgin Islands University Affiliated Program (VIUAP)
#2 John Brewer Bay
St. Thomas, USVI 00801-0990
yhabtey@uvi.edu; clewis@uvi.edu
http://www.uvi.edu/pub-relations/viuapindx.html

Principal Investigator: Christine Lewis
Public Contact: 340/693-1323; Fax: 340/693-1325

Project Number: H224A50005
Start Date: October 1, 1995
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 95 $150,000; FY 96 $150,000; FY 97 $150,000; FY 98 $150,000; FY 99 $105,000; FY 00 $150,000
Other funding: FY 95 $6,400
Abstract: The Virgin Islands project disseminates necessary information on assistive technologies for people with disabilities and provides a venue for device demonstration through the establishment of two resource centers, on the islands of St. Thomas and St. Croix. The project is also initiating an assistive technology loan library.

Utah Assistive Technology Program (UATP)

Utah State University
Center for Persons with Disabilities
6588 Old Main Hill
Logan, UT 84322-6588
meblair@cc.usu.edu
http://www.uatpat.org

Principal Investigator: Martin E. Blair, Program Director, 435/797-3886
Public Contact: 435/797-3824 (V); 435/797-7089 (TTY); Fax: 435/797-2355

Project Number: H224A90051
Start Date: November 1, 1989
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 89 $505,445; FY 90 $507,720; FY 91 $559,720; FY 92 $696,224; FY 93 $788,526; FY 94 $800,000; FY 95 $800,000; FY 96 $740,560; FY 97 $555,414; FY 98 $370,276; FY 99 $370,276; FY 00 $370,276
Abstract: The Utah Assistive Technology Program (UATP) provides expertise, resources, and a structure to enhance and expand AT services provided by private and public agencies in Utah. This occurs through monitoring, coordination, information dissemination, empowering individuals, the identification and removal of barriers, and expanding state resources. Primary components of UTAP include: (1) the Utah Center for Assistive Technology, a statewide service hub; (2) Assistive Technology Access Centers located in rural independent living centers; (3) outreach to those over the age of 65 and their service providers; (4) the Utah Assistive Technology Foundation providing low-interest loans to consumers; (5) the Consumer Council whose primary interest is to identify barriers; (6) the Management and Implementation Board, made up of state service agency representatives (usually the director) that take appropriate action to remove barriers; and (7) consumer technical services provided by the Assistive Technology Development and Fabrication Laboratory at Utah State University.

Vermont Assistive Technology Project

Vermont Department of Aging and Disabilities
103 South Main Street, Weeks Building
Waterbury, VT 05671-2305
lynnec@dad.state.vt.us
http://www.dad.state.vt.us/atp

Principal Investigator: Lynne Cleveland, Project Director
Public Contact: 800/750-6355 (V/TTY, in state only); 802/241-2620 (V/TTY); Fax: 802/241-2174

Project Number: H224A00023
Start Date: July 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $553,048; FY 91 $560,577; FY 92 $581,417; FY 93 $705,000; FY 94 $700,000; FY 95 $700,000; FY 96 $647,983; FY 97 $685,983; FY 98 $514,487; FY 99 $342,991; FY 00 $342,992

Abstract: The Vermont Assistive Technology Project encompasses a state coordinating council for assistive technology issues; regional centers for demonstration, trial, and technical support with computer and augmentative communication equipment; and regional seating and positioning centers. The project affects change in policies and procedures of public and private agencies, and maintains a used equipment recycling program. It supports an annual computer training institute for educators and an annual recreation equipment expo. The project continues to expand Web access to AT information and resources, and to integrate AT knowledge and expertise into existing public and private agencies. The Project also supports a two-year program in Rehabilitation Engineering Technology at Vermont Technical College.

Virginia Assistive Technology System (VATS)

Virginia Department of Rehabilitative Services
8004 Franklin Farms Drive
Richmond, VA 23288-0300
knorrkh@drs.state.va.us
http://www.vats.org

Principal Investigator: Kenneth Knorr, Project Director
Public Contact: 800/552-5019 (V/TTY); 804/662-9990 (V/TTY); Fax: 804/662-9478

Project Number: H224A00009
Start Date: June 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $550,000; FY 91 $562,500; FY 92 $578,883; FY 93 $685,331; FY 94 $663,467; FY 95 $745,000; FY 96 $689,639; FY 97 $727,639; FY 98 $545,729; FY 99 $363,820; FY 00 $363,820
Abstract: The Virginia Assistive Technology System (VATS) provides coordination at three levels: state policy, through the mechanism of interagency agreements; project management, through the mechanism of the advisory council; and at the local and regional level, through four assistive technology regional sites. Activities include information and referral services, technical assistance, training materials and seminars, and creative grant programs and policy development. The project has produced a textbook, *Assistive Technology: A Resource for School, Work, and Community* (Brookes Publishing) and a *National Study of Loan Financing Programs.*

Washington Assistive Technology Alliance (WATA)

University of Washington
Center for Technology and Disability Studies (CTDS)
Box 357920
Seattle, WA 98195-7920
uwat@u.washington.edu
http://wata.org

Principal Investigator: Jeanne Munro, 360/438-8008 (V); 360/438-8644 (TTY)
Public Contact: Debbie Cook, Project Director, 800/841-8345 (V/TTY, in state only); 206/685-4181 (V); 206/616-1396 (TTY); Fax: 206/543-4779

Project Number: H224A30006
Start Date: October 1, 1993
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 93 $525,090; FY 94 $580,000; FY 95 $600,000; FY 96 $555,414; FY 97 $593,414; FY 98 $739,639; FY 99 $700,000; FY 00 $718,211
Abstract: Activities for this project include information, consultation, and training related to selection of technology devices, services, and funding; legal advice and advocacy; policy development; legislative action; technical consultation and training; publications; and on-line resources. WATA is a consumer advocacy network that includes the University of Washington Center for Technology and Disability Studies, the AT Resource Center at Easter Seal Society in Spokane, and the Washington Protection and Advocacy System. The project is administered by the state Division of Vocational Rehabilitation with guidance from the Consumer Majority Advisory Board.

West Virginia Assistive Technology System (WVATS)

University Affiliated Center for Developmental Disabilities
Airport Research and Office Park
955 Hartman Run Road
Morgantown, WV 26505
jstewart@wvu.edu
http://www.wvu.edu/~uacdd/wvats/wvat.htm

Principal Investigator: Janice A. Holland, 304/766-4694 (V)
Public Contact: Jack Stewart, Project Manager, 800/841-8436 (V/TTY, in state only); 304/293-4692 (V/TTY); Fax: 304/293-7294

Project Number: H224A20011
Start Date: July 1, 1992
NIDRR Officer: Judith Fein
NIDRR Funding: FY 92 $530,000; FY 93 $530,000; FY 94 $620,000; FY 95 $620,000; FY 96 $573,928; FY 97 $611,928; FY 98 $716,068; FY 99 $716,068; FY 00 $520,980
Abstract: The WVATS project seeks to improve the availability of assistive technology (AT) by improving existing AT services, facilitating coordination of AT service-delivery programs, identifying and remediating gaps in services, and promoting, developing, and/or delivering new services. These systemic changes are carried out in response to and consonant with consumer advice, direction, and consent. The West Virginia project has a board composed primarily of consumers and their families. State organizations and agencies provide guidance, structure, and input. WVATS uses a "core" system directed by a board, overseen by the Division of Rehabilitation Services, and managed on a day-to-day basis by the West Virginia University Affiliated Center for Developmental Disabilities. WVATS supports program staff, an information and referral system with a toll-free number, two resource centers, a statewide awareness campaign, training programs, and seven regional technology-related assistance teams.

WisTech

Wisconsin Assistive Technology Program
Division of Supportive Living
1 West Wilson Street, Room 450
P.O. Box 7851
Madison, WI 53707-7851
hillbl@dhfs.state.wi.us
http://www.dhfs.state.wi.us/Aging/wistech/wistech.htm

Principal Investigator: Barbara Hill, Project Director
Public Contact: 608/266-1794 (V/TTY); 608/267-9880 (TTY); Fax: 608/267-3203

Project Number: H224A00013
Start Date: May 1, 1990
NIDRR Officer: Judith Fein
NIDRR Funding: FY 90 $572,871; FY 91 $575,000; FY 92 $590,313; FY 93 $685,488; FY 94 $730,000; FY 95 $730,000; FY 96 $675,754; FY 97 $713,754; FY 98 $535,315; FY 99 $356,877; FY 00 $356,877

Abstract: The Wisconsin initiative focuses on systems change through a combination of state policy focus, use of the state's Protection and Advocacy Agency (Wisconsin Coalition for Advocacy), and the state's independent living centers (ILCs). The ILCs, in eight regions of the state, provide advocacy for consumers in related assistive technology cases at the local level. Cases of significance or that require technical assistance are referred to the Protection and Advocacy Agency, or the state program for advocacy work. WisTech continues to optimize consumer control and involvement by obtaining direction from its state consumer advisory board, which is made up of 51 percent consumers or parents. WisTech works to obtain additional state money to finance a consumer assistive technology loan program and to continue to fund the assistive technology loan/try-out programs at the ILCs.

Wyoming's New Options in Technology (WYNOT)

University of Wyoming
Wyoming Institute for Disabilities (WIND)
1465 North Fourth Street, Suite 111
Laramie, WY 82072
wynot.uw@uwyo.edu
http://wind.uwyo.edu/wynot/wynot.htm

Principal Investigator: Keith Miller, 307/766-2762 (V)
Public Contact: Kathy Laurin, 800/861-4312 (V/TTY, in state only); 307/766-2051 (V/TTY); Fax: 307/721-2084

Project Number: H224A60002
Start Date: October 1, 1993
NIDRR Officer: Judith Fein
NIDRR Funding: FY 94 $500,000; FY 95 $500,000; FY 96 $500,000; FY 97 $500,000; FY 98 $620,502; FY 99 $599,074; FY 00 $599,074
Abstract: Wyoming New Options in Technology (WYNOT) is a project designed to develop and implement a consumer oriented statewide system of technology-related assistance for people with disabilities of all ages. The Assistive Technology Advisory Council (ATAC), which consists of consumers or providers, oversees project goals. Protection and Advocacy (P&A) conducts advocacy training and provides legal representation for people with disabilities who have been denied access to assistive technology services or devices. WYNOT provides information and referral services; operates an equipment loan bank and a demonstration lab; provides financial resource information, outreach services, and statewide training on assistive technology issues; and disseminates systems change information.

Protection and Advocacy for Assistive Technology Directory

Pursuant to Title I, Section 102 of the Assistive Technology Act, each state and outlying area annually receives a grant from NIDRR to support protection and advocacy services through the systems established to provide protection and advocacy under the Developmental Disabilities Assistance and Bill of Rights Act, for the purposes of assisting in the acquisition, utilization, or maintenance of assistive technology devices or services for individuals with disabilities. Each state is awarded $50,000 annually, and the four outlying areas each receive grants of $20,000 annually. These projects provide legal advocacy, information, and technical assistance, and work closely with the state grants projects. A list of the state protection and advocacy agencies and contact information for each is included below.

Alabama
Reuben Cook, Executive Director
Alabama Disabilities Advocacy Program
University of Alabama
Box 870395
Tuscaloosa, AL 35487-0395
Phone: 800/826-1675; 205/348-4928; 205/348-9484 (TTY)
Fax: 205/348-3909
rcook@law.ua.edu
Web site: http://www.adap.net

Alaska
Dave Fleurant, Acting Executive Director
Disability Law Center of Alaska
3330 Arctic Boulevard, Suite 103
Anchorage, AK 99503
Phone: 907/565-1002 (V/TTY); 800/478-1234
Fax: 907/565-1000
E-mail: dfleurant@dlcak.org
Web site: http://www.dlcak.org

American Samoa
Minareta Thompson, Executive Director
Client Assistance Program and
Protection & Advocacy
P. O. Box 3937
Pago Pago, American Samoa 96799
Phone: 011/684/633-2441
Fax: 011/684/633-7286
E-mail: opad@samoatelco.com

Arizona
Leslie Cohen, Executive Director
Arizona Center for Disability Law
100 North Stone Avenue, Suite 305
Tucson, AZ 85701
Phone: 520/327-9547 (V/TTY); 800/922-1447 (V/TTY)
Fax: 520/884-0992
E-mail: lcohen@acdl.com
Web site: http://www.acdl.com

Arkansas
Nan Ellen East, Executive Director
Disability Rights Center, Inc.
Evergreen Place, Suite 201
1100 North University
Little Rock, AR 72207
Phone: 501/296-1775 (V/TTY); 800/482-1174
Fax: 501/296-1779
E-mail: panda@advocacyservices.org or naneast@hotmail.com
Web site: http://www.advocacyservices.org

California
Catherine Blakemore, Executive Director
Protection & Advocacy, Inc.
100 Howe Avenue, Suite 185N
Sacramento, CA 95825
Phone: 916/488-9955 (Administrative office); 916/488-9950 (Legal office); 800/776-5746
Fax: 916/488-2635 or 916/488-9962
E-mail: cathyb@pai-ca.org or legalmail@pai-ca.org
Web site: http://www.pai-ca.org

Colorado
Mary Anne Harvey, Executive Director
The Legal Center
455 Sherman Street, Suite 130
Denver, CO 80203
Phone: 303/722-0300 (V/TTY); 800/288-1376
Fax: 303/722-0720
E-mail: maharvey@thelegalcenter.org or tlcmail@thelegalcenter.org
Web site: http://www.thelegalcenter.org

Connecticut
Jim McGaughey, Executive Director
Office of P&A for Persons with Disabilities
60B Weston Street
Hartford, CT 06120-1551
Phone: 860/297-4300; 860/566-2102 (TTY); 800/842-7303 (statewide)
Fax: 860/566-8714
E-mail: james.mcgaughey@po.state.ct.us
Web site: http://www.state.ct.us/opapd

Delaware
James McGiffin, Executive Director / Brian Hartman, Administrator
Community Legal Aid Society, Inc.
Community Services Building, Suite 801
100 W. 10th Street
Wilmington, DE 19801
Phone: 302/575-0660 (V/TTY)
Fax: 302/575-0840
E-mail: bjh@diamondnet.org

District of Columbia
Jane Brown, Executive Director
University Legal Services
300 I Street, NE, Suite 202
Washington, DC 20002
Phone: 202/547-0198
Fax: 202/547-2083
Email: jbrown@uls-dc.com

Florida
Gary Blumenthal, Executive Director
Advocacy Ctr. for Persons w/Disabilities
2671 Executive Center, Circle West
Webster Building, Suite 100
Tallahassee, FL 32301-5024
Phone: 850/488-9071; 800/342-0823; 800/346-4127 (TTY)
Fax: 850/488-8640
E-mail: g.blumenthal@advocacycenter.org
Web site: http://www.advocacycenter.org

Georgia
Joyce Ringer
Georgia Advocacy Office, Inc.
100 Crescent Centre Parkway, Suite 520
Tucker, GA 30084
Phone: 404/885-1234 (V/TTY); 800/537-2329
Fax: 770/414-2948
E-mail: ringer@thegao.org or info@thegao.org
Web site: http://ul451.gsu.edu/gao

Guam
Daniel Somerfleck, Executive Director
Guam Legal Services
113 Bradley Place
Hagatna, Guam 69610
Phone: 671/477-9811
Fax: 671/477-1320
E-mail: glsc@netpci.com

Hawaii
Gary Smith, Executive Director
Hawaii Disability Rights Center
1580 Makaloa Street, Suite 1060
Honolulu, HI 96814
Phone: 808/949-2922 (V/TTY)
Fax: 808/949-2928
E-mail: gls@pixi.com or pahi@pixi.com
Web site: http://www.pixi.com/~pahi

Idaho
Jim Baugh, Executive Director
Co-Ad, Inc.
4477 Emerald, Suite B-100
Boise, ID 83706
Phone: 208/336-5353 (V/TTY); 800/632-5125
Fax: 208/336-5396
E-mail: coadinc@uswest.net or jrbaugh@uswest.net
Web site: http://users.moscow.com/co-ad

Illinois
Zena Naiditch, Executive Director
Equip for Equality, Inc.
11 East Adams, Suite 1200
Chicago, IL 60603
Phone: 312/341-0022 (V/TTY); 800/537-2632
Fax: 312/341-0295
E-mail: zena@equipforequality.org
Web site: http://www.equipforequality.org

Indiana
Tom Gallagher, Executive Director
Indiana Protection and Advocacy Services
4701 N. Keystone Ave., Suite 222
Indianapolis, IN 46204
Phone: 317/722-5555 (V/TTY); 800/622-4845
Fax: 317/722-5564
E-mail: tgallagher@ipas.state.in.us

Iowa
Sylvia Piper, Executive Director
Iowa P&A Service, Inc.
3015 Merle Hay Road, Suite 6
Des Moines, IA 50310
Phone: 515/278-2502; 515/278-0571 (TTY); 800/779-2502
Fax: 515/278-0539
E-mail: spiper@ipna.org or info@ipna.org

Kansas
Jim Germer, Executive Director
Kansas Advocacy & Protection Services
3745 SW Wanamaker Road
Topeka, KS 66610
Phone: 785/273-9661
Fax: 785/273-9414
E-mail: jim@ksadv.org

Kentucky
Maureen Fitzgerald, Executive Director
Office for Public Advocacy
Division for P&A
100 Fair Oaks Lane, 3rd Floor
Frankfort, KY 40601
Phone: 502/564-2967; 800/372-2988 (TTY)
Fax: 502/564-0848
E-mail: mfitzgerald@mail.pa.state.ky.us

Louisiana
Lois Simpson, Executive Director
Advocacy Center
225 Baronne, Suite 2112
New Orleans, LA 70112-2112
Phone: 504/522-2337 (V/TTY); 800/960-7705
Fax: 504/522-5507
E-mail: Simplo@advocacyLA.org

Maine
Kim Moody, Executive Director
Disability Rights Center
24 Stone Street
P.O. Box 2007
Augusta, ME 04338
Phone: 207/626-2774; 800/452-1948 (TTY)
Fax: 207/621-1419
E-mail: advocate@drcme.org or kmoody@drcme.org

Maryland
Phillip Fornaci, Executive Director
Maryland Disability Law Center
Central Maryland Office
The Walbert Building, Suite 204
1800 North Charles Street
Baltimore, MD 21201
Phone: 410/234-2791; 410/727-6387 (V/TTY); 800/233-7201
Fax: 410/234-2624 or 410/727-6389
E-mail: philf@mdlcbalto.org

Massachusetts
PADD/PAIR
Christine Griffin, Executive Director
Disability Law Center, Inc.
11 Beacon Street, Suite 925
Boston, MA 02108
Phone: 617/723-8455 (V/TTY)
Fax: 617/723-9125
E-mail: cgriffin@dlc-ma.org
Web site: http://www.dlc-ma.org

PAIMI
Bob Fleischner
Center for Public Representation
22 Green Street

Northampton, MA 01060
Phone: 413/586-6024 (V/TTY)
Fax: 413/586-5711
E-mail: rfleischner@gbls.org

Michigan
Elizabeth Bauer, Executive Director
Michigan P&A Services
106 West Allegan, Suite 300
Lansing, MI 48933
Phone: 517/487-1755 (V/TTY)
Fax: 517/487-0827
E-mail: ebauer@mpas.org
Web site: http://www.mpas.org

Minnesota
Lisa Cohen, Administrator
Minnesota Disability Law Center
430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780
Phone: 612/332-1441; 800/292-4150
Fax: 612/334-5755
E-mail: lcohen@midmnlegal.org

Mississippi
Rebecca Floyd, Executive Director
Mississippi P&A System for DD, Inc.
5305 Executive Place, Suite A
Jackson, MS 39206
Phone: 601/981-8207 (V/TTY)
Fax: 601/981-8313
E-mail: mspna@bellsouth.net

Missouri
Shawn DeLoyola, Executive Director
Missouri P&A Services
925 S. Country Club Drive, Unit B-1
Jefferson City, MO 65109
Phone: 573/893-3333; 800/392-8667
Fax: 573/893-4231
E-mail: mopasjc@socket.net
Web site: http://www.members.socket.net/~mopasjc/MOP&A.htm

Montana
Bernadette Franks-Ongoy, Executive Director
Montana Advocacy Program
400 North Park, 2nd Floor
PO Box 1681
Helena, MT 59624
Phone: 406/449-2344 (V/TTY); 800/245-4743
Fax: 406/449-2418
E-mail: bernie@mtadv.org
Web site: http://www.mt.net/~advocate

Native American
PADD
Therese Yanan, Executive Director
DNA-People's Legal Services, Inc.
P.O. Box 392
Shiprock, NM 87240
Phone: 505/368-3216
Fax: 505/368-3220
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AbleLink Technologies, Inc.	ED-99-CO-0124	Colorado Springs, CO	4-36
Adaptive Environments Center, Inc.	H133D60015	Boston, MA	7-2
Alabama Department of Rehabilitation Services	H224A30009	Montgomery, AL	9-11
Alaska Department of Labor and Workforce Development	H224A990001	Anchorage, AK	9-12
Alfred I. duPont Institute of the Nemours Foundation	H133G000117	Wilmington, DE	3-26
Alliant University Foundation	H133B70016	San Diego, CA	1-2
American Research Corporation of Virginia	ED-00-PO-3586	Radford, VA	3-59
American Speech-Language-Hearing Association	H133G70055	Rockville, MD	2-74
Applied Resources Corporation/ Rehabilitation Technologies Division	ED-99-PO-4636	Fairfield, NJ	3-52
Arizona University Affiliated Programs	H133B980049	Flagstaff, AZ	5-1
Arkansas Rehabilitation Services	H224A90020	Little Rock, AR	9-15
ATTAIN Inc.	H224A00027	Washington, IN	9-27
Automated Functions, Inc.	ED-00-PO-3782	Falls Church, VA	3-58
Baltimore Regional Burn Center	H133A70025	Baltimore, MD	2-23
Barron Associates, Inc.	ED-00-PO-3741	Charlottesville, VA	3-57
Baylor College of Medicine	H133A980058	Houston, TX	2-20
Baylor College of Medicine	H133A980073	Houston, TX	2-21
Baylor College of Medicine	H133B40011	Houston, TX	4-10
Baylor College of Medicine	H133G000226	Houston, TX	2-90
Baylor College of Medicine	H133G990039	Houston, TX	4-33
Beneficial Designs, Inc.	ED-98-CO-0046	Santa Cruz, CA	6-18
Beth Israel Medical Center	H133G000120	New York, NY	2-84
Boston University	H133B990005	Boston, MA	5-4
Boston University	H133B990023	Boston, MA	4-5
Boston University	H133G80124	Boston, MA	1-19
Boston University	H133P70014	Boston, MA	8-17
Boston University	H133P990003	Boston, MA	8-18
Boston University	H133P990004	Boston, MA	8-19
Boston University/ Medical Center Hospital	H133N000024	Boston, MA	2-33
California Dept. of Rehabilitation	H224A30008	Sacramento, CA	9-16
California State University	H133G80119	Los Angeles, CA	4-13
Center for an Accessible Society/ Exploding Myths, Inc.	H133A980045	San Diego, CA	6-3
Center for Applied Science and Engineering	H133G990115	Wilmington, DE	3-25
Center for Applied Science and Engineering	H224A10005	Wilmington, DE	9-19
Center for Essential Management Services	H133G000195	Jericho, NY	1-22

Center for Rehabilitation Technology	H133G990048	West Haverstraw, NY	3-40
Cerebral Palsy Research Foundation of Kansas	H133G80077	Wichita, KS	6-14
CESSI	ED-99-CO-0002	McLean, VA	7-12
Charlotte-Mecklenburg Hospital Authority	H133A980025	Charlotte, NC	2-55
Children's Hospital	H133A990019	Boston, MA	1-13
Children's Hospital	H133B980037	Boston, MA	1-5
Children's Hospital	H224A00036	Boston, MA	9-34
Children's Hospital Medical Center	H133G000134	Cincinnati, OH	4-28
Children's Hospital Medical Center	H133G990069	Cincinnati, OH	4-27
Cleveland State University	H133G990036	Cleveland, OH	1-25
CNMI Governor's Developmental Disabilities Council	H224A40007	Saipan, MP	9-48
Community Options, Inc.	H133B980042	Washington, DC	1-3
Connecticut Department of Social Services	H224A20013	Hartford, CT	9-18
Conwal, Inc.	ED-98-CO-0004	McLean, VA	8-27
Cornell University	H133A70005	Ithaca, NY	1-14
Cornell University	H133B980038	Ithaca, NY	1-8
Craig Hospital	H133A980020	Englewood, CO	2-47
Craig Hospital	H133G80011	Englewood, CO	2-66
Craig Hospital	H133N000001	Englewood, CO	2-30
CyBotic Technologies, Inc.	ED-00-PO-3857	Phillipsburg, NJ	3-53
DakotaLink	H224A20019	Pierre, SD	9-56
Dartmouth College	H133G000136	Lebanon, NH	2-82
Dartmouth Medical School	H133G70031	Lebanon, NH	2-81
David E. Johnson, PhD	H133F000050	Oklahoma City, OK	8-8
Delta 101 Technologies	ED-00-PO-4009	Marysville, CA	3-46
DePaul University	H133G000097	Chicago, IL	4-17
Devva Kasnitz, PhD	H133F000044	Oakland, CA	8-3
Division of Vocational Rehabilitation	H224A30014	Pago Pago, American Samoa	9-13
Duke University	H133E980026	Durham, NC	3-10
Education Development Center, Inc.	H133G000204	Newton, MA	3-36
Emory University	H133A980028	Atlanta, GA	2-48
Eugene Research Institute	H133G80095	Eugene, OR	3-43
FAAST, Inc.	H224A000001	Tallahassee, FL	9-21
Foundation for Rehabilitation Education and Research	H133G990137	Rolling Meadows, IL	4-18
Future of Technology and Health, LC	ED-00-PO-3587	Iowa City, IA	3-49
George Mason University	H133G000142	Fairfax, VA	4-34
Georgetown University	H133B001200	Washington, DC	2-6
Georgia Department of Human Resources	H224A10001	Atlanta, GA	9-22
Georgia Institute of Technology	H133A000405	Atlanta, GA	3-15
Georgia Institute of Technology	H224B990004	Atlanta, GA	6-19
Golden Ventures	ED-00-PO-0219	Tampa, FL	1-32

Harlan Hahn, PhD	H133F000030	Santa Monica, CA	8-4
Hawaii Department of Human Services, Vocational Rehabilitation, and Services for the Blind and Physically Handicapped	H224A10023	Honolulu, HI	9-24
Howard University	H133A990020	Washington, DC	4-11
Howard University	H133B000903	Washington, DC	2-7
IATP	H224A90038	Springfield, IL	9-26
InfoUse	ED-00-CO-3590	Berkeley, CA	1-29
InfoUse	H224B990001	Berkeley, CA	9-1
Institute for Disabilities Research and Training, Inc. (IDRT)	ED-00-R-0013	Silver Spring, MD	3-50
Institute for Disabilities Research and Training, Inc. (IDRT)	ED-99-CO-0117	Silver Spring, MD	3-61
Institute for Learning and Development	ED-99-CO-0125	Lexington, MA	4-37
The Institute for Rehabilitation and Research (TIRR)	H133A70015	Houston, TX	2-59
The Institute for Rehabilitation and Research (TIRR)	H133B990014	Houston, TX	2-12
The Institute for Rehabilitation and Research (TIRR)	H133D60012	Houston, TX	7-7
The Institute for Rehabilitation and Research (TIRR)	H133N000004	Houston, TX	2-41
The Institute for Rehabilitation and Research (TIRR)	H133N50007	Houston, TX	2-40
International Braille Research Center	H133G80103	Baltimore, MD	3-32
Iowa Department for the Blind	H133G990195	Des Moines, IA	3-30
Iowa University Affiliated Program	H224A00028	Iowa City, IA	9-28
Jewish Employment and Vocational Service	H133G80099	Laverock, PA	1-26
John S. Trach, PhD	H133F000070	Champaign, IL	8-5
KATS Network Coordinating Center	H224A90002	Louisville, KY	9-30
Kessler Medical Rehabilitation Research and Education Corp.	H133N000022	West Orange, NJ	2-37
Kessler Medical Rehabilitation Research and Education Corporation	H133A980030	West Orange, NJ	2-54
Kessler Medical Rehabilitation Research and Educational Corporation	H133G000073	West Orange, NJ	3-38
KRA Corporation	ED-99-CO-0057	Silver Spring, MD	6-7
LATAN	H224A10028	Baton Rouge, LA	9-31
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The Lexington School for the Deaf/ Center for the Deaf	H133G70122	Jackson Heights, NY	3-39
Lifease, Inc	ED-00-PO-3935	New Brighton, MN	3-51
Lincoln Laboratories	ED-00-PO-3781	College Ward, UT	3-56
Los Amigos Research and Education Institute, Inc. (LAREI)	H133B70011	Downey, CA	2-3

Los Amigos Research and Education Institute, Inc. (LAREI)	H133B980024	Downey, CA	2-4
Los Amigos Research and Education Institute, Inc. (LAREI)	H133E003001	Downey, CA	3-1
Los Amigos Research and Education Institute, Inc. (LAREI)	H133G000004	Downey, CA	3-17
Los Amigos Research and Education Institute, Inc. (LAREI)	H133G60183	Downey, CA	3-16
Los Amigos Research and Education Institute, Inc. (LAREI)	H133N000029	Downey, CA	2-28
Louisiana State University Health Sciences Center	H133G990169	New Orleans, LA	4-20
Lucile Packard Children's Hospitals at Stanford	H133G990087	Palo Alto, CA	3-20
Lucile Packard Children's Hospitals at Stanford	H133G990103	Palo Alto, CA	3-19
M'Lisa Shelden	H133F000023	Oklahoma City, OK	8-9
Maine CITE Coordinating Center	H224A90047	Augusta, ME	9-32
Margaret E. O'Neil	H133F000062	Philadelphia, PA	8-11
Maryland Governor's Office for Individuals with Disabilities	H224A90019	Baltimore, MD	9-33
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Matrix Research Institute	H133G80084	Philadelphia, PA	1-27
Mayo Medical Center	H133A980036	Rochester, MN	2-51
Medicaid Working Group/ Boston University	H133A990014	Boston, MA	2-16
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Medlantic Research Institute	H133A990013	Washington, DC	2-14
Medlantic Research Institute	H133G70072	Washington, DC	2-67
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Medstar Research Institute	H133E990007	Washington, DC	3-2
Meeting the Challenge, Inc.	H133D60010	Colorado Springs, CO	7-9
Meeting the Challenge, Inc.	H133G000221	Colorado Springs, CO	6-13
Meeting the Challenge, Inc.	H133G980013	Colorado Springs, CO	6-12
Michigan Disability Rights Coalition	H224A50009	East Lansing, MI	9-35
Mississippi Department of Rehabilitation Services	H224A00032	Jackson, MS	9-37
Mississippi Methodist Rehabilitation Center	H133A980035	Jackson, MS	2-52
Mississippi Methodist Rehabilitation Center	H133A980067	Jackson, MS	2-17
Mississippi State University	H133B60001	Mississippi State, MS	1-6
Missouri Department of Labor and Industrial Relations	H224A30015	Independence, MO	9-38
MossRehab	H133A000101	Philadelphia, PA	2-19
MossRehab	H133A70033	Philadelphia, PA	2-58

Mount Sinai Medical School	H133G990221	New York, NY	2-85
Mount Sinai School of Medicine	H133B980013	New York, NY	4-8
Mount Sinai School of Medicine	H133G990220	New York, NY	2-86
Mount Sinai School of Medicine	H133N000027	New York, NY	2-38
Mount Sinai School of Medicine	H133P000001	New York, NY	8-23
National Rehabilitation Hospital Research Center	H133G80031	Washington, DC	1-15
Nebraska Department of Education	H224A90040	Lincoln, NE	9-40
Neighborhood Legal Services, Inc.	H224B990002	Buffalo, NY	9-2
Nevada Rehabilitation Division	H224A00037	Carson City, NV	9-41
New Jersey Protection and Advocacy, Inc.	H224A20007	Trenton, NJ	9-43
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New York State Office of Advocate for Persons with Disabilities	H224A00041	Albany, NY	9-45
North Carolina Department of Health and Human Services	H224A00010	Raleigh, NC	9-46
North Carolina State University	H133E990002	Raleigh, NC	3-11
North Carolina State University	H133G000025	Raleigh, NC	6-16
North Carolina State University School of Design	H133G80060	Raleigh, NC	3-42
North Dakota Department of Human Services	H224A30003	Cavalier, ND	9-47
Northern Arizona University	H224A40002	Phoenix, AZ	9-14
Northwestern University	H133E980023	Chicago, IL	3-3
Northwestern University	H133P80014	Chicago, IL	8-13
Northwestern University	H133P990006	Chicago, IL	8-14
Ohio State University	H133A980056	Columbus, OH	2-18
Ohio State University	H133G80100	Columbus, OH	2-88
Ohio State University Research Foundation	H224A40001	Columbus, OH	9-49
Ohio Valley Center for Brain Injury Prevention and Rehabilitation	H133A70032	Columbus, OH	2-56
Oklahoma State University	H224A50007	Stillwater, OK	9-50
ORC Macro	H133G80048	Calverton, MD	6-15
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Oregon Disabilities Commission	H224A50002	Salem, OR	9-51
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Oregon Health Sciences University	H133B990019	Portland, OR	2-11
Oregon Health Sciences University	H133G000154	Portland, OR	2-89
Oregon Health Sciences University	H133G70154	Portland, OR	4-30
Orelena Hawks Puckett Institute	H133G990132	Asheville, NC	3-41
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Patricia H. Manz, PhD	H133F000056	Philadelphia, PA	8-12
Pennsylvania State University	H133G80044	University Park, PA	3-44
Physicians Against Land Mines Center for International Rehabilitation	H133E980031	Chicago, IL	3-4

Portland State University	H133B990025	Portland, OR	4-9
Public Health Institute	H133D60016	Berkeley, CA	7-10
Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)	H224B990005	Arlington, VA	9-3
Rehabilitation Institute of Chicago	H133A60032	Chicago, IL	2-15
Rehabilitation Institute of Michigan	H133N50006	Detroit, MI	2-35
Rehabilitation Institute Research Corporation	H133B980021	Chicago, IL	2-9
Rehabilitation Institute Research Corporation	H133G80052	Chicago, IL	3-28
Rehabilitation Institute Research Corporation	H133G80063	Chicago, IL	2-69
Rehabilitation Institute Research Corporation	H133G990046	Chicago, IL	2-70
Rehabilitation Institute Research Corporation	H133G990074	Chicago, IL	3-29
Research Solutions International (RSI)	ED-00-PO-3955	Menomonie, WI	1-31
RESNA	H224C000200	Arlington, VA	9-9
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Rhode Island Department of Human Services	H224A30012	Providence, RI	9-54
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San Francisco State University	H133G000024	San Francisco, CA	3-23
Santa Clara Valley Medical Center (SCVMC)	H133A70018	San Jose, CA	2-46
Santa Clara Valley Medical Center (SCVMC)	H133N000007	San Jose, CA	2-29
Sensory Technologies, Inc.	ED-00-PO-3779	Providence, RI	3-55
Shepherd Center, Inc.	H133G70111	Atlanta, GA	2-68
Shepherd Center, Inc.	H133G990133	Atlanta, GA	3-27
Shepherd Center, Inc.	H133N000005	Atlanta, GA	2-32
The Smith-Kettlewell Eye Research Institute	H133G990003	San Francisco, CA	3-22
The Smith-Kettlewell Eye Research Institute	H133G990049	San Francisco, CA	3-21
SMS Consulting	ED-00-PO-3784	Ft. Collins, CO	3-48
SMS Consulting	ED-00-PO-3843	Ft. Collins, CO	3-47
Southwest Educational Development Laboratory	H133A990008	Austin, TX	6-11
Spaulding Rehabilitation Hospital	H133A980034	Boston, MA	2-49
SRI International	H133G000047	Menlo Park, CA	3-18
State of Maryland	H224C000009	Baltimore, MD	9-5
State of Minnesota Department of Administration	H224A90041	St. Paul, MN	9-36
State of Missouri	H224C000015	Independence, MO	9-6
State University at Stony Brook	H133G990058	Stony Brook, NY	2-87

State University of New York (SUNY) at Albany	H133G980104	Albany, NY	4-25
State University of New York (SUNY) at Buffalo	H133A990010	Buffalo, NY	6-9
State University of New York (SUNY) at Buffalo	H133E60006	Buffalo, NY	3-6
State University of New York (SUNY) at Buffalo	H133E980024	Buffalo, NY	3-7
State University of New York (SUNY) at Buffalo	H133E990005	Buffalo, NY	3-8
State University of New York (SUNY) at Buffalo	H133G70156	Buffalo, NY	2-83
State University of New York (SUNY) at Buffalo	H133G990086	Buffalo, NY	4-26
Syracuse University	H133A990001	Syracuse, NY	6-10
Syracuse University	H133G000028	Syracuse, NY	1-23
Temple University	H224A20006	Philadelphia, PA	9-52
Temple University	H224C000001	Philadelphia, PA	9-7
Texas Southern University	H133A990024	Houston, TX	8-2
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United Cerebral Palsy Associations, Inc.	H133G80030	Washington, DC	1-16
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University of Alabama/Birmingham	H133B980016	Birmingham, AL	2-1
University of Alabama/Birmingham	H133G000072	Birmingham, AL	2-63
University of Alabama/Birmingham	H133G80025	Birmingham, AL	2-62
University of Alabama/Birmingham	H133N000016	Birmingham, AL	2-27
University of Arkansas	H133B60002	Little Rock, AR	1-1
University of Arkansas	H133G990188	Fayetteville, AR	5-6
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University of California/Berkeley	H133G000083	Berkeley, CA	5-7
University of California/Davis	H133B980008	Davis, CA	2-2
University of California/San Francisco	H133B980045	San Francisco, CA	5-2
University of Colorado Health Sciences Center	H133A980055	Denver, CO	2-22
University of Colorado Health Sciences Center	H133G80121	Denver, CO	4-14
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University of Delaware	H133G990182	Wilmington, DE	3-24
University of Florida	H133G990167	Gainsville, FL	5-8
University of Florida College of Heath Professions	H133G990500	Gainsville, FL	4-15
University of Georgia	H133G80023	Athens, GA	1-17
University of Guam, UOG Station	H224A40003	Mangilao, GU	9-23
University of Hawaii at Manoa	H133B980043	Honolulu, HI	1-4
University of Idaho	H224A20017	Moscow, ID	9-25
University of Illinois/Chicago	H133A990017	Chicago, IL	5-5
University of Illinois/Chicago	H133B000700	Chicago, IL	8-1
University of Illinois/Chicago	H133B980046	Chicago, IL	2-8
University of Illinois/Chicago	H133D60011	Chicago, IL	7-6
University of Illinois/Chicago	H133G80074	Chicago, IL	7-1
University of Illinois/Chicago	H133G990110	Chicago, IL	5-9
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University of Kansas	H133A980048	Lawrence, KS	6-5
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University of Kansas	H133P70004	Lawrence, KS	8-16
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University of Kansas Medical Center	H133G000152	Kansas City, KS	4-19
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University of Miami	H133N000017	Miami, FL	2-31
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University of Michigan	H133P990014	Ann Arbor, MI	8-20
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University of Minnesota	H133G000201	Minneapolis, MN	4-23
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University of Missouri	H133N000012	Columbia, MO	2-36
University of Missouri/Columbia	H133A980008	Columbia, MO	2-53
University of Missouri/Columbia	H133B980022	Columbia, MO	2-10
University of Missouri/Columbia	H133D60004	Columbia, MO	7-8
University of Missouri/Columbia	H133G80033	Columbia, MO	2-78
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University of Montana	H133B70017	Missoula, MT	1-7
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University of New Hampshire Technology Partnership	H224A10015	Concord, NH	9-42
University of North Carolina	H133G000132	Chapel Hill, NC	1-24
University of Oregon	H133G80116	Eugene, OR	4-29
University of Pittsburgh	H133E990001	Pittsburgh, PA	3-12
University of Pittsburgh	H133P70013	Pittsburgh, PA	8-24
University of Puerto Rico	H224A70001	San Juan, PR	9-53
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University of South Florida	H133B980005	Tampa, FL	4-2
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University of South Florida	H133G70013	Tampa, FL	4-16
University of Southern California	H133G000062	Los Angeles, CA	2-65
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University of Washington	H224A30006	Seattle, WA	9-63
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University of Wisconsin/Madison	H133E990006	Madison, WI	3-14
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Utah State University	H224C000004	Logan, UT	9-8
Vanderbilt University	H133G70050	Nashville, TN	4-31
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Virginia Commonwealth University	H133B980036	Richmond, VA	1-11
Virginia Commonwealth University	H133G80135	Richmond, VA	1-28
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Washington State Governor's Committee on Disability Issues and Employment	H133D60009	Olympia, WA	7-11
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Wayne State University and Rehabilitation Institute of Michigan	H133A70021	Detroit, MI	2-50
The Western New York Independent Living Project, Inc.	H133B000002	Buffalo, NY	4-7
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Wichita State University	H133G000188	Wichita, KS	3-31
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