National Institute on Disability and Rehabilitation Research
Program Directory 2001

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National Rehabilitation Information Center
Lanham, MD

Mark X. Odum
Director

Daniel L. Wendling
Media and Public Education Manager

Jessica H. Chaiken
Media Specialist
The full text of this public domain publication is available at the NARIC’s home page at http://www.naric.com and in alternate formats upon request. For more information, please contact us at:

NARIC
4200 Forbes Boulevard, Suite 202
Lanham, MD 20706
800/346-2742 or 301/459-5900 (Voice)
or 301/459-4263 (TTY).
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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 2001 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, the Assistive Technology Loan Funds, 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 participating centers 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, 2001.

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 Centers (RRTCs)
Arkansas

Rehabilitation Research and Training Center on Improving Vocational Rehabilitation Services for Individuals Who Are Deaf or Hard of Hearing

University of Arkansas/Little Rock
College of Education
4601 West Markham Street
Little Rock, AR 72205
dwatson@comp.uark.edu
http://www.uark.edu/depts/rehabres

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

Project Number: H133B010501
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $600,000

Abstract: This program enhances the rehabilitation outcomes of persons who are deaf or hard of hearing who are served by VR and related employment programs. When appropriate, the unique needs of specific subgroups within this diverse and heterogeneous population are investigated. The ultimate goal of these efforts is to improve the capacity of the VR system and related programs to address the career preparation, entry, maintenance, and advancement, as well as the community living needs, of the target population. Research activities include: investigating the impact of changes in federal employment and rehabilitation legislation and policy on the delivery of services to the target population; investigating the impact of business practices that contribute to accessible work and workplace supports to enhance the employment of the target population; and identifying, developing, and assessing rehabilitation-related innovations that enhance employment and community living outcomes of the target population.
Rehabilitation Research and Training Centers (RRTCs)
California

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

Alliant University Foundation
California School of Professional Psychology
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); 800/432-7619 (TTY); 858/554-1540 (TTY); Fax: 858/642-0266

Project Number: H133B70016
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 97 $499,911; FY 98 $499,911; FY 99 $499,911; FY 00 $499,911; FY 01 $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 Centers (RRTCs)
District of Columbia

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

Community Options, Inc.
1130 - 17th Street Northwest, Suite 430
Washington, DC 20036
michael.morris@comop.org
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; FY 01 $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.
Employment Outcomes

Rehabilitation Research and Training Centers (RRTCs)
Hawaii

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
1776 University Avenue/UA4-6
Honolulu, HI 96822
stodden@hawaii.edu; huap@hawaii.edu
http://www.rrtc.Hawaii.edu

Principal Investigator: Robert Stodden, PhD, 808/956-9199
Public Contact: Juana Tabali Weir, Administrative Assistant; Valerie Shearer, Pacific Rim and
Grants Coordinator, 808/956-3975 (Tabali-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; FY 01 $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 re-
search includes: (1) examining and evaluating the current status of educational supports, including
(a) individual academic accommodations, (b) adaptive equipment, (c) case management and coordi-
nation, (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 provi-
sion 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 tech-
nologies; (6) identifying the types of educational and transitional assistance that postsecondary
programs provide to improve educational and subsequent labor market success; (7) providing train-
ing, 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 dissemi-
nation 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 Centers (RRTCs)
Kansas

Rehabilitation Research and Training Center on Employment Incentives

Cerebral Palsy Research Foundation of Kansas, Inc.
5111 East 21st Street
Wichita, KS 67208-1606
bobh@cprf.org
http://www.cprf.org/research.html

Principal Investigator: Phillip Gaunt, PhD (Wichita State University); Mark Lengnick-Hall, PhD (University of Texas at San Antonio), 316/978-6072 (Gaunt); 210/458-7303 (Lengnick-Hall)
Public Contact: Robert Hull, Project Director, 316/652-1551; Fax: 316/688-5687

Project Number: H133B010901
Start Date: August 1, 2001
Length: 12 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 01 $399,362

Abstract: This program on employment incentives focuses on developing communication research studies, knowledge-based educational materials, and public policy recommendations. The rehabilitation and disability research literature reveals a significant imbalance toward studies of the factors affecting the supply of people with severe disabilities for the labor market. Unfortunately, fewer studies explore the factors affecting the demand among employers for such employees. There are almost no communications research studies that survey employers directly about their responses and reactions to the concept of employing people with disabilities. Federal, state, and local governments have addressed this problem by providing various incentives, such as the current Work Opportunity Tax Credit. However, there are few communication research studies that explore how well employers are informed about such incentives, and how favorably or unfavorably they would respond to research-based recommendations for alternative incentives.
Rehabilitation Research and Training Centers (RRTCs)
Massachusetts

Rehabilitation Research and Training Center on State Systems and Employment

Children’s Hospital
Institute for Community Inclusion
300 Longwood Avenue
Boston, MA 02115
ici@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; FY 01 $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 VR, 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 Centers (RRTCs)
Mississippi

**RRRTC on Improving Vocational Rehabilitation Services for Individuals Who Are Blind or Have Severe Visual Impairments**

Mississippi State University
P.O. Box 6156
Mississippi State, MS 36672
schaefer@ra.msstate.edu
http://www.blind.msstate.edu

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

**Project Number:** H133B010101
**Start Date:** October 1, 2001
**Length:** 60 months
**NIDRR Officer:** Delores Watkins
**NIDRR Funding:** FY 01 $600,000

**Abstract:** This program includes a variety of research and training activities that focus on improving VR services for individuals who are blind or have severe visual impairments. Activities include: (1) investigating and documenting the impact of changes in disability and employment legislation on the unique employment-related needs of individuals who are blind or have visual impairments, as well as their impact on service delivery options and policy; (2) investigating, documenting, and analyzing existent state and federal data sets to determine different employment outcomes for persons who are blind or have visual impairments and the relationship of the outcomes to client and service provider characteristics; (3) investigating and documenting how state VR agencies, other public agencies, and private service providers overcome environmental barriers in order to improve employment outcomes for individuals who are blind or have visual impairments; (4) developing a national information and resource referral database for the training needs of state business enterprise program facilities, developing and delivering training programs to meet the identified training needs, and developing measures that can be used to evaluate the efficacy of the training; (5) conducting three conferences to train VR staff on state-of-the-art information and computer technology for individuals who are blind or have visual impairments; and (6) conducting a coordinated and advanced program of training in rehabilitation research focusing on blindness and low vision, including training in applied research methodology that is designed to increase the number of qualified doctoral-level researchers working in the area of blindness rehabilitation.
Rehabilitation Research and Training Centers (RRTCs)
Montana

Rehabilitation Research and Training Center on Rural Rehabilitation Services

University of Montana
52 Corbin Hall
Missoula, MT 59812-7056
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 $555,000; FY 00 $500,000; FY 01 $550,000

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 VR 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 Centers (RRTCs)
New York

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

Cornell University
Program on Employment and Disability
School of Industrial and Labor Relations
106 ILR Extension Building
Ithaca, NY 14853-3901
smb23@cornell.edu
http://www.ilr.cornell.edu/ped/dep/rrtc.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; FY 01 $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 Centers (RRTCs)
Ohio

Rehabilitation Research and Training Center on Drugs and Disability

Wright State University
School of Medicine
Substance Abuse Resources and Disability Issues (SARDI)
P.O. Box 927
Dayton, OH 45401-0927
sardi@wright.edu
http://www.sardi.wright.edu

Principal Investigator: Dennis C. Moore, EdD
Public Contact: Jo Ann Ford, 937/775-1484 (V/TTY); Fax: 937/775-1495

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; FY 01 $603,663

Abstract: This project conducts epidemiological and evaluative studies of substance abuse and substance abuse services for consumers of state 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 VR 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
100 North 17th Street, 10th Floor
Philadelphia, PA 19103
workmri@aol.com
http://www.matrixresearch.org

Principal Investigator: Daniel J. Raudenbush, PhD; Trevor Hadley, PhD
Public Contact: Donald J. Dellario, PhD, 215/569-2240 (V); 215/569-8098 (TTY); Fax: 215/569-2806

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; FY 01 $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 VR’s relationship to behavioral managed care systems. It also focuses on four training issues: (1) improving rehabilitation research skills; (2) developing mental health/VR curricula for human services, social work, and nursing; (3) assessing training methodologies in the field; and (4) expanding online dissemination to the field.
Rehabilitation Research and Training Centers (RRTCs)
Virginia

Rehabilitation Research and Training Center on Workplace Supports
Virginia Commonwealth University
Rehabilitation Research and Training Center on Workplace Supports
1314 West Main Street, Box 842011
Richmond, VA 23284-2011
tcblanke@saturn.vcu.edu
http://www.worksupport.com

**Principal Investigator:** Paul Wehman, PhD
**Public Contact:** Valerie Brooke, Associate Director, 804/828-1851 (V); 804/828-2494 (TTY); Fax: 804/828-2193

**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; FY 01 $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: 715/232-1389 (V); 715/232-5025 (TTY); Fax: 715/232-2251

Project Number: H133B980040
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; FY 01 $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 the economic status of people with disabilities in their communities, and it 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 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 CRPs, and includes training, technical assistance, and dissemination activities.
Model Distance-Learning Computer Training Program for Blind and Visually Impaired Individuals

Iowa Department for the Blind
524 Fourth Street
Des Moines, IA 50309
assist@blind.state.ia.us
http://www.blind.state.ia.us/assist

Principal Investigator: Karen A. Keninger
Public Contact: 515/281-1291; Fax: 515/281-1263

Project Number: H133A010104
Start Date: December 1, 2001
Length: 60 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 01 $299,565

Abstract: This project creates a model distance-learning program that delivers computer training to people who are blind or who have visual impairments. The purpose of this program is to increase IT educational opportunities and employability in the IT field. Project objectives include: (1) developing a model distance-learning computer training program for people who are blind that results in employment in the IT field; (2) developing 13 distance-learning computer training courses for individuals who are blind or who have visual impairments and VR professionals; (3) training and preparing 150 individuals who are blind or who have visual impairments for Microsoft Office certification and thus prepare them for entry-level IT positions; (4) training 50 people who are blind and VR professionals to provide computer training to job seekers who are blind, thus increasing future IT educational opportunities for people who are blind and those who have visual impairments; and (5) disseminating training materials and research results to agencies serving individuals who are blind or who have visual impairments.
Disability and Rehabilitation Research Projects
Iowa

I.T. Works

University of Iowa
Law, Health, Policy, and Disability Center
431 Boyd Law Building
Iowa City, IA 52242
http://www.its.uiowa.edu/law

Principal Investigator: Peter D. Blanck, PhD, JD, 319/335-9043
Public Contact: Michael Morris; James Schmeling, 202/721-0120 (Morris); 319/335-8459 (Schmeling); Fax: 319/335-9098 (Blanck)

Project Number: H133A011803
Start Date: November 1, 2001
Length: 60 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $299,935

Abstract: The goal of the I.T. Works project is to identify barriers to and facilitators of the hiring, retention, advancement, and wages of individuals with disabilities. Research also shows that the percentage of working-age individuals with disabilities in full- or part-time positions is substantially lower than the percentage of working-age people without a disability, and there is a demand for trained IT workers. Increasing the employment of individuals with disabilities in IT-related jobs would increase the employment of individuals with disabilities and reduce the shortage for trained IT workers. Research activities for this project include a theoretical model in which predictive measures include environmental factors, organizational factors, attitudinal factors, and individual characteristics. Outcome measures in the model include hiring rate, advancement rate, retention rate, and wages of individuals with disabilities. Training activities allow for the distribution of the research findings to diverse target audiences, including employers, IT trainers and professionals, persons with disabilities in diverse employment settings, other researchers, and relevant policy-makers. Target audiences also include IT employers; IT training certification bodies; human resource managers; community colleges and university continuing education programs; and Centers for Independent Living and other disability-related organizations.
Disability and Rehabilitation Research Projects
Massachusetts

Working It Out Together: Women with Disabilities and Employment

Children’s Hospital
Institute for Community Inclusion
300 Longwood Avenue
Boston, MA 02115
foley_s@al.tch.harvard.edu
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: Bonnie Gracer
NIDRR Funding: FY 99 $199,861; FY 00 $199,828; FY 01 199,804
Abstract: This project explores how to improve the economic status of working women with disabilities. In order to improve programs and service to assist these women, the project develops a national snapshot of the experiences of working women with disabilities and provides statistics. Research examines workplace supports, including income supports, public services, and employment outcomes, that have been the most beneficial, what obstacles remain, and how peer support and mentoring fit into the basket of supports. The project also develops mentorship and peer support strategies that can be used in the future by women with disabilities, service providers, and researchers.
Preventing Avenues for Competitive Employment in Information Technology (PACE-IT) Project

University of Missouri/Columbia
Educational and Counseling Psychology
205 Lewis Hall
Columbia, MO 65211
hollidayg@missouri.edu

Principal Investigator: Greg Holliday, PhD, 573/882-8329
Public Contact: Lee Henson, Project Coordinator, 573/884-7278; Fax: 573/884-3399

Project Number: H133A011802
Start Date: November 1, 2001
Length: 60 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 01 $293,183

Abstract: Preparing Avenues for Competitive Employment in Information Technology (PACE-IT) develops a comprehensive, person-centered system that assists local students with disabilities in their transition to professional employment in IT-related careers following graduation. The project ensures that students with disabilities at the University of Missouri-Columbia (MU) engage in experiential opportunities in IT-related work settings with appropriate support. Participants also receive individualized accommodations, electronic portfolios, and professional mentoring in their chosen fields to enable them to be competitive in the IT job market upon graduation. The partnership involves university student services; departments of state government, agencies, government officials; and area businesses (totaling 21 entities).
Disability and Rehabilitation Research Projects
New York

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; FY 01 (No-cost extension through 1/31/02)

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.
Reaching Hard of Hearing Workers in the Mainstream: Implications for Consumers and Service Professionals

University of Arkansas/Little Rock
College of Education
4601 West Markham Street
Little Rock, AR 72205
dwatson@comp.uark.edu
http://www.uark.edu/depts/rehabres

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

Project Number: H133G010156
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $150,000

Abstract: This project investigates the utilization of rehabilitation services by hard of hearing individuals. Most existing studies of this population have been limited to convenience samples, a methodological approach that is likely to present a fragmented and potentially inaccurate picture of these workers and their VR needs. Research with representative samples of hard-of-hearing workers is critically needed so results can be obtained that are more valid. Additionally, the project studies the existing practices and policies used by VR professionals as they deliver rehabilitation and employment services to hard-of-hearing adults. These professionals can offer valuable insights into their abilities to serve this population.
Comparison of Two Employment Models for Consumers with Severe Mental Illness

The Thresholds
4101 North Ravenswood Avenue
Chicago, IL 60613
taffy@thresholds.org

Principal Investigator: Taffy (M.L.) McCoy, PhD
Public Contact: 773/880-6260, ext. 230; Fax: 773/880-5755

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; FY 01 $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 VR 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.
The Impact of a Rehabilitation Introduction Group on State Vocational Rehabilitation Outcomes

Massachusetts Rehabilitation Commission
Psychiatric Rehabilitation Training Program
27-43 Wormwood Street
Boston, MA 02210-1616
thomas.mccarthy@mrc.state.ma.us

Principal Investigator: Thomas P. McCarthy, ScD, CRC
Public Contact: 617/204-3861; Fax: 617/787-2744

Project Number: H133G70098
Start Date: September 1, 1997
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 97 $83,366; FY 98 $76,069; FY 99 $85,178; FY 01 (No-cost extension through 8/31/02)

Abstract: This study helps people with severe psychiatric disabilities make informed decisions about pursuing vocational rehabilitation and studies the specific cognitive factors that correlate with rehabilitation readiness. A total of 42 subjects participate in Rehabilitation Introduction Groups (RIGs) prior to entry into state vocational rehabilitation (SVR). An 18-month follow-up compares a representative RIG sample to SVR clients who did not participate in the RIGs in order to assess the impact of the RIG on SVR process, outcomes, and measures of readiness.
Field-Initiated Projects (FIPs)
Massachusetts

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

Boston University
Sargent College of Health and Rehabilitation Sciences
940 Commonwealth Avenue West
Boston, MA 02215
zlatka@bu.edu
http://www.bu.edu/SARPSYCH

Principal Investigator: Zlatka Russinova, PhD
Public Contact: 617/353-3549; Fax: 617/353-7700

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; FY 01 (No-cost extension through 3/31/02)
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.
An Exploratory Study of the Factors Determining the Vocational Recovery of People with Psychiatric Disabilities

Principal Investigator: Zlatka Russinova, PhD
Public Contact: 617/353-3549; Fax: 617/353-7700

Project Number: H133G010113
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $148,989

Abstract: This project studies factors that determine the vocational recovery of persons with psychiatric disabilities. Vocational recovery is examined as an important aspect of recovery from serious mental illness and is defined as preserving, regaining, or acquiring competitive employment despite being affected by a disabling psychiatric condition. The project seeks to explore the major factors that promote vocational recovery from serious mental illness based on the experiences of individuals who made the transition from severe work dysfunction, measured through the receipt of Social Security income (SSI/SSDI), to full-time or part-time sustained competitive employment. Activities include: (1) studying the major subjective and objective factors influencing mental health consumers’ capacity to overcome severe work dysfunction and sustain vocational recovery; (2) studying the indicators for consumers’ readiness for financial self-sufficiency examined as an essential factor determining vocational recovery from serious mental illness; and (3) disseminating the results of the study to various vocational and psychosocial rehabilitation programs, self-help groups, the broad mental health community, employers, and the general public.
Self-Employment Technology Transfer (SETT)

University of Montana
Rural Institute on Disabilities
52 Corbin Hall
Missoula, MT 59812
nancy@selway.umt.edu
http://ruralinstitute.umt.edu

Principal Investigator: Nancy Arnold, PhD
Public Contact: 406/243-2469; Fax: 406/243-2349

Project Number: H133G000189
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $149,970; FY 01 $149,487
Abstract: The Self-Employment Technology Transfer (SETT) project has developed and field tested a 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. More than 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, 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

Center for Essential Management Services
420 Jericho Turnpike, Suite 300
Jericho, NY 11753
cems1@prodigy.net

Principal Investigator: David Vandergoot, PhD
Public Contact: 516/827-5960; Fax: 516/938-9477

Project Number: H133G000195
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $149,998; FY 01 $149,998

Abstract: This project conducts survey research and a series of focus groups with graduates of a comprehensive VR 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 TBI 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 is 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 VR services provided by MTS and combine a series of psycho-educational groups with individualized service coordination and counseling.
Measuring Employer Openness to Hiring People with Disabilities:
Development of Expanded Labor Market Survey

Syracuse University
Counseling and Human Services
257 Huntington Hall
Syracuse, NY 13244-2340
ddgilbri@syr.edu
http://soeweb.syr.edu/faculty/ddgilbri/nidrr

Principal Investigator: Dennis Gilbride, PhD
Public Contact: 315/443-5264; Fax: 315/443-5732

Project Number: H133G000028
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 00 $149,306; FY 01 $147,650

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.
Field-Initiated Projects (FIPs)
North Carolina

Resolving ADA Employment Discrimination Charges

University of North Carolina
The Cecil G. Sheps Center for Health Services Research
725 Airport Road, CB #7590
Chapel Hill, NC 27599-7590
kathryn_moss@unc.edu
http://www.shepcenter.unc.edu/research_programs/aging/enforcementproj.html

Principal Investigator: Kathryn E. Moss, PhD
Public Contact: 919/966-6061; Fax: 919/966-3811

Project Number: H133G000132
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 00 $149,925; FY 01 $149,591

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

Cleveland State University
Department of Social Work
2300 Chester Avenue
Cleveland, OH 44115
m.smith@csuohio.edu

Principal Investigator: Mieko Kotake Smith, PhD
Public Contact: 216/687-4738; Fax: 216/687-5590

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; FY 01 $144,060

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.
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

Virginia Commonwealth University
Department of Rehabilitation Counseling
P.O. Box 980330
Richmond, VA 23298-0330
bmcbull@vcu.edu
http://www.1tec.com/EARC

Principal Investigator: Brian McMahon, PhD
Public Contact: 804/828-0197; Fax: 804/828-1321

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; FY 01 (No-cost extension through 2/1/02)

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 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.
Virtual Interview Exercises for Workplace Success (VIEWS)

Vcom3D, Inc.
3452 Lake Lynda Drive, Suite 260
Orlando, FL 32817

Principal Investigator: Daniel Roush
Public Contact: 407/737-7310, ext. 115; Fax: 407/737-6821

Project Number: ED-01-Q-0003
Start Date: September 1, 2001
Length: 6 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $60,000

Abstract: This project conducts research to develop a prototype computer software program that provides the opportunity for job seekers who are deaf or hard-of-hearing to practice employment interviewing skills. This software incorporates SigningAvatar™ technology that uses 3-D animated characters who sign in variants of American Sign Language. The software presents an accessible virtual interview scenario with interacting characters and the ability to respond to interview questions that are asked frequently. If the user selects a certain number of the best responses to the interview questions, the employer offers the interviewee the job. This software not only provides the opportunity to practice interviewing skills independently, it may boost the confidence and intrinsic motivation of the user.
Small Business Innovative Research (SBIR), Phase II
Florida

AbilityForum.com

Golden Ventures
3312 West Hawthorne Road
Tampa, FL 33611
dgolden@abilityforum.com
http://www.abilityforum.com

Principal Investigator: Dawn Golden
Public Contact: 813/835-5970; Fax: 813/831-5124

Project Number: ED-00-PO-0219
Start Date: September 1, 2000
Length: 24 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $150,000; FY 01 $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.
Fair and Appropriate Community Employment (FACE): A Management Information System (MIS) for Evaluating the Impact of Employment Programs on Persons with Disabilities

Abstract: This project develops and beta tests a comprehensive management information system (MIS) at 15 community rehabilitation programs (CRPs) around the nation to fill the need for an MIS that can evaluate the relationship between services provided and outcomes achieved for consumers with various disabilities and backgrounds. While several research efforts have employed rigorous research designs for relating services to outcomes, the retrieval of data from the records of more than 7,000 CRPs who serve nearly 4 million persons with disabilities has met with much less success. In the past five years, the concept Fair and Appropriate Community Employment (FACE(c)) MIS has been developed to evaluate the effectiveness and efficiency of their service interventions upon employment outcomes. This MIS places powerful research and analytic tools directly into the hands of practitioners for improving outcomes for their consumers. The FACE(c) MIS software prototype was developed with three modules: Client Tracking/Case Management, Program Evaluation using managed care techniques, and follow-up based on FACE Profiling(c).
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 Centers (RRTCs)
Alabama

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

University of Alabama/Birmingham
Department of Physical Medicine and Rehabilitation
619 - 19th Street South, SRC 529
Birmingham, AL 35249-7330
rtc@sun.rehabm.uab.edu
http://main.uab.edu/show.asp?durki=8762

Principal Investigator: Amie B. Jackson, MD, 205/934-3334 (V); 205/934-3330 (V); 205/934-4642 (TTY)
Public Contact: Linda Lindsey, Assistant Director, Research Services, 205/934-3283; Fax: 205/975-4691

Project Number: H133B980016
Start Date: October 1, 1998
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 98 $799,993; FY 99 $799,998; FY 00 $799,998; FY 01 $799,998

Abstract: This RRTC conducts coordinated, integrated, and advanced research in the prevention and treatment of secondary conditions of 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 Centers (RRTCs)
California

Rehabilitation Research and Training Center in Neuromuscular Diseases

University of California/Davis
MED: Physical Medicine and Rehabilitation
TB 191
Davis, CA 95616-8655
nmdinfo@ucdavis.edu
http://www.rehabinfo.net

Principal Investigator: Craig McDonald, MD
Public Contact: Kathryn Devereaux, PhD, Training and Information Services Director, 530/752-2903 (V); Fax: 530/752-3468

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; FY 01 $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.
Rehabilitation Research and Training Centers (RRTCs)
California

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
rrtcscl@aol.com
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: Margaret Campbell, PhD
NIDRR Funding: FY 97 $650,000; FY 98 $650,000; FY 99 $650,000; FY 00 $650,000; FY 01 $650,000

Abstract: The Rehabilitation Research and Training Center (RRTC) on Aging with Spinal Cord Injury is devoted to understanding the unique problems people with SCI 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 Centers (RRTCs)
California

Rehabilitation Research and Training Center on Aging with a Disability

Los Amigos Research and Education Institute, Inc. (LAREI)
Rancho Los Amigos National Rehabilitation Center
7601 East Imperial Highway, 800 West Annex
Downey, CA 90242-4155
gracefg@agingwithdisability.org
http://www.agingwithdisability.org

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: Kristi E. Wilson, PhD
NIDRR Funding: FY 98 $700,000; FY 99 $700,000; FY 00 $700,000; FY 01 $700,000
Abstract: This project assists people who are aging with a disability by conducting a series of research studies using a database of more than 1,000 people who represent a variety of disabilities (for example, cerebral palsy, rheumatoid arthritis, stroke, SCI, 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 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
gerben.dejong@medstar.net
http://www.ilru.org/mgdcare/index.html

Principal Investigator: Gerben DeJong, PhD, 202/466-1905
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; FY 01 $300,000

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.
Rehabilitation Research and Training Centers (RRTCs)  
District of Columbia

The Consortium for Children and Youth with Disabilities and Special Health Care Needs.

Georgetown University  
Child Development Center  
3307 M Street Northwest, Suite 401  
Washington, DC 20007  
ntrtc@georgetown.edu  
http://www.consortiumnrrtc.org

Principal Investigator: Phyllis Magrab, PhD  
Public Contact: Tammy Abdou, Program Coordinator, 202/687-8617 (V); 202/687-5503 (TTY);  
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; FY 01 $699,947

Abstract: The Consortium 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 issues in pediatric rehabilitation, (2) impact of cost control strategies on provision of health care, (3) promising practices in transition from pediatric to adult health care, (4) effective telehealth strategies for interdisciplinary service delivery in remote areas, and (5) training issues in AT. 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, policy-makers, 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.
Howard University
2900 Van Ness Street Northwest
Holy Cross, Room 100
Washington, DC 20008
swalker@howard.edu
http://www.law.howard.edu/HURTC/HURTC.html

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; FY 01 $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

University of Illinois/Chicago
Department of Disability and Human Development
College of Applied Health Sciences MC 626
1640 West Roosevelt Road
Chicago, IL 60608-6904
rrtcamr@uic.edu
http://www.uic.edu/orgs/rrtcamr

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: Margaret Campbell, PhD
NIDRR Funding: FY 98 $699,934; FY 99 $699,987; FY 00 $699,985; FY 01 $699,983

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 Centers (RRTCs)
Illinois

Rehabilitation Research and Training Center on Stroke Rehabilitation

Rehabilitation Institute Research Corporation
345 East Superior Street
Chicago, IL 60611
http://www.rrtc-stroke.org/

Principal Investigator: Elliot J. Roth, MD, 312/238-4637
Public Contact: Linda Lovell, Project Coordinator, 312/238-6197; Fax: 312/238-6998

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; FY 01 $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 stroke; (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)

University of Missouri/Columbia
Department of Physical Medicine and Rehabilitation
DC330.00
One Hospital Drive
Columbia, MO 65212
bakerv@health.missouri.edu
http://www.muhealth.org/~arthritis

Principal Investigator: Jerry C. Parker, PhD, 573/814-6480
Public Contact: Valerie Baker, 573/884-1499; Fax: 573/884-3020

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; FY 01 $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 Centers (RRTCs)
Oregon

Rehabilitation Research and Training Center: Health and Wellness Consortium

Oregon Health and Science University
Oregon Institute on Disability and Development
Child Development and Rehabilitation Center
707 Southwest Gaines
P.O. Box 574
Portland, OR 97207-0574
minnichl@ohsu.edu
http://www.healthwellness.org

Principal Investigator: Gloria Krahn, PhD, 503/494-8364
Public Contact: Carla Culley, Project Coordinator, 503/494-9557; Fax: 503/494-6868

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; FY 01 $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, SCI, 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 Centers (RRTCs)
Texas

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

The Institute for Rehabilitation and Research (TIRR)
Brain Injury Research Center
1333 Moursund Avenue
Houston, TX 77030-3498
whigh@bcm.tmc.edu
http://www.braininjuryresearch.org

Principal Investigator: Walter M. High Jr., PhD
Public Contact: 713/666-9550; Fax: 713/668-5210

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; FY 01 $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 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

University of Washington
Department of Rehabilitation Medicine
Box 356490
Seattle, WA 98195-6490
msrtc@u.washington.edu
http://www.msrrtc.washington.edu

**Principal Investigator:** George H. Kraft, MD, 206/543-7272
**Public Contact:** Carolyne Dollar, 206/221-5302; 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; FY 01 $695,684

**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 King County.
Disability and Rehabilitation Research Projects
Colorado

Lifetime Outcomes and Needs: Refining the Understanding of Aging with Spinal Cord Injury

Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110-2811
susie@craighospital.org
http://www.craighospital.org

Principal Investigator: Daniel P. Lammertse, PhD, 303/789-8220
Public Contact: Susan Charlifue, 303/789-8306; Fax: 303/789-8441

Project Number: H133A011108
Start Date: September 1, 2001
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $350,000

Abstract: This project explores the incidence and prevalence of several health and psychosocial conditions that accompany living many years with SCI. Also studied in this comprehensive, longitudinal, multicenter effort are the services available to individuals with SCI as they attempt to address these conditions throughout their lives. The study expands the longitudinal database, addressing emerging issues of aging with SCI in greater detail, and expands efforts to share findings with a variety of constituents. The eight areas of focus include: (1) secondary conditions from five to 25 years post-injury, (2) new analytic techniques with longitudinal datasets, (3) chronic pain, (4) access to and satisfaction with health services, (5) personal assistance services, (6) spirituality and its effects on health outcomes and quality of life, (7) the role of perceived stress and self-reported problems on the presence or absence of secondary conditions and in relation to one’s overall well-being, and (8) trends in quality of life and health. This longitudinal study builds on two previous data collection points. It includes a broad, comprehensive examination of secondary conditions, both physical and psychosocial, and several new areas of inquiry investigated in-depth.
Rehabilitation Services for Persons with Emergent Disabilities:
Medical Rehabilitation Services for Persons with Disabilities

Medlantic Research Institute
National Rehabilitation Hospital Research Center
102 Irving Street Northwest
Washington, DC 20010
gerben.dejong@medstar.net
http://www.nrhrehab.org

Principal Investigator: Gerben DeJong, PhD, 202/466-1905
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; FY 01 $199,996

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.
Pharmacological Management of Dyslipidemia and Cardiovascular Disease in Persons with Chronic Cervical SCI: A Multicenter Collaborative Trial

University of Miami
School of Medicine
1095 Northwest 14th Terrace
Miami, FL 33136
http://www.miamiproject.miami.edu

Principal Investigator: Mark S. Nash, PhD, 305/284-4535
Public Contact: Maria Amadore, Directory of Education, Miami Project to Cure Paralysis, 305/243-7108

Project Number: H133A011115
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 01 $344,023

Abstract: This project researches strategies that reduce cardiovascular disease risks after onset of tetraplegia by increasing high-density lipoprotein cholesterol (HDL-C) levels. The research examines the ability of a pharmaceutical therapy to improve the lipid profiles and forestall cardiovascular disease progression in persons with tetraplegia. Previous research on persons without SCI has shown extended-release niacin effective for elevating HDL-C, lowering total cholesterol, lowering low-density lipoprotein cholesterol (LDL-C), lowering triglycerides, slowing cardiovascular disease progression, and reducing cardiovascular morbidity and mortality. The ability of this drug to improve lipid profiles has never been examined in persons with tetraplegia, although drug benefits similar to those reported in persons without SCI would be of great health benefit to those with tetraplegia.
Access to Health Care Services for Persons with Disabilities: Defining the Barriers and Strategies for Change

Health and Disability Working Group
Boston University
School of Public Health
374 Congress Street, Suite 502
Boston, MA 02210
drainoni@bu.edu
http://www.hdwg.org

Principal Investigator: Mari-Lynn Drainoni, PhD
Public Contact: 617/426-4447; Fax: 617/426-4547

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; FY 01 $246,676

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. Project objectives include: (1) to examine variation in access to health care services by provider type; (2) to examine different types of access important for people with disabilities: physical access, communication access, cognitive access, and medical access; (3) to identify changes made since the passage of the ADA; (4) to identify barriers to health care services as experienced by individuals with disabilities and compare this experience with provider perceptions; (5) to identify best practices that mitigate access barriers; (6) to develop a research agenda for future activities in this area; and (7) 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.
Disability and Rehabilitation Research Projects
Mississippi

Collaborative Study of Impaired Self-Awareness After Traumatic Brain Injury

Methodist Rehabilitation Center
Brain Injury Program
1350 East Woodrow Wilson Center
Jackson, MS 39216
marks@mmrcrehab.org
http://www.mmrcrehab.org

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

Project Number: H133A980067
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 98 $140,108; FY 99 $140,108; FY 00 $140,108; FY 01 $140,108

Abstract: This project creates new knowledge on impaired self-awareness (ISA) in people with moderate to severe 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

Ohio State University
Department of Physical Medicine and Rehabilitation
Dodd Hall
480 West Ninth Street
Columbus, OH 43210
mysiw.1@osu.edu

Principal Investigator: W. Jerry Mysiw, MD
Public Contact: 614/293-3801; Fax: 614/293-3809

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; FY 01 $295,901

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 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 TBI Systems.
Disability and Rehabilitation Research Projects  
Pennsylvania

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  
Philadelphia, PA 19141-3099  
mklein@einstein.edu

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; FY 01 $229,424

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.
Disability and Rehabilitation Research Projects
Pennsylvania

Collaboration of Upper Limb Pain in Spinal Cord Injury

University of Pittsburgh
7180 Highland Drive
Pittsburgh, PA 15206
cooperrm@pitt.edu

Principal Investigator: Michael L. Boninger, MD
Public Contact: Peter Hunt, 412/365-4850; Fax: 412/365-4858

Project Number: H133A011107
Start Date: December 1, 2001
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 01 $349,998

Abstract: This collaborative studies project provides an opportunity to gain further insight into the cause and prevention of upper limb repetitive strain injuries in SCI. For the approximately 200,000 individuals with SCI, upper limb pain and injury is very common; some studies find prevalence rates above 70 percent. Prolonged wheelchair use and transfers have long been thought to cause these repetitive strain injuries. The consequences of upper limb pain are so significant that some researchers have suggested that damage to the upper arm may be functionally and economically equivalent to a spinal cord injury of higher neurological level. This collaboration includes the University of Pittsburgh Medical Center Spinal Cord Injury project, the Northern New Jersey Spinal Cord Injury System (NNJSCIS), and the Northwest Regional Spinal Cord Injury System (NWRSCIS).
Disability and Rehabilitation Research Projects
Texas

Impact of Family Environment on Patient and Family Outcome After TBI: A Multicenter Study

Baylor College of Medicine
Brain Injury Research Center
2455 South Braeswood
Houston, TX 77030
sande@tirr.tmc.edu
http://www.braininjuryresearch.org

Principal Investigator: Angelle M. Sander, PhD
Public Contact: 713/666-9550; Fax: 713/383-5695

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; FY 01 $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 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

Baylor College of Medicine
Cognitive Neuroscience Laboratory
6560 Fannin Street, Box 67, Suite 1144
Houston, TX 77030
hlevin@bcm.tmc.edu

Principal Investigator: Harvey S. Levin, PhD
Public Contact: Angela D. Williams, MBA, JD, 713/798-4860; Fax: 713/798-6898

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; FY 01 $277,340
Abstract: This project conducts a multicenter clinical trial of methylphenidate (MPH) to treat deficits in working memory and other cognitive impairments resulting from severe 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 Burn Injury Systems
Colorado

Model System for Burn Injury Rehabilitation

University of Colorado Health Sciences Center
School of Medicine
Department of Preventive Medicine and Biometrics
4200 East Ninth Avenue, Box B119
Denver, CO 80262
rebecca.sloan@uchsc.edu
http://mama.uchsc.edu/pub/nidrr

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; FY 01 $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
(JHU-BIRMS)

Baltimore Regional Burn Center
Johns Hopkins Bayview Medical Center
4940 Eastern Avenue
Baltimore, MD 21224
jfauerba@jhmi.edu; delateur@jhmi.edu
http://www.jhbmj.jhu.edu/brbc/birms

Principal Investigator: James A. Fauerbach, PhD; Barbara J. deLateur, PhD, 410/550-0894 (Fauerbach); 410/532-4717 (deLateur)
Public Contact: Bernadette Guthrie, 410/550-5298; Fax: 410/550-7942; 410/532-4719 (deLateur)

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; FY 01 $294,375

Abstract: This model system conducts and evaluates systematized protocols for the care of pediatric and adult patients with severe burn injuries through a comprehensive and integrated program of research. The program validates and develops normative data for several measures related to physical, psychosocial, and vocational outcomes, including a self-selected walking speed task, a hand function test, adjustment to disfigurement, and generic and burn-specific quality-of-life tests. Additionally, the project is 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 VR intervention and a school-based rehabilitation intervention. Experts provide training to generalist health care professionals serving burn survivors in remote and rural regions. The program conducts 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 Burn Injury Systems
Texas

Model System for Burn Injury Rehabilitation

University of Texas/Dallas
Southwestern Medical Center
Physical Medicine and Rehabilitation Department
5323 Hines Boulevard
Dallas, TX 75390-9136
radha.holavanahalli@utsouthwestern.edu
http://www.swmed.edu/ntbrms/welcome.htm

Principal Investigator: Phala Helm, MD, 214/648-2288
Public Contact: Radha Holavanahalli, PhD, 214/648-9540; 214/648-3654; Fax: 214/648-2005

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; FY 01 $295,000

Abstract: The North Texas Burn Rehabilitation Model System (NTBRMS), a multidisciplinary, comprehensive, and coordinated burn injury rehabilitation system, addresses emergency, medical/surgical, rehabilitation, psychosocial, and vocational activities. Three quarterly clinics have been established in the rural areas of Tyler, Waco, and Fort Worth Texas. Two studies address prevention of secondary complications, one comparing the use of sustained stretching with and without paraffin, and the other comparing serial splinting with serial casting. Two collaborative research projects develop and evaluate functional outcome measures, one developing and validating a new physical functional outcome tool, and the other assessing the SF-36 as an outcome measure. Interventions are evaluated by addressing several research questions. 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 Data Center at the University of Colorado Health Sciences Center, including new outcome variables for children. The NTBRMS provides patient and family education and dissemination by conducting seminars and presenting and publishing results.
Pediatric Burn Injury Rehabilitation Model System

University of Texas Medical Branch
815 Market Street, Route 1220
Galveston, TX 77550
dherndon@utmb.edu

Principal Investigator: David Herndon, MD, 409/770-6731
Public Contact: Pat Blakeney, PhD, 409/770-6718; Fax: 409/770-6919

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; FY 01 $295,000

Abstract: This project focuses on the recovery and rehabilitation of severely burned children. The project develops and analyzes a longitudinal database that includes measures of cardiopulmonary function, physical growth and maturation, bone density, range of motion, activities of daily living, scar formation, reconstructive needs, and psychosocial adjustment. These data are contributed to the national statistics database at the University of Colorado Health Sciences Center and are maintained for local data analyses. Additionally, the project institutes and evaluates two modifications to current rehabilitation regarding 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; and second, long-term anabolic agents (e.g. growth hormone) are administered. Effectiveness is assessed by comparison with functional outcomes achieved in traditional home-based programs. Results indicate significant improvement in growth, strength, endurance, bone density, and overall well-being with these rehabilitation modifications. The project also assesses current use of pressure to subdue effects of scar formation. The project’s Community Resources Training Program operates in conjunction with selected existing outreach clinics and school reintegration programs.
Model Burn Injury Systems
Washington

University of Washington Burn Injury Rehabilitation Model System

University of Washington
Harborview Medical Center
325 Ninth Avenue
Box 359796
Seattle, WA 98104
palacpac@u.washington.edu
http://faculty.washington.edu/engrav/index.html

Principal Investigator: Loren H. Engrav, MD, 206/731-3209
Public Contact: Dolores Palacpac, 206/731-2866; Fax: 206/731-3656

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; FY 01 $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 VR 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

University of Alabama/Birmingham
Spain Rehabilitation Center
619-19th Street South SRC 529
Birmingham, AL 35249-7330
lindsey@uab.edu
http://main.uab.edu/show.asp?durki=10712

Principal Investigator: Amie B. Jackson, MD, 205/934-3330
Public Contact: Linda Lindsey, Assistant Director Research Services, 205/934-3283 (V); 205/934-4642 (TTY); Fax: 205/975-4691

Project Number: H133N000016
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $340,000; FY 01 $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 SCI; to investigate ways of improving aspects of that system of care through clinical research; and to disseminate project research findings to persons with SCI, their family members, and professional care providers. UAB-SCICS includes two research projects: (1) investigating musculoskeletal/spine changes in post-menopausal women with SCI; and (2) 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 VR 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

Los Amigos Research and Education Institute, Inc. (LAREI)
Rancho Los Amigos National Rehabilitation Center
7601 East Imperial Highway, HB117
Downey, CA 90242-4155
rwaters@dhs.co.la.ca.us

Principal Investigator: Robert L. Waters, MD, 562/401-7048
Public Contact: 562/401-7161; Fax: 562/803-5623

Project Number: H133N000029
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $345,000; FY 01 $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 SCI. Also, the project identifies, evaluates, and eliminates environmental barriers, particularly cultural and social barriers, to enable people with SCI to reintegrate fully 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.
Principal Investigator: Tamara Bushnik, PhD, 408/295-9896
Public Contact: Fax: 408/295-9913

Project Number: H133N000007
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $340,000; FY 01 $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 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

Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110-2811
susie@craighospital.org
http://www.craighospital.org

**Principal Investigator:** Daniel P. Lammertse, MD, 303/789-8220
**Public Contact:** Scott Manley, EdD, 303/789-8214 (V); 303/789-8575 (TTY); Fax: 303/789-8219

**Project Number:** H133N000001
**Start Date:** October 1, 2000
**Length:** 60 months
**NIDRR Officer:** Theresa San Agustin, MD
**NIDRR Funding:** FY 00 $375,000; FY 01 $375,000

**Abstract:** The Rocky Mountain Regional Spinal Injury System (RMRSIS) emphasizes research and significant contributions that have been made in the areas of 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.
Model Spinal Cord Injury Systems
Florida

South Florida Regional Spinal Cord Injury Model System

University of Miami
School of Medicine
P.O. Box 016960, R-48
Miami, FL 33101-9844
msipski@miamiproject.med.miami.edu
http://www.miamiproject.miami.edu

Principal Investigator: Marca L. Sipski, MD, 305/324-3174
Public Contact: Fax: 305/243-3395

Project Number: H133N000017
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $375,000; FY 01 $320,000

Abstract: The South Florida Spinal Cord Injury System (SFSCIS) is a cooperative effort between the University of Miami School of Medicine, The Miami Project to Cure Paralysis, Jackson Memorial Hospital, and the Miami VA Medical Center. The SFSCIS is a multidisciplinary system of care providing comprehensive rehabilitation services specifically designed to meet the special needs of individuals with spinal cord injuries. The clinical components of the SFSCIS include emergency medical services, acute care, vocational and other rehabilitation services, community and job placement, and long-term community follow-up and health maintenance. A comprehensive prevention program is included in the program. A significant and substantial research program focuses on the maintenance of health and function; three clinical trials and five major research projects are included. Each of these projects centers on studying interventions to improve outcomes in the preservation or restoration of function following SCI. In addition to these research projects, this project contributes to the National Spinal Cord Injury Database. A program designed for widespread dissemination of research and demonstration findings is included. In addition, culturally appropriate methods of education, training, and outreach are interwoven throughout the projects. Finally, the program includes a comprehensive evaluation program.
Model Spinal Cord Injury Systems
Georgia

Georgia Regional Spinal Cord Injury Care System

Shepherd Center, Inc.
Crawford Research Institute
2020 Peachtree Road Northwest
Atlanta, GA 30309-1465
lesley_hudson@shepherd.org
http://www.shepherd.org

Principal Investigator: David F. Apple, Jr., MD, 404/350-7353
Public Contact: Lesley M. Hudson, MA, Project Co-Director, 404/350-7591; Fax: 404/355-1826

Project Number: H133N000005
Start Date: September 30, 2000
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $374,992; FY 01 $374,992

Abstract: The Georgia Regional Spinal Cord Injury Care System admits approximately 200 individuals annually with acute onset paralysis secondary to spinal cord injury, and collects post-discharge data on 600 individuals each year. Its patient population comes primarily from Georgia, the rest of the Southeast, and the Eastern Seaboard. The continuum of care begins at injury and continues through transport, assessment, acute care, rehabilitation, emotional adjustment, community reintegration, and lifetime follow-up. The program is 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. As part of the clinical research activity sponsored by the facility’s Crawford Research Institute, the program is responsible for ongoing referrals of acutely injured individuals, as well as long-term follow-up and data collection. This project contributes to the national Model Spinal Cord Injury System (SCIS) national database at the University of Alabama at Birmingham.
Model Spinal Cord Injury Systems
Massachusetts

The New England Regional Spinal Cord Injury Center

Boston University Medical Center Hospital
Department of Rehabilitation Medicine
One Boston Medical Center Plaza, F-511
Boston, MA 02118-2393
shanker.nesathurai@bmc.org
http://www.bumc.bu.edu/Departments/HomeMain.asp?DepartmentID=91

Principal Investigator: Shanker Nesthurai, MD
Public Contact: Tricia Regan, Administrative Director of Rehabilitation Services, 617/638-7310; Fax: 617/638-7313

Project Number: H133N000024
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $374,514; FY 01 $300,000
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 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.
Model Spinal Cord Injury Systems
Michigan

University of Michigan Model Spinal Cord Injury Care System

University of Michigan
Department of Physical Medicine and Rehabilitation
300 North Ingalls, Room NI2A09
Ann Arbor, MI 48109-0491
model.sci@umich.edu
http://www.med.umich.edu/pmr/model_sci

Principal Investigator: Denise G. Tate, PhD, ABPP, 734/936-7052
Public Contact: Martin Forchheimer, 734/763-0971; Fax: 734/936-5492

Project Number: H133N000009
Start Date: November 1, 2000
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $373,000; FY 01 $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 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.
Model Spinal Cord Injury Systems
Missouri

Missouri Model Spinal Cord Injury System

University of Missouri/Columbia
Department of Physical Medicine and Rehabilitation
One Hospital Drive, DC046.00
Columbia, MO 65212
nossamanl@health.missouri.edu
http://www.hsc.missouri.edu/~momscis

Principal Investigator: Kristofer Hagglund, PhD, 573/882-8847
Public Contact: Larry Nossaman, 573/884-2899 (V); 573/882-7971 (TTY); Fax: 573/884-2902

Project Number: H133N000012
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $300,000; FY 01 $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

Kessler Medical Rehabilitation Research and Education Corporation (KMRREC)
1199 Pleasant Valley Way
West Orange, NJ 07052-1499
dtulsky@kmrrec.org
http://www.kmrrec.org/NNJSCIS/index.html

Principal Investigator: Joel A. DeLisa, MD, 973/243-6805
Public Contact: David Tulsky, PhD, Co-Investigator; Steven Kirshblum, Co-Investigator, 973/243-6849; 973/243-6916; Fax: 973/243-6861

Project Number: H133N000022
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $345,000; FY 01 $344,724

Abstract: The Northern New Jersey Spinal Cord Injury System (NNJSCIS) attempts to improve outcomes for persons with SCI through novel interventions and expanded service delivery options. The NNJSCIS is composed of Kessler Medical Rehabilitation Research and Education Corporation, Kessler Institute for Rehabilitation, and University of Medicine and Dentistry of New Jersey-University Hospital. The NNJSCIS has an interdisciplinary system of rehabilitation care specifically designed to meet the needs of individuals with SCI. It includes emergency medical services; acute care; psychological, social, and vocational services; peer support; independent living services; community and job placement, long-term community follow-up; and health maintenance. Some of the research and demonstration projects target three of the most common secondary conditions (pressure ulcers, shoulder pain, and urinary tract infections). Other studies promote wellness by reducing obesity, examine the relation between health literacy and outcomes, and identify risk factors and prevent potential problems. One project operationalizes the newly developed Clinical Practice Guidelines. The NNJSCIS contributes to the National Statistics Data Center.
Model Spinal Cord Injury Systems  
New York

Mount Sinai Spinal Cord Injury Model System

Mount Sinai School of Medicine  
Department of Physical Medicine and Rehabilitation  
One Gustave L. Levy Place  
Box 1240  
New York, NY 10029-6574  
marcel.dijkers@mssm.edu  
http://www.mssm.edu/rehab/spinal

Principal Investigator: Kristian T. Ragnarsson, MD  
Public Contact: Marcel Dijkers, PhD, 212/659-9340; Fax: 212/348-5901

Project Number: H133N000027  
Start Date: October 1, 2000  
Length: 60 months  
NIDRR Officer: Kristi E. Wilson, PhD  
NIDRR Funding: FY 00 $320,000; FY 01 $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 SCI in its catchment area. There are four components of the system: (1) comprehensive clinical care; (2) research (both center-specific research 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 an evaluation program for a high-tech wheelchair and seating system, a lower-extremity functional electrical stimulation ergometry program, psychosocial services, extensive VR services, a consumer-directed program to promote community reintegration (DO IT!), and a women’s peer group. Specialty medical and surgical services include a fertility program for males with ejaculatory dysfunction, intrathecal pumps for treatment of spasticity, upper extremity reconstruction, and cutting-edge technology. A preventive health care 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 two studies relevant to one of the most disabling secondary conditions of SCI, chronic pain: (1) meta-analyses of pain reports and pain treatments; and (2) a prospective study of pain. This project contributes to the national statistics database at the University of Alabama at Birmingham.
Model Spinal Cord Injury Systems
Pennsylvania

Demonstration of a Model Spinal Cord Injury System Center

Thomas Jefferson University
Jefferson Medical College
132 South 10th Street
375 Main Building
Philadelphia, PA 19107-5244
mary.call@mail.tju.edu
http://www.jeffersonhospital.org/rehabmed

Principal Investigator: John F. Ditunno, Jr., MD, 215/955-5580
Public Contact: Mary Patrick, 215/955-6579; Fax: 215/955-5152

Project Number: H133N000023
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $370,000; FY 01 $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 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 healthcare 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.
Abstract: The University of Pittsburgh Model Center on Spinal Cord Injury (UPMC-SCI) represents the efforts of dedicated consumers, clinicians, and researchers. The UPMC-SCI’s research focus is on innovations in AT. The research projects evaluate the impact of selected innovations in technology on service delivery and on outcomes such as function, independence, and employment. One project is addressing a shortcoming in AT research through the use of a new dynamic outcome measure developed by Professor David Gray. Researchers are also testing an innovative pushrim-activated, power-assisted wheelchair that has great potential to improve mobility for individuals with tetraplegia. An additional project is investigating the impact of a new mobility device known as IBOT, which is capable of balancing on two wheels, climbing curbs, and going over uneven terrain. This represents the first study of the IBOT in a real world environment. In addition to this research, the center provides a model of care for individuals with SCI. SCI care at the University of Pittsburgh is provided in a multidisciplinary manner with a high level of communication among the constituent services. The fully implemented system of continuity of treatment begins with the emergency response at the scene of injury and continues with comprehensive treatment and rehabilitation from medical/surgical- to acute-stage rehabilitation through utilization of AT services and VR.
Model Spinal Cord Injury Systems
Texas

Texas Model Spinal Cord Injury System

The Institute for Rehabilitation and Research (TIRR)
1333 Moursund Street
Houston, TX 77030-3408
khart@bcm.tmc.edu
http://www.bcm.tmc.edu/pm&r/sci/research/modelsystem

Principal Investigator: William H. Donovan, MD, 713/797-5912
Public Contact: Karen A. Hart, PhD, 713/797-5946 (V); 713/797-5790 (TTY); Fax: 713/797-5982

Project Number: H133N000004
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $330,000; FY 01 $330,000

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 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.
Principal Investigator: William O. McKinley, MD
Public Contact: Michael Tewksbury, 804/828-0861; Fax: 804/828-5704

Project Number: H133N000015
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $310,000; FY 01 $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 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.
Northwest Regional Spinal Cord Injury System

University of Washington
Department of Rehabilitation Medicine
Box 356490
Seattle, WA 98105-6613
scirehab@u.washington.edu
http://depts.washington.edu/rehab/sci

Principal Investigator: Diana D. Cardenas, MD, 206/543-8171
Public Contact: Fax: 206/685-3244

Project Number: H133N000003
Start Date: September 1, 2000
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $330,000; FY 01 $330,000

Abstract: The University of Washington’s Northwest Regional Spinal Cord Injury System (NWRSCIS) serves a critical mass of patients with 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 Traumatic Brain Injury Systems
Alabama

Traumatic Brain Injury Care System

University of Alabama/Birmingham
Spain Rehabilitation Center
619 - 19th Street South, SRC529
Birmingham, AL 35249-7330
novack@sun.rehabm.uab.edu
http://www.uab.edu/tbi

Principal Investigator: Thomas Novack, PhD
Public Contact: 205/934-3454; Fax: 205/975-4691

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; FY 01 $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 TBI, 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 VR 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.
A Comprehensive System of Care for Traumatic Brain Injury

Santa Clara Valley Medical Center (SCVMC)
Medical Staff Corporation
950 South Bascom Avenue, Suite 2011
San Jose, CA 95128
tbisci@tbi-sci.org
http://www.tbi-sci.org

Principal Investigator: Jeffrey Englander, MD, 408/885-2000
Public Contact: Tamara Bushnik, PhD, 408/295-9896, ext. 16; Fax: 408/295-9913

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; FY 01 $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.
Model Traumatic Brain Injury Systems
Colorado

Rocky Mountain Regional Brain Injury System

Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110
kgerhart@craighospital.org; charrison-felix@craighospital.org
http://www.craighospital.org

Principal Investigator: Gale Whiteneck, PhD, 303/789-8204
Public Contact: Ken Gerhart; Cynthia Harrison-Felix, 303/789-8308 (Gerhart); 303/789-8565 (Harrison-Felix); Fax: 303/789-8441

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; FY 01 $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.
Model Traumatic Brain Injury Systems
Georgia

Georgia Model Brain Injury System (GAMBIS)

Emory University
Center for Rehabilitation Medicine
1441 Clifton Road Northeast, Suite 215
Atlanta, GA 30322
anthony_stringer@emory.org

Principal Investigator: Anthony Stringer, PhD
Public Contact: 404/712-5667; Fax: 404/712-5668

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; FY 01 $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.
Model Traumatic Brain Injury Systems
Massachusetts

Traumatic Brain Injury Model System

Spaulding Rehabilitation Hospital
125 Nashua Street
Boston, MA 02114
toneilpi@lynx.dac.neu.edu
http://spauldingrehab.org/home/ed_research/index.htm

Principal Investigator: Mel B. Glenn, MD
Public Contact: Therese O’Neil-Pirozzi, ScD, 617/573-2456; Fax: 617/573-2469

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; FY 01 $345,000

Abstract: This Traumatic Brain Injury Model System provides a comprehensive spectrum of care for people with 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.
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 Traumatic Brain Injury Systems
Minnesota

Model Brain Injury System

Mayo Medical Center
Rochester, MN 55905
moessner.anne@mayo.edu
http://www.mayo.edu/model-system

Principal Investigator: James F. Malec, PhD, 507/255-3116
Public Contact: Anne Moessner, 507/255-5109; Fax: 507/255-4641; 507/255-7696

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; FY 01 $345,000
Abstract: This Model System enables people with 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.
Model Traumatic Brain Injury Systems
Mississippi

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

Methodist Rehabilitation Center
Brain Injury Program
1350 East Woodrow Wilson Center
Jackson, MS 39216
marks@mmrcrehab.org
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; FY 01 $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 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.
Model Traumatic Brain Injury Systems
Missouri

Missouri Model Traumatic Brain Injury System (MOMBIS)

University of Missouri/Columbia
Department of Physical Medicine and Rehabilitation
DC046.00
One Hospital Drive
Columbia, MO 65212
mombis@health.missouri.edu; nossamanl@health.missouri.edu
http://www.hsc.missouri.edu/~mombis

Principal Investigator: Brick Johnstone, PhD, 573/882-6258
Public Contact: Larry Nossaman, 573/884-2899 (V); 573/884-7971 (TTY); Fax: 573/884-2902

Project Number: H133A980008
Start Date: October 1, 1998
Length: 48 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 98 $344,999; FY 99 $344,999; FY 00 $344,999; FY 01 $344,999

Abstract: This model system, based in central Missouri, provides a continuum of 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 VR 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.
Model Traumatic Brain Injury Systems
New Jersey

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

Kessler Medical Rehabilitation Research and Education Corporation (KMRREC)
1199 Pleasant Valley Way
West Orange, NJ 07052
tbi@kmrrec.org
http://www.kmrrec.org/KM/nnjtbis/index.html

Principal Investigator: Mark V. Johnston, PhD, Project Director, TBIMS; Mitchell Rosenthal, PhD, Project Director, TBI National Database
Public Contact: 973/243-2015; Fax: 973/243-6963

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)
FY 01 $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 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 VR in New Jersey by providing augmented work trials and education of VR 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.
The Carolinas Traumatic Brain Injury Rehabilitation and Research System (CTBIRRS)

Charlotte-Mecklenburg Hospital Authority
Charlotte Institute of Rehabilitation
1100 Blythe Boulevard
Charlotte, NC 28203
ssaunder@carolinas.org
http://www.carolinas.org

Principal Investigator: Flora Hammond, MD
Public Contact: 704/355-1502; 704/355-4330; Fax: 704/355-7903

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; FY 01 $345,000

Abstract: The Carolinas Traumatic Brain Injury Rehabilitation and Research System (CTBIRRS) improves the lives of people with newly acquired 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

Ohio Valley Center for Brain Injury Prevention and Rehabilitation
Department of Physical Medicine and Rehabilitation
Dodd Hall
480 West Ninth Avenue
Columbus, OH 43210
lamb-hart.1@osu.edu
http://www.ohiovalley.org

Principal Investigator: John D. Corrigan, PhD, 614/293-3830
Public Contact: Gary Lamb-Hart, 614/293-3802; Fax: 614/293-8886

Project Number: H133A70032
Start Date: October 1, 1997
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 97 $344,975; FY 98 $344,975; FY 99 $344,975; FY 00 $344,975; FY 01 $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 Traumatic Brain Injury Model System

Oregon Health and Science University
3181 Southwest Sam Jackson Park Road, L472
Portland, OR 97201-3098
carneyn@ohsu.edu
http://www.ohsu.edu/som-ntrg/neurotrauma/otbims.html

Principal Investigator: Nancy Carney, PhD
Public Contact: 503/494-0663; Fax: 503/494-4640

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; FY 01 $345,000
Abstract: This model system compares treatment and outcomes among people with 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.
Model Traumatic Brain Injury Systems
Pennsylvania

A Model System of Brain Injury Care in the Philadelphia Region

MossRehab
1200 West Tabor Road, Korman Suite 213
Philadelphia, PA 19141-3099
jwhyte@aehn2.einstein.edu
http://www.einstein.edu/mossrehab/research

Principal Investigator: John Whyte, 215/456-5924
Public Contact: Robert Meighan, 215/456-5966; Fax: 215/456-5926

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; FY 01 $345,000

Abstract: This 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.
Model Traumatic Brain Injury Systems
Texas

Traumatic Brain Injury Model System of TIRR

The Institute for Rehabilitation and Research (TIRR)
1333 Moursund Avenue
Houston, TX 77030
whigh@bcm.tmc.edu
http://www.tbims.org
http://www.braininjuryresearch.org

Principal Investigator: Walter M. High Jr., PhD
Public Contact: 713/666-9550; Fax: 713/668-5210

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; FY 01 $345,000

Abstract: This project develops and demonstrates a comprehensive, multidisciplinary rehabilitation services model system for people with 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

Virginia Commonwealth University
Department of Physical Medicine and Rehabilitation
Box 980542
Richmond, VA 23298-0452
jmarwitz@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: 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; FY 01 $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 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

University of Washington
Department of Rehabilitation Medicine
Box 356490 BB-941 Health Sciences
Seattle, WA 98195
dikmen@u.washington.edu
http://depts.washington.edu/rehab/tbi

Principal Investigator: Sureyya S. Dikmen, PhD
Public Contact: Kathy Bell, MD, 206/685-0935; Fax: 206/685-3244

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; FY 01 $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.
Field-Initiated Projects (FIPs)
Alabama

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

University of Alabama/Birmingham
Department of Physical Medicine and Rehabilitation
619 - 19th Street South, SRC 529
Birmingham, AL 35294-7330
meythaler@sun.rehabm.uab.edu
http://main.uab.edu/show.asp?durki=30833

Principal Investigator: Jay M. Meythaler, JD, MD, 205/934-2088
Public Contact: Alice Johnson, 205/934-9494; Fax: 205/975-4896

Project Number: H133G000072
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $123,967; FY 01 $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

University of Arkansas/Pine Bluff
Agricultural Economics
1200 North University Drive
Mail Slot 4913
Pine Bluff, AR 71601
mwachofi_a@vx4500.uapb.edu

Principal Investigator: Ari K. Mwachofi, PhD
Public Contact: 870/575-7143; Fax: 870/543-8543

Project Number: H133G000192
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 00 $150,000; FY 01 $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.
Cardiovascular Disease in Women with Spinal Cord Injury and Its Effect on Participation in Community Activities

Los Amigos Research and Education Institute, Inc. (LAREI)
Rancho Los Amigos National Rehabilitation Center
7601 East Imperial Highway, HB-145
Downey, CA 90242

Principal Investigator: Yaga Szlachcic, MD
Public Contact: Rodney Atkins, PhD; Lili Thompson, PT, 562/401-7221; Fax: 562/803-6354

Project Number: H133G010160
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $141,470

Abstract: The goals of this project are: (1) to profile cardiovascular disease (CVD) risk factors in women with SCI, (2) to assess the relationships between CVD risk factors and “observable” CVD in this group, (3) to assess the associations of CVD risk factors and observable CVD with quality of life and with participation in community activities among women with SCI, (4) to evaluate standard interventions for lipid abnormalities and CVD in women with SCI, and (5) to assess the impact lipid and CVD interventions have on the quality of life and community activity participation of women with SCI. For these goals “observable” CVD refers to atherosclerotic burden by carotid arterial intima-media thickness (IMT).
Field-Initiated Projects (FIPs)
California

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

University of Southern California
Department of Occupational Science and Occupational Therapy
1540 Alcazar Street, CHP-133
Los Angeles, CA 90089-9003
jwise@usc.edu
http://www.usc.edu/hsc/ihp/ot

Principal Investigator: Florence Clark, PhD, OTR, 323/442-2875
Public Contact: Janis Wise, 323/442-2851; Fax: 323/442-1540

Project Number: H133G000062
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $149,942; FY 01 $147,834

Abstract: This project examines the beliefs and practices underlying the activities, habits, and daily routines of 18 ethnically diverse consumers with 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 are 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.
Field-Initiated Projects (FIPs)
Delaware

Investigation of the Dynamics of Spasticity in Children with Cerebral Palsy

Alfred I. duPont Hospital for Children
1600 Rockland Road
Wilmington, DE 19899-0269
http://www.kidshealth.org

Principal Investigator: Freeman Miller, MD
Public Contact: Dyonne Knotts, 302/651-5921; Fax: 302/651-5951

Project Number: H133G010041
Start Date: November 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $149,708

Abstract: This project creates a new assessment tool for spasticity in cerebral palsy that quantifies both the long-term changes in muscle structure and the short-term effects of the hyperexcitable stretch reflex. The result is a comprehensive testing protocol that can be used in a wide range of therapeutic interventions. The new device can apply torques about the knee and ankle of a limb with spasticity in such a way that velocity, acceleration, and the third derivative, jerk, can be varied and resistance of the limb to movement measured. The device can be used (1) to investigate the reflex resistance to movement elicited by constant velocity, constant acceleration, and constant jerk; and (2) to define the passive biomechanics of the limb by applying short duration pulses of torque to the limb combined with the limb’s position, velocity, and acceleration. This work is unique in the recognition of the limb with spasticity as a closed loop system consisting of the biomechanics of the limb and the reflexes (due to motion) feeding back on that limb. As a result of using the new tool, many therapy protocols such as hippotherapy, stretching, hydrotherapy, range of motion exercises, and others may be found to be of significant benefit to one component of spasticity over the other.
Aging After Spinal Cord Injury: Three Decades of Longitudinal Research

Shepherd Center, Inc.
Crawford Research Institute
2020 Peachtree Road Northwest
Atlanta, GA 30309-1465

Principal Investigator: J. Stuart Krause, PhD, 404/350-7551
Public Contact: Glenn Allen, 800/582-6360; 404/350-7670; Fax: 404/350-7596

Project Number: H133G010009
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $149,850

Abstract: This study performs a sixth data collection in the ongoing Minnesota longitudinal study (MLS) in order to identify how the life situation of people with SCI has changed over the past three decades, with an emphasis on evaluating the roles of aging and environmental change. This study has used a revolving prospective panel design that follows participants longitudinally over time, adding new samples at different times to counteract attrition. The study was initiated in 1973, with three subsequent follow-ups carried out over a 25-year period (1984, 1988, 1993, and 1998). A Southeastern sample was added in 1993 to add a more diverse participant sample with a larger portion of women and minorities. The 699 respondents from the 25-year follow-up and a new sample of 500 individuals with SCI are to be asked to complete materials. This sixth study stage is the most extensive follow-up yet performed, with the addition of several new measures that include: (1) portions of the Behavioral Risk Factor Surveillance System (BRFSS); (2) expanded assessment of employment history; (3) a measure of depression that was specially designed to avoid items that are confounded with health conditions (the Older Adult Health and Mood Questionnaire, OAHMQ); and (4) a standardized measure of environment, the Craig Hospital Inventory of Environmental Factors (CHIEF). This study also has the added benefit of greater consumer involvement at each step of the study. Results of the study enhance both rehabilitation professionals’ and consumers’ understanding of the consequences of aging with SCI and lay the foundation for future interventions.
The SPIRATE Project (Spinal Injury Risk Assessment for ThromboEmbolism)

Rehabilitation Institute Research Corporation
345 East Superior Street, Room 1407
Chicago, IL 60611
d-green@nwu.edu

**Principal Investigator:** David Green, MD, PhD
**Public Contact:** 312/238-4701; Fax: 312/238-1815

**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; FY 01 $143,645

**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.
Field-Initiated Projects (FIPs)
Illinois

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

University of Illinois/Chicago
College of Health and Human Development Sciences
Department of Human Nutrition and Dietetics
M/C 517
Chicago, IL 60612
braunsch@uic.edu
http://www.uic.edu/orgs/sci-adapt

Principal Investigator: Carol Braunschweig, PhD
Public Contact: 312/996-8055; Fax: 312/413-0319

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; FY 01 $149,659
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.
Field-Initiated Projects (FIPs)
Illinois

Development of an Intelligent Therapeutic Stretching Device for Stroke Patients

Rehabilitation Institute of Chicago
345 East Superior Street, Room 1406
Chicago, IL 60611-4496
l-zhang@northwestern.edu
http://p3.smpp.northwestern.edu

Principal Investigator: Li-Qun Zhang, PhD
Public Contact: 312/238-4767; Fax: 312/238-2208

Project Number: H133G010066
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 01 $148,822

Abstract: This project develops a useful and practical ankle stretching device with advanced control features that can be used by therapists and individuals who are post-stroke. Project activities include: (1) developing a portable stretching device with intelligent control to stretch an ankle joint with spasticity/contracture safely and repeatedly throughout the ankle range of motion (ROM) to reduce spasticity/contracture, (2) evaluating the outcome quantitatively, and (3) comparing it with a continuous passive motion (CPM) machine. The device stretches the joint safely to extreme dorsi- and plantar-flexion until a specified peak resistance torque is reached with precise control of stretching velocity, based on resistance torque. Outcome is evaluated quantitatively in multiple aspects during each of the stretching sessions. Changes in joint intrinsic properties are quantified by the passive ROM, joint stiffness, viscous damping, and energy loss during the controlled passive stretching, while the reflex changes are quantified by reflex gain and threshold. Functional changes induced by the stretching are evaluated through the active ROM, plantar and dorsi-flexor co-contraction, and foot-drop and walking speed during locomotion. In general, similar stretching devices can be developed to treat spastic joints other than the ankle and other neurologically impaired populations troubled by spasticity/contracture. Finally, the stretching device is portable and has a relatively low cost, making it convenient and economical for patients to use in a clinic or at home.
Development of a Pressure Ulcer Prevention Beliefs Instrument for Persons with Spinal Cord Injury

Rehabilitation Institute Research Corporation
345 East Superior Street, Room 1436
Chicago, IL 60611-4496
rbking@northwestern.edu

Principal Investigator: Rosemarie B. King, PhD
Public Contact: 312/908-8038; Fax: 312/503-5868

Project Number: H133G010058
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $148,101

Abstract: This project develops a measure that clinicians can use to assess the health beliefs of persons with SCI regarding pressure ulcer (PU) prevention. The goals of the study are to: (1) develop an instrument to measure PU-prevention health beliefs that is reliable by collecting qualitative data on perceptions about PU risk and seriousness, barriers to and benefits of preventive skin care, and confidence in performing skin care; (2) develop a health beliefs instrument that is structurally and theoretically valid; and (3) describe the pressure ulcer prevention beliefs of 375 persons with recent or chronic SCI. Findings facilitate the development of health belief-based interventions that address the multifactorial basis of risk for PU development. The addition of skin care health beliefs to risk prediction instruments should increase the predictive power of such instruments.
Consumers’ Participation in Nursing Home Decision-making
Preferences and Perceptions

University of Maryland/Baltimore County
Policy Sciences Graduate Program
1000 Hilltop Circle
Baltimore, MD 21250
nanmille@umbc.edu

Principal Investigator: Nancy Miller, PhD
Public Contact: 410/455-3889; Fax: 410/455-1172

Project Number: H133G000068
Start Date: June 1, 2000
Length: 36 months

NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 00 $149,556; FY 01 $149,067

Abstract: This project examines decision-making 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 decision-making 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 decision-making by consumers.
Field-Initiated Projects (FIPs)  
Maryland

Increasing States’ Allocations of Medicaid Dollars to Community-Based Care: Where Might Policy Intervene?

University of Maryland/Baltimore County  
Policy Sciences Graduate Program  
1000 Hilltop Circle  
Baltimore, MD 21250-0001  
nanmille@umbc.edu

Principal Investigator: Nancy Miller, PhD  
Public Contact: 410/455-3889; Fax: 410/455-1172

Project Number: H133G010023  
Start Date: September 1, 2001  
Length: 36 months  
NIDRR Officer: Ruth Brannon  
NIDRR Funding: FY 01 $148,706

Abstract: This research project features two related studies. First, the project examines factors that influence community-based care expenditures for different subgroups of individuals with disabilities. Analyses focus on Medicaid 1915(c) waiver expenditures, examining the effect of a set of state-level variables shown in previous work to be related to state fiscal effort, on expenditures for five segments of the population: the frail elderly, individuals with developmental disabilities, younger people with disabilities, persons with AIDS, and children with a variety of disabling conditions. Research identifies the extent to which variables amenable to policy influence are either shared, or differ across segments of the population with disabilities. Second, the project examines the relationship between increased use of 1915(c) waiver services and total, as well as institutional, long-term care expenditures. Research examines the extent to which states can redirect institutional dollars to community-based care without increasing total long-term care expenditures. Community-based care services are, on average, noticeably less costly than institutional services; if the site of care is the community rather than the institution more individuals are able to access care. Providing greater access to long-term care in preferred community settings, without increasing total long-term care costs, is viewed as evidence of cost effectiveness. Cost concerns have repeatedly been raised in discussions to expand community-based care. By focusing on Medicaid 1915(c) waiver programs, this project provides important cost effectiveness information not presently available.
Bilateral Arm Training in Patients with Chronic Hemiparesis

University of Maryland
100 Penn Street
Baltimore, MD 21201-1082
jwhitall@som.umaryland.edu

Principal Investigator: Jill Whitall, PhD
Public Contact: 410/706-0764; Fax: 410/706-6387

Project Number: H133G010111
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $148,579

Abstract: This project uses a randomized controlled study to test the validity of low intensity repetitive bilateral arm training with rhythmic auditory cuing to improve upper extremity (UE) motor function. This training program is based on principles of motor learning and control. A long-term objective of this research program is to understand the principles and mechanisms underlying UE stroke rehabilitation and to provide a scientific basis for planning treatments for stroke rehabilitation.
Measuring Functional Communication: Multicultural and International Applications

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
dpaulbrown@asha.org
http://www.asha.org

Principal Investigator: Diane Paul-Brown, 301/897-5700, ext. 4297
Public Contact: Carol Caperton, 301/897-5700, ext. 4231; Fax: 301/897-7354

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); FY 01 (No-cost extension through 12/31/01)

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.
Field-Initiated Projects (FIPs)
Massachusetts

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

University of Massachusetts Medical School
Department of Psychiatry
55 Lake Avenue North
Worcester, MA 01655
joanne.nicholson@umassmed.edu
http://www.umassmed.edu/pop

Principal Investigator: Joanne Nicholson, PhD
Public Contact: Jonathan Clayfield, 508/856-8721; Fax: 508/856-8700

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); FY 01 (No-cost extension through 6/30/02)
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.
Rep�tive Intensive Training Exercise: Effect on Upper Extremity
Motor Function in Spasticity

University of Michigan
Department of Physical Medicine and Rehabilitation
Wolverine Tower, Room 1056
3003 South State Street
Ann Arbor, MI 48109-0042
ehurvitz@umich.edu

Principal Investigator: Edward Hurvitz, MD
Public Contact: 734/936-7200; Fax: 734/936-6121

Project Number: H133G000058
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $149,854; FY 01 $149,993

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

University of Minnesota
Program in Physical Therapy
Box 388 Mayo
Minneapolis, MN 55455
carey007@tc.umn.edu

Principal Investigator: James Carey, PhD
Public Contact: 612/626-2746; Fax: 612/625-7192

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; FY 01 (No-cost extension through 12/31/01)

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.
Effect of Electrical Stimulation on Brain Reorganization in Subjects with Stroke

University of Minnesota
MMC 388
Minneapolis, MN 55455-2070
carey007@umn.edu

Principal Investigator: James R. Carey, PhD
Public Contact: 612/626-2746; Fax: 612/625-7192

Project Number: H133G010077
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $149,995

Abstract: This project studies the effects of training finger movement control in subjects with stroke using a finger movement tracking paradigm on manual skill and also on brain reorganization, as measured by functional magnetic resonance imaging (fMRI). Although brain imaging studies show evidence of brain reorganization in individuals who have recovered from stroke, these studies have not examined the subjects before and after their rehabilitation. Electrical stimulation has been found to be effective in helping recover hand function in many but not all individuals with stroke. This project instructs subjects with stroke in aggressive (six hours per day) electrical stimulation treatment to be done in their own home. Furthermore, it explores whether the sensory bombardment that occurs centrally with electrical stimulation causes an expansion of cortical activity and whether this might be the mechanism for improved manual control following treatment. Subjects with stroke are assigned randomly to either an electrical stimulation group or a control group. Appropriate tests of manual performance as well as brain imaging using a 4 Tesla magnet are conducted at pretest, post-test, and follow-up. This research has the potential of uncovering important information on recovery from stroke that invites many more studies in the future.
Field-Initiated Projects (FIPs)
Minnesota

Personalized Health Care for Individuals with Physical Disabilities:
Satisfaction with Services and Outcomes

University of Minnesota
Institute on Community Integration
111 Pattee Hall
150 Pillsbury Drive Southeast
Minneapolis, MN 55455-0223
abery001@umn.edu

Principal Investigator: Brian Abery, PhD
Public Contact: 612/625-5592; Fax: 612/624-9344

Project Number: H133G010064
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 01 $149,834

Abstract: This project demonstrates both the direct and indirect effects of the AXIS approach to health care on the lives of adults with physical disabilities. AXIS Healthcare, a joint venture of Sister Kenny Institute and Courage, Inc., was formed to bring knowledge of physical disability to the application of managed care. When dealing with health issues, people with physical disabilities often find themselves battling not only illness but also the health care system itself; this project works in partnership with persons with physical disabilities to coordinate a high-quality, cost effective network of specialized services spanning the continuum of care. Over the course of the project, the health outcomes and satisfaction levels of individuals with physical disabilities taking part in this program are monitored on a regular basis. The health outcomes and satisfaction of a comparison group of individuals receiving care through traditional plans is also followed during this time. The project is conducted with the understanding that programs similar to this one are not likely to be established on a wide-scale basis until it can be empirically demonstrated that such programs have a significant impact on the quality of life of the people they serve. The project is a collaborative effort of The University of Minnesota, Courage Inc., AXIS Healthcare, and The Metropolitan Center for Independent Living in Minneapolis.
Creating Permanent Behavioral Health Access for Rural Missourians with TBI: Teleconferencing Application for Improved Services

University of Missouri/Columbia
DCO-46.00
One Hospital Drive
Columbia, MO 65212
schoppl@health.missouri.edu
http://www.telerehab.net

Principal Investigator: Laura Schopp, PhD
Public Contact: 573/882-2290; Fax: 573/884-4540

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; FY 01 (No-cost extension through 9/30/01)

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 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.
Field-Initiated Projects (FIPs)  
New Hampshire

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

University of New Hampshire  
62 College Road  
Morrill Hall  
Durham, NH 03824  
karene@cisunix.unh.edu

Principal Investigator: Karen Erickson, PhD; David Koppenhaver, PhD, 507/933-7444  
Public Contact: Karen Erickson, PhD, 603/966-8828; Fax: 603/966-9942

Project Number: H133G990501  
Start Date: June 1, 1999  
Length: 36 months  
NIDRR Officer: Carol Cohen  
NIDRR Funding: FY 99 $124,755; FY 00 $124,755; FY 01 $124,988

Abstract: This project creates a Web-based tool, the Adolescent Literacy Learning Link (ALL-Link), which provides adolescents with Severe Speech and Physical Impairments (SSPI) with an innovative, literary learning environment. ALL-Link features age-appropriate reading and writing activities that are 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.
Field-Initiated Projects (FIPs)
New Hampshire

Project PATH (Promoting Access, Transition, and Health)

University of New Hampshire
Recreation Management and Policy
Hewitt Hall, Room 105
Durham, NH 03824-3585
jrsable@cisunix.unh.edu
http://www.unh.edu/rmp/rmpfiles/path.htm

Principal Investigator: Janet Sable, PhD, 603/862-3401
Public Contact: Jill Gravink, 603/862-0070; Fax: 603/862-2722

Project Number: H133G000150
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $149,996; FY 01 $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.
Catecholaminergic Modulation of Working Memory in Traumatic Brain Injury: An fMRI Study of the Effects of D2 Dopaminergic and Alpha-2 Adrenergic Agonistics

Dartmouth College
DHMC
Department of Psychiatry
1 Medical Center Drive
Lebanon, NH 03756-0001
thomas.w.mcallister@dartmouth.edu
http://synapse.hitchcock.org

Principal Investigator: Thomas W. McAllister, MD, 603/650-5824
Public Contact: Patricia Shaw, 603/650-7552; Fax: 603/650-5842

Project Number: H133G000136
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 00 $150,000; FY 01 $150,000
Abstract: This project determines the role of dopaminergic (DA) and alpha-2 adrenergic (A2A) mechanisms in the memory deficits experienced after a 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.
Randomized Controlled Trial of Anti-Fatiguing Exercise to Improve Function in Multiple Sclerosis Patients

State University of New York (SUNY) at Buffalo
Department of Occupational Therapy
515 Kimball Tower
Buffalo, NY 14214
nfisher@buffalo.edu
http://ot.buffalo.edu/rehabphys

Principal Investigator: Nadine M. Fisher, EdD
Public Contact: 716/829-3141, ext. 145; Fax: 716/829-3217

Project Number: H133G010132
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 01 $150,000

Abstract: The goals of this study are: (1) to measure the changes in fatigue that result from a simulated workday and the next morning (incomplete recovery and residual fatigue); and (2) to study the effectiveness of a 16-week program of anti-fatiguing resistance exercises. Multiple Sclerosis (MS) is a demyelinating disease of the central nervous system; the most common symptom of MS is a generalized sense of fatigue and reduced function. Few studies have considered the role of exercise as a treatment for fatigue in people with MS. Subjects with MS are randomly assigned an exercise group and receive an individualized progressive resistance training program of anti-fatiguing exercises to perform three days per week in the lab or at home.
Acupuncture as an Adjunctive Treatment in Stroke Rehabilitation

Beth Israel Medical Center
Center for Health and Healing
245 Fifth Avenue, 2nd Floor
New York, NY 10016
sshiflet@chpnet.org
http://www.healthandhealingny.org

Principal Investigator: Samuel C. Shiflett, PhD, 646/935-2244
Public Contact: Fax: 646/935-2273

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; FY 01 $149,655

Abstract: This project designs and evaluates safe and efficacious ways acupuncture may be used to benefit the functional recovery of survivors of stroke when used in addition to standard rehabilitation. The project directly addresses the medical, cognitive, and psychological sequelae of stroke, and addresses which acupuncture points and model to use, when to start acupuncture, and the use of 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 optimal time to begin acupuncture therapy. 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

Mount Sinai School of Medicine
One Gustave L. Levy Place, Box 1240
New York, NY 10029
marcel.dijkers@mssm.edu

Principal Investigator: Marcel Dijkers, PhD
Public Contact: 212/659-8587; Fax: 212/348-5901

Project Number: H133G990221
Start Date: July 1, 2000
Length: 12 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $194,711; FY 01 $194,711

Abstract: This project increases understanding of community reintegration (CI) and quality of life for people with 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.
Field-Initiated Projects (FIPs)
New York

Interventions to Improve Memory in Patients with Multiple Sclerosis

State University at Stony Brook
Health Science Center T12-020
Department of Neurology
Stony Brook, NY 11784-8121

Principal Investigator: Lauren B. Krupp, MD, 631/444-8119
Public Contact: Pat Melville, RN, 631/444-8164; Fax: 631/444-6325

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; FY 01 $148,329

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.
Development of Valid and Reliable Measures of Postural Stability

Helen Hayes Hospital
Route 9W
West Haverstraw, NY 10993
crthhh@mindspring.com

Principal Investigator: Stephen H. Sprigle, PhD
Public Contact: 845/786-4806; Fax: 845/786-4875

Project Number: H133G010024
Start Date: October 1, 2001
Length: 24 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 01 $139,612

Abstract: This project validates four clinical measures of seated stability. An unresolved biomechanics problem for wheelchair users is maintaining functional trunk stability during upper extremity (UE) movement while achieving functional trunk mobility, when needed. Trunk stability is provided by the wheelchair backrest, but this trunk support is in direct conflict with trunk mobility. Back or trunk supports, which envelop the trunk, also restrict mobility. For wheelchair users, balancing sufficient trunk support with adequate trunk mobility has important functional and medical consequences. Better understanding of the posture-function relationship is needed to permit seated stability during activities of daily living while not hindering function by restricting trunk mobility. Assessing postural stability should be integral to every seating evaluation; however, clinicians have not been provided with valid measures of stability. This project tests three measures of stability previously defined in the literature (functional reach, sitting balance, and reach area) and introduces a fourth measure (bilateral reach). The predictive validity of all four measures is determined by correlating the respective measurements to results of a series of functional tasks. Concurrent validity is determined by correlating the results of the four clinical stability measures to each other. In addition, the measures undergo reliability testing. The outcome of this project is clinical measures of functional postural stability that have construct, concurrent, and predictive validity.
The Physiologic Basis of Functional Electrical Stimulation on Muscle Atrophy in Acute Spinal Cord Injury

Ohio State University
Physical Medicine and Rehabilitation
Dodd Hall
480 West Ninth Street
Columbus, OH 43210
mysiw.1@osu.edu

Principal Investigator: W. Jerry Mysiw, MD
Public Contact: 614/293-3801; Fax: 614/293-3809

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; FY 01 (No-cost extension through 4/30/02)

Abstract: This study characterizes the changes in muscle mass, morphology, and histochemistry in the first 6-7 months following acute 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.
**Field-Initiated Projects (FIPs)**
Oregon

**Traumatic Brain Injury Rehabilitation: The Argentina Project**

Oregon Health and Science University  
School of Medicine  
3181 Southwest Sam Jackson Park Road, L472  
Portland, OR 97201-3098  
chesnutr@ohsu.edu  
http://www.ohsu.edu/som-ntrg

**Principal Investigator:** Randall Chesnut, MD  
**Public Contact:** 503/494-3217; Fax: 503/494-7161

**Project Number:** H133G000154  
**Start Date:** August 1, 2000  
**Length:** 36 months  
**NIDRR Officer:** Theresa San Agustin, MD  
**NIDRR Funding:** FY 00 $149,905; FY 01 $149,645

**Abstract:** This project compares a cohort of 200 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 is evaluated and regression analysis is 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.
Field-Initiated Projects (FIPs)  
Rhode Island

Shake It Up for Alcohol and Substance Use Reduction! Health Promotion and Capacity Building for Persons with Traumatic Spinal Cord Injuries

Brown University  
Center for Alcohol and Addiction Studies  
Box G-BH  
Providence, RI 02912  
pamela_block@brown.edu

Principal Investigator: Pamela Block, PhD  
Public Contact: 401/444-1832; Fax: 401/444-1850

Project Number: H133G010094  
Start Date: January 1, 2002  
Length: 36 months  
NIDRR Officer: Delores Watkins  
NIDRR Funding: FY 01 $149,783

Abstract: Project Shake It Up provides individualized and self-directed supports in the areas of physical activity, recreation, life skills, health promotion, and prevention, including alcohol and substance use reduction, for people with SCI. The project attempts to motivate positive life changes and build the capacities of individuals with SCI through the development of peer support networks and self-advocacy. Project Shake It Up also builds the capacity of two local nonprofit organizations controlled and staffed primarily by individuals with disabilities: Shake-A-Leg, Inc., whose focus is recreation and rehabilitation, and PARI, a center for independent living. Project objectives include: (1) developing a culturally competent training and recreation program, including a manual that addresses independent living issues such as disability rights, self-advocacy, education, employment, transportation, sexuality, alcohol and substance use, and health promotion; (2) implementing and evaluating the Shake It Up program for health promotion, physical activity, and alcohol and substance use reduction; (3) establishing peer-support networks to provide long-term support for intervention participants; (4) increasing the capacity of Shake-A-Leg and PARI to promote alcohol and substance use reduction through health promotion and empowerment; and (5) disseminating the program nationwide by making the manual the Shake It Up model widely available.
Health Promotion for Women Aging with Disability

Baylor College of Medicine
Department of Physical Medicine and Rehabilitation
Center for Research on Women with Disabilities
3440 Richmond Avenue, Suite B
Houston, TX 77046-3403
mnosek@bcm.tmc.edu; rhughes@bcm.tmc.edu
http://www.bcm.tmc.edu/crowd

Principal Investigator: Margaret A. Nosek, PhD
Public Contact: Rosemary Hughes, PhD, 713/960-0505; Fax: 713/961-3555

Project Number: H133G000226
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 00 $149,940; FY 01 $149,998

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.
Assessment of Social Communication Abilities Following Traumatic Brain Injury

The Institute for Rehabilitation and Research (TIRR)
1333 Moursund
Houston, TX 77030-3498
strucm@tirr.tmc.edu

Principal Investigator: Margaret Struchen, PhD
Public Contact: 713/666-9550; Fax: 713/383-5695

Project Number: H133G010152
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 01 $149,657

Abstract: This project is guided by a model of social communication that includes cognitive components, awareness, the social environment, and receptive, processing, and expressive components. Activities include: (1) adapting social skills measures used with other populations to test the receptive, processing, and expressive social communication abilities of persons with TBI and comparing the results to those of a group of matched control subjects; (2) assessing the relationship between social communication ability and functional outcome for persons with TBI and their family members; and (3) investigating the relationship between executive functioning abilities and social communication skills, in an effort to determine the cognitive functions underlying social skills impairment. The study is expected to result in a clinically feasible and meaningful way to assess social communication abilities, which can be a guide to clinicians in developing empirically driven interventions to improve social skills.
Quantitative Study of Anterior and Posterior Walker Usage Dynamics in Children with Cerebral Palsy

Marquette University
Orthopaedic and Rehabilitation Engineering Center
P.O. Box 1881
Milwaukee, WI 53201-1881
gerald.harris@marquette.edu
http://www.eng.mu.edu/rehab/orec.htm

Principal Investigator: Gerald F. Harris, PhD, PE, 414/288-0698
Public Contact: Deborah Epps, Project Administrator, 414/288-0696; Fax: 414/288-0713

Project Number: H133G010069
Start Date: November 1, 2001
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 01 $149,995

Abstract: This study enables caregivers to make more informed decisions regarding proper walker selection and follow-up by comparing the effects of anterior walkers versus the effects of posterior walkers among ambulatory patients with spastic cerebral palsy. It also provides a quantitative foundation for improving future pediatric walker designs. A hallmark of this study is the acquisition of functional performance data using standardized mobility test instruments. Each child entered into the study is evaluated using the Gross Motor Function Measure (GMFM), in addition to the Pediatric Outcomes Data Collection Instrument (PODCI) at each stage of the study. The children also undergo standardized spasticity testing with the Ashworth and Tardieu assessment scales. Final statistical comparison/correlation of the quantitative (biomechanical) and functional assessment test results is used to streamline the walker evaluation process and offer a more practical tool for assessment and walker prescription.
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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Technologies for Children with Orthopedic Disabilities

Los Amigos Research and Education Institute, Inc. (LAREI)
Rancho Los Amigos National Rehabilitation Center
12841 Dahlia Street, Building 306
Downey, CA 90242
info@ranchorep.org
http://www.ranchorep.org

Principal Investigator: Donald McNeal, PhD; Sam Landsberger, ScD
Public Contact: 562/401-7994 (V); Fax: 562/803-6117

Project Number: H133E003001
Start Date: November 1, 2000
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $650,000; FY 01 $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, SCI, 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 Children’s Hospital LA. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.
Smith-Kettlewell Rehabilitation Engineering Research Center

Smith-Kettlewell Eye Research Institute
2318 Fillmore Street
San Francisco, CA 94115
rerc@ski.org
http://www.ski.org/Rehab

Principal Investigator: John A. Brabyn, PhD, 415/345-2110
Public Contact: 415/345-2000; Fax: 415/345-8455

Project Number: H133E001002
Start Date: August 1, 2000
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $650,000; FY 01 $650,000

Abstract: This project conducts research and development for persons who are blind or who have visual impairments. For infants, the project explores a new objective means of identifying and differentiating vision and cognitive impairments using visually-evoked potentials (VEPs), facilitating the design of optimal rehabilitation plans for each child. For individuals who have co-existing disabilities (in addition to blindness or a visual impairment), the project explores new solutions for wheelchair travel. It also investigates independent travel technology for those with combined visual and cognitive impairments. For the older age group, the project explores practical tools allowing lay personnel to screen and assess visual impairments affecting problems unique to this age group, so they can be identified and referred to appropriate clinical or rehabilitation specialists quickly. For consumers who are deaf-blind, the project develops a new generation of communication devices, greatly expanding the functions performed by existing products. It also explores novel approaches to graphics access by persons who are blind or who are deaf-blind, using virtual reality, sonification, and force feedback technologies. An innovative program of vocational and daily living technology development includes intensive interaction with service providers and applications of computer vision.
Rehabilitation Engineering Research Centers (RERCs)
District of Columbia

Rehabilitation Engineering Research Center on Hearing Enhancement

Gallaudet University
Division of Audiology and Speech-Language Pathology
Kendall Greene
800 Florida Avenue Northeast
Washington, DC 20002
info@hearingresearch.org
http://www.hearingresearch.org

Principal Investigator: Matthew H. Bakke, PhD, 202/651-5335
Public Contact: Lois O’Neil, Dissemination Coordinator, 718/350-3203 (V/TTY); Fax: 718/899-3433

Project Number: H133E010107
Start Date: August 1, 1998
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $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 AT. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.
Rehabilitation Engineering Research Centers (RERCs)
District of Columbia

Rehabilitation Engineering Research Center on Telerehabilitation

MedStar Research Institute
National Rehabilitation Hospital
102 Irving Street Northwest
Washington, DC 20010
michael.j.rosen@medstar.net
http://www.telerehab-nrh.org

Principal Investigator: Michael Rosen, PhD
Public Contact: Donal Lauderdale, 202/877-1554; Fax: 202/723-0628

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; FY 01 $950,000
Other Funding: FY 01 $1,040,000 (Assistive Technology Research Center, U.S. Army Medical and Material Command)

Abstract: This center conducts research on various models of delivering rehabilitation services at a distance: telerehabilitation. Its development activities focus on exploiting promising technology to benefit people with disabilities. Research projects encompass the areas of: Telehomecare—telesupport to caregivers of stroke victims; Telecoaching—remote jobsite coaching of persons with mental disabilities; Telehealth pain management—psychological intervention at a distance; and Behavioral Virtual Reality—investigation and training of social and attending behaviors using virtual environment technology. Further research efforts explore integrating telerehabilitation into today’s health care delivery system and finding effective means for extending rehabilitation services to the peoples of the Pacific Rim. The center is also engaged in development projects focusing on Telemonitoring, passive sensing of functional performance and health parameters using unobtrusive instrumentation; HomeTelerehab, interactive systems for remote delivery of therapy, assessment, teaching, and demonstration at home; and Teleplay, therapeutic play, including embedded teleassessment for children with disabilities. The Center establishes the following National Resource activities: (1) a Home Care and Telerehabilitation Technology Center; (2) a Home Care and Telerehab Education/Training Center; and (3) a Virtual Library on Telerehabilitation that serves as the focal point for information dissemination on telerehab-germane practice, policy, and technology. The work of the Center spans three institutions: The National Rehabilitation Hospital, The Catholic University of America, and Sister Kenney Rehabilitation Services.
Rehabilitation Engineering Research Centers (RERCs)
Florida

Rehabilitation Engineering Research Center on Technology for Successful Aging

University of Florida
596 Museum Road
Gainesville, FL 32610
wmann@hp.ufl.edu

Principal Investigator: William C. Mann, PhD, 352/392-2617
Public Contact: Susan L. Boldt, Information Coordinator, 800/628-2281 (V/TTY)

Project Number: H133E010106
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 01 $900,000

Abstract: The RERC-Tech-Aging conducts research, development, education, and information dissemination work on technology for successful aging. Projects of the RERC focus on the closely related areas of communications, home monitoring, and “smart” technologies. The technology driving the focus for this RERC is developing rapidly and requires an understanding of current and emerging technology areas, including wireless technology, computers, sensors, user interfaces, control devices, and networking. Successful integration of this technology into products and systems for older persons requires an understanding of their complex health, independence, and quality-of-life issues. The RERC-Tech-Aging tests currently available home monitoring products and demonstrates their effectiveness in relation to independence, quality of life, and health related costs. The RERC-Tech-Aging also identifies needs and barriers to home monitoring and communication technology, and addresses needs of special populations including rural-living, elders, and people aging with disability. The RERC-Tech-Aging brings together national expertise to meet this challenge, including major universities, industry leaders working in this area, major aging or aging-related organizations, major federal agencies that relate to funding or services in this area, other NIDRR-funded RERCs and RRTCs, and service-related organizations that assist in identifying study participants.
Rehabilitation Engineering Research Centers (RERCs)
Georgia

Rehabilitation Engineering Research Center on Mobile Wireless Technologies for Persons with Disabilities

Georgia Center for Advanced Telecommunications Technology (GCATT)
Georgia Institute of Technology
250 - 14th Street
Atlanta, GA 30324
helena.mitchell@gcatt.gatech.edu

Principal Investigator: Helena Mitchell, PhD; Michael Jones, MD, Shepherd Center; John Peifer, Georgia Tech
Public Contact: 404/894-0058 (Mitchell); 404/352-2020 (Jones); 404/894-7028 (Peifer); Fax: 404/894-1445

Project Number: H133E010804
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 01 $1,000,000

Abstract: This project develops appropriate and effective applications of wireless technologies that enhance the independence of people with disabilities. With an overall goal of promoting independence and autonomy of people with disabilities, the RERC has two primary aims: (1) ensure equitable access to mobile wireless products and services by people with disabilities of all ages and abilities; and (2) investigate promising applications of mobile wireless technologies in support of employment, independent living, and community integration of people with disabilities. To accomplish these aims, the RERC is organized into three main sections: The Research Section investigates needs, policies, and promising applications of mobile wireless technologies to promote independence. Research initiatives include assessment of user needs, evaluation of emerging technologies, and policy initiatives that influence the practices, policies, and regulations that affect accessibility of wireless technologies. The Development Section includes projects that address universal access, investigation of new applications of wireless technologies, and innovative design solutions to support independent living of people with disabilities. The Training and Dissemination Section promotes the synthesis of new knowledge into practice.
Rehabilitation Engineering Research Center on Prosthetics and Orthotics

Northwestern University
Rehabilitation Engineering Research Program and Prosthetics Research Laboratory
345 East Superior Street, Room 1441
Chicago, IL 60611
reiu@northwestern.edu; d-childress@northwestern.edu
http://www.repoc.northwestern.edu

Principal Investigator: Dudley S. Childress, PhD, 312/238-6500
Public Contact: Resource Unit Help Line, 312/238-6524 (V); 312/238-6530 (TTY); Fax: 312/238-6510

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; FY 01 $900,000

Abstract: This program studies human performance as assisted by prosthetic and orthotic systems, with the aim of engineering 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) investigation of shock absorption properties of the human locomotor system; (3) mechanical considerations for improved crutch ambulation; (4) studies of standard human walking; (5) determination of prosthetic foot roll-over shapes and other characterizations; (6) examination of the effects of shoes on kinematic and kinetic parameters of gait; (7) development of a portable, real-time, 3-D gait evaluation system (3-D Direct Ultrasound Ranging System) that is able to provide estimates of walking quality (outcomes) using a simple technology; (8) 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; (9) 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; (10) study of factors affecting reach when using a trans-humeral prosthesis; (11) development of humeral rotation mechanisms, particularly for persons with bilateral trans-humeral limb loss; (12) advancement of the design of several P&O components and systems to stages of technology transfer and utilization; (13) collaboration with the RERC on Land Mines and others engaged in related research; and (14) publication of work in scholarly journals; presentations at conferences; and interaction with consumers, clinicians, engineers, scientists, and the general public through a quarterly newsletter, the telephone, the Internet, and through personal meetings.
Rehabilitation Engineering Research Centers (RERCs)
Illinois

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

Physicians Against Land Mines
Center for International Rehabilitation
351 East Huron, Second Floor Annex
Chicago, IL 60611
h-casanova@nwu.edu
http://www.banmines.org

Principal Investigator: William Kennedy Smith, MD; Dudley S. Childress, PhD
Public Contact: Hector Cassanova, Project Coordinator, 312/926-0030; Fax: 312/926-7662

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; FY 01 $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 Centers (RERCs)  
Michigan  

Rehabilitation Engineering Research Center on Ergonomic Solutions for Employment  

University of Michigan  
Center for Ergonomics  
1205 Beal Avenue  
Ann Arbor, MI 48109-1217  
umrerc@umich.edu  
http://umrerc.engin.umich.edu  

Principal Investigator: Thomas J. Armstrong, PhD, 734/763-3742  
Public Contact: Sheryl S. Ulin, PhD, 734/615-2683; Fax: 734/764-3451  

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; FY 01 $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 Centers (RERCs)
New York

Rehabilitation Engineering Research Center on Technology Transfer

State University of New York (SUNY) at Buffalo
Center for Assistive Technology
515 Kimball Tower
Buffalo, NY 14214
jimleahy@acsu.buffalo.edu
http://cat.buffalo.edu

Principal Investigator: Joseph Lane
Public Contact: James Leahy, 716/829-3141 (V); 800/628-2281 (TTY); Fax: 716/829-3217

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; FY 01 $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 online 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 AT products available in the marketplace that benefit professional service providers, family members, and people with disabilities.
Rehabilitation Engineering Research Centers (RERCs)
New York

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

State University of New York (SUNY) at Buffalo
Department of Architecture
378 Hayes Hall
Buffalo, NY 14214
rercud@ap.buffalo.edu
http://www.ap.buffalo.edu/~idea
http://www.ap.buffalo.edu/~rercud

Principal Investigator: Edward Steinfeld, ArchD, 716/829-3485, ext. 336
Public Contact: Assistant Director, 716/829-3485, ext. 335; Fax: 716/829-3861

Project Number: H133E990005
Start Date: November 1, 1999
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $599,965; FY 00 $599,952; FY 01 $599,932
Abstract: The RERC on Universal Design and the Built Environment promotes the adoption of universal design. Research programs include 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 conducting post-occupancy evaluations of buildings currently in use. Product development efforts include development of prototypes for innovative universally designed products, evaluation and testing of these prototypes, and commercialization assistance to facilitate bringing each prototype to market. The Visitability Initiative conducts training and action research in eight cities to develop visitability demonstration projects, and is a collaboration with Concrete Change, a consumer advocacy organization focusing on making housing “visitable” by people with disabilities. The RERC’s activities also include universal design education and technical assistance, along with publication and dissemination of universal design resources.
Rehabilitation Engineering Research Centers (RERCs)
North Carolina

Rehabilitation Engineering Research Center on Communication Enhancement

Duke University
Department of Surgery
Division of Speech Pathology and Audiology
Duke University Medical Center, Box 3888
Durham, NC 27710
aac-rerc@mc.duke.edu
http://www.aac-rerc.com

Principal Investigator: Frank DeRuyter, PhD, 919/684-6271
Public Contact: Kevin Caves, BSME, ATP, 919/681-9983; Fax: 919/681-9984

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; FY 01 $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.
Technology for Access and Function

Rehabilitation Engineering Research Centers (RERCs)
North Carolina

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

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

Principal Investigator: Molly Story, 303/399-8133
Public Contact: Sallie Haile, 800/647-6777 (V/TTY, information requests only); 919/515-8547 (V/TTY); Fax: 919/515-3023

Project Number: H133E990002
Start Date: September 1, 1999
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 99 $399,989; FY 00 $399,967; FY 01 $399,955

Abstract: This program improves the accessibility and usability of the built environment and advances the field of universal design. To achieve its goals, the RERC conducts an integrated program of research and development programs, training programs, and a comprehensive program of information and referral and technical assistance. The major Center research project is developing multidisciplinary environmental assessment tools to evaluate the complex and dynamic relationship between the individual and the environment. Another research project is documenting a set of case studies of successful universal design implementations. Development projects include creating model architectural plans and products that demonstrate maximum universal usability. Training activities include postsecondary and continuing education and supporting the biennial international conference on universal design.
Rehabilitation Engineering Research Centers (RERCs)
Pennsylvania

Rehabilitation Engineering Research Center on Wheeled Mobility

University of Pittsburgh
School of Health and Rehabilitation Sciences
Rehabilitation Science and Technology
Forbes Tower, Suite 5044
Pittsburgh, PA 15260
dbrienza@pitt.edu
http://www.rerc.pitt.edu

Principal Investigator: David M. Brienza, PhD; Clifford Brubaker, PhD
Public Contact: 412/383-6591 (V); 412/383-6598 (TTY); Fax: 412/383-6597

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; FY 01 $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 Centers (RERCs)
Pennsylvania

Rehabilitation Engineering Research Center on Wheelchair Transportation Safety

University of Pittsburgh
School of Rehabilitation and Health Sciences
Department of Rehabilitation Science and Technology
Forbes Tower, Suite 5044
Pittsburgh, PA 15260
ginaber@pitt.edu

Principal Investigator: Gina E. Bertocci, PhD
Public Contact: 412/383-6595; Fax: 412/383-6596

Project Number: H133E010302
Start Date: November 1, 2001
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 01 $868,840

Abstract: This program improves the safety of wheelchair users who remain seated in their wheelchair while using public and private motor-vehicle transportation. RERC tasks investigate and develop new wheelchair tiedown and occupant restraint system technologies, including wheelchair-integrated restraints and universal docking concepts, that enable wheelchair users to secure and release their wheelchair independently and quickly, and use an effective occupant restraint system without the need for assistance. The RERC also researches the issues and factors involved in providing improved occupant protection to wheelchair-seated drivers and passengers in rear and side impacts, and uses a multifaceted approach, including in-depth investigations of real-world accidents, to investigate the incidence, severity, and causes of injuries to wheelchair-seated occupants in different sizes of vehicles and in different types of crashes and non-impact incidents experienced during vehicle motion. In particular, this RERC explores the need for, and suitability of, using different levels of wheelchair securement and occupant restraint in larger public transit vehicles, with the goal of recommending and developing equipment and systems that provide for a safe ride using equipment and procedures that are more compatible with the operational needs of the transit environment. The program includes a comprehensive research and development effort that involves consumers, manufacturers, students, clinicians, transport providers, and rehabilitation technology experts. The RERC also has active programs of information dissemination, training, and technology transfer using personnel, mechanisms, and facilities that have been previously established at the University of Pittsburgh/University of Michigan.
Rehabilitation Engineering Research Centers (RERCs)
Wisconsin

Rehabilitation Engineering Research Center on Information Technology Access

University of Wisconsin/Madison
Trace Research and Development Center
5901 Research Park Boulevard
Madison, WI 53719-1252
info@trace.wisc.edu
http://trace.wisc.edu/itrerc

Principal Investigator: Gregg C. Vanderheiden, PhD, 608/263-5788
Public Contact: Nancy Gores, 608/262-2309 (V); 608/263-5408 (TTY); Fax: 608/262-8848

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; FY 01 $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 Centers (RERCs)
Wisconsin

Rehabilitation Engineering Research Center on Telecommunication Access

University of Wisconsin/Madison
Trace Center, College of Engineering
5901 Research Park Boulevard, Suite 200
Madison, WI 53719-1252
info@trace.wisc.edu
http://trace.wisc.edu/telrerc

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; FY 01 $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. Activities of the Center include research, applied research and development, training and technical assistance, and dissemination and utilization. Technologies being addressed include: (1) customer premises equipment (CPE) of all types, including phones, video phones, pagers, messaging systems, etc.; (2) telecommunication systems and services, including voice mail, interactive voice response systems, etc.; (3) network topologies; (4) telecommunications standards; and (5) next-generation multimedia telecommunication systems, including telecollaboration, virtual meetings, etc. The primary focus is on making these systems directly usable by people with all types and degrees of disability. A secondary focus is ensuring compatibility with assistive technologies such as TTYs, assistive listening devices, alternative input devices, and devices with alternative displays.
Wayfinding Technologies for People with Visual Impairments: Research and Development of an Integrated Platform

Sendero Group, LLC
1118 Maple Lane
Davis, CA 95616-1723
mikemay@senderogroup.com
http://www.senderogroup.com

Principal Investigator: Michael May
Public Contact: 530/757-6800; Fax: 707/598-4896

Project Number: H133A011903
Start Date: December 1, 2001
Length: 60 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $449,065

Abstract: This project develops a hardware and software platform that provides accessible location and navigation information for people who are blind or who have visual impairments who are traveling in indoor and outdoor environments. Development activities focus on creating an effective user interface and developing a common hardware and software platform that exploits the Global Positioning System (GPS) and other current and emerging navigation technologies. Specific activities include integrating navigation aids that have been developed by Sendero LLC (GPS Talk) and by the University of California-Santa Barbara/CMU group headed by Jack Loomis (the Personal Guidance System, or PGS). The platform also accesses information from other devices, including Talking-Signs® type devices, intersection signalization controls, an indoor digital sign system to be developed during this project at the University of Minnesota, a spatialized tactile stimulator to be developed at UCSB, a dead reckoning pedestrian navigation system, and cellular phones with GPS capabilities. For navigating in outdoor environments, a system could aid pedestrians who are blind at complex intersections and roundabouts, and devices could assess and prevent veer.
Disability and Rehabilitation Research Projects
California

Assistive Technology Research Network on Technology for Independence

California Foundation for Independent Living Centers (CFILC)
660 J Street, Suite 270
Sacramento, CA 95814
http://www.cfilc.org
http://www.atnet.org

Principal Investigator: Tanas Doe, PhD
Public Contact: Patricia Yeager, Project Coordinator, 916/325-1690; Fax: 916/325-1699

Project Number: H133A010702
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 01 $299,910

Abstract: This project increases the capacity of the independent living community to collect research data on access and use of AT to improve the lives of people with disabilities. To work with its members and stakeholders. Using a participatory research approach, the California Foundation for Independent Living Centers (CFILC) plans to use an ecological model to develop cumulative research data on the use of and access to AT by people with disabilities. University researchers train participants in research methods and assist with data collection and analysis. Community advocates conduct focus groups, surveys, and action research in their respective regions. Advocates also train university students in community-based research related to AT and independent living.
Disability and Rehabilitation Research Projects
Georgia

Information Technology Technical Assistance and Training Center
(ITTATC)

Georgia Institute of Technology
Center for Assistive Technology and Environmental Access (CATEA)
490 Tenth Street
Atlanta, GA 30332-0156
ittac@arch.gatech.edu
http://www.ittatc.org

Principal Investigator: Joseph Koncelik, 404/894-4960
Public Contact: 866/948-8282; Fax: 404/894-9320

Project Number: H133A000405
Start Date: November 1, 2000
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $1,500,000; FY 01 $1,500,000

Abstract: This project provides information, training, and technical assistance to support the implementation of Section 508 of the Rehabilitation Act and Section 255 of the Telecommunications Act. The Center promotes the benefits of universal design to technology manufacturers, product designers and engineers, technical writers, marketers, and purchasers of IT. It also works closely with federal regulatory agencies including 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. The Information Technology Technical Assistance and Training Center is a collaborative project of the Center for Assistive Technology and Environmental Access, World Institute on Disability, Community Options, Inc., Information Technology Association of America, Trace Center at the University of Wisconsin Madison, NIDRR’s Disability and Business Technical Assistance Centers, and ITTATC’s National Advisory Council.
Disability and Rehabilitation Research Projects
Kansas

Mental Retardation and Technology Disability and Rehabilitation Research Project

University of Kansas
Beach Center on Disability
1200 Sunnyside Avenue, Room 3136
Lawrence, KS 66045-7555
wehmeyer@ku.edu

Principal Investigator: Michael Wehmeyer, PhD
Public Contact: 785/864-0723; Fax: 785/864-3458

Project Number: H133A010602
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 01 $299,871

Abstract: This project increases the ability of people with mental retardation and other cognitive disabilities to use electronic and information technology as well as assistive and universally designed technologies. It examines current technology design features, gaps that exist in its utilization, what state-of-the-art technology exists or is emerging that would provide benefits, and what modifications to existing or new technology would enhance this population’s inclusion in the community and integration into the workplace. The project includes two national consensus conferences, in conjunction with the national conferences held annually or semi-annually by American Association on Mental Retardation (AAMR) and The Arc of the United States, to address these issues. Additional activities include reviewing and synthesizing the extant literature, canvassing existing disability-related technology advocates and associations (including Tech Act Centers and related entities), and conducting focused interviews of key stakeholders. The project also includes a Special Interest Group on Technology and Mental Retardation through the AAMR, which allows stakeholders in the field the opportunity to participate in all project activities. A national expert advisory panel consisting of representatives from national disability organizations, manufacturers, people with mental retardation, experts in the field, and parent/family representatives are involved in all consensus-building activities and advise the project through its duration. The project is a collaboration of the Beach Center on Disability at the University of Kansas, The Arc, the AAMR, AbleLink Technologies, the Coleman Institute on Cognitive Disabilities, the Self-Advocate Coalition of Kansas and the Joseph P. Kennedy Jr. Foundation.
Disability and Rehabilitation Research Projects
Missouri

Assistive Technology in the Community

Washington University
School of Medicine
Occupational Therapy
4444 Forest Park Avenue
St. Louis, MO 63108
grayda@msnotes.wustl.edu

Principal Investigator: David B. Gray, PhD, 314/286-1658
Public Contact: Kerri Morgan, 314/286-1659; Fax: 314/286-1601

Project Number: H133A010701
Start Date: January 1, 2002
Length: 60 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $300,000

Abstract: This project promotes AT as a means of increasing participation in major life activities by people with disabilities. Project activities include: (1) assessing the use, disuse, injury, and effects that AT has on the participation of people with disabilities in major life activities, to determine what technologies are of the most benefit in community settings; (2) implementing a community-based AT program in collaboration with Paraquad, a nationally recognized Center for Independent Living, to improve the satisfaction of participants in their self-chosen life activities; (3) educating consumers, independent living staff, educators, health care professionals, AT industry leaders, and public policy-makers about the influence AT has on major life activities.
Advancing Assistive Technology Outcomes

Duke University
Division of Speech Pathology and Audiology
DUMC-3887
Durham, NC 27710
frank.deruyter@duke.edu

Principal Investigator: Frank DeRuyter, PhD
Public Contact: 919/681-9983 (V); 919/684-6626 (TTY); Fax: 919/681-9984

Project Number: H133A010401
Start Date: November 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $449,787

Abstract: This program advances the field of AT outcomes measurement. Research activities include: (1) performing a critical analysis of existing approaches to measurement and further developing instruments that are promising; (2) identifying unmet needs and assessing barriers to AT outcomes measurement; and (3) undertaking a prospective longitudinal study of factors associated with assistive device adoption, use, and discontinuance. Development activities include: (a) developing and evaluating independent electronic data collection or computer-assisted systems for the capture, analysis, and interpretation of AT outcomes information; (b) developing and evaluating improved methods and systems for communication of outcomes information among significant stakeholders; (c) automatic log file performance data-capturing for AT outcomes assessment; and (d) development of new or improved AT outcomes tools.
Think and Link: Email for Individuals with Cognitive Disabilities

Western Oregon University
Teaching Research Division
99 West Tenth Avenue, Suite 370
Eugene, OR 97401
mckay@oregon.uoregon.edu

Principal Investigator: McKay Moore Sohlberg, PhD
Public Contact: 541/346-2586; Fax: 541/346-0599

Project Number: H133A010610
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $300,000

Abstract: This project improves the access and use of electronic mail by individuals with cognitive disabilities resulting from brain injury. The Internet’s email component has created an unparalleled communication network linking people for commercial and social purposes. It holds tremendous potential for lessening social isolation, one of the most pervasive and devastating consequences of brain injury. However, virtually nothing is known about what modifications are required to provide successful access to this technology to people with cognitive disabilities that result from brain injury. In addition, the diverse cognitive impairments confronting people with brain injury render an enormous challenge to the development of assistive devices that could improve accessibility to email. Activities of this project include: (1) identifying the wide range of issues critical for long-term, effective use of email by people with cognitive disabilities. (2) developing a diagnostic protocol, a cyber-evaluation of the potential of a person with cognitive disabilities to use electronic communication; (3) developing a software toolkit that allows caregivers, support persons, and professionals to fit an individual user with a customized email system; (4) creating a virtual clinic that supports widespread dissemination and use of these materials by cognitive rehabilitation professionals. An open-source software site on the web allows other worldwide researchers to use the new tools and contribute tools of their own.
Disability and Rehabilitation Research Projects
Virginia

Assistive Technology and Cognitive Disabilities

Brain Injury Association, Inc.
105 North Alfred Street
Alexandria, VA 22314
kflippo@biausa.org
http://www.biausa.org

Principal Investigator: Karen Flippo
Public Contact: 703/236-6000, ext. 108; Fax: 703/236-6001

Project Number: H133A010607
Start Date: November 1, 2001
Length: 60 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $299,982

Abstract: This project assesses the use of several types of information technologies by children and adults with cognitive disabilities, specifically individuals with TBI and mental retardation. Outcomes include: (1) a catalog of existing portable Devices for Memory and Organization (DMO), (2) a list of features that enhance or inhibit use of these general purpose and special-use technologies, (3) results of needs surveys regarding use of these technologies, (4) white papers describing project findings, (5) tip cards to assist families in purchasing devices, (6) stronger partnerships between the consumer and research and development communities, and (7) recommendations for memory and organization device modifications and features for individuals with brain injury and mental retardation. The Brain Injury Association, Inc. leads and administers this collaborative partnership, which includes the Traumatic Brain Injury Model Systems Projects at Moss Rehabilitation Research Institute and Spaulding Rehabilitation Hospital, the Institute on Disabilities/Center for Excellence on Developmental Disabilities at Temple University, and the University of Akron.
Disability and Rehabilitation Research Projects
Wisconsin

ATOMS Project: Assistive Technology Outcomes Measurement System Design

University of Wisconsin/Milwaukee
Center for Disability Related Sciences and Technology
School of Allied Health Professions
P.O. Box 413
Milwaukee, WI 53201-0413
atomsproject@uwm.edu
http://www.uwm.edu/SAHP/

Principal Investigator: Roger O. Smith, PhD
Public Contact: 414/229-5625 (V); 414/229-5628 (TTY); Fax: 414/229-5100

Project Number: H133A010403
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $450,000
Abstract: The ATOMS Project (Assistive Technology Outcomes Measurement System) targets the definition and pre-development phases of a next-generation AT outcomes measurement system. A comprehensive needs assessment, prototype instrument development, and consensus building activities frame an integrated set of research and development activities to address urgent needs to identify components of a future AT outcomes measurement system. In addition, these activities generate information about the relationships of AT outcomes factors that produce a better understanding of AT use and abandonment.
The Effect of Ankle-Foot Orthotic Design on Hemiplegic Gait

Los Amigos Research and Education Institute, Inc. (LAREI) 
Rancho Los Amigos National Rehabilitation Center 
P.O. Box 3500 Los Amigos Station 
12841 Dahlia Street 
Downey, CA 90242-4111 
pklab@larei.org

Principal Investigator: Sara J. Mulroy, PhD 
Public Contact: 562/401-7177; Fax: 562/803-5693

Project Number: H133G000004 
Start Date: June 1, 2000 
Length: 36 months 
NIDRR Officer: Robert J. Jaeger, PhD 
NIDRR Funding: FY 00 $149,686; FY 01 $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.
Field-Initiated Projects (FIPs)
California

Robust, Low-Cost, Refreshable Braille Display

SRI International
333 Ravenswood Avenue
Menlo Park, CA 94025
richard.heydt@sri.com

Principal Investigator: Richard Heydt, PhD
Public Contact: 650/859-4452; Fax: 650/859-4941

Project Number: H133G000047
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $149,930; FY 01 $149,900

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

Lucile Packard Children’s Hospitals at Stanford
Rehabilitation Technology and Therapy Center
1010 Corporation Way
Palo Alto, CA 94303-4304
christine.wright@medcenter.stanford.edu
http://www-med.stanford.edu/lpch/rec

Principal Investigator: Christine Wright
Public Contact: 650/237-9219; Fax: 650/237-9204

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; FY 01 $149,998

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, TBI, 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.
Field-Initiated Projects (FIPs)
California

Optimizing Assistive Technology Service with Video Teleconferencing

Lucile Packard Children’s Hospitals at Stanford
Rehabilitation Technology Center
1010 Corporation Way
Palo Alto, CA 94303-4304
judy.henderson@medcenter.stanford.edu
http://www-med.stanford.edu/lpch/rec

Principal Investigator: Judy Henderson
Public Contact: 650/237-9222; Fax: 650/237-9204

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; FY 01 $150,000
Abstract: This project develops an interactive video teleconferencing (VTC) protocol to provide expert 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

The Smith-Kettlewell Eye Research Institute
2138 Fillmore Street
San Francisco, CA 94115
brabyn@skivs.ski.org
http://www.ski.org

Principal Investigator: John A. Brabyn, PhD
Public Contact: 415/345-2100; Fax: 415/345-8455

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; FY 01 $149,966

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

The Smith-Kettlewell Eye Research Institute
2318 Fillmore Street
San Francisco, CA 94115
mm@ski.org
http://www.ski.org/Rehab/macKeben

Principal Investigator: Manfred MacKeben, PhD
Public Contact: 415/345-2112; Fax: 415/345-8455

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; FY 01 $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.
Field-Initiated Projects (FIPs)
California

The Learning and Transfer of Prosthetic Control

San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132-1700
saw@sfsu.edu
http://www.mblab.sfsu.edu

Principal Investigator: Stephen Wallace, PhD
Public Contact: 415/338-6984; Fax: 415/338-7566

Project Number: H133G000024
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $149,011; FY 01 $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.
Field-Initiated Projects (FIPs)
Delaware

Personalized Synthetic Speech Using ModelTalker: Development and Evaluation

University of Delaware
Alfred I. duPont Hospital for Children
1600 Rockland Road
P.O. Box 269
Wilmington, DE 19899
bunnell@asel.udel.edu
http://www.asel.udel.edu/speech

Principal Investigator: H. Timothy Bunnell, PhD
Public Contact: 302/651-6835; Fax: 302/651-6895

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; FY 01 $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 is 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

Center for Applied Science and Engineering
Alfred I. duPont Hospital for Children
University of Delaware
1600 Rockland Road
P.O. Box 269
Wilmington, DE 19899
mineo@asel.udel.edu

Principal Investigator: Beth A. Mineo Mollica, PhD, 302/651-6836
Public Contact: Sonja Simowitz, Project Coordinator, 302/651-6796 (V); 302/651-6794 (TTY); Fax: 302/651-6793

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; FY 01 $149,979
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

Alfred I. duPont Institute of the Nemours Foundation
1600 Rockland Road
P.O. Box 269
Wilmington, DE 19899
trahman@nemours.org

Principal Investigator: Tariq Rahman, PhD
Public Contact: 302/651-6831; Fax: 302/651-6895

Project Number: H133G000117
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $147,970; FY 01 $149,497

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)
Florida

The Development of a Tool to Enhance Communications Between Blind and Sighted Mathematicians, Students, and Teachers: A Global Translation Appliance

University of South Florida
Lakeland Campus
3433 Winter Lake Road
Lakeland, FL 33803
arthur@lkln.usf.edu

Principal Investigator: Arthur I. Karshmer, PhD
Public Contact: 863/667-7067; Fax: 863/667-7096

Project Number: H133G010046
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $149,540

Abstract: This project builds a translator for several mark-up notations used in scientific, mathematic, engineering, and technological fields. The primary difficulty encountered by students with visual impairments in pursuing studies in science, mathematics, engineering or technology is how to read and write mathematics. To overcome the limited expressiveness of six-dot braille characters, a plethora of notations for marking-up mathematics have been devised, including Nemeth Math code, Marburg code, the French standard, the Stuttgart standard, and others. These notations are braille-based and designed specifically for people with visual impairments, and are not known to sighted individuals; as a result, written technical communication between individuals who are sighted and individuals who have visual impairments is quite difficult. Further, communication between individuals who have visual impairments is also difficult when different notations are used. The new tool allows free conversion among the Marburg code, Nemeth code, Latex and MathML by developing a common intermediate format (CIF) for representing mathematics, and uses logic programming and denotational semantics to translate between supported notations and the CIF. The CIF is also used to develop a mark-up notation independent auditory browser for the understanding of complex mathematical expressions by users with visual impairments. The auditory browser conveys the structure of a mathematical expression as well as its content via speech output. The user also has the ability to navigate the expression interactively and focus on its subparts in order to understand the expression better.
**Field-Initiated Projects (FIPs)**
Georgia

**Telerehabilitation to Support Assistive Technology**

Shepherd Center, Inc.
2020 Peachtree Road Northwest
Atlanta, GA 30309
mike_jones@shepherd.org

**Principal Investigator:** Michael L. Jones, PhD
**Public Contact:** 404/350-7595; Fax: 404/350-7596

**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; FY 01 $149,968

**Abstract:** This project explores the application of telerehabilitation to support AT and AT 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

Rehabilitation Institute Research Corporation
Sensory Motor Performance Program
345 East Superior Street
Chicago, IL 60611
dreinken@uci.edu
http://www.eng.uci.edu/~dreinken/djr.htm

Principal Investigator: David Reinkensmeyer, PhD; W. Zev Rymer, MD, PhD
Public Contact: 949/824-5218; Fax: 949/824-8585

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; FY 01 (No-cost extension through 4/30/02)
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.
Rehabilitation Institute Research Corporation  
345 East Superior Street, Room 1124  
Chicago, IL 60611  
tkuiken@rehabchicago.org

Principal Investigator: Todd A. Kuiken, MD, PhD
Public Contact: 312/238-8072; Fax: 312/238-1166

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; FY 01 $149,780

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.
Cost Effectiveness of a Computerized Oral Reading Treatment for Aphasia

Rehabilitation Institute Research Corporation
345 East Superior Street
Chicago, IL 60611-4496
lcherney@rehabchicago.org

Principal Investigator: Leora Cherney, PhD
Public Contact: 312/238-1117; Fax: 312/238-2635

Project Number: H133G010098
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $149,470

Abstract: This study evaluates the efficacy and cost-effectiveness of an innovative, computerized treatment program for individuals with aphasia, a communication disorder and chronic condition. Aphasia requires long-term treatment to ensure that individuals can participate in a full range of vocational, recreational, and social activities. However, recent health care changes have seriously curtailed the amount of treatment received by patients with aphasia. In this environment effective treatments should be developed that can be easily administered and delivered at minimum cost. Preliminary studies indicate that Oral Reading for Language in Aphasia (ORLA) is effective in improving reading comprehension in patients with all types of aphasia. In addition to improvements in reading comprehension, cross-modal generalization occurs in some patients, with improvements in auditory comprehension and oral expression evident.
Field-Initiated Projects (FIPs)
Iowa

Training Material for Blind Computer Users

Iowa Department for the Blind
524 Fourth Street
Des Moines, IA 50309
keninger.karen@blind.state.ia.us
http://www.blind.state.ia.us/assist

Principal Investigator: Karen A. Keninger
Public Contact: 515/281-1291; Fax: 515/281-1263

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; FY 01 $149,980

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.
Reusing AT/DME Acquired Through Public Funds: Developing a Cost-Neutral, Consumer-Driven Program

University of Kansas Center for Research, Inc.
Schiefelbusch Institute for Life Span Studies
1000 Sunnyside Avenue
1052 Dole
Lawrence, KS 66045-7555
ssack@ku.edu
http://www.atk.ku.edu

Principal Investigator: Sara H. Sack, PhD, 620/421-8367
Public Contact: 620/421-6550, ext. 1783; Fax: 620/421-0954

Project Number: H133G010102
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 01 $149,740

Abstract: This project builds a consumer responsive, cost-neutral program to reuse and redistribute durable medical equipment. The project addresses state and national needs in three critical ways. First, it increases access to durable medical equipment and AT (including previously used technology) that promotes the likelihood that people are able to reach personal goals related to independent living, employment, and improved social lives. Second, using previously owned equipment in good condition spreads the benefit of limited state and federal resources across more people. And finally, the reuse program reduces the consumption of natural resources such as aluminum, glass, plastics, and fuel. The Reuse Program is composed of four interrelated components, including a data tracking system, a consumer follow-up system, a reuse and consignment system, and marketing. This project is a collaboration of the Technology Act grantee for Kansas, the Assistive Technology for Kansans project (ATK), Kansas Medical Policy (Medicaid), Durable Medical Equipment vendors, and consumers.
The Influence of Real-Time Frequency Transposition on the Recognition and Understanding of Speech by Adults Who Are Hearing Impaired

Wichita State University
Communicative Disorders and Sciences
1845 North Fairmont
Wichita, KS 67260-0075
ray.hull@wichita.edu

Principal Investigator: Raymond Hull, PhD
Public Contact: 316/978-3271; Fax: 316/978-3291

Project Number: H133G000188
Start Date: September 1, 2000
Length: 24 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $129,520; FY 01 $111,193

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.
Field-Initiated Projects (FIPs)
Massachusetts

Access to Convergent Media

WGBH Educational Foundation
125 Western Avenue
Boston, MA 02134
ncam@wgbh.org
http://ncam.wgbh.org

Principal Investigator: Larry R. Goldberg
Public Contact: Tom Wlodkowski, 617/300-3486; Fax: 617/300-1035

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; FY 01 $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.
Access Solutions for Rich Media: Tools, Pathways, and Resources

WGBH Educational Foundation
CPB/WGBH National Center for Accessible Media
125 Western Avenue
Boston, MA 02134
geoff_freed@wgbh.org
http://ncam.wgbh.org

Principal Investigator: Geoff Freed, 617/300-4423
Public Contact: Andrew Kirkpatrick, 617/300-4220; Fax: 617/300-1035

Project Number: H133G000109
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 00 $150,000; FY 01 $150,000

Abstract: The Access to Rich Media Project was established to ensure that people with visual or auditory impairments can access rich media that is made available online. Project staff work with researchers, technology developers, Web designers, and consumers to develop, test, and disseminate solutions to facilitate improvements in the accessibility of rich media. The project: (1) provides Web designers, multimedia developers, and access technology researchers with version 2.0 of MAGpie, a captioning and description tool for use with a variety of media technologies; (2) runs the Rich Media Accessibility Resource Center, with examples of accessible rich media, information about available tools for rich media, links to a range of relevant resources, and discussion about multimedia access issues and solutions; and (3) generates research findings from annual focus groups with Web users who have visual impairments or who have auditory impairments.
Access to Digital Television

WGBH Educational Foundation
National Center for Accessible Media
125 Western Avenue
Boston, MA 02134
ncam@wgbh.org
http://ncam.wgbh.org

Principal Investigator: Gerry Field
Public Contact: Mary Watkins, 617/300-3400; Fax: 617/300-1035

Project Number: H133G010170
Start Date: August 1, 2001
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $150,000

Abstract: In the transition of the nation’s television system from analog to digital television (DTV) broadcasts, this “DTV Access” project represents the needs of people with sensory disabilities. Serious technical challenges may prevent Americans from participating in the pending transformation of communications and program delivery technologies if they are deaf, hard-of-hearing, blind or if they have low vision. This project leads the effort to ensure that the next-generation of DTV equipment does not replicate current problems or create new ones in the need to comply with the Federal Communications Commission-mandated digital transition. Project staff are working with broadcasters and standards-setting bodies to develop standards and open protocols, and to support implementation of captions and descriptions in DTV broadcasts. The DTV Access project addresses additional challenges that arise when broadcast programming is delivered via cable, satellite, Internet or wireless technologies. It also works to include people with sensory disabilities in the audience for the wealth of new program enhancements, interactive capabilities, and public and private data services that DTV promises to deliver. The project unites industry, standards-setting bodies, regulatory agencies, and consumers who have disabilities in a national, high-profile collaboration to provide equal access for people with disabilities to DTV programming, enhancements, interactive components, and data services.
Field-Initiated Projects (FIPs)
Massachusetts

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

Education Development Center, Inc.
Center for Family, School, and Community
55 Chapel Street
Newton, MA 02458-1060
bfollansbee@edc.org
http://www.edc.org/spk2wrt

Principal Investigator: Robert Follansbee, EdD, 617/969-7100
Public Contact: Fax: 617/969-3440

Project Number: H133G000204
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $149,998; FY 01 $149,996

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.
Field-Initiated Projects (FIPs)
New Jersey

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

Kessler Medical Rehabilitation Research and Education Corporation (KMRREC)
1199 Pleasant Valley Way
West Orange, NJ 07052
mschultheis@kmrrec.org
http://www.kmrrec.org/KM/npsych/np_lab.html

Principal Investigator: Maria T. Schultheis, PhD
Public Contact: 973/324-3528; Fax: 973/243-6984

Project Number: H133G000073
Start Date: July 1, 2000
Length: 36 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $116,732; FY 01 $144,010

Abstract: This project develops a virtual reality driving system (VRDS) for the assessment of driving ability in persons with acquired brain injury (ABI), specifically TBI and stroke, and examines the device’s efficacy and validity. The primary objectives are: (1) to evaluate the concurrent validity of a virtual reality 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, including nighttime and traffic congestion, on driving performance within a virtual reality environment; and (3) to elucidate the effects of demographic and medical factors that may impede or facilitate driving performance within a virtual reality 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.
Optimizing Posture, Trunk Control, and Reach of Wheelchair Users

Center for Rehabilitation Technology
Helen Hayes Hospital
Route 9W
West Haverstraw, NY 10993
crthhh@mindspring.com
http://www.helenhayeshospital.org/crt.htm

Principal Investigator: Stephen H. Sprigle, PhD, 845/786-4806
Public Contact: Mary Wootten, 845/786-4995; Fax: 845/786-4875

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; FY 01 $147,548

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.
**Geographic Information System Community Resource Mapping**

Orelena Hawks Puckett Institute  
18A Regent Park Boulevard  
Asheville, NC 28806-3727  
dunst@puckett.org  
http://www.puckett.org

**Principal Investigator:** Carl Dunst, PhD  
**Public Contact:** 828/255-0470; Fax: 828/255-9035

**Project Number:** H133G990132  
**Start Date:** July 1, 1999  
**Length:** 36 months  
**NIDRR Officer:** Bonnie Gracer  
**NIDRR Funding:** FY 99 $149,755; FY 00 $149,737; FY 01 $149,734

**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

North Carolina State University School of Design
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: 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; FY 01 (No-cost extension through 5/31/02)

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.
Information Technology Access for Adults with Cognitive Disabilities: Participatory Development of a Model for Software Accessibility, Training, and Support

Eugene Research Institute
132 East Broadway, Suite 747
Eugene, OR 97401
tkeating@eugeneresearch.org
http://www.eugeneresearch.org

Principal Investigator: Thomas Keating, PhD
Public Contact: 541/342-3763; Fax: 541/342-4310

Project Number: H133G010162
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $149,996

Abstract: This project improves IT access for persons with significant cognitive disabilities through participatory development of a model incorporating accessible life skills software, effective consumer training, and innovative methods for ongoing technical support. Many persons with significant cognitive disabilities are excluded from the benefits of IT because software interfaces are too complex, the content is not relevant to their life management requirements, and not enough is known about their training and technical support needs. This project builds on previous efforts in development of life skills software to produce a field-tested and expanded array of applications along with a replicable model for training and technical support in home, community, and educational settings. Based on the project’s participatory development approach, persons with cognitive disabilities are integrally involved in research, development, and dissemination activities.
Field-Initiated Projects (FIPs)
Pennsylvania

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

Pennsylvania State University
Department of Communication Disorders
217 Moore Building
University Park, PA 16802
jcl4@psu.edu
http://espse.ed.psu.edu/SPLED/McN/Mentor3/public/index.html

Principal Investigator: Janice Light, PhD
Public Contact: 814/863-2010; Fax: 814/863-3759

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; FY 01 (No-cost extension through 7/31/02)

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.
The Braille Power Reader Program

Science Applications International Corporation
4001 Fairfax Drive, Suite 450
Arlington, VA 22203

Principal Investigator: Daniel E. Hinton
Public Contact: 703/248-7717

Project Number: H133G010028
Start Date: August 1, 2001
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $149,839

Abstract: This project develops hardware and software that provides people who are deaf-blind or blind with access to much of the digital media and technology that is available to sighted people in academic and employment environments. Development efforts include both newly designed hardware and software and improvements on legacy products previously designed by Science Applications International Corporation (SAIC) and Tactilics. These products integrate enhanced hardware and software and provide 40-character electronic braille access to computers and all forms of IT. Development of the braille Reader system is initially focused on the needs of people who are deaf-blind because of the close relationship between SAIC and the Helen Keller National Center (HKNC), but the display technology is also important to people who are only blind. The teaming arrangement of SAIC, Tactilics, and HKNC assures that the needs of all people who may benefit from using the system—blind and deaf-blind—are met.
An Audio/Tactile Accommodation for Improving Access to High-Stakes Mathematics Assessments for Students Who Are Blind or Visually Impaired

Touch Graphics
140 Jackson Street
Brooklyn, NY 11211
sl@touchgraphics.com
http://www.touchgraphics.com

Principal Investigator: Steven Landau
Public Contact: 718/383-8265; Fax: 718/389-1541

Project Number: EO-01-PO-3667
Start Date: September 1, 2001
Length: 6 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $59,608

Abstract: This project tests the feasibility of a system for administering multiple-choice math tests to individuals who are blind or who have visual impairments. The system to be evaluated is based on an audio/tactile computer interface that permits students to view diagrams and figures that accompany math questions in standardized tests.
QwikClick: An Intelligent Scanning Keyboard That Maximizes the Capability of Single-Switch Users

SMS Consulting
8007 Hillsboro Court
Fort Collins, CO 80525
stephenmsutter@aol.com

Principal Investigator: Stephen M. Sutter
Public Contact: 970/635-0049; Fax: 970/635-0610

Project Number: ED-01-CO-0122
Start Date: September 17, 2001
Length: 24 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $150,000

Abstract: This project completes Phase I research on the QwikClick intelligent scanning system, a highly flexible and intelligent scanning keyboard technology that helps single-switch users optimize their performance and enjoyment in using a personal computer. Several important features and capabilities are added to the base software to take advantage of physical and cognitive abilities as well as the preferences of the user. System parameters and display options facilitate the minimization of two conflicting issues: while the population of single-switch users has a wide range of abilities and disabilities, studies have shown that barriers are created rather than minimized when features and sophistication are added. The project also designs and implements a companion product, QwikClickAdvisor. This environment allows the caregiver to make informed choices when modifying system parameters so the system can be customized for a particular user. QwikClickAdvisor is a “wizard” type environment that provides: (1) pre-defined templates that customize the system based on the user’s profile; (2) full control of all programmable system parameters and display options; and (3) statistical feedback of the user’s performance and recommendations for parameter adjustments for improved performance. Finally, the project includes extended field testing of the system to evaluate its utility in a range of vocational, educational, and recreational activities.
Gesture Recognition System for Personal Computing Applications

Future of Technology and Health
P.O. Box 1233
Iowa City, IA 52244-1233
research@futh.com
http://www.futh.com/gesture.html

Principal Investigator: Jeffrey B. Bishop, PhD
Public Contact: 319/644-3787; Fax: 561/619-8059

Project Number: ED-01-CO-0124
Start Date: September 17, 2001
Length: 24 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $150,000

Abstract: This project develops a low-cost gesture recognition system that uses existing PC hardware and digital camera hardware to recognize head gestures. The new system recognizes multiple head and face gestures to access computers, to be used by people with mobility impairments or other disabilities, including cerebral palsy, ALS, stroke, SCI, and repetitive stress injury. Many people use alternative input devices rather than the standard keyboard and mouse; the availability of powerful personal computers and inexpensive digital video cameras create the opportunity to develop a new type of practical computer interface: gesture recognition. The system is designed to use standard, low-cost digital video cameras (under $100) and standard personal computers. One application to be developed is the capability to “surf the web” hands-free using head gestures to navigate web pages, including selecting and activating desired links. This has the potential to greatly improve the speed of computer access, filling the gap between switches, speech recognition (which has a number of disadvantages in work and school settings), and expensive head tracking systems. The technology could be used to replace or augment existing computer switches (such as those activated by head, foot, or hand).
Small Business Innovative Research (SBIR), Phase II
New York

Development of an Audio/Tactile Atlas of the World for Use by Individuals Who Are Blind or Visually Impaired

Touch Graphics
140 Jackson Street
Brooklyn, NY 11211
sl@touchgraphics.com
http://www.touchgraphics.com

Principal Investigator: Steven Landau
Public Contact: 718/383-8265; Fax: 718/389-1541

Project Number: ED-01-CO-0125
Start Date: September 1, 2001
Length: 24 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 01 $148,907

Abstract: This project creates a new and innovative Atlas of the World that is fully accessible to readers who are blind, who have visual impairments, or who have other print disabilities. The atlas is an accessory application for the Talking Tactile Tablet created by Touch Graphics, a computer peripheral device on which raised-line and textured (tactile) plastic overlay sheets can be mounted. Users press shapes, regions, and icons on the tactile surface to instigate interactions with a human-voice narrator. A menu system allows the user to select from a number of operational modes that provide access to a database of sociopolitical and geographical map information. National Geographic Maps provide cartographic content and associated information at no cost to the project, and act as advisors to the project to ensure that the product meets current standards for print Atlases.
Omnidirectional Wheelchair to Greatly Increase Mobility in Vocational Rehabilitation and Independent Living Daily Activities

Lincoln Laboratories
1946 South 1600 West
College Ward, UT 84339
mel@autonomoussolutions.com

Principal Investigator: Mel Torrie
Public Contact: 435/755-2980; 435/757-5480; Fax: 435/752-0541

Project Number: ED-01-CO-0310
Start Date: September 1, 2001
Length: 24 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 01 $150,000

Abstract: This project develops a prototype omnidirectional wheelchair that is simple, light, inexpensive, and capable of outdoor navigation. Translation and rotation in any direction is accomplished. This retrofit requires only one additional motor and two sensors and effectively overcomes the obstacles others have had in trying to commercialize this needed capability. This work draws from the extensive experience the collaborators have had in VR, and in developing omnidirectional vehicles and control systems.
A Low-Cost, High-Performance Physical Activity Monitor (PAM)

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

Principal Investigator: B. Eugene Parker Jr., PhD
Public Contact: 434/973-1215; Fax: 434/973-4686

Project Number: ED-01-CO-0123
Start Date: September 17, 2001
Length: 24 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $150,000

Abstract: This project focuses on health-related physical fitness assessment and physical activity monitoring. In particular, the team of Barron Associates, Inc. and the University of Virginia work 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 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 disabilities. All information collected and stored on the PAM device is uploadable to a PC for off-line data analysis.
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 Centers (RRTCs)
California

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

World Institute on Disability
510 - 16th Street, Suite 100
Oakland, CA 94612-1520
mailpas@wid.org
http://www.wid.org

Principal Investigator: Deborah Kaplan, JD
Public Contact: Tom Bleecker, PhD, 510/251-4338 (V); 510/208-9493 (TTY); 510/763-4100 (V, main switchboard); Fax: 510/763-4109

Project Number: H133B70008
Start Date: July 1, 1997
Length: 60 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 97 $500,000; FY 98 $500,000; FY 99 $500,000; FY 00 $500,000; FY 01 $500,000

Abstract: This project furthers the understanding that Personal Assistance Service (PAS) systems design can 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 study of workplace PAS; and (4) 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
Division of Applied Research and Educational Support (DARES)
Department of Child and Family Studies
13301 Bruce B. Downs Boulevard
Tampa, FL 33612
rrtcpbs@fmhi.usf.edu
http://www.rrtcpbs.org

Principal Investigator: Glen Dunlap, PhD
Public Contact: Kirsten Cuenca, 813/974-4612; 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; FY 01 $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
Tampa, FL 33612-3807
kutash@fmhi.usf.edu
http://rtckids.fmhi.usf.edu

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; FY 01 $300,000
Other Funding: FY 01 $520,000 (Center for Mental Health Services), $198,911 (Children’s Board of Hillsborough County Florida), $188,932 (Florida Dept. of Children and Families), $131,250 (USDE - OSERS), $37968 (Texas A & M University), $22,500 (Panhandle Area Educational Cooperative), $64, 210 (Other)
Abstract: This program conducts an integrated set of field research projects, employing multiple methods to examine policies affecting children with emotional disturbances and their families in order to enhance the understanding of policy development, its implementation and effects. The research program builds on an analytic framework for understanding variables related to translation of policy into community-level actions. The consistency of state-level policy with system-of-care principles is examined through a series of related studies that address: family perspectives, interagency collaboration, school reform in urban communities, local theories of change and their relationship to services and outcomes, Medicaid managed care and the State Children’s Health Insurance Program, the impact of managed care and system-of-care policies on access to care for children of color and their families, and development of a new instrument to assess interagency collaboration. The Center’s dissemination approach includes conferences and meetings, peer-reviewed journal articles, research briefs, presentations, the world wide web and other electronic media, and technical assistance. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.
Rehabilitation Research and Training Centers (RRTCs)
Kansas

Rehabilitation Research and Training Center on Full Participation in Independent Living

University of Kansas Center for Research, Inc.
1000 Sunnyside Avenue
4089 Dole
Lawrence, KS 66045
rtcfpil@ku.edu
http://rtcfpil.org

Principal Investigator: Glen W. White, PhD, 785/864-0590
Public Contact: 785/864-4095 (V); 785/864-0706 (TTY); Fax: 785/864-5063

Project Number: H133B000500
Start Date: January 1, 2001
Length: 60 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $499,876; FY 01 $499,864

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 designated populations. Based on the project’s Analytical Research Framework, the 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 Centers (RRTCs)
Massachusetts

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

Boston University
Center for Psychiatric Rehabilitation
940 Commonwealth Avenue West
Boston, MA 02215-1203
mfarkas@bu.edu; erogers@bu.edu
http://www.bu.edu/cpr/research/rtc2004/

Principal Investigator: Marianne Farkas, ScD; E. Sally Rogers, ScD, 617/353-3549
Public Contact: E. Sally Rogers, ScD, 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; FY 01 $350,000
Other Funding: FY 00 $300,000 (Center for Mental Health Services); FY 01 $300,000 (CMHS)

Abstract: This Center studies the recovery and rehabilitation of people with long-term mental illness and the individual and environmental factors that promote recovery. It is linked by its programmatic focus on three specific core areas, Recovery Dimensions, Rehabilitation Interventions, and Alternative Interventions; is strengthened by the use of the appropriate research strategies; and is 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 projects are designed to have an impact on the field, at the personnel, 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 to knowledge transfer. The TDTA component 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 Centers (RRTCs)
Minnesota

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

University of Minnesota
RRTC/Institute on Community Integration
204 Pattee Hall
150 Pillsbury Drive Southeast
Minneapolis, MN 55455
lakin001@umn.edu
http://rtc.umn.edu

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; FY 01 $700,000
Other Funding: $560,000 (Administration on Developmental Disabilities); $150,000 (Health Care Financing Administration); $50,000 (additional NIDRR funds); $60,000 (University of Minnesota); $60,000 (other)

Abstract: The Center conducts research, training, technical assistance, and dissemination to enhance 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 art 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 Centers (RRTCs)
New York

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
dusiak@wnyilp.org; djusiak@acsu.buffalo.edu
http://www.wnyilp.org/RRTC/RRTC.html

Principal Investigator: Douglas J. Usiak
Public Contact: John Moffat, 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; FY 01 $600,000
Abstract: To help Centers for Independent Living (CIL) become integrated more fully 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 VR 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 Centers (RRTCs)
New York

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

Mount Sinai School of Medicine
One Gustave L. Levy Place, Box 1240
New York, NY 10029
wayne.gordon@mssm.edu
http://www.mssm.edu/tbinet

Principal Investigator: Wayne A. Gordon, PhD
Public Contact: 212/659-9372 (V); 212/241-8978 (TTY); Fax: 212/348-5901

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; FY 01 $800,000

Abstract: The RTC is a product of participatory action research, emphasizing the empowerment of individuals with TBI both in setting and carrying out its research agenda, and in implementing a program aimed at strengthening the voices of individuals with TBI. The program includes four evaluation projects and three basic research projects: (1) evaluating a measure of community integration that assesses both the individual’s level of participation and his or her experience of daily activity; (2) evaluating an innovative approach to person-centered, community-based VR; (3) evaluating a peer mentoring program; (4) evaluating a program to prevent substance abuse in individuals with TBI; (5) researching longitudinal studies of the emergence and resolution of behavioral/emotional challenges post-TBI; (6) researching factors associated with healthy aging after injury; and (7) validating a brain injury screening approach used in school children. The RRTC is also active in providing technical assistance and in training and dissemination activities.
Rehabilitation Research and Training Centers (RRTCs)
Oregon

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
rtcinfo@rri.pdx.edu
http://www.rtc.pdx.edu

Principal Investigator: Barbara Friesen, PhD
Public Contact: Rachel Elizabeth, Public Information and Outreach Coordinator, 503/725-8118; Fax: 503/725-4180

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; FY 01 $300,000
Other Funding: FY 99 $150,000 (Center for Mental Health Services (CMHS)); FY 00 $155,000 (CMHS); FY 01 $570,000 (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.
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
Public Contact: 202/806-8086; Fax: 202/806-8148

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; FY 01 $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 VR 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.
Field-Initiated Projects (FIPs)
California

Parents with Disabilities and Their Adolescent Children

Through the Looking Glass
2198 Sixth Street, Suite 100
Berkeley, CA 94710-2204
rolkin@lookingglass.org
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; FY 01 $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

Occupational Therapy Evaluation and Training Module to Guide Practice with Parents with Physical Disabilities

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

Principal Investigator: Megan Kirshbaum, PhD, 510/848-1112
Public Contact: 800/644-2666 (V); 800/804-1616 (TTY); Fax: 510/848-4445

Project Number: H133G010054
Start Date: November 1, 2001
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $150,000

Abstract: This project develops an evaluation tool and an evaluation training module that helps occupational therapy students and clinicians in their work with parents with physical disabilities, a currently underserved population. The training module, which consists of a clinical evaluation tool, a manual, and a videotape, guides clinical reasoning and the ability to provide appropriate recommendations and options that take into consideration the baby care roles and adapted baby care equipment needs of parents with physical disabilities who care for (or want to care for) their children. The training module provides a guide to evaluation of baby care needs and intervention in a variety of settings. Parents who have physical disabilities who also have children birth to age 3 inform production, piloting, and field-testing. Further, occupational therapy expertise is needed nationally regarding AT related to parenting. This is especially true as regards evaluation of parents with disabilities whose capability is being questioned, for example in custody, child protection, or adoption situations. This module paves the way for more inclusion of occupational therapist expertise in these evaluation circumstances.
The Relationship Between Early Experiences and Development in Young Children with Severe Visual Impairments: A Cross-Cultural Perspective

California State University
Division of Special Education
5151 State University Drive
Los Angeles, CA 90032
jdotekw@calstatela.edu

Principal Investigator: Jamie Dote-Kwan
Public Contact: 323/343-4320; Fax: 323/343-4348

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; FY 01 (No-cost extension through 7/31/02)

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 Euro-American 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.
Field-Initiated Projects (FIPs)
Colorado

Evaluation of Voucher Alternatives for Early Intervention Developmental Disability Services

University of Colorado Health Sciences Center
Department of Psychiatry
4200 East Ninth Avenue
Campus Box C268-63
Denver, CO 80262
steven.rosenberg@uchsc.edu
http://www.JFKPartners.org/evalvoucheralt.asp

Principal Investigator: Steven Rosenberg, PhD
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; FY 01 (No-cost extension through 6/30/02)

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

University of Florida
College of Heath Professions
Department of Clinical and Health Psychology
P.O. Box 100165
Gainsville, FL 32610-0165
rgluecka@hp.ufl.edu; pdages@hp.ufl.edu

Principal Investigator: Robert L. Glueckauf, PhD, 352/265-0680, ext. 4-6880
Public Contact: Patricia Dages, Project Coordinator, 800/282-2962; 352/265-0680, ext. 4-4129; Fax: 352/265-0468

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; FY 01 $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.
Determining the Effectiveness of a Capacity-Building Program for Individuals with Chronic Fatigue Syndrome

University of Illinois/Chicago
Department of Occupational Therapy (MC811)
1919 West Taylor Street
Chicago, IL 60612
rtaylor@wppost.depaul.edu
http://www.depaul.edu/~ljason/cfs

Principal Investigator: Renee Taylor, PhD
Public Contact: 312/996-3412; Fax: 312/413-0256

Project Number: H133G010136
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 01 $149,908

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.
University of Illinois at Chicago Mental Health Services Research
Program Medication Adherence Program Study (UIC-MAPS)

University of Illinois/Chicago
104 South Michigan Avenue, Suite 900
Chicago, IL 60603-5902
razzano@psych.uic.edu
http://www.psych.uic.edu/mhsrp

Principal Investigator: Lisa A. Razzano, PhD
Public Contact: 312/422-8180, ext. 20; Fax: 312/422-0740

Project Number: H133G010093
Start Date: September 1, 2001
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 01 $150,000

Abstract: This project examines the effects of a multifaceted curriculum designed to improve adherence to medication and treatment regimens, explore attitudes regarding physical health and treatment planning, and improve the ability of participants to return to work. The UIC-MAPS intervention comprises several components, including: (1) developing an educational workshop consisting of three one-hour modules regarding health information, use of anti-retroviral medications, treatment planning, maintaining health, detecting early symptoms of illness progression, and other topics; (2) developing individualized medication plans; (3) meeting with clients and their identified sources of social support to address medication and services issues; and (4) hosting monthly peer-led support groups on medication adherence, attitudes toward health and medication regimens, and issues related to health, well-being, and quality of life. The project includes a comprehensive evaluation designed to make significant contributions to the state-of-the-science literature regarding employment and adherence among people living with HIV/AIDS. In addition, information from peer support group leaders regarding their role(s) in working with other individuals living with HIV/AIDS is examined. The Mental Health Services Research Program (MHSRP) at the University of Illinois at Chicago is collaborating with Chicago House, a community-based HIV/AIDS services organization on this project.
Field-Initiated Projects (FIPs)
Illinois

Moving Out of the Nursing Home and to the Community: Examining and Effecting Social Change

University of Illinois/Chicago
Department of Occupational Therapy / Department of Disability and Human Development
1919 West Taylor, M/C 811
Chicago, IL 60612-7250
hammel@uic.edu

Principal Investigator: Joy Hammel
Public Contact: 312/996-3513; Fax: 312/413-0256

Project Number: H133G010033
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $149,989

Abstract: This project develops, evaluates, and disseminates a social action and networking program for people with disabilities who are transitioning from nursing homes to communities of their choice. The majority of community reintegration program research has focused on individual functional skill development as delivered by professionals. This new social action program, based on disability studies research and disability narratives, targets four major unmet needs for: (1) sustained networking with peers, mentors, and activists who have disabilities who can share experiences and strategies; (2) joining meaningful social reference groups, especially those in which disability identity, pride, community membership, and collective activism are valued and positively modeled; (3) using information technologies, such as computers and the Internet, to gain knowledge, socialize, and network with identified communities of choice; and (4) gaining access to consultative services and resources to access these technologies and the community environment over time. The project uses a participatory action research collaboration approach to create and research the impact of this social action program on long-term community living, participation, quality of life, and individual and collective identity development processes and outcomes. The project involves a collaborative partnership to effect social change among two Centers for Independent Living, two departments within the Joint Doctoral Program in Disability Studies at the University of Illinois/Chicago (UIC), the Center on Disability Research at UIC, and state agencies and disability organizations involved in community reintegration and resource allocation to support community living.
The Development of a Valid System for Measuring Rehabilitation Service Outcomes

Foundation for Rehabilitation Education and Research
1835 Rohlwing Road, Suite E
Rolling Meadows, IL 60008
fongchan@aol.com

Principal Investigator: Fong Chan, PhD, CRC; Stanford E. Rubin, EdD, CRC, 618/536-7704
Public Contact: Fong Chan, PhD, CRC, 847/818-1967; Fax: 847/394-2172

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; FY 01 $149,881

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 VR as well as those involved in private rehabilitation.
Independent Living for People with Psychiatric Disabilities: Using Contextual Cues to Remove Environmental Barriers

University of Kansas Medical Center
Occupational Therapy Education
3033 Robinson Building
3901 Rainbow Boulevard
Kansas City, KS 66160-7602
tbrown@kumc.edu

Principal Investigator: Catana Brown, PhD
Public Contact: 913/588-7195; Fax: 913/588-4568

Project Number: H133G000152
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 00 $148,765; FY 01 $136,107

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 test 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.
Field-Initiated Projects (FIPs)
Louisiana

Louisiana’s Self-Determination Research Project

Louisiana State University Health Sciences Center
Human Development Center
1100 Florida Avenue, Building 119
New Orleans, LA 70119
jeverson@lsuhsc.edu
http://www.hdc.lsumc.edu

Principal Investigator: Jane M. Everson, PhD
Public Contact: 504/942-8188; Fax: 504/942-5908

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; FY 01 $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.
Identifying Social Integration Needs During Transition to Adulthood Following Traumatic Brain Injury

University of Michigan
Department of Physical Medicine and Rehabilitation
Box 0718
1500 East Medical Center Drive
Ann Arbor, MI 48109-0718
sethaw@umich.edu

Principal Investigator: Seth Warschausky, PhD
Public Contact: Joan Zaccagnini, 734/936-7052; Fax: 734/936-7048

Project Number: H133G000038
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Constance Pledger, EdD
NIDRR Funding: FY 00 $148,363; FY 01 $136,590

Abstract: This study identifies specific social rehabilitation and integration needs of persons with 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

Wayne State University
Rehabilitation Institute of Michigan
261 Mack Boulevard, Room 520
Detroit, MI 48201
chduggan@excite.com

Principal Investigator: Colette Duggan, PhD
Public Contact: 313/745-1070; 313/745-9735; Fax: 313/966-7502

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; FY 01 $148,565
Abstract: This qualitative, longitudinal investigation increases understanding of the experience of quality of life (QOL) of people with 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

University of Minnesota
Institute on Community Integration
102 Pattee Hall
150 Pillsbury Drive SE
Minneapolis, MN 55455-0223
johns006@umn.edu

Principal Investigator: David R. Johnson, PhD, 612/624-1062
Public Contact: Ellie Emanuel, 612/624-1143; Fax: 612/624-9344

Project Number: H133G000201
Start Date: October 1, 2000
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 00 $149,988; FY 01 $149,946

Abstract: This project performs four 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 three or four states, to understand better the impact of SSI redetermination policies and practices on individuals and families; (3) 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 (4) an expert panel/best practices review: “promising” or “best” practices related to SSA’s SSI redetermination policies and practices, identified and reviewed.
Field-Initiated Projects (FIPs)
New Hampshire

Survey of Home Ownership Nationwide

University of New Hampshire
Institute on Disability
7 Leavitt Lane, Suite 101
Durham, NH 03824
david.hagner@unh.edu
http://www.alliance.unh.edu

Principal Investigator: David Hagner, PhD
Public Contact: 603/862-4320; Fax: 603/862-0556

Project Number: H133G000034
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 00 $149,999; FY 01 $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.
Improving the Health Care Encounter for Persons Who Have Developmental Disabilities

Matheny School and Hospital
P.O. Box 339
Peapack, NJ 07977-0339
research@matheny.org

Principal Investigator: Kenneth L. Robey, PhD
Public Contact: 908/234-0618; Fax: 908/234-0963

Project Number: H133G010153
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 01 $125,515

Abstract: This project develops an integrated set of methodologies and materials to improve the quality of the health care encounter for persons who have developmental disabilities, by increasing the readiness of medical students and other health care students to work with this population. During their training, physicians and other health care professionals typically receive little exposure, either in lecture or clinical settings, to persons with developmental disabilities. Consequently, many enter their professions with little understanding of the needs and potentials of persons with developmental disabilities, and unfortunately, with varying degrees of willingness and comfort when serving those individuals. The project uses a computer-based module and standardized patient profile to train health care students regarding developmental disability. The module has a particular focus on communication between the health care professional and the person with a developmental disability. This work capitalizes on The Matheny School’s extensive experience as a rotation/orientation site for University of Medicine and Dentistry of New Jersey (UMDNJ) medical students, nursing students, dietary students, and students in the therapies.
Effectiveness of a System That Includes Computer-Based Monitoring in Promoting Care Among Older Persons with Physical Disabilities

State University of New York (SUNY) at Buffalo
515 Kimball Tower
Buffalo, NY 14214
wmann@hp.ufl.edu
http://cat.buffalo.edu

Principal Investigator: William C. Mann, OTR, PhD
Public Contact: 800/628-2281

Project Number: H133G990086
Start Date: August 1, 1999
Length: 36 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 99 $150,000; FY 00 $150,000; FY 01 $150,000

Abstract: This goal of this study is to determine 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. Secondly, 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.
Evaluating Independent Living Outcomes for Blind and Visually Impaired Older People: Development of a Nationally Standardized Minimum Dataset (NSMD)

American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
corinne@afb.net
http://www.afb.org

Principal Investigator: Corinne Kirchner, PhD; Alberta L. Orr, MSW
Public Contact: 212/502-7640; Fax: 212/502-7773

Project Number: H133G010183
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $150,000

Abstract: This project develops and pilot tests a Nationally Standardized Minimum Dataset (NSMD), through which research can be conducted on the outcomes of services for older persons with visual impairments. This population has traditionally been underserved by public programs including the VR system and the aging network. The NSMD is piloted in several agencies throughout the country and includes: (1) pre-service consumer data, (2) a post-service consumer profile, (3) a functional outcomes assessment, and (4) a consumer satisfaction and perceived outcome survey. Public agency administrators and staff are the primary audience. Secondary target audiences are private agencies for the blind, centers for independent living, and consumers.
Field-Initiated Projects (FIPs)
Ohio

A Family Intervention Following Traumatic Brain Injury in Children

Children’s Hospital Medical Center
Pediatric Rehabilitation
3333 Burnet Avenue
Cincinnati, OH 45229-3039
wades0@chmcc.org

Principal Investigator: Shari L. Wade, PhD, 513/636-7480
Public Contact: Fax: 513/636-7360

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; FY 01 $147,509

Abstract: This project operates an outpatient intervention program that studies the impact on caregiver functioning of moderate to severe 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.
Independent Living and Community Integration

Field-Initiated Projects (FIPs)
Ohio

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

Children’s Hospital Medical Center
Division of Psychology
3333 Burnet Avenue
Cincinnati, OH 45229-3039
robert.ammerman@chmcc.org

Principal Investigator: Robert T. Ammerman, PhD
Public Contact: 513/636-8209; Fax: 513/636-5987

Project Number: H133G000134
Start Date: September 1, 2000
Length: 36 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 00 $147,750; FY 01 $149,958

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.
Getting A Life: Research on Individual and Person-Centered Planning Processes in Oregon

University of Oregon
Educational and Community Supports
1235 University of Oregon
Eugene, OR 97403-1235
ralbin@oregon.uoregon.edu

Principal Investigator: Richard Albin, PhD
Public Contact: 541/346-2464; Fax: 541/346-5517

Project Number: H133G010167
Start Date: October 1, 2001
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 01 $149,999

Abstract: This project researches the relative merits of forms of Person-Centered Planning (PCP), including the Individualized Support or Service Plan (ISP) system, Essential Lifestyle Planning (ELP), and others. Activities include the following three studies: (1) surveying the features of individual planning systems used in Oregon at the start of the project and in Year 3 after large scale systems change efforts have occurred; (2) creating a causal-comparative 3-by-2 factorial group design, where study participants are assigned to groups based on whether they are experiencing a defined set of significant life challenges and the types of service planning they receive, with groups balanced or blocked based on demographic variables; and (3) creating a multiple-baseline single subject design in which the outcomes of three service planning approaches (ISPs, ELPs, and PCP) are compared related to specific outcomes for six individuals who experience challenging behavior.
Field-Initiated Projects (FIPs)
Oregon

Men’s Personal Assistance Services Abuse Research Project

Oregon Health and Science University
Center for Self-Determination
3608 Southeast Powell Boulevard
Portland, OR 97202
powersl@ohsu.edu; mcneffe@ohsu.edu
http://selfdetermination.ohsu.org

**Principal Investigator:** Laurie Powers, PhD
**Public Contact:** Lizzi McNeff, 503/232-9154, ext. 150; Fax: 503/232-6423

**Project Number:** H133G010040
**Start Date:** October 1, 2001
**Length:** 36 months
**NIDRR Officer:** Theresa San Agustin, MD
**NIDRR Funding:** FY 01 $150,000

**Abstract:** This project focuses on prevention and management of personal assistance service (PAS) abuse carried out against men with disabilities who are living independently in the community, who are abused by their formal or informal PAS providers. It increases identification, assessment, and response by: (1) developing a knowledge base regarding men’s definitions, perceptions, and experiences of PAS abuse; (2) designing a culturally sensitive screening and assessment approach that can be used by men, Centers for Independent Living (CILs), and health and disability services providers to identify PAS abuse; and (3) identifying culturally appropriate response strategies that can be used by men, CILs, and health and disability services providers to prevent and manage PAS abuse. The project is collaboratively conducted by the Center on Self-Determination at the Oregon Institute on Disability and Development of Oregon Health Sciences University, the World Institute on Disability, and Berkeley Planning Associates.
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.
Field-Initiated Projects (FIPs)
Texas

Self-Esteem and Women with Physical Disabilities

Baylor College of Medicine
Department of Physical Medicine and Rehabilitation
3440 Richmond Avenue, Suite B
Houston, TX 77046
mnosek@bcm.tmc.edu; rhughes@bcm.tmc.edu
http://www.bcm.tmc.edu/crowd

Principal Investigator: Rosemary Hughes, PhD
Public Contact: 713/960-0505; Fax: 713/961-3555

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; FY 01 $150,000

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. Objectives include understanding the impact of gender and disability role socialization, increasing self-awareness and self-understanding, increasing self-nurturance, understanding health relationships and boundaries, learning about communication skills and consumer advocacy, and integrating and applying 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.
Field-Initiated Projects (FIPs)
Virginia

Middle School Phonemic Awareness Study

George Mason University
Krasnow Institute for Advanced Study
MS #2A1
Fairfax, VA 22030-4444
bgiven@gmu.edu
http://mason.gmu.edu/~bgiven

Principal Investigator: Barbara Given, PhD
Public Contact: 703/993-4406; Fax: 703/993-4325

Project Number: H133G000142
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Richard Johnson, EdD
NIDRR Funding: FY 00 $149,920; FY 01 $149,957

Abstract: This study investigates the effects of an intensive, acoustically modified, computer-driven academic intervention called Fast ForWord and Step 4word (formerly known as Fast ForWord II) through an after-school intervention project for middle-school students with receptive reading and language deficits. A large body of research identifies difficulty with phonological processing as the fundamental deficit for many children with reading and language impairments, so this project concentrates on: (1) receptive language, (2) phonemic awareness, (3) word attack skills, (4) word identification, and (5) reading comprehension. Matched groups of students use a computer-driven phonics and reading program called Lexia, which ensures that gains made from training with processed speech result from sound (distinguished speech sounds) rather than from vision (time spent concentrating on a computer screen). Students in the control group are provided homework assistance. Electroencephalographic (EEG) recordings and psychometric evaluations are conducted prior to the intervention, post-intervention, and again approximately six months later. These data 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 computer trials to investigate the relationship between modality preference and students’ level of engagement with the computer-driven exercises. These results are expected to provide data about who would engage in the computer activities persistently.
Pocket Compass: A Palmtop Computer-Based Intelligent Aid for Individuals with Mental Retardation to Increase Independence and Self-Determination in Decision Making

AbleLink Technologies, Inc.
1879 Austin Bluffs Parkway, Suite 100
Colorado Springs, CO 80918
steve@assess.net
http://www.ablelinktech.com

Principal Investigator: Daniel K. Davies
Public Contact: 719/592-0347; Fax: 719/592-0348

Project Number: ED-01-PO-3664
Start Date: September 17, 2001
Length: 6 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $60,000

Abstract: This project helps individuals with mental retardation navigate the cognitive process of making appropriate decisions by developing and evaluating Pocket Compass, a portable software system that uses an expert-system approach combined with intelligent audio and visual cues. Achieving greater independence and self-determination for individuals with mental retardation depends upon the ability to make appropriate decisions independently. This device should be useful in the acquisition of decision-making skills relating to community involvement in areas such as work, recreation, and independent living where available choices can be rationally predicted. Research activities include: (1) determining the user interface, technical, and functional requirements of the system; (2) designing and building a software prototype on the Pocket PC platform; and (3) conducting a pilot study to evaluate the utility of the system for improving independence and self-determination in decision making for adults with mental retardation.
Pocket Voyager: Making Palmtop Computers Accessible to Individuals with Mental Retardation

AbleLink Technologies, Inc.
1879 Austin Bluffs Parkway, Suite 100
Colorado Springs, CO 80918
steve@assess.net
http://www.ablelinknet.com

Principal Investigator: Steven E. Stock
Public Contact: 719/592-0347; Fax: 719/592-0348

Project Number: ED-01-PO-3665
Start Date: September 17, 2001
Length: 6 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $60,000

Abstract: This project researches and develops Pocket Voyager, a specially designed multimedia application to make the features and programs on palmtop computers more independently accessible to individuals with mental retardation. Palmtop computers are becoming an increasingly common platform for AT developers, in part because of their portability, integrated touch-screens, multimedia capabilities, removable storage options, and PC slot accessories that extend the capacities of the system. Also, mainstream production makes them a more desirable development platform than specially designed hardware units, with lower costs due to high-volume production runs and significantly more research and development attention. Software products are being developed that are designed to be used by individuals with mental retardation in areas such as communication, schedule maintenance, and task completion, but great difficulty is encountered when a user exits the closed environment of a specialized software application and must use the palmtop computer’s interface to, for example, launch another desired application. AbleLink builds upon methodologies used in developing its current Voyager desktop application for Windows desktop computers. The project involves determining the functional, interface, and technical requirements for such a system, building a software prototype, and then evaluating that prototype in a pilot study to assess its utility for making palmtop computers more independently accessible to individuals with mental retardation. The prototype utilizes multimedia and error minimization methodologies to make other software programs and features on the computer more accessible.
Positive Solutions: A Web-Based Program for Improving Challenging Behaviors

Positive Behavioral Solutions, Inc.
15 Walnut Lane
Fletcher, NC 28732
dwestling@home.com

Principal Investigator: David Westling
Public Contact: 828/681-1681

Project Number: ED-01-PO-3726
Start Date: September 17, 2001
Length: 6 months
NIDRR Officer: Delores Watkins
NIDRR Funding: FY 01 $59,825

Abstract: Positive Solutions is a web-based data collection, storage, retrieval, and analysis program to assist agencies and individuals concerned with improving challenging behaviors such as self-injury, aggression, and disruption. The program, accessible through the Internet, is designed to assist in conducting functional behavior assessments and in providing information related to developing positive interventions.
Role Models for Youth with Disabilities: Career Exploration for Youth in Transition

InfoUse
2560 Ninth Street, Suite 216
Berkeley, CA 94710-2566
info_use@infouse.com
http://www.infouse.com

Principal Investigator: Lita Jans, PhD, 510/549-6509
Public Contact: 510/549-6520 (V); 510/549-6523 (TTY); Fax: 510/549-6512

Project Number: ED-01-CO-0127
Start Date: September 1, 2001
Length: 24 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 01 $150,000

Abstract: In this project InfoUse develops a series of multimedia products featuring adults with disabilities as role models for transition-age students with disabilities. The products, developed for students, their parents, and professionals who work with them, provide students with both an ongoing opportunity for career awareness and exploration, and an aid to eventual career selection. The multimedia products depict adult role models, including people with different disabilities, from different ethnic groups, who are working in a range of careers that require a variety of postsecondary education and vocational preparation. The materials include a web site, CD-ROM, videos, and curriculum guide.
Small Business Innovative Research (SBIR), Phase II
Colorado

NutraNet: An Internet-Based, Self-Directed Multimedia Software System for Nutritional Education, Planning, and Implementation for Individuals with Mental Retardation

AbleLink Technologies, Inc.
1879 Austin Bluffs Parkway, Suite 100
Colorado Springs, CO 80918
steve@assess.net
http://www.ablelinktech.com

Principal Investigator: Steven E. Stock
Public Contact: 719/592-0347; Fax: 719/592-0348

Project Number: ED-01-CO-0126
Start Date: September 17, 2001
Length: 24 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $150,000

Abstract: This project develops a set of multimedia software modules to provide opportunities for greater independence and self-direction in nutrition planning, grocery shopping, and meal preparation for individuals with mental retardation and other significant cognitive disabilities. For most Americans, understanding, planning, and implementing healthy daily diets is a multifaceted and potentially confusing process. The cognitive challenges faced by people with mental retardation create even greater barriers in understanding the complexity of healthy diets, including nutritional concepts such as the food groups, caloric values, saturated fats, cholesterol, daily recommended allowances, comparison grocery shopping, and food portion sizes. This has resulted in a high level of dependency on others in meal planning and execution, and high rates of weight-related health problems for people with mental retardation. Phase I addressed the problems of dependency on others and healthy meal planning by developing and testing NutraNet, an Internet-based multimedia software system for independent and self-directed menu planning by individuals with mental retardation. Menus created with NutraNet by individuals with mental retardation were finished with significantly greater independence (p < .001) than those created by the same individuals using their current menu planning form. Additionally, the NutraNet menus were significantly better at meeting the recommended minimum daily requirements of the five food groups (p < .003) and in producing lower-cholesterol diets (p < .004). Phase II builds on these results by identifying and developing additional nutritional health-related technology tools designed to be more independently useable by non-reading students and adults.
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

Arizona University Affiliated Programs
Institute for Human Development
Northern Arizona University
Box 5630
Flagstaff, AZ 86011-5630
priscilla.sanderson@nau.edu
http://www.nau.edu/~ihd/airrtc

Principal Investigator: Richard Carroll, PhD, 928/523-7033
Public Contact: Priscilla Lansing Sanderson, Project Director, 928/523-4791 (V); 928/523-1695 (TTY); Fax: 928/523-9127

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; FY 01 $739,500
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 VR service practices for American Indians and Alaska Natives with disabilities on or off reservations; (3) developing and evaluating innovative and culturally appropriate VR 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

University of California/San Francisco
3333 California Street, Room 340
San Francisco, CA 94118
distats@itsa.ucsf.edu
http://dsc.ucsf.edu

Principal Investigator: Mitchell P. LaPlante, PhD
Public Contact: Barbara Wenger, Information Specialist, 415/502-5210 (V, General Information);
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; FY 01 $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.
Rehabilitation Research and Training Centers (RRTCs)
Kansas

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

University of Kansas
Beach Center on Disability
Haworth Hall, Room 3136
1200 Sunnyside Avenue
Lawrence, KS 66045-7534
turnbull@ku.edu
http://www.beachcenter.org

Principal Investigator: Ann Turnbull, EdD; H. R. Turnbull, LLM
Public Contact: H. R. Turnbull, LLM, 785/864-7600; Fax: 785/864-7605

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; FY 01 $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 Centers (RRTCs)  
Massachusetts

Rehabilitation Research and Training Center on Measuring Rehabilitation Outcomes

Boston University  
Sargent College of Health and Rehabilitation Sciences  
635 Commonwealth Avenue  
Boston, MA 02215  
rmonarch@bu.edu  
http://www.bu.edu/cre/rehaboutcomes

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; FY 01 $699,745

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

University of Illinois/Chicago
Department of Disability and Human Development
1640 West Roosevelt Road
Chicago, IL 60608-6904
gfujiura@uic.edu
http://www.uic.edu/depts/idhd/ced

Principal Investigator: Glenn T. Fujiura, PhD
Public Contact: 312/413-1977; Fax: 312/413-4098

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; FY 01 $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

University of Arkansas/Fayetteville
Fulbright Institute of International Relations
722 West Maple
Fayetteville, AR 72701
kays@uark.edu
http://www.uark.edu/dispol

Principal Investigator: Kay Schriner, PhD, 501/575-6417
Public Contact: 501/575-2006; Fax: 501/575-7402

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; FY 01 $149,400

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

University of California/Berkeley
The Bancroft Library
UC Berkeley, 486
Berkeley, CA 94720-6000
tsalazar@library.berkeley.edu

Principal Investigator: Charles B. Faulhaber, PhD, 510/642-3781
Public Contact: Theresa Salazar, 510/643-8153; Fax: 510/642-7589

Project Number: H133G000083
Start Date: August 1, 2000
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $150,000; FY 01 $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.

University of Florida
Department of Occupational Therapy
P.O. Box 100164
Gainesville, FL 32610-0164
cvelozo@hp.ufl.edu

Principal Investigator: Craig A. Velozo, PhD, OTR
Public Contact: 352/846-1950; 352/333-3115; Fax: 352/846-1042

Project Number: H133G000227
Start Date: June 1, 1999
Length: 36 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $149,459; FY 01 $148,388
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.
Field-Initiated Projects (FIPs)
Illinois

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

University of Illinois/Chicago
1640 West Roosevelt Road, M/C 626
Chicago, IL 60608-6904
cg16@uic.edu

Principal Investigator: Carol J. Gill, PhD
Public Contact: 312/355-0550; 312/413-0453 (TTY); Fax: 312/413-2918

Project Number: H133G990110
Start Date: May 1, 1999
Length: 36 months
NIDRR Officer: Bonnie Gracer
NIDRR Funding: FY 99 $149,915; FY 00 $146,732; FY 01 $148,293

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 Multilevel Analysis of the Relationship Between Domestic Violence and Disability

University of Illinois/Chicago
Department of Occupational Therapy
1919 West Taylor Street, M/C 811
Chicago, IL 60612-7250
helfrich@uic.edu

Principal Investigator: Christine Helfrich, PhD
Public Contact: 312/996-4626; Fax: 312/413-0256

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; FY 01 $149,944
Abstract: This project studies the interaction between domestic violence and disability. Detailed case studies are developed for 15 women who are domestic violence victims with a disability, who are 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; (3) to document the long-term service needs of women with disabilities who are victims of domestic violence; and (4) to disseminate project findings in appropriate formats to policy-makers, service providers, and consumers.
An Analysis of the Demography of Living Standards, Health, and Poverty of Persons with a Disability Living in Third World Nations Based on Data from the World Bank

University of Illinois/Chicago
1640 West Roosevelt Road
Chicago, IL 60608-7205
gfujiura@uic.edu
http://www.uic.edu/depts/idhd/ced

Principal Investigator: Glenn T. Fujiura, PhD
Public Contact: 312/413-1977; Fax: 312/413-4098

Project Number: H133G010139
Start Date: November 1, 2001
Length: 36 months
NIDRR Officer: David W. Keer
NIDRR Funding: FY 01 $150,000

Abstract: This project analyzes World Bank economic development data in 24 developing nations of the world. The goal of the analysis is to describe basic demographics and their relationship to the living standards of persons with a disability. The overall goals of the project are to elevate awareness of disablement issues globally, to assist local advocacy efforts in raising awareness of disability as a basic development issue, and to stimulate a dialogue regarding the international role in the evolving paradigm of disability. Primary areas of emphasis are: (1) characterization of employment, economic status, and social well-being (i.e., access to health services, supports, assets); (2) estimation of the magnitude of disablement within nations; (3) identification of subgroups within each nation that are most vulnerable to disablement; (4) analysis of the status of women with disabilities; (5) identification of unique regional concerns; and (6) broad comparisons of the living standards in the developing world to those of the U.S. The project employs systems initiated by the World Bank in 1980 called the Living Standards Measurement Survey (LSMS) project, which involves sophisticated population-based household surveys on economic behavior and living standards in underdeveloped nations. This project is a collaborative effort by the Department of Disability and Human Development at the University of Illinois/Chicago (UIC) and Disabled Peoples’ International (DPI). The project operationalizes the principles of participatory action research by employing the expertise of regional representatives of the DPI, a consumer-driven, cross-disability network with member organizations in more than 158 countries, of which more than half are in the developing world.
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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Disability and Rehabilitation Research Projects
Alabama

National Spinal Cord Injury Statistical Center

University of Alabama/Birmingham
SRC 515
1717 Sixth Avenue, South
Birmingham, AL 35249-7330
farris@uab.edu
http://www.spinalcord.uab.edu

Principal Investigator: Michael J. DeVivo, PhD, 205/934-3320
Public Contact: Vicki Farris, 205/934-5049; Fax: 205/934-2709

Project Number: H133A011201
Start Date: July 1, 2001
Length: 60 months
NIDRR Officer: Kristi E. Wilson, PhD
NIDRR Funding: FY 01 $349,988

Abstract: The Statistical Center has the following objectives: (1) establish the appropriate IT system; (2) train and provide technical assistance to the Model SCI centers; (3) communicate with NIDRR and the centers to ensure quality of the items in the database; (4) demonstrate the capacity to conduct and facilitate research from the database; (5) link to other related databases; (6) incorporate culturally appropriate methods of data collection and dissemination, including culturally sensitive measurement approaches; (7) demonstrate the capacity to provide technical assistance to the Model SCI centers and other related projects regarding database development and maintenance.
Disability and Rehabilitation Research Projects
California

National Resource Center for Parents with Disabilities

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

Principal Investigator: Megan Kirshbaum, PhD; Paul Preston, PhD
Public Contact: Paul Preston, PhD, 510/848-1112 (V); 800/644-2666 (V); 800/804-1616 (TTY);
Fax: 510/848-4445

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; FY 01 $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) techni-
cal 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 dis-
seminate 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, adap-
tive 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 dis-
abilities or family members of parents with disabilities.
Disability and Rehabilitation Research Projects
California

Ideas for the New Millennium

World Institute on Disability
510 - 16th Street, Suite 100
Oakland, CA 94612-1520
kathy@wid.org
http://www.wid.org
http://www.disabilityworld.org

Principal Investigator: Kathy Martinez
Public Contact: 510/251-4326; Fax: 510/763-4109

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; FY 01 $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 online information
system that captures innovation, links government officials, policy-makers, disability leaders, reha-
bilitation 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 ex-
change, 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 online
exchange of information in English and Spanish. The project collaborates with five disability-led
organizations with substantial international experience.
Disability and Rehabilitation Research Projects
California

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

Center for an Accessible Society
Exploding Myths, Inc.
2980 Beech Street
San Diego, CA 92102
cjones@accessiblesociety.org
http://www.accessiblesociety.org

Principal Investigator: Cynthia Jones
Public Contact: 619/232-2727, ext. 111 (V); 619/234-3130 (TTY); Fax: 619/234-3155

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; FY 01 $299,996

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

United Cerebral Palsy Associations, Inc.
490 Tenth Street Northwest
Atlanta, GA 30318
techconnections@crt.gatech.edu
http://www.techconnections.org

Principal Investigator: Anthony J. Langton, MS
Public Contact: 877/835-7335; 404/385-0633; Fax: 404/385-0641

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; FY 01 $499,962

Abstract: TECH CONNECTIONS facilitates the use of rehabilitation technology in state 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 training forums, topic-specific audio conferences, and satellite video training; (3) individualized technical assistance and information about the AT, 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 AT. 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 AT. 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)

University of Kansas
Research and Training Center on Independent Living
Schiefelbusch Institute for Life Span Studies
4089 Dole Building
Lawrence, KS 66045
rtcil@ukans.edu; jbudde@dole.lsi.ukans.edu; glen@ukans.edu
http://www.lsi.ukans.edu/rtcil/rtcil.htm
http://www.GetRIIL.org

Principal Investigator: James Budde, EdD; Glen White, PhD
Public Contact: 785/864-4095; Fax: 785/864-5063

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; FY 01 $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 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.
Knowledge Dissemination and Utilization

Disability and Rehabilitation Research Projects
Maryland

ABLEDATA Database Program

ORC Macro
8630 Fenton Street, Suite 930
Silver Spring, MD 20910
abledata@macroint.com
http://www.abledata.com

Principal Investigator: Katherine Belknap, 301/608-8998, ext. 100
Public Contact: Katherine Belknap, 800/227-0216 (V); 301/608-8998 (V); 301/608-8912 (TTY); Fax: 301/608-8958

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; FY 01 (No-cost extension through 3/26/02)
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.
Disability and Rehabilitation Research Projects
Maryland

National Rehabilitation Information Center (NARIC)

KRA Corporation
1010 Wayne Avenue, Suite 800
Silver Spring, MD 20910
dwendling@kra.com
http://www.naric.com

Principal Investigator: Mark X. Odum
Public Contact: Information Specialists, 800/346-2742 (V); 301/562-2400 (V); 301/495-5626 (TTY); Fax: 301/562-2401

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; FY 01 $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.
Disability and Rehabilitation Research Projects
Massachusetts

Web Accessibility Initiative, Phase II

Massachusetts Institute of Technology
W3C Web Accessibility Initiative
MIT/LCS Room NE43-355
200 Technology Square
Cambridge, MA 02139
jbrewer@w3.org
http://www.w3.org/WAI

Principal Investigator: Tim Berners-Lee, 617/253-5702
Public Contact: Judy Brewer, 617/253-2613

Project Number: H133A000500
Start Date: October 1, 2000
Length: 60 months
NIDRR Officer: William Peterson
NIDRR Funding: FY 00 $499,999; FY 01 $499,998

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 online commercial world, educational opportunity, employment opportunity, workplace communication, government services, recreation, and more.
Disability and Rehabilitation Research Projects
New Jersey

Traumatic Brain Injury National Data Center

Kessler Medical Rehabilitation Research and Education Corporation (KMRREC)
1199 Pleasant Valley Way
West Orange, NJ 07052
kwood@kmrrec.org
http://www.tbindc.org

Principal Investigator: Mitchell Rosenthal, PhD, 973/243-6971
Public Contact: Kenneth Wood, PhD, 973/243-6811; Fax: 973/243-6990

Project Number: H133A011403
Start Date: July 1, 2001
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 01 $348,187

Abstract: Goals of this national data center include: (1) data collection improvements through development of an interactive web-based syllabus for the use of Traumatic Brain Injury Model Systems (TBIMS) staff, researchers and others that improves the quality and cost-effectiveness of data collection efforts; (2) a new web site featuring a searchable TBI Model Systems Research and Publication Registry; (3) enhanced statistical and technical consultation services to streamline the database, employ innovative statistical techniques to compensate for incomplete or missing data, make comparisons with other datasets, improve measurement tools and prediction models, and enhance analysis of longitudinal data; (4) improved data collection methods based on the “focus group” feedback received from the data collectors at the other centers, which include awareness and incorporation of techniques designed to improve cultural sensitivity of data collection instruments and data collection methodologies used in the model systems; (5) consumer dissemination of the latest research results and innovative demonstration projects from the model systems through a partnership with the national Brain Injury Association (BIA); (6) continued leadership in TBIMS dissemination activities through Facts and Figures, TBIMS and BIA web sites, NCDDR dissemination programs, journal publications, and TBIMS conferences; (7) continued development of policies that allow for public access to data, while protecting the confidentiality of subjects in the database and incorporating the perspectives of both NIDRR and the TBIMS researchers and data management teams; (8) collaboration with the NIDRR SCI and Burn Data Centers to develop advanced methods of database function, data acquisition, data quality assurance, and general Data Center operations; and (9) new projects with CDC and other programs whose database have similar TBI populations.
Center for International Rehabilitation Research Information and Exchange (CIRRIE)

State University of New York (SUNY) at Buffalo
Center for Assistive Technology
515 Kimball Tower
Buffalo, NY 14214
kmorgan@buffalo.edu
http://cirrie.buffalo.edu

Principal Investigator: John Stone, PhD, 716/829-3141, ext. 169
Public Contact: Kathleen Morgan, 716/829-3141, ext. 149; Fax: 716/829-3217

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; FY 01 $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.
Disability and Rehabilitation Research Projects
New York

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; FY 01 $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.
Disability and Rehabilitation Research Projects
Texas

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; FY 01 $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 dissemination and utilization (D&U) methodologies that grantees can use; (2) to ensure 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 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. The NCDDR website features the NIDRR Grantee Calendar of Events, the Registry of Online Resources (in English and Spanish), the Research Exchange, online focus groups, database resources, information about the Interagency Committee on Disability Research (ICDR), and a variety of online dissemination and utilization products. This project participates in the NIDRR Scholars program, providing motivated undergraduates with internship experience in disability research.
Disability and Rehabilitation Research Projects
Texas

Model Spinal Cord Injury Systems Dissemination Center

The Institute for Rehabilitation and Research (TIRR)
1333 Moursund
Houston, TX 77030-3405
khart@bcm.tmc.edu

Principal Investigator: Karen A. Hart, PhD
Public Contact: 713/797-5946; Fax: 713/797-5982

Project Number: H133A011501
Start Date: September 1, 2001
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 01 $150,000

Abstract: The Model Spinal Cord Injury Systems (MSCIS) Dissemination Center is a collaborative effort between the NIDRR-funded Model Spinal Cord Injury Centers and SCI collaborative research projects. The Center provides information about MSCIS research and publications to inquirers and model system staff members via the Internet, the telephone, and surface mail. Overall objectives of the project are: (1) documenting the scientific productivity of the Model SCI Centers and Collaborative Research Projects and providing a history of the Model Centers’ publications; (2) verifying that the publications are peer-reviewed by downloading citations from Medline, Current Contents, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Psychology Literature (PsychLit); (3) ensuring the accuracy of the citations through verification by Center and author semi-annually; (4) maintaining, on a semi-annual basis, the listing of web-accessible citations hosted on web site of the Regional Spinal Cord Injury Center of the Delaware Valley at Thomas Jefferson University Hospital in Philadelphia; (5) documenting and verifying the accuracy and currency of published book chapters and textbooks; (6) storing information electronically in Reference Manager in a format that can be uploaded to Reference Web Poster on the Center’s web site; (7) gathering structured data from each of the Model SCI Centers and Collaborative Research Projects that describes the educational products produced and the presentations given, as evidence of the significant work being done; (8) classifying the educational products and presentations produced by the Model SCI Centers and Collaborative Research Projects to provide a variety of accurate retrieval options for interested constituents; (9) developing a data storage system that facilitates uploads into the program’s web site in accessible format for interested constituents such as individuals with SCI, organizations, NIDRR, NCDRR, NARIC, the Model SCI Centers, libraries, rehabilitation facilities, professionals, and students; (10) disseminating efficiently and effectively to the greatest number of constituents the publications, educational products, and presentations produced by the Model SCI Centers and the Collaborative Research Projects as an aggregate representation of this NIDRR program’s contribution to the field of SCI; (11) providing a mechanism for NCDRR and NARIC to verify that they have complete and accurate information about all the Model SCI Centers and their accomplishments so that NCDDR and NARIC can achieve their dissemination objectives; and (12) reaching the greatest number of individuals possible with information and education about SCI by efficient use of NIDRR-funded resources and personnel.
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.
Public Contact: 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; FY 01 $149,977

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.
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.udeducation.org

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; FY 01 $149,721
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 Elaine Ostroff of the Global Universal Design Educators Network.
ADA Technical Assistance Projects
Washington

National Center on Accessible Information Technology in Education

University of Washington
Center on Human Development and Disability
Box 357920
Seattle, WA 98195-7920
accessit@u.washington.edu
http://www.washington.edu/accessit

Principal Investigator: Kurt Johnson, PhD; Sheryl Burgstahler, PhD, 206/543-3677
Public Contact: Lyla Crawford, 866-968-2223 (V/TTY); 206/685-4181; Fax: 206/221-4171

Project Number: H133D010306
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $700,000

Abstract: This program helps educational and governmental institutions make IT accessible to all students and employees, including those with disabilities. The Center: (1) compiles, redesigns, and develops materials that assist educational entities and their constituents in understanding and fulfilling their legal obligations to provide accessible IT, including an ADA self-evaluation guide for schools, Section 504 and ADA guidance for educational entities, technical materials on IT access, a consumer’s guide to accessible IT, and technical IT standards; (2) conducts a national information dissemination campaign using multiple formats and venues that raise awareness of accessible education-based IT and inform target audiences about the availability of technical assistance from the Disability Business Technical Assistance Centers (DBTACs) and others; (3) develops, disseminates, and provides technical assistance with implementation of policies, procedures, and practices that promote the use and procurement by educational entities of accessible IT that meets the standards for Section 508 or follows universal design principles; (4) coordinates with and provides training, materials, and technical assistance to the DBTACs in support of their technical assistance efforts to educational entities on accessible IT; and (5) provides training, materials, and technical assistance to staff of the U.S. Department of Education’s various IT initiatives and coordinates efforts with relevant Federal agencies and programs in order to assure that strategies for achieving accessible IT are used and promoted in every facet of activities and programs carried on by these organizations. The Center is a collaboration of the Center for Technology and Disability Studies, Opportunities, Internetworking, and Technology project (DO-IT), in partnership with the Equal Access to Software and Information (EASI) and the Microsoft Corporation. The Center works with the NIDRR-funded National Center on the Study of Postsecondary Education Supports and the National Center on Secondary Education and Transition in its dissemination efforts.
Assistive Technology Technical Assistance Projects
Georgia

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

Georgia Institute of Technology
Center for Assistive Technology and Environmental Access (CATEA)
490 Tenth Street Northwest
Atlanta, GA 30332-0156
beth.bryant@arch.gatech.edu
http://www.assistivetech.net

Principal Investigator: Elizabeth A. Bryant, 404/894-1413
Public Contact: Joseph Koncelik, 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; FY 01 $296,311
Abstract: assistivetech.net is a comprehensive, up-to-date, easy to use Internet site on disability-related resources. assistivetech.net increases the availability of, and access to, information about AT, services, and resources available for people with disabilities. The assistivetech.net Web site 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; FY 01 (No-cost extension through 5/31/02)

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 centers for independent living in minority communities of Chicago, including assessments of ADA physical accessibility and surveys on barriers to employment.
New England ADA Center and Universal Design in Educational IT  
(Disability and Business Technical Assistance Center - Region I)

Adaptive Environments Center, Inc.  
374 Congress Street, Suite 301  
Boston, MA 02210-1807  
oharrison@adaptiveenvironments.org; vfletcher@adaptenv.org  
http://www.adaptiveenvironments.org

Principal Investigator: Valerie Fletcher, 617/695-1225, ext. 26  
Public Contact: Oce Harrison, EdD, Project Director, 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: H133D010211  
Start Date: October 1, 2001  
Length: 60 months  
NIDRR Officer: Joseph A. DePhillips  
NIDRR Funding: FY 01 $850,000

Abstract: The New England DBTAC provides technical assistance, training, and information dissemination for Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The new grantee retains relationships with previously contracted state affiliates, the statewide coalitions, the annual incentive grants, and the newsletter. Groups with rights or responsibilities under the ADA that are targeted for expanded outreach include self-advocacy organizations and the ARC; libraries; human resources trade groups; the hospitality industry, including Visitor and Convention Bureaus; schools; and health care professionals. Annual regional training initiatives include day-long workshops for state, municipal, and county ADA coordinators; half-day trainings for centers for independent living; training for architects on ADA updates; outreach and training in minority and immigrant communities both to people with disabilities and business owners; and voter accessibility training. Implementation of the education-based IT component of the project includes: (1) establishing regional linkages to educational entities for cooperation/collaboration; (2) establishing the capacity in each state to coordinate and build skill, using resources of state organizations and the state infrastructure to reach large audiences through familiar, local methods; (3) training using a variety of distance learning techniques tailored to target audiences; (4) convening a collaborative conference on universal design on the web with the Rhode Island School of Design; (5) running a public awareness campaign that puts the issue of universal design on the educational IT agenda; and (6) identifying best practices in the region to be written up as case studies each year.
Northeast Disability and Business Technical Assistance Center - Region II

Cornell University
Program on Employment and Disability
School of Industrial and Labor Relations
106 ILR Extension Building
Ithaca, NY 14853-3901
ah45@cornell.edu
http://www.nedbtac.org

Principal Investigator: Susanne BruyPre, PhD, 607/255-7727
Public Contact: Andrea Haenlin-Mott, Project Director, 800/949-4232 (V/TTY, in NJ, NY, PR, and VI); 607/255-8348; Fax: 607/255-2763

Project Number: H133D010205
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,100,000
Abstract: The Northeast DBTAC provides technical assistance, training, and information dissemination for New Jersey, New York, Puerto Rico, and the Virgin Islands. It provides information, training, and technical assistance to educational entities in Region II, on the procurement and use of accessible IT for students and employees with disabilities. Services are comprehensive, involving effective use of existing networks and collaborations with regional partners and organizations that currently deliver services to educational organizations, parent organizations, disability advocacy organizations, employers, labor unions, and state and local government. The Program on Employment and Disability at Cornell University’s School of Industrial and Labor Relations takes the lead in a regional collaborative effort that includes the following partners: Office of the Advocate for Persons with Disabilities for New York state; AccessPoint Solutions in New Jersey; the Department of Architecture and Center for Assistive Technology at the State University of New York (SUNY) at Buffalo; the Assistive Technology Project at the University of Puerto Rico; the University Affiliated Program at the University of the Virgin Islands; and various local agencies and organizations.
Mid-Atlantic Disability Business Technical Assistance Center - Region III

TransCen, Inc.
451 Hungerford Drive, Suite 607
Rockville, MD 20850-4151
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: H133D010212
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 01 $1,099,998

Abstract: The Mid-Atlantic DBTAC provides technical assistance, training, and information dissemination for Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. Activities are organized under two major goals: (1) provide technical assistance, training, and information dissemination about the ADA; and (2) provide technical assistance, training, and information dissemination about accessible education-based IT. Individual activities to meet these goals and project objectives are designed to build capacity among State and local agencies, including Centers for Independent Living, so that the Center’s impact and effectiveness is maximized. Approximately 20,000 individuals and organizations are directly impacted through project activities each year.
Southeast Disability Business Technical Assistance Center - Region IV

Georgia Tech Research Corporation
Center for Assistive Technology and Environmental Access (CATEA)
490 Tenth Street
Atlanta, GA 30318
sedbtac@catea.org
http://www.sedbtac.org

Principal Investigator: Shelley Kaplan, Project Director, 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: H133D010207
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,450,000

Abstract: The Southeast DBTAC provides technical assistance, training, and information dissemination for Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. The project: (1) provides expert technical assistance to promote voluntary and effective implementation of the ADA among entities with rights and responsibilities; (2) facilitates widespread use, particularly in educational entities, of accessible and usable electronic and IT; (3) fosters and facilitates regional capacity-building by cultivating collaborations between the regional Educational Leadership Team and the existing ADA Leadership Network; (4) expands training programs by incorporating enhanced distance learning methods, including teleconferences, web-based training, and electronic discussions, that are designed in a fully accessible and useful manner; and (5) identifies and disseminates “Best Practices” in employment and IT in order to encourage and support replication. To build on its ten-year history of regional capacity building, the DBTAC: (a) strengthens its ADA Leadership Network of eight state and sixty-seven local affiliates; (b) shares expertise about IT through the Center for Rehabilitation Technology’s Information Technology Technical Assistance and Training Center; and (c) facilitates accessible education-based IT across the educational spectrum via the newly-established Educational Leadership Team.
ADA Technical Assistance Projects
Region V - IL, IN, MI, MN, OH, and WI

Great Lakes Disability Business Technical Assistance Center - Region V

University of Illinois/Chicago
Department of Disability and Human Development
1640 West Roosevelt Road, Room 405
Chicago, IL 60608-6904
gldbtac@uic.edu
http://www.adagreatlakes.org

Principal Investigator: Robin A. Jones, Project Director, 312/996-1059
Public Contact: 800/949-4232 (V/TTY, in IL, IN, MI, MN, OH, and WI); 312/413-1407 (V/TTY);
Fax: 312/413-1856

Project Number: H133D010203
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,450,000
Abstract: The Great Lakes DBTAC provides technical assistance, training, and information dissemination for Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. The project’s audiences include business, government, and education organizations and individuals with disabilities and their families. The Center assists these audiences in understanding their rights and responsibilities under the ADA. For example, technical assistance and training are provided to educational entities regarding their responsibility to ensure that the IT they purchase and use is accessible to and usable by individuals with disabilities. The aim is that within the education system administrators, educators, staff, students, and parents have full and equal access to programs, services, and information used or disseminated through a variety of information technologies. The Center programs and services are coordinated through a network of collaborators at the local, state, and regional level representing business, government, education entities and people with disabilities. Services and programs include direct technical assistance, training, and materials dissemination utilizing a variety of methods and strategies.
Southwest Disability 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 77019-7024
swdbtac@ilru.org
http://www.ilru.org/dbtac/

Principal Investigator: Lex Frieden, 713/797-5283
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: H133D010210
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 01 $1,099,997

Abstract: The Southwest DBTAC provides technical assistance, training, and information dissemination for Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. It provides a comprehensive array of training, technical assistance, and dissemination services on the ADA, IT, and other disability-related laws in the five states of Federal Region VI. Operating from the strongly held conviction that change results when businesses, schools, governments, and individuals receive information on access and accommodation, the DBTAC aggressively and proactively expands its existing programs to reach, inform, and educate traditional audiences (businesses, governments, and individuals) and previously untargeted audiences (notably, schools implementing IT). It uses a collaborative structure of partners in all five states, enhancing the effectiveness of the DBTAC and, in turn, increasing the capacity of partner organizations to provide technical assistance. Several organizations play key partner roles, including the New Mexico Technology Assistance Project, the Southwest Education Development Laboratory, the Region VI Regional Rehabilitation Continuing Education Program (RRCEP), the Better Business Bureau Consumer Education Foundation, AT projects in each state, and several Centers for Independent Living (CILs) that have demonstrated success in reaching and providing ADA and IT information to persons with disabilities.
Great Plains Disability Business Technical Assistance Center - 
Region VII

University of Missouri/Columbia
100 Corporate Lake Drive
Columbia, MO 65203
ada@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:** H133D010201

**Start Date:** October 1, 2001

**Length:** 60 months

**NIDRR Officer:** Joseph A. DePhillips

**NIDRR Funding:** FY 01 $850,000

**Abstract:** The Great Plains DBTAC provides technical assistance, training, and information dissemination for Iowa, Kansas, Missouri, and Nebraska. In order to facilitate successful implementation of the ADA and accessible education-based IT in Region VII, the project and its collaborating partners: (1) provide training and technical assistance, and disseminate materials to individuals and entities with responsibilities and rights under the ADA regarding the ADA’s requirements as well as developments in case law, policy, and implementation; (2) increase the capacity of organizations at the state and local level, including Centers for Independent Living (CILs), to provide training on the ADA; (3) provide training and technical assistance, and disseminate material on the legal obligations of educational entities to provide accessible IT to students and employees; (4) provide information to CILs, Parent Training Information Centers, and Regional Resource Centers on accessible education-based IT; (5) increase the capacity of organizations at the state and local level, including CILs, to provide technical assistance; (6) provide technical assistance to educational entities to enable them to conduct self-evaluations on the accessibility of their IT; and (7) provide technical assistance, either directly or through referral, regarding how to make existing IT accessible and ensure that new IT acquisitions are accessible.
Rocky Mountain Disability Business Technical Assistance Center - Region VIII

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

Principal Investigator: Joyce Maynard Hume, Project Director, 719/444-0252
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: H133D010004
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 01 $849,716

Abstract: The Rocky Mountain DBTAC provides technical assistance, training, and information dissemination for Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. The project builds the capacity for reaching every individual, business, public entity, and educational institution with training, materials dissemination, and technical assistance on the ADA and educational-based IT accessibility. A comprehensive program expands a collaborative network consisting of key agencies and organizations throughout the region. This project also operates and maintains the ADA Impact Measurement System (AIMS), a web-based system that consists of a mail-back postcard and a telephone survey of customers. This system allows the ten regional DBTACs to evaluate the outcomes of the DBTAC program quantitatively.
ADA Technical Assistance Projects
Region IX - AZ, CA, HI, NV, and the Pacific Basin

Pacific Disability 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: Technical Assistance, 800/949-4232 (V/TTY, in AZ, CA, HI, NV, and the Pacific Basin); 510/848-2980 (V); Fax: 510/848-1981

Project Number: H133D010209
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,450,000
Abstract: The Pacific DBTAC provides technical assistance, training, and information dissemination for Arizona, California, Hawaii, Nevada, and the Pacific Basin. The latest funding cycle includes a series of innovative initiatives and approaches to enhance compliance with ADA rules and regulations. There is also an integrated action plan to enhance the availability of accessible IT equipment in Federal Region IX, primarily through a focus on educational institutions as key sites for adopting the principles of Section 508, and for ensuring full access to IT for young people with disabilities. The Pacific DBTAC’s interdisciplinary, multilevel management strategy ensures that all project objectives are tracked and attained and that Center services are fully integrated and delivered in an effective, cost-efficient, and accessible manner. The DBTAC provides quality training, federally approved materials, and technical assistance services to requesters who seek support, advice, and information and it conducts proactive strategic outreach and education services that promote adherence to ADA regulations and principles at all levels of society. Education-Based Information Technology, being a key focus, uses best practices to promote utilization throughout school systems.
Northwest ADA/IT Center (Disability Business Technical Assistance Center - Region X)

Oregon Health and Science University
Oregon Institute on Disability and Development
P.O. Box 574
Portland, OR 97207-0574
nwada@ohsu.edu
http://www.nwada.org

Principal Investigator: Charles Drum, JD, PhD, 503/494-8047
Public Contact: Lynnea Ruttledge, Project Director, 800/949-4232 (AK, ID, OR, and WA only); 503/494-6747; Fax: 503/494-6868

Project Number: H133D010002
Start Date: October 1, 2001
Length: 60 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $850,000
Abstract: The Northwest DBTAC/Information Technology Center provides technical assistance, training, and information dissemination for Alaska, Idaho, Oregon, and Washington. Audiences include people with disabilities, state and local governments, and businesses in Region X. In addition to the Americans with Disabilities Act (ADA) and other state and federal disability laws and regulations, the Center also provides technical assistance, training, and dissemination to educational entities regarding “best practices” information on accessible IT. The sources of such information include the new National Center on Accessible Education-Based Information Technology.
ADA Technical Assistance Projects
Virginia

National ADA Program Assistance Coordinator

CESSI
6858 Old Dominion Drive, Suite 250
McLean, VA 22101
adata@adata.org
http://www.adata.org

Principal Investigator: Shelia Newman
Public Contact: Jennifer Eckel, Project Director, 703/448-6155 (V); 703/448-3079 (TTY); Fax: 703/442-9015

Project Number: ED-99-CO-0002
Start Date: November 6, 1998
Length: 36 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 99 $319,744; FY 00 $327,553; FY 01 $495,827
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.

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UIC National Research and Training Center on Psychiatric Disability

University of Illinois/Chicago
Department of Psychiatry
104 South Michigan Avenue, Suite 900
Chicago, IL 60603-5902
http://www.psych.uic.edu/uicnrtc

Principal Investigator: Judith A. Cook, PhD, 312/422-8180, ext. 19
Public Contact: Jessica A. Jonikas, 312/422-8180, ext. 18 (V); 312/422-0706 (TTY); Fax: 312/422-0740

Project Number: H133B000700
Start Date: September 30, 2000
Length: 60 months
NIDRR Officer: Roseann Rafferty
NIDRR Funding: FY 00 $450,000; FY 01 $450,000
Other Funding: FY 00 $300,000 (CMHS); FY 01 $300,000 (CMHS)

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

Texas Southern University
College of Continuing Education
3100 Cleburne Avenue
Houston, TX 77004
ieepps@yahoo.com; dksimmons@pdq.net
http://www.tsu.edu/education/cmtcbdr/default.htm

Principal Investigator: Irvine E. Epps, EdD, 713/313-7224
Public Contact: Darrell K. Simmons, Project Coordinator, 713/313-7753; Fax: 713/313-7579

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; FY 01 $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.
Long-Term Care for People with Disabilities: An Independent Living Perspective

Andrew Batavia, JD
2845 Prairie Avenue
Miami Beach, FL 33140
Batavia1957@hotmail.com

Principal Investigator: Andrew Batavia, JD
Public Contact: 305/672-1128

Project Number: H133F010029
Start Date: May 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $55,000

Abstract: This project uses an independent living perspective to examine all options of long-term care available to people with disabilities. Long-term care promises to be the premier challenge to our health care system in the coming decades as the population ages. This project reviews and analyzes the highly fragmented literature on long-term care, home care, and personal assistance services, and consolidates knowledge about long-term care as it regards people with disabilities.
Do Interventions in Augmentative and Alternative Communication Really Work? A Research Synthesis

Ralf W. Schlosser, PhD
Northeastern University
Department of Speech, Language, Audiology, and Pathology
151B Forsyth
Boston, MA 02115-5000
R.Schlosser@neu.edu

Principal Investigator: Ralf W. Schlosser, PhD
Public Contact: 617/373-3785; Fax: 617/373-8756

Project Number: H133F010010
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $55,000

Abstract: This project integrates and synthesizes the extant research literature on the effectiveness of interventions in augmentative and alternative communication (AAC), and it communicates the findings in multiple formats. Using meta-analytic methods, the research extends and updates a previous synthesis effort by Schlosser and Lee (currently in press). Added to this version are AAC interventions that were not adequately addressed in the previous effort, as well as experiments that only report behavior change data (i.e., without generalization and/or maintenance data). Social validation of goals and dissemination strategies are used for this research.
Synthetic Speech Perception and Graphic Symbol Acquisition in Persons with Severe Mental Retardation

Rajinder Koul, PhD
Texas Tech University Health Sciences Center
3601 Fourth Street, Stop 6073
Lubbock, TX 79430
Rajinder.Koul@ttu.edu

Principal Investigator: Rajinder Koul, PhD
Public Contact: 806/743-5660, ext. 227; Fax: 806/743-5670

Project Number: H133F010003
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $55,000

Abstract: This project examines the perception of synthetic speech in individuals with mental retardation. Individuals with little or no functional speech as a result of mental retardation frequently rely on non-speech communication systems to augment or replace natural speech. These systems include electronic voice output communication aids (VOCAs) that provide synthetic speech output upon activation. However, very little is known to what extent individuals with mental retardation comprehend synthetic speech produced by the VOCAs. Project activities include: (1) investigating the perception of synthetic speech in individuals with severe mental retardation; (2) evaluating the magnitude and the type of practice effects resulting from systematic exposure to synthetic speech in individuals with severe mental retardation; and (3) studying the relationship between perception of synthetic speech and the acquisition of graphic symbols by individuals with severe mental retardation.
The Effect of Variable-Practice Strategy on Wheelchair-Pushing Skills and Energy Expenditure During Wheelchair Propulsion

Wan X. Yao, PhD
Division of Education
University of Texas at San Antonio
San Antonio, TX 78249
wyao@utsa.edu

Principal Investigator: Wan X. Yao, PhD
Public Contact: 210/458-5792; Fax: 210/458-5848

Project Number: H133F010031
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $55,000

Abstract: This project determines the efficacy of a variable practice strategy in improving propulsive skills that affect the efficiency of wheelchair propulsion. In addition, the project is also aimed at determining the optimal movement parameters (e.g. pushing time, recovering time, start angle, and end angle) and the optimal speed that leads to efficient wheelchair propulsion. Variable practice is a learning strategy in which participants practice on two or more alternatives (e.g. practicing on wheelchair-pushing skills under different speeds), in contrast to a constant practice strategy in which participants only practice on skills under one condition. This is important because many tasks have inherent variability, such as steering a car down an unfamiliar road or pushing a wheelchair with different speeds. An important part of learning such tasks is acquiring the capability to cope with novel and/or unusual situations; practicing under constant (unvarying) situations would appear to be too limited.
Maladaptation to Disability and Post-Traumatic Stress Disorder: An Empirical Study on the Reactive Phases to the Trauma of a Disability

Erin C. Martz
University of Arkansas/Fayetteville
Department of Rehabilitation Education and Research
316 West Avenue Annex
Fayetteville, AR 72701
erinmartz@juno.com

Principal Investigator: Erin C. Martz
Public Contact: 501/846-1500

Project Number: H133F010022
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $45,000

Abstract: This fellowship researches posttraumatic stress disorder (PTSD) reactions to disability in the context of spinal disorders. The project compares the theoretical similarities of the two bodies of research on maladaptive reactions to trauma (PTSD) and maladaptive reactions to disability. The research empirically explores the reciprocal causation of the latent variables among the maladaptive reactions to trauma, as measured by the Purdue PTSD Scale and maladaptive reactions to disability, as measured by Reactions to Impairment and Disability Inventory. Structural equations modeling is used to investigate the existence of reciprocal causation of the latent variables. Of the many possible applications of this research, foremost is an increased knowledge of the reactions typically experienced by individuals with spinal disorders. Professionals and individuals with spinal disorders can use this knowledge to understand psychological reactions to trauma and disability better, in order to surpass these reactions and promote and strengthen individuals’ abilities.
A Compensatory Strategy for Students with Learning Disabilities in Postsecondary Education and Their Subsequent Employment

Kelly D. Roberts
University of Hawaii at Manoa
1776 University Avenue, UA4-6
Honolulu, HI 96822
robertsk@hawaii.edu

Principal Investigator: Kelly D. Roberts
Public Contact: 808/255-2101; Fax: 808/956-5713

Project Number: H133F010040
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $45,000

Abstract: This research project determines if AT in the form of voice recognition software can assist in overcoming some of the barriers encountered by people with learning disabilities. Research further seeks to determine if the use of AT can impact related issues, such as retention rate, grades, and perception of the composition process. Lastly, the research determines whether a transfer occurs of “learned benefits” to subsequent professional employment settings.
Fellowships (Merit)
Illinois

No Seat at the Table, No Voice in the Chorus: Perspectives of Young Men of Color on Their Disabilities, Identities, and Peer Mentors

Brigida Hernandez
1640 West Roosevelt Road
Chicago, IL 60608
brigidah@uic.edu

Principal Investigator: Brigida Hernandez
Public Contact: 312/996-6824; Fax: 312/413-1804

Project Number: H133F010002
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $45,000

Abstract: This project examines the development of disability identity among persons with violently-acquired spinal cord injuries (VASCI). Since the 1990s, the demographics of disability in the United States have shifted significantly. Increasing violence has increased the number of persons who have sustained a SCI as a result of gunshot trauma. Yet despite their emergence as a new disability group, the growing body of research on disability identity continues to focus primarily on the traditional demographic groups; people with violence-related disabilities have not been represented. In this project a focus group is conducted with persons with VASCI to gather data on developing research questions for individual interviews. Individual interviews then examine the development of disability identity more fully. Participants are individuals with a newly-acquired SCI from gunshot trauma. Additionally, the project examines the contribution of ethnicity/race and peer-mentoring on disability identity.
Fellowships (Merit)
Pennsylvania

Functional Behaviors and Parasympathetic Nervous System Functions in Children with Sensory Modulation Dysfunction

Roseann C. Schaaf
Thomas Jefferson University
130 South Ninth Street, Edison 810
Philadelphia, PA 19107
Roseann.schaaf@mail.tju.edu

Principal Investigator: Roseann C. Schaaf
Public Contact: 215/503-9609; Fax: 215/503-3499

Project Number: H133F010021
Start Date: September 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $45,000

Abstract: This project investigates the relation between atypical functional behavior and parasympathetic functioning in children with Sensory Modulation Dysfunction (SMD). This is accomplished by testing such hypotheses as: (1) in comparison to other children, children with SMD demonstrate decreased parasympathetic functioning; and (2) atypical parasympathetic functioning correlates with functional impairments and disability in children with SMD. This project contributes further knowledge regarding the physiological impairment of children with SMD and how this impacts on functional impairments and disability. The knowledge gained can help identify children with SMD earlier and more appropriately, and eventually guides intervention strategies designed to help these children be more successful in their home, community, and school environments.
Fellowships (Merit)
Virginia

The Law and Economics of the ADA

Michael Ashley Stein, PhD
College of William and Mary
Marshall Wythe School of Law
South Henry Street, Room 214
Williamsburg, VA 23187-8795
mastei@wm.edu

Principal Investigator: Michael Ashley Stein, PhD
Public Contact: 757/221-3762; Fax: 757/221-3261

Project Number: H133F010012
Start Date: August 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $45,000

Abstract: This project demonstrates positive external benefits to consider when assessing the potential economic effect, such as savings in recruitment expenses, on a given firm by an employee with a disability. The project explores the metrics outside the traditional labor market model that can be used to gauge the success of Title I, for example. Additionally, the project examines the connection between increased labor market participation and environmental factors external to the ADA relating to the availability of health care and the availability of accessible public transportation. These research goals should establish a framework through which academics and policy makers can engage assertions made by economically-based critics of the ADA.
Effects of Client Race on Rehabilitation Counselor Perception and Judgment: A Computerized Replication

David A. Rosenthal, PhD
University of Wisconsin/Stout
231 Vocational Rehabilitation Building
Menomonie, WI 54751-0790
Rosenthal@uwstout.edu

Principal Investigator: David A. Rosenthal, PhD
Public Contact: 715/232-2490; Fax: 715/232-2356

Project Number: H133F010015
Start Date: August 1, 2001
Length: 12 months
NIDRR Officer: Ellen Blasiotti
NIDRR Funding: FY 01 $45,000

Abstract: This project uses vignettes to investigate the effects of client race (African-American versus white) on perceptions of a client by rehabilitation counselors, focusing on aspects of perceptions potentially influenced by racial stereotypes. The aspects of counselor perceptions evaluated are: general evaluation of the client; psychopathology likely to be exhibited by the client; the client’s potential for education and training; and the client’s potential for employment. Two versions of a simulated case are identical, except that the client is portrayed as African-American in one version and as white in the other; client race is conveyed by means of a photograph on an arrest report and by written designation of client race in the written materials. A true experimental design is utilized in which subjects are randomly assigned to one of two groups, with the African-American version of the simulated case presented to one group and the white version to the other.
Advanced Rehabilitation Research Training Projects
Illinois

Advanced Rehabilitation Research Training Project in Rehabilitation Services Research

Northwestern University
Rehabilitation Institute Research Corporation
Rehabilitation Services Evaluation Unit
345 East Superior Street
Chicago, IL 60611
a-heinemann@northwestern.edu
http://www.rseu.northwestern.edu
http://www.northwestern.edu/ihsrps

Principal Investigator: Allen W. Heinemann, PhD
Public Contact: 312/238-2802; Fax: 312/238-4572

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; FY 01 $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

Northwestern University
Rehabilitation Institute of Chicago
345 East Superior Street, Room 1406
Chicago, IL 60611
w-rymer@nwu.edu

Principal Investigator: W. Zev Rymer, MD, PhD
Public Contact: 312/238-3919; Fax: 312/908-2208

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; FY 01 $148,724
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 Projects
Illinois

Advanced Rehabilitation Research Training

University of Illinois/Chicago
Department of Disability and Human Development
College of Health and Human Development Sciences
1640 West Roosevelt Road
Chicago, IL 60608-6904
theller@uic.edu

Principal Investigator: Tamar Heller, PhD
Public Contact: 312/413-1537; Fax: 312/996-6942

Project Number: H133P000005
Start Date: April 1, 2000
Length: 60 months
NIDRR Officer: Ruth Brannon
NIDRR Funding: FY 00 $150,000; FY 01 $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.
Advanced Rehabilitation Research Training Projects
Kansas

Rehabilitation Research Training Program

University of Kansas
Beach Center on Disability
Haworth Hall, Room 3136
1200 Sunnyside Avenue
Lawrence, KS 66045-7534
turnbull@ukans.edu
http://www.beachcenter.org

Principal Investigator: Ann Turnbull, PhD, 785/864-7608
Public Contact: Anette Lundsgaarde, 785/864-7601; Fax: 865/864-5825

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; FY 01 $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.
Advanced Rehabilitation Research Training Projects
Massachusetts

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

Boston University
Sargent College of Health and Rehabilitation Sciences
Center for Psychiatric Rehabilitation
940 Commonwealth Avenue West
Boston, MA 02215
erogers@bu.edu
http://web.bu.edu/SARPSYCH

Principal Investigator: Sally E. Rogers, PhD
Public Contact: Marsha Ellison, 617/353-3549 (V); Fax: 617/353-7700

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; FY 01 $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.
Advanced Rehabilitation Research Training Projects
Massachusetts

An Integrated Rehabilitation Engineering Research Training Program

Boston University
44 Cummington Street
Boston, MA 02215
jcollins@bu.edu

Principal Investigator: James J. Collins, PhD
Public Contact: 617/353-0390; Fax: 617/353-5462

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; FY 01 $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

Boston University
Sargent College of Health and Rehabilitation Sciences
635 Commonwealth Avenue
Boston, MA 02215
gquinn@bu.edu
http://www.bu.edu/cre/training

Principal Investigator: Alan M. Jette, PhD, 617/353-2704
Public Contact: Ginger Quinn, 617/353-0550; Fax: 617/353-1355

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; FY 01 $149,999

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.
Advanced Rehabilitation Research Training Projects
Michigan

The UMHS/MSU/AACIL Rehabilitation Research Training Program

University of Michigan
Department of Physical Medicine and Rehabilitation
Rehabilitation Psychology
1H241 - University Hospital
1500 East Medical Center Drive
Ann Arbor, MI 48109-0050
dgtate@umich.edu
http://www.med.umich.edu/pmr/edu/arrtp

Principal Investigator: Denise G. Tate, PhD
Public Contact: 734/936-7052; Fax: 734/936-7048

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; FY 01 $149,923

Abstract: Through this research training experience, PhD and MD 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 Ann Arbor Center for Independent Living 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) VR and AT; (2) health/medical rehabilitation outcomes; (3) independent living and community integration; and (4) socioeconomic aspects of rehabilitation.
Advanced Rehabilitation Research Training Projects  
Missouri

Research Enrichment Program for Physiatrists

University of Missouri/Columbia  
Research Enrichment Program  
Harry S. Truman Veterans’ Hospital  
800 Hospital Drive, Room C227B  
Columbia, MO 65201  
williamsjan@health.missouri.edu  
http://www.hsc.missouri.edu/~rep

Principal Investigator: Jerry C. Parker, PhD  
Public Contact: Janet L. Williams, Project Coordinator, 573/882-1632; Fax: 573/884-4188

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; FY 01 $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 Rehabilitation Research Training Projects
New Jersey

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; FY 01 $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 Projects
New York

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; FY 01 $140,382

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. 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.
Advanced Rehabilitation Research Training Projects
Pennsylvania

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/research/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; FY 01 $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.
Advanced Rehabilitation Research Training Projects
Texas

Interdisciplinary Rehabilitation Research Training Program

University of Texas Medical Branch
301 University Boulevard
Galveston, TX 77555
kottenba@utmb.edu
http://www.sahs.utmb.edu/programs/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; FY 01 $139,562

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.
Advanced Rehabilitation Research Training Projects
Virginia

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; FY 01 $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 TBI and SCI 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 VR.
NIDRR Contracts
Virginia

Technical Support for Computer and Other Related Activities

Conwal, Inc.
6858 Old Dominion Road
McLean, VA 22101
snewman@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; FY 01 $253,514
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.
Technical Support for Assessment of Management and Ancillary Activities of the National Institute on Disability and Rehabilitation Research

Cherry Engineering Support Services, Inc
6858 Old Dominion Drive, Suite 250
McLean, VA 22101
snewman@cessi.net
http://www.cessi.net

Principal Investigator: Shelia Newman
Public Contact: 703/448-6155; Fax: 703/442-9015

Project Number: ED-00-CO-0079
Start Date: September 7, 2000
Length: 60 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 00 $695,717; FY 01 $245,885

Abstract: This project performs a wide range of technical and support activities for NIDRR, including data collection and analysis, literature reviews, issue analysis and reports, program management evaluation, conference planning and support, and development of information and database systems. Task orders completed and in process have ranged from the design and implementation of a peer review database, analysis of a standing panel peer review model, analysis of intellectual property issues related to technology transfer, support for the development of NIDRR’s Long-Range Plan, outreach and networking with disability experts, and numerous meetings and conferences. Two major tasks are the Design and Conduct of the Program Review Process and Technical Support for the Interagency Committee on Disability Research (ICDR). Program Review is designed to assess the level of grantee excellence in administration, scientific rigor, relevance and productivity, and capacity building. Each year CESSI staff arrange and conduct quarterly meetings of the ICDR and meetings of the Subcommittees on Disability Statistics, Medical Rehabilitation, and Technology. An Internet “gateway” for federally funded disability research is under development and staff prepares reports to Congress and other reports as needed.
State Technology Assistance

This program, funded under Title I of 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 Technical Assistance Projects
California

Assistive Technology Act Data Collection Project

InfoUse
2560 Ninth Street, Suite 216
Berkeley, CA 94710-2557
ljans@infouse.com
http://www.infouse.com/atdata

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 $301,000; FY 01 $301,243
Abstract: The Assistive Technology 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 were 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, including a study on AT and employment. In addition, the project provides descriptive and evaluative information on model approaches that reduce fragmentation of devices and that 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.
Assistive Technology Technical Assistance Projects
New York

National Assistive Technology 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; FY 01 $175,000
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, email, 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; FY 01 $592,604
Abstract: This technical assistance (TA) project supports the 56 State Assistive Technology Act Grantees. Its purpose is to assist the state grantees, through advocacy and capacity-building initiatives, in their efforts to reduce barriers and increase access to AT devices and services for consumers with disabilities of all ages. 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; teleconferences, strategies, sample documents, and other information; online 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.
The Arizona Loans for Assistive Technology Program (AzLAT)

Northern Arizona University
Institute for Human Development
4105 North 20th Street, Suite 260
Phoenix, AZ 85016
jill.oberstein@nau.edu
http://www.nau.edu/ihd/aztap

Principal Investigator: Jill S. Oberstein, 602/728-9532
Public Contact: 800/477-9921 (V); 602/728-4670 (V); 602/728-9536 (TTY); Fax: 602/728-9535

Project Number: H224C010008
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 01 $150,000

Abstract: Arizona Loans for Assistive Technology (AzLAT) is a consumer-driven, statewide alternative financing program that makes affordable loans available to Arizona residents with disabilities for the purchase of AT devices. The program is designed to promote access to AT devices for persons with disabilities by creating a dignified alternative to traditional loan programs. AzLAT is a loan guarantee program; loans made to qualified borrowers by the bank are guaranteed by AzLAT in case of borrower default. The program addresses the needs of persons of low to middle income who have disabilities, including individuals from underrepresented groups desiring loans to purchase AT, but due to credit history or income issues would be ineligible for most traditional bank loan programs. Key elements of consumer support provided by the program include informed consumer choice, avoidance of unnecessary debt, support for consumers completing the application process, and support for repaying loans in a timely manner. These elements are provided by the member organizations of the Consumer Support Network and/or the AzLAT Program.
Arkansas Technology Alternative Financing Project (AFP)

Arkansas Rehabilitation Services
Department of Workforce Education
1616 Brookwood Drive
P.O. Box 3781
Little Rock, AR 72203
sogaskin@ars.state.ar.us
http://www.arsinfo.org

Principal Investigator: Sue Gaskin
Public Contact: 501/683-6052; Fax: 501/296-1141

Project Number: H224C010009
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,200,000
Other funding: FY 01 $400,000 (State of Arkansas)

Abstract: This program administers a revolving loan fund program of approximately $1.6 million so Arkansas residents with disabilities can secure the technology they need. Activities include: (1) establishing a solid infrastructure that enables the AFP to continue indefinitely, with a consumer-weighted Loan Fund Committee that is integrally involved in developing the guidelines that drive the AFP’s implementation and serve as an ongoing resource; (2) designing and implementing an aggressive marketing campaign to assure that knowledge of this important resource is widespread; (3) making loans available for individuals with disabilities for up to $50,000 with 20-year terms, allowing them to purchase technology regardless of age and financial status when the capacity to repay the loan exists. The result is that thousands of Arkansans have enhanced access to loans with flexible terms. Applicants are offered information and assistance to assure they have what they need to make truly informed choices. Additionally, consumer advocacy groups and others receive training on how to assist consumers in obtaining needed technology through this revolving loan fund.
Florida Alternative Financing Program

Florida Alliance for Assistive Technology, Inc.
1020 East Lafayette Street, Suite 110
Tallahassee, FL 32301-4546
faast@faast.org
http://faast.org

Principal Investigator: Terry Ward, PhD, 850/487-3278
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: H224C010001
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 01 $630,000

Abstract: The Florida Alliance for Assistive Services and Technology, Inc. (FAAST), administers a consumer directed alternative financing program for the state of Florida that increases access to and funding for AT. The program assures that Floridians with disabilities, and their family members, can obtain low-interest, longer-term loans that enable them to select and purchase AT and services. This program partners with the Florida Department of Education and the Florida Association for Centers for Independent Living (FACIL), which assists in recruiting local centers for independent living (CILs) in consumer education. The CILs are the focal point of consumer counseling regarding application, selection of devices and services, and assistance with completion of paperwork.
Techconnect Low Interest Loan Program: Alternative Financing Program

Illinois Assistive Technology Project
1 West Old State Capitol Plaza, Suite 100
Springfield, IL 62701-1200
iatp@iltech.org
http://www.iltech.org

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

Project Number: H224C010022
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $2,250,000

Abstract: In the Illinois alternative financing program individuals with disabilities and their families or guardians, who historically have had difficulty obtaining or repaying traditional bank loans, are provided assistance in borrowing money to obtain the AT they need. In some cases the program also assists in establishing a positive credit history. The program lowers interest rates, offers extended repayment plans, and relaxes standards for determining credit worthiness. Interest earned by the program on low-risk investments is used to re-capitalize the fund. Statewide infrastructure allows multiple entry points for completing the loan application and obtaining additional supports regarding budgeting and financial planning. The program is a public-private partnership; in addition to the state, the other partners are the Illinois AT Project, the program administrator; the state’s Centers for Independent Living, who handle outreach, marketing, assistance with loan processing, consumer training on budgeting, and serve on the application review committee; Town and County Bank, the financial lending institution, and MSF&W, a software consulting firm that develops an accessible online loan application program.
Alternative Financing Programs
Kansas

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.atklsi.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; FY 01 (No-cost extension through 9/30/02)
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 AT 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 AT 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 AT cooperative services through strategies such as group purchasing and buying in bulk; (c) to explore the feasibility of operating a multistate cooperative; and (d) to explore the feasibility of operating a consumer run financial cooperative, generally known as a credit union.
Alternative Financing Programs
Kentucky

Loan Initiative Networking Kentuckians for Assistive Technology
(LINK-AT)

Kentucky Department of Vocational Rehabilitation
Cabinet for Workforce Development
209 St. Clair Street
Frankfort, KY 40601
nancye.hanson@mail.state.ky.us
http://www.kyatloan.org

Principal Investigator: Dave Matheis, 502/564-4440
Public Contact: Nancy Hanson, 859/246-2540; 877/675-0195 (in state only); Fax: 859/246-2545

Project Number: H224C010021
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Judith Fein
NIDRR Funding: FY 01 $1,050,000

Abstract: In this program a unique collaboration among public and private partners provides AT loans to Kentuckians with disabilities. The goals of LINK-AT include: (1) increasing access to loans in all areas of the state, (2) increasing awareness of the loan program among consumers and their families and caregivers, (3) providing loans in a timely and efficient manner, (4) providing loans to individuals who may not otherwise be able to access traditional lending programs, (5) increasing the overall lending capacity of the Kentucky Assistive Technology Loan Corporation (KATLC) to $2.5 million, and (6) developing permanent financial support for the loan program. The primary partners include KATLC, the Kentucky Department for Vocational Rehabilitation, Fifth-Third Bank of Kentucky, the Kentucky Housing Corporation (KHC), the Kentucky Assistive Technology Service (KATS) Network, the Kentucky Developmental Disabilities Council, five centers for independent living, and six AT resource centers.
Alternative Financing Programs
Louisiana

Louisiana Alternative Financing Program

Louisiana Department of Health and Hospitals
LATAN
P.O. Box 14115
Baton Rouge, LA 70898
cpourciau@latan.org
http://www.latan.org

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

Project Number: H224C010024
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,500,000

Abstract: This reduced-interest, fixed-rate, and extended-term AT loan program is available for Louisiana residents of all ages and income brackets (and especially those of low and middle incomes), with all types of disabilities. The project makes available guaranteed and non-guaranteed loans for a broad variety of AT devices and services, including assessments, training, and extended warranties. Built into the project budget are resources such as financial, credit, and peer-to-peer counseling (through centers for independent living) as needed by consumers. The program administrators implement a structured program evaluation that measures overall effectiveness; the evaluation takes into consideration consumer feedback and requested modifications to the loan program. The program is coordinated by the Louisiana Assistive Technology Access Network (LATAN).
Alternative Financing Programs
Maryland

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
loans@mdtap.org
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; FY 01 (No-cost extension through 9/30/02)

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 makes AT loan payments more affordable. The Maryland Centers for Independent Living offer counseling to borrowers referred through the program.
Alternative Financing Programs
Maryland

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

State of Maryland Office of Individuals with Disabilities
Maryland Technology Assistance Program
2301 Argonne Drive, T17
Baltimore, MD 21218-1696
loans@mdtap.org
http://www.mdtap.org

Principal Investigator: Michael Dalto
Public Contact: Tony Rice, Assistant Director, 410/554-9233; 800/832-4827; Fax: 410/554-9237

Project Number: H224C010016
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $1,104,974

Abstract: Maryland’s Assistive Technology Guaranteed Loan Program (ATGLP) provides loan guarantees and interest buy-downs for AT loans for Maryland residents who have a disability. The ATGLP guarantees loans of $500 to $30,000, with loan terms ranging of one to seven years. In its first 19 months of operation, the program approved 95 guaranteed loans (totaling more than $970,000 in principal) and 7 nonguaranteed loans (totaling more than $46,000 in principal). The project has approved loans for a high percentage of the applicants from traditionally underserved groups. Innovative efforts from the project’s partners include: (1) offering guaranteed loans or discounted rates for non-guaranteed loans from multiple lenders, (2) reducing costs for AT purchase, (3) increasing income and resources for borrowers to make AT more affordable, (4) building alternative resources for AT evaluation and training, and (5) recycling computer equipment. The Maryland Centers for Independent Living offer consumer counseling. The program funds a wide range of AT, excluding only building modifications to rental units.
Alternative Financing Programs
Michigan

Michigan Assistive Technology Loan Fund

Michigan Disability Rights Coalition
740 West Lake Lansing Road, Suite 400
East Lansing, MI 48823
miatloanfund@aol.com
http://www.mi-atlf.org

Principal Investigator: Norm DeLisle
Public Contact: Kathryn Wyeth, Operations Director, 517/333-2477, ext. 35; Fax: 517/333-2677

Project Number: H224C010015
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $431,700
Other Funding: FY 01 $143,900 (Herbert H. and Grace A. Dow Foundation)

Abstract: The Michigan Assistive Technology Loan Fund allows people with disabilities in Michigan to obtain AT equipment and services either through project loans or through other means. Key objectives of the first project year include: (1) expand statewide from the current three pilot counties, (2) expand marketing of the fund, and (3) grow project resources into a self-sustaining fund. Four key attributes distinguish the Loan Fund as an effective tool: (a) people with disabilities with extensive experience with AT developed it and are implementing it; (b) the fund demonstrates its commitment to client-driven, client-chosen services by the principles and values it has adopted; (c) the fund enjoys strong support statewide because a wide variety of stakeholders participated in a genuinely collaborative process; and (d) the Loan Fund partners with local Centers for Independent Living (CILs) to serve as local intake and counseling points for loan applicants. While the Fund is strongly committed to the principle that persons with disabilities should make their own choices about AT, CILs are uniquely situated to provide AT information to assure applicants can make informed choices. Additionally, the CILs are knowledgeable about other sources of funding than loans and about AT services such as training, equipment trial before purchase, and repair, all of which enhance AT success. There is no lower limit for loans, and the upper limit this pilot year is $20,000.
Alternative Financing Programs
Missouri

Assistive Technology 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); 816/373-5193 (TTY, in state only); 816/373-9315 (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; FY 01 (No-cost extension through 9/30/02)

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 AT. 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 AT that enables a person with a disability to be more independent in a home, workplace, community, or other environment. Examples of AT 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.
Nevada Assistive Technology Loan Fund

Department of Employment, Training, and Rehabilitation
3656 Research Way, Suite 32A
Carson City, NV 89706
tmbutterworth@nvdetr.org

Principal Investigator: Todd Butterworth
Public Contact: 775/687-4452; Fax: 775/687-3292

Project Number: H224C010004
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $902,612

Abstract: The Assistive Technology Loan Fund (ATLF) offers Nevadans of all ages and all disabilities low-interest-rate loan services for the purchase of AT that supports and improves the independence of people with disabilities and their families. Loans are also offered to small businesses that seek to make their facilities more accessible. Loans are made by a banking partner and are guaranteed by the ATLF loan fund; for every dollar in the loan fund, the bank agrees to loan out two dollars. The ATLF has existed as a small but effective loan guarantee program for nearly a decade. Recognizing its value as a “hand up” to Nevadans with disabilities and their families, policy makers in the state have infused the program with substantial loan guarantee and operating capital. A recent partnership with a large community bank furthers ATLF’s statewide presence. The ATLF is operated in partnership with Nevada’s Independent Living Services Program, the state’s largest provider of AT devices for daily living. This partnership ensures that applicants have their needs fulfilled through one or both of the programs.
Oklahoma Alternative Financing Program (AFP)

Oklahoma State University
Seretean Wellness Center
1514 West Hall of Fame
Stillwater, OK 74078-2026
mljwell@okstate.edu
http://okabletech.okstate.edu

Principal Investigator: Linda Jaco
Public Contact: 800/257-1705 (V/TTY); 405/744-9864; Fax: 405/744-2487

Project Number: H224C010005
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $225,000

Abstract: This project enhances and maintains the Assistive Technology Lending Program, a partnership between ABLE Tech and BancFirst of Stillwater established in 1999. The AFP is operated by the Oklahoma Assistive Technology Foundation (OkAT), a community-based organization established and directed by persons with disabilities. The AFP increases access to and funding of AT for Oklahomans with disabilities or families that have dependents with disabilities. ABLE Tech assures that Oklahomans with disabilities and their family members have access to low-interest loans or guaranty loans with longer terms and customized underwriting standards for the purchase of AT.
Alternative Financing Programs
Pennsylvania

Alternative Financing Program

Temple University
Institute on Disabilities/UAP
1301 Cecil B. Moore Avenue, 423 Ritter Annex
Philadelphia, PA 19122
piat@astro.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; FY 01 (No-cost extension through 9/30/02)
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 Disabili-
ties/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 Programs
Pennsylvania

Minority Outreach Program for Alternative Financing for Assistive Technology

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

Principal Investigator: Diane Nelson Bryen, PhD; Amy S. Goldman, 215/204-1356 (Bryen); 215/204-3862 (Goldman)
Public Contact: Virginia Del Sordo, 800/204-7428 (V, in state only); 800/750-7428 (TTY); 215/204-0452 (V); 215/204-1356 (V/TTY); Fax: 215/204-9371

Project Number: H224C010025
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $450,000

Abstract: This outreach and demonstration program targets African-Americans, Hispanic/Latinos, and Southeast Asians and identifies effective strategies for enhancing minority access to alternate financing programs (AFP) for assistive technology. The project includes the following goals: (1) increase outreach for and ease of access to alternative financing for AT for target minority groups through the creation of a network of racially- and ethnically-based information centers; (2) increase the capacity of the Pennsylvania Assistive Technology Foundation (PATF) and its network of subcontracted application centers to provide effective, culturally competent services; (3) attract more minority borrowers through the creation of partnerships with minority-owned banks and lending institutions; (4) create options that make loans more affordable to individuals who come to the PATF through minority banks; (5) identify effective, replicable program structures that increase the ability of target minority groups to access AT and AT financing; and (6) formalize and disseminate the model to a broad spectrum of entities, including other AT Act projects, service providers known and used by the underrepresented groups, disability agencies, groups run by and for people with disabilities, generic banking organizations, and disability, minority, and banking stakeholders.
Alternative Financing Programs
Utah

Alternative Financing Program

Utah State University
Utah Assistive Technology Foundation
6835 Old Main Hill
Logan, UT 84322-6835
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: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 00 $500,000; FY 01 (No-cost extension through 9/30/02)
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 Programs
Utah

Utah Alternative Financing Program for Assistive Technology

Utah State University
Center for Persons with Disabilities
6835 Old Main Hill
Logan, UT 84322
uaf@cpd2.usu.edu
http://www.uatf.org

Principal Investigator: Marilyn Hammond, PhD
Public Contact: 800/524-5152; 435/797-3811; Fax: 435/797-2355

Project Number: H224C010013
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $525,000

Abstract: The Utah Alternative Financing Program for Assistive Technology expands the benefits and services of the Utah Assistive Technology Foundation (UATF) by: (1) developing and implementing a consumer- and minority-responsive infrastructure; (2) maintaining the project’s zero-percent-interest-buy-down for devices and services, increasing the loan interest buy-down amount for modified vehicles, and increasing the available endowment fund; (3) developing and evaluating a comprehensive outreach and public awareness plan that includes targeting underrepresented and culturally diverse communities; and (4) designing and implementing a comprehensive process and outcome evaluation plan. By expanding the current alternative financing system for AT devices and services, the project enables greater numbers of children and adults with disabilities and their family members to increase independence in home, school, work, and community settings.
Alternative Financing Technical Assistance Project

Rehabilitation Engineering and Assistive Technology Society of North America (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; FY 01 $299,999

Abstract: The Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) operates the 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 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, by region and across the country, for individuals with disabilities.
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; FY 01 (No-cost extension through 12/31/02)
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 AT. 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.
Virginia Alternative Financing Program

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

Principal Investigator: Kenneth Knorr, 804/662-9995
Public Contact: Mike Scione, 804/662-9993; Fax: 804/662-9478

Project Number: H224C010003
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Carol Cohen
NIDRR Funding: FY 01 $2,464,000

Abstract: This program increases access to and funding for AT for individuals with disabilities and their families, creating a perpetual loan fund. Rehabilitation engineering and AT assessment services are also provided under the auspices of the program. During this project term, loans are extended to small businesses and nonprofits so they can purchase AT for employees with disabilities, purchase AT or modify their facilities prior to hiring an employee with a disability, or modify facilities to accommodate customers with disabilities. Virginians with disabilities, their family members, and eligible businesses can also obtain low-interest, longer-term loans for accommodations and the purchase of AT devices and services through a partnership with the Assistive Technology Loan Fund Authority (ATLFA), a consumer-controlled organization, and SunTrust Bank, which provides loan financing and administration. Other partners include Virginia’s Centers for Independent Living, which provide consumer counseling for device selection, application completion, and financial counseling.
WisLoan: A Loan Guaranty Program to Provide Low Interest Loans to Wisconsin Residents with Disabilities for Purchasing Assistive Technology

Wisconsin Department of Health and Family Services (DHFS)
Office for Persons with Physical Disabilities (OPPD)
One West Wilson Street, Room 450
P.O. Box 7851
Madison, WI 53707-7851
lauxhm@dhfs.state.wi.us

Principal Investigator: Holly Laux O’Higgins
Public Contact: 608/266-8905; Fax: 608/267-3203

Project Number: H224C010017
Start Date: October 1, 2001
Length: 12 months
NIDRR Officer: Richard E. Wilson II, EdD
NIDRR Funding: FY 01 $750,000

Abstract: WisLoan facilitates provision of low interest loans by participating banks so that Wisconsin citizens with disabilities can purchase AT. Independence First, a community-based and consumer-controlled organization, administers WisLoan in partnership with banks and centers for independent living to provide statewide services such as loan financing and servicing, AT assessments, and technical assistance. Information about WisLoan is disseminated through state and county human service agencies, CILs, disability organizations, and governor-appointed councils. The banking partner also disseminates program information and assists in the development of marketing materials.
State Technology Assistance Projects
Alabama

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; FY 01 $516,468

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.
State Technology Assistance Projects
Alaska

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/at/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; FY 01 $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 AT. 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 AT 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
asats2001@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; FY 01 $105,000

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 AT; (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
4105 North 20th Street, Suite 260
Phoenix, AZ 85016
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; FY 01 $654,103

Abstract: This program increases access to 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; FY 01 $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
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: Dennis Law, 916/263-8676 (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 $1,315,675; FY 00 $1,315,675; FY 01 $986,765
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 AT 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
Assistive Technology Partners
1245 East Colfax Avenue, Suite 200
Denver, CO 80218
cathy.bodine@uchsc.edu
http://www.uchsc.edu/atp

Principal Investigator: Cathy Bodine, Project Director
Public Contact: 800/255-3477 (in state only); 303/315-1280 (V); 303/837-8964 (TTY); Fax: 303/837-1208

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; FY 01 $361,019

Abstract: This project’s activities and objectives include a network of Technology Outreach Centers throughout the state and a central AT 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
jficarro@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; FY 01 $314,969

Abstract: This program provides Connecticut residents with disabilities a single point of entry for advocacy, information and referral, peer counseling, and access to objective expert advice and consultation. 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’s low-interest AT revolving loan fund serves as an alternative funding mechanism for individuals ineligible for existing funding streams. The project has developed an equipment recycling program and is the primary sponsor of an annual AT trade fair. Finally, the program is supported by an extensive training, education, and public awareness component.
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; FY 01 $347,914

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 AT information. DATI assists consumers in locating funding for AT devices and services. Collaboration among existing state agencies and consumer groups has enhanced further assistive technology promotion throughout the state.
State Technology Assistance Projects
District of Columbia

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; FY 01 $462,107
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 AT 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 AT 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
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; FY 01 $450,340

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 AT. Through a seamless supportive network between Florida business and government, FAAST provides AT 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; FY 01 $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)

AVP/CEDDARS/GSAT
University of Guam, UOG Station
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: June F. Quitugua, 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; FY 01 $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 AT 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 Guam University’s Center for Excellence in Developmental Disabilities Education, Research, and Service (CEDDERS).
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; FY 01 $377,478
Abstract: Assistive Technology Resource Centers of Hawaii (ATRC) provides information and training on AT 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.
State Technology Assistance Projects
Idaho

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; FY 01 $349,240

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 AT, funding and loan programs for AT, advocacy, direct service provision through five regional resource centers, and systems change that addresses policy, practice, and legislation.
State Technology Assistance Projects
Illinois

Illinois Assistive Technology Project (IATP)

IATP
1 West Old State Capitol Plaza, Suite 100
Springfield, IL 62701
iatp@iltech.org
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; FY 01 $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 AT 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.
State Technology Assistance Projects
Indiana

ATTAIN Inc. (Assistive Technology Through Action in Indiana)

ATTAIN Inc.
2346 South Lynhurst Drive, Suite 507
Indianapolis, IN 46241
cfulford@attaininc.org
http://attaininc.org

Principal Investigator: Cris Fulford, Executive Director
Public Contact: Cyrece Scroggins, 317/486-8808 (V); 317/486-8809 (TTY); Fax: 317/486-8809

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; FY 01 $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.
State Technology Assistance Projects
Iowa

Iowa Program for Assistive Technology

Iowa University Affiliated Program
Center for Disabilities and Development
100 Hawkins Drive, Room S295
Iowa City, IA 52242-1011
infotech@uiowa.edu
http://www.uiowa.edu/infotech

Principal Investigator: Jane Gay, RN, 319/356-4463
Public Contact: Information Specialist, 800/331-3027 (V/TTY); Fax: 319/356-8284

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; FY 01 $359,191

Abstract: This project conducts awareness and training programs and collaborates with other sys-
tems-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 AT services.
State Technology Assistance Projects
Kansas

Assistive Technology for Kansans Project

University of Kansas
Life Span Institute
2601 Gabriel Avenue
P.O. Box 738
Parsons, KS 67357
ssack@ku.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; FY 01 $483,077
Other Funding: FY 93 $89,029 (Kansas Rehabilitation Services); FY 95 $395,000 (KRS); FY 96 $780,000 (KRS); FY 01 $61,906 (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 AT distance learning program, conducts a three-day Assistive Technology Conference, and leads a policy analysis and legislative alert effort.
**Kentucky Assistive Technology Service (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; FY 01 $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 AT 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.
State Technology Assistance Projects
Louisiana

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; FY 01 $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 AT 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) inter-agency 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 AT devices and services. A consumer-majority 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, 207/624-6650 (V); 207/624-6800 (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; FY 01 $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 AT. Project goals are: to promote broader understanding of the benefits and wider availability of AT; to educate people with disabilities, their families, professionals, and general public in purchasing and using AT; 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 AT 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; FY 01 $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.
State Technology Assistance Projects
Massachusetts

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 $394,796; FY 01 $394,796

Abstract: The Massachusetts Assistive Technology Partnership (MATP) is a consumer-responsive, cross-disability, multicultural, statewide project that conducts activities to increase access to AT 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 AT. 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 AT service-delivery system. The project publishes an AT newsletter, pursues remedies of funding and policy barriers, provides training on a range of AT 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 AT 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
http://www.copower.org/At/index.htm

Principal Investigator: Sheryl Avery-Meints, Project Director, 517/373-3390
Public Contact: Kathryn Wyeth, 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; FY 01 $506,263

Abstract: Michigan’s AT Project focuses on building the capacity of community-based, local orga-
nizations to advocate for the use of AT 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: Mary Brogdon
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; FY 01 $379,533

Abstract: This project: (1) provides a toll-free information service for residents of Minnesota; (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 AT; 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; FY 01 $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 AT 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 AT devices; (4) a model service-delivery system that acts as a referral source and concurrent technical resource to existing AT providers, and provides AT 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.
State Technology Assistance Projects
Missouri

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@swbell.net
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; FY 01 $439,111
Abstract: The primary components of this project include: (1) a statewide 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 that provides both adaptive telephone equipment and adaptive computer equipment, a no-interest or low-interest loan program to purchase AT, a funding program to provide AT to children to age 21, health care coverage for mandatory infant hearing screenings and initial amplification devices, Medicaid coverage of augmentative communication devices for adults, an AT lemon law, sales tax exemptions on AT, managed care reform, and accessible state IT; (3) an information and referral service; (4) individual advocacy services; and (5) a statewide AT conference.
State Technology Assistance Projects
Montana

MonTECH

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

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;
FY 01 $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 AT devices and services
they need. Emphasis is on eliminating barriers to obtaining AT, 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 compre-
hensive equipment demonstration and evaluation center offering hands-on experience with devices
to both consumers and service providers; (2) an AT loan/lease clearinghouse; (3) an information and
assistance service that includes maintenance of a comprehensive database of Montana service pro-
grams; (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 AT services.
Nebraska Assistive Technology Partnership

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

Principa l 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 AT 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 AT 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.
State Technology Assistance Projects
Nevada

Nevada Assistive Technology Collaborative

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

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; FY 01 $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 AT 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/UAP
The Concord Center
#14 Ten Ferry Street
Concord, NH 03301-5019
mcschuh@cisunix.unh.edu
http://iod.unh.edu/projects/assist.htm#nhatpp

Principal Investigator: Jan Nisbet, PhD; Sonke Nisbet, 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; FY 01 $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); 609/292-9742 (NJ P&A Intake Unit); 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; FY 01 $344,476

Abstract: TARP is a consumer-driven program whose mission is to increase awareness of and improve access to AT 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 AT. 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 AT 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 $366,134

Abstract: NMTAP examines and works to eliminate barriers to obtaining assistive technology in New Mexico. The project has established a statewide program for coordinating AT services; the program is designed to assist people with disabilities to locate, secure, and maintain AT 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 AT devices or services. The program focuses on permanently eliminating barriers in three major areas: access to, availability of, and funding for AT.
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; FY 01 $458,703

Abstract: The Technology-Related Assistance of Individuals with Disabilities (TRAID) Project has been established to improve access to AT 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 AT 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; FY 01 $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.
State Technology Assistance Projects  
North Dakota

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  
jlee@polarcom.com  
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; FY 01 $458,756

Abstract: The Interagency Program for Assistive Technology is dedicated to supporting the 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 AT 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 AT 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 AT 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 AT; 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 Council on Developmental Disabilities
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; FY 01 $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 AT devices or services, the CNMI Governor’s Council on Developmental Disabilities 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 environment, and 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.
State Technology Assistance Projects
Ohio

Assistive Technology of Ohio (AT OHIO)

Ohio State University Research Foundation
J.L. Camera Center
2050 Kenny Road, 9th Floor
Columbus, OH 43221
atohio@osu.edu
http://www.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; FY 01 $397,130
Abstract: This project represents consumers of AT 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), VR services, medical assistance services, and, as appropriate, other health and human services, with particular emphasis on overcoming barriers for underrepresented and rural populations.
State Technology Assistance Projects
Oklahoma

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; FY 01 $336,905
Other funding: FY 00 $33,000 (Southwest Center for Agricultural Health, Injury Prevention and Education-NIOSH); FY 01 $100,000 (Oklahoma Department of Rehabilitation Services)
Abstract: The mission of ABLE Tech is to facilitate systems change to enhance the provision of, access to, and funding for AT 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.org

Principal Investigator: Doug Cameron, 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; FY 01 $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 AT 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; FY 01 $514,074
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 AT 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.
State Technology Assistance Projects
Puerto Rico

Puerto Rico Assistive Technology Project

FILIUS Institute
University of Puerto Rico
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);
787/767-6035 (V); 787/767-8642 (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; FY 01 $503,081

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 AT by people with disabilities in Puerto Rico. The Assistive Technology Program is administered by the University of Puerto Rico, Office of the President, FILIUS Institute, Assistive Technology Institute.
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: 401/222-3574

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; FY 01 $452,279
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 AT for individuals with disabilities of all ages.
State Technology Assistance Projects
South Carolina

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; FY 01 $414,768

Abstract: This project is the catalyst for uniting AT 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; FY 01 $353,336

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 AT devices or services in a timely manner. The project uses demonstration centers, 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.
State Technology Assistance Projects
Tennessee

Tennessee Technology Access Project (TTAP)

TTAP
Tennessee Department of Human Services
Department of Rehabilitation Services
Citizen’s Plaza, 11th Floor
400 Deadrick Street
Nashville, TN 37248
kwright@mail.state.tn.us
http://www.state.tn.us/mental/ttap.html

Principal Investigator: Kevin R. Wright, Project Director
Public Contact: 800/732-5059; 615/532-3122 (V/TTY); Fax: 615/532-4685

Project Number: H224A010002
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 01 $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.
State Technology Assistance Projects
Texas

Texas Technology Access Project

University of Texas at Austin
Texas Center for Disability Studies
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; FY 01 $573,044

Abstract: This project promotes increased access to assistive and telecommunication technology through technical assistance and training, information and public awareness activities, and coordination with public agencies and policy makers.
State Technology Assistance Projects
U.S. Virgin Islands

U.S. Virgin Islands Technology-Related Assistance for Individuals with Disabilities (TRAID)

University of the Virgin Islands/UAP
#2 John Brewer Bay
St. Thomas, USVI 00801-0990
yhabtey@uvi.edu
http://www.uvi.edu/pub-relations/viuapindx.html

Principal Investigator: Yegin Habtes
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 $105,000; FY 01 $105,000
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 AT loan library.
State Technology Assistance Projects
Utah

Utah Assistive Technology Program (UATP)

Utah State University
Center for Persons with Disabilities
6855 Old Main Hill
Logan, UT 84322-6855
judith@cpd2.usu.edu
http://www.uatpat.org

Principal Investigator: Judith Holt, Program Director, 435/797-7157
Public Contact: 435/797-3824 (V); 435/797-1981 (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; FY 01 $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 UATP
include: (1) the Utah Center for Assistive Technology, a statewide service hub; (2) Assistive Tech-
nology Access Centers located in rural centers for independent living; (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 directors) 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
http://www.dad.state.vt.us/atp

Principal Investigator: Julie Tucker, 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; FY 01 $342,992

Abstract: The Vermont Assistive Technology Project encompasses a state coordinating council for AT 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 (DRS)
8004 Franklin Farms Drive
P.O. Box K-300
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 AT 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: Debbie Cook, Project Director, 360/438-8008 (V); 360/438-8644 (TTY)
Public Contact: 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; FY 01 $538,658
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 online 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)

West Virginia University Center for Excellence in Disabilities
Airport Research and Office Park
955 Hartman Run Road
Morgantown, WV 26505
jstewart@wvu.edu
http://www.hsc.wvu.edu/wvuced/Programs/community/WVATS

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; FY 01 $347,320

Abstract: The WVATS project seeks to improve the availability of 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
abbeysu@dhfs.state.wi.us
http://www.wistech.org

Principal Investigator: Susan Abbey, 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; FY 01 $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 centers for independent living. The CILs, in eight regions of the state, provide advocacy for consumers in related AT 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 AT loan program and to continue to fund the AT loan/try-out programs at the CILs.
State Technology Assistance Projects
Wyoming

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 Office: 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; FY 01 $449,306
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. The Protection and Advocacy (P&A) component conducts advocacy training and provides legal representation for people with disabilities who have been denied access to AT services or devices. WYNOT provides information and referral services; operates a demonstration lab; provides financial resource information, outreach services, and statewide training on AT issues; and disseminates systems change information.
Subject Index
No subject index was created for this version of the NIDRR Program Directory. The Directory remains in database format at www.naric.com/search/pd. This format is considerably more effective for subject-oriented organization of the material in the Directory.

For assistance in searching the Program Directory database, contact the staff at NARIC at 800/346-2742 or email jchaiken@heitechservices.com
Grantees
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Principal Investigators
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abery, Brian, PhD</td>
<td>University of Minnesota</td>
<td>612/625-5592</td>
<td></td>
</tr>
<tr>
<td>Albin, Richard, PhD</td>
<td>University of Oregon</td>
<td>541/346-2464</td>
<td></td>
</tr>
<tr>
<td>Ammerman, Robert T., PhD</td>
<td>Children’s Hospital Medical Center</td>
<td>513/636-8209</td>
<td></td>
</tr>
<tr>
<td>Apple, David F., Jr., MD</td>
<td>Shepherd Center, Inc.</td>
<td>404/350-7353</td>
<td></td>
</tr>
<tr>
<td>Armstrong, Thomas J., PhD</td>
<td>University of Michigan</td>
<td>734/763-3742</td>
<td></td>
</tr>
<tr>
<td>Arnold, Nancy, PhD</td>
<td>University of Montana</td>
<td>406/243-2469</td>
<td></td>
</tr>
<tr>
<td>Avery-Meints, Sheryl</td>
<td>Michigan Disability Rights Coalition</td>
<td>517/373-3390</td>
<td></td>
</tr>
<tr>
<td>Bakke, Matthew H., PhD</td>
<td>Gallaudet University</td>
<td>202/651-5335</td>
<td></td>
</tr>
<tr>
<td>Balcazar, Fabricio E., PhD</td>
<td>University of Illinois/Chicago</td>
<td>312/413-1646</td>
<td></td>
</tr>
<tr>
<td>Batavia, Andrew, JD, MS</td>
<td></td>
<td>305/672-1128</td>
<td></td>
</tr>
<tr>
<td>Beck, Jim</td>
<td>Alaska Department of Labor and Workforce Development; 800/478-4378 (V/TTY, in state only); 907/269-3569 (V/TTY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belknap, Katherine</td>
<td>ORC Macro</td>
<td>301/608-8998, ext. 100</td>
<td></td>
</tr>
<tr>
<td>Berners-Lee, Tim</td>
<td>Massachusetts Institute of Technology</td>
<td>617/253-5702</td>
<td></td>
</tr>
<tr>
<td>Bertocci, Gina E., PhD</td>
<td>University of Pittsburgh</td>
<td>412/383-6595</td>
<td></td>
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<tr>
<td>Bishop, Jeffrey B., PhD</td>
<td>Future of Technology and Health</td>
<td>319/644-3787</td>
<td></td>
</tr>
<tr>
<td>Blair, Martin E.</td>
<td>Utah State University</td>
<td>435/797-3886</td>
<td></td>
</tr>
<tr>
<td>Blanck, Peter</td>
<td>Community Options, Inc.</td>
<td>202/721-0120</td>
<td></td>
</tr>
<tr>
<td>Blanck, Peter D., PhD, JD</td>
<td>University of Iowa</td>
<td>319/335-9043</td>
<td></td>
</tr>
<tr>
<td>Block, Pamela, PhD</td>
<td>Brown University</td>
<td>401/444-1832</td>
<td></td>
</tr>
<tr>
<td>Bodine, Cathy</td>
<td>University of Colorado Health Sciences Center; 800/255-3477 (in state only); 303/315-1280 (V); 303/837-8964 (TTY)</td>
<td>9-31</td>
<td></td>
</tr>
<tr>
<td>Boninger, Michael L., MD</td>
<td>University of Pittsburgh</td>
<td>412/365-4850</td>
<td></td>
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<tr>
<td>Brabyn, John A.</td>
<td>Smith-Kettlewell Eye Research Institute</td>
<td>415/345-2110</td>
<td></td>
</tr>
<tr>
<td>Braddock, David, PhD</td>
<td>University of Illinois/Chicago</td>
<td>800/996-8845 (V); 312/413-1860 (V); 312/413-0453 (TTY)</td>
<td>2-8</td>
</tr>
<tr>
<td>Braunschweig, Carol, PhD</td>
<td>University of Illinois/Chicago</td>
<td>312/996-8055</td>
<td></td>
</tr>
</tbody>
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Principal Investigators D-1
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<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brienza, David M., PhD</td>
<td>University of Pittsburgh</td>
<td>412/383-6591 (V); 412/383-6598 (TTY) .............................................. 3-14</td>
</tr>
<tr>
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