

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH (NIHR) A GIANT STEP FOR EXPANDED REHABILITATION RESEARCH

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... an editorial

The recently enacted Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978 (P.L. 95-602) amended the Rehabilitation Act of 1973 to establish a National Institute of Handicapped Research (NIHR). This new Institute has charged with the prime responsibility of providing the required knowledge for defining needs, and of identifying the means for improving services to handicapped individuals. In addition, the amendments established as part of the Institute an Interagency Committee on Handicapped Research (ICHR), and a separate National Council on the Handicapped (NCH). The legislative history and principal provisions of the new law were outlined by Roodzant and Clements in BPR 10-31, Spring 1979, 3 - 11.

NIHR is the result of an intense effort, in recent years, by voluntary agencies of and for handicapped individuals, Congress, and the Administration. Its goal is to focus in one agency a strong commitment to carry on a major program of research on all aspects of disability and the attendant socio-economic implications of the problems encountered by handicapped individuals.

The scope of activities prescribed for NIHR is all-encompassing, and cuts across practically every facet of rehabilitation and habilitation research activities imaginable, with no limitations in terms of type of disability, age, or intended goals. There was no intention to duplicate existing services, but rather to ensure that NIHR could proceed with full authority *if* research programs were found inadequate or non-existent in a specific area of concern.

The new Institute will retain most research programs previously

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conducted by Rehabilitation Services Administration (RSA), such as the Rehabilitation Engineering Centers (REC), Research and Training Centers (RTC) and the array of discrete psycho-social, vocational, and medical project grants. RSA and its predecessors have conducted research in one form or another since 1935, but it was not until 1954 that a major effort was launched. At that time, new legislation greatly broadened the authority of that agency (then called Vocational Rehabilitation Administration) to generate knowledge which would help resolve problem areas in vocational rehabilitation. Since then, an extensive series of grants and contracts has supported efforts at non-profit institutions throughout the country in research and development in an increasing range of rehabilitation areas.

There have been projects throughout the period in major segments of rehabilitation engineering. Other projects have studied psychological and motivational aspects. Demonstration projects assisted in the transition of research results into routine vocational rehabilitation practice and showed the effectiveness of various forms of consumer involvement.

Other research projects are supported with P.L. 480 foreign currencies, sometimes supplemented with dollars. Such projects have been conducted in past years in a variety of countries. Currently there are active foreign research projects in Morocco, Tunisia, Egypt, Poland, Yugoslavia, India and Pakistan.

Certain training programs for professionals, long supported by RSA, will remain with that agency. One example is the intensive training of the multidisciplinary members of orthopedic and prosthetic appliance clinic teams through university-level prosthetics education programs. Another is formal long-term training (usually at the master's degree level) of orientation and mobility experts to teach the blind. A third type is the formal residency program, over several years, for physicians specializing in physical medicine and rehabilitation.

The early programs focussed on direct assistance to working-age adults who, with proper rehabilitation, might reasonably attain competitive employment. Gradually, with successive legislation, the basis was somewhat broadened. For example, efforts could be made to assist a severely disabled person to become more independent. Thus, an able-bodied family member formerly needed as full-time attendant could be freed to join the work force.

Under the present mandate, NIHR will build upon this former research base, and in addition new areas will be addressed as resources become available. New functions and areas of responsibility

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include:

1. Research to improve the rehabilitation and habilitation of handicapped children as well as of aged handicapped who are sixty years of age or older. (Special emphasis is placed on pre-school age children, including the problems of parent counseling, early identification, diagnosis and evaluation of handicapped children.)
2. Establishment of a model research and demonstration center to produce and distribute to deaf individuals captioned video cassettes over a broad range of cultural, educational, scientific and vocational areas.
3. Conduct of model research and training centers on innovative programs and techniques for evaluating, training and placing handicapped individuals in productive work.
4. Conduct of a research program to determine ways to train and retain rehabilitation professionals to serve in rural areas.
5. Development and implementation of a public education program, based on research results, to inform the public about the needs, concerns and problems of handicapped individuals including information relating to family care, self-care, and preventative aspects of rehabilitation and habilitation.
6. Establishment of a program to improve the development, evaluation, production, and distribution of technological systems and devices that could improve the quality of life for handicapped individuals. This is a particularly significant aspect of NIHR, which was not authorized under the Rehabilitation Act of 1973, but is now part of the new amendments.
7. The development, by the Director of NIHR, of a national long-range rehabilitation plan which will address the needs and potential means for improving services to handicapped individuals. The Director will consult with all Federal agencies concerned in the development of this plan.
8. Development, in conjunction with the Department of Labor, the National Center for Health Statistics, the Social Security Administration, and other Federal agencies, of statistical reports and studies on the employment, health, income, and other demographic characteristics of handicapped individuals.
9. Conduct of a research program concerning the use of existing telecommunications systems as a means of improving and extending rehabilitation and habilitation services.

These are some of the major new initiatives which will be pursued by the National Institute of Handicapped Research in terms of pro-

grammatic areas of research and training. Broadening the age range to include children (and counseling of their parents), and senior citizens, and the addition of authority to engage in production and distribution of systems and devices to that for research and training, represent very significant changes. Also, projects now can be conducted with private profit-making organizations as well as with universities and other nonprofit public entities; this constitutes another major change.

The 1978 amendments to the Rehabilitation Act also created a National Council on the Handicapped. The Council is separate from NIHR but has substantial review authority over both RSA and NIHR with respect to planning and the implementation of the required long-range program, as well as the continuing research and training activities. This Council is still in its formative stages, and as yet no formal meetings have been held.

As previously mentioned, a second major entity established by section 203 of 1978 amendments is the Interagency Committee on Handicapped Research. The purpose of this Committee is to improve cooperation and coordination among Federal departments and agencies having a direct mandate or strong interest in conducting research relating to the rehabilitation of handicapped individuals. The Director of NIHR will serve as chairman of this Committee, which will comprise such members as may be designated by the President, including the following: the Commissioner of Rehabilitation Services, the Commissioner of Education, the Administrator of Veterans Affairs, the Director of the National Institutes of Health, the Administrator of the National Aeronautics and Space Administration, the Secretary of Transportation, and the Director of the National Science Foundation.

It is intended and expected that this Committee will provide a mechanism for joint planning, joint funding of research projects, joint peer review within the statutory limitation of participating agencies, and other specific joint activities that will serve to multiply the resource base available for programmatic research in rehabilitation, as well as improve the quality of the total research effort resulting from this comprehensive approach.

The concept of interagency cooperation is not new as a technique, nor has it been ignored in practice, especially with respect to rehabilitation engineering. For the past twenty years, the Veterans Administration and the Rehabilitation Services Administration have carried on a highly effective cooperative relationship in research, training and clinical evaluation of prosthetic/orthotic devices and other technological systems.

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In more recent years, other agencies, such as the National Institutes of Health, the Bureau of Education for the Handicapped, the National Aeronautics and Space Administration, the National Science Foundation, Department of Housing and Urban Development, Department of Transportation and several voluntary organizations have met on a scheduled basis to coordinate their activities and focus their resources towards a common goal. The results have been very satisfactory for all participating agencies, so this unofficial practical demonstration should serve as a positive model in the development of a *modus operandi* for the newly established Interagency Committee on Handicapped Research.

In accordance with the new amendments, a very strong emphasis will be directed toward dissemination of information to the general public, clinicians, researchers and handicapped individuals. Under a five-year contract, Catholic University of America operates the National Rehabilitation Information Center (NARIC). This organization maintains reports from RSA projects and will have those from NIHR activities in the future. NARIC has access to a variety of computerized data bases and professional cooperative arrangements with the VA's Rehabilitative Engineering Reference Collection and various specialized libraries. Utilization of research findings becomes a major goal of NIHR, a concept pervasive throughout the legislative language creating this new Institute.

RSA's Research and Training Centers for some years have been described and cataloged in the *Informer*. It is prepared by the Information Exchange Program, Arkansas Rehabilitation Research and Training Center (RT-13), University of Arkansas and Arkansas Rehabilitation Services, P.O. Box 1358, Hot Springs, Arkansas 71901. Recently selected final reports have been condensed and published in *REHAB BRIEF*, prepared for RSA, and henceforth for NIHR, by the Rehabilitation Research Institute, College of Health-Related Professions, University of Florida, Gainesville, Florida 32610. It is available free upon request. *BRIEFs* are also available in recorded form or braille from regional service libraries for the blind. A current listing of *all* grants and contracts is available from this author. Papers based on final reports are published in many journals, including this *Bulletin*.

Beginning with this issue of the *Bulletin*, NIHR will publish, on a continuing basis, abstracts and summaries of its annual and final reports on selected projects dealing with rehabilitation engineering and related subjects. This action should further the long-standing spirit of cooperative effort between the VA and NIHR and its predecessors.