Interagency Committee on Disability Research

2016 Report to the President and Congress

This report is presented on behalf of the Interagency Committee on Disability Research (ICDR), Kristi W. Hill, PhD, ICDR Executive Director (Acting Chair), and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR); Deputy Director (Acting Director). It was produced by New Editions Consulting, Inc. under U.S. Department of Health and Human Services (HHS), Administration for Community Living (ACL) Contract No. ED-OSE-12-C-0054. The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Health and Human Services. No official endorsement by the U.S. Department of Health and Human Services of any product, commodity, service, or enterprise mentioned in this publication is intended or should be inferred.

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The report is available on the ICDR's website at http://www.icdr.acl.gov.

Contents

Abbreviations

ACL	Administration for Community Living
AHRQ	Agency for Healthcare Research and Quality
AT	Assistive technology
CDC	Centers for Disease Control and Prevention
CIL	Center for Independent Living
CMS	Centers for Medicare and Medicaid Services
DARPA	Defense Advanced Research Projects Agency
DHS	U.S. Department of Homeland Security
DoD	U.S. Department of Defense
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
DOT	U.S. Department of Transportation
EC	Executive Committee
ED	U.S. Department of Education
EHR	Electronic health record
FCC	Federal Communications Commission
FDA	U.S. Food and Drug Administration
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
FY	Fiscal year
GSA	General Services Administration
GWI	Government-wide inventory
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
IAAP	International Association of Accessibility Professionals
ICDR	Interagency Committee on Disability Research
IT	Information technology
JSC	Johnson Space Center
LTSS	Long-Term Services and Supports
mHealth	Mobile Health
NASA	National Aeronautics and Space Administration
NCHS	National Center for Health Statistics
NCMRR	National Center for Medical Rehabilitation Research
NIA	National Institute on Aging
NICHD	National Institute of Child Health and Human Development
NIDILRR	National Institute on Disability, Independent Living, and Rehabilitation Research
NIH	National Institutes of Health
NINDS	National Institute of Neurological Disorders and Stroke
NIST	National Institute of Standards and Technology
NSF	National Science Foundation
OCIO	Office of Chief Information Officer

ODEP	Office of Disability Employment Policy
ONC	Office of the National Coordinator for Health Information Technology
OSEP	Office of Special Education Programs
PHR	Personal health record
R&D	Research and development
RERC	Rehabilitation Engineering Research Center
RRTC	Rehabilitation Research and Training Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SSA	Social Security Administration
TARDEC	U.S. Army Tank Automotive Research Development and Engineering Center
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration
W3C	World Wide Web Consortium
WIOA	Workforce Innovation and Opportunity Act

Introduction

The Interagency Committee on Disability Research (ICDR) is a coordinating group of federal department and agency representatives funding disability, independent living, and rehabilitation research. Authorized by the 1973 Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (WIOA; see Appendix A), the ICDR promotes coordination and cooperation among federal departments and agencies conducting disability, independent living, and rehabilitation research programs, including programs relating to assistive technology research and research that incorporates the principles of universal design. The ICDR charge is to:

- identify, assess, and seek to coordinate all federal programs, activities, and projects, and plans for such programs, activities, and projects with respect to the conduct of research (including assistive technology research and research that incorporates the principles of universal design) related to independent living and rehabilitation of individuals with disabilities;
- obtain input from policymakers, representatives from federal agencies, individuals with disabilities, organizations representing individuals with disabilities, researchers, and providers;
- share information about research being carried out by members of the committee and other federal departments and organizations;
- identify and make efforts to address areas of research that are not being adequately addressed;
- identify and establish clear research priorities;
- promote interagency collaboration and joint research activities and reduce unnecessary duplication of effort;
- optimize the productivity of ICDR members through resource-sharing and other cost-sharing activities; and
- develop a comprehensive government-wide strategic plan for disability, independent living, and rehabilitation research.

The ICDR develops its agenda and establishes goals and objectives through an interagency Executive Committee (EC). The EC is comprised of 17 ICDR statutory member agencies, the ICDR standing committee co-chairs, and other designated agency representatives. In carrying out its duties, the EC:

- sets the ICDR agenda;
- works to promote effective interagency coordination, collaboration, and communication;
- provides guidance to the ICDR committees;
- reviews and approves committee plans;
- secures the input of other federal agencies and stakeholders;

- develops the ICDR strategic plan; and
- hosts meetings to advance the agenda of federal departments, offices, and partner agencies.

ICDR statutory members include:

- Secretary, Health and Human Services
- Director, National Institute on Disability, Independent Living, and Rehabilitation Research (Designated Chair)
- Commissioner, Rehabilitation Services Administration
- Assistant Secretary, Special Education and Rehabilitative Services
- Assistant Secretary, Labor for Disability Employment Policy
- Secretary, Defense
- Administrator, Administration for Community Living
- Secretary, Education
- Secretary, Veterans Affairs
- Director, National Institutes of Health
- Director, National Institute of Mental Health
- Administrator, National Aeronautics and Space Administration
- Secretary, Transportation
- Assistant Secretary, Interior for Indian Affairs
- Director, Indian Health Service
- Director, National Science Foundation
- Administrator, Small Business Administration

Some federal partners play key leadership roles on the ICDR by serving as co-chairs for standing committees, providing co-funding for specific activities, and providing resources to help the ICDR achieve its goals. Appendix B contains a complete list of participating federal agencies in fiscal year (FY) 2016.

The ICDR vision is to be widely recognized for facilitating and coordinating federal interagency efforts and for promoting collaborative relationships that maximize the best use of federal resources for disability, independent living, and rehabilitation research. To meet these goals, the ICDR began the strategic planning process by identifying six guiding principles:

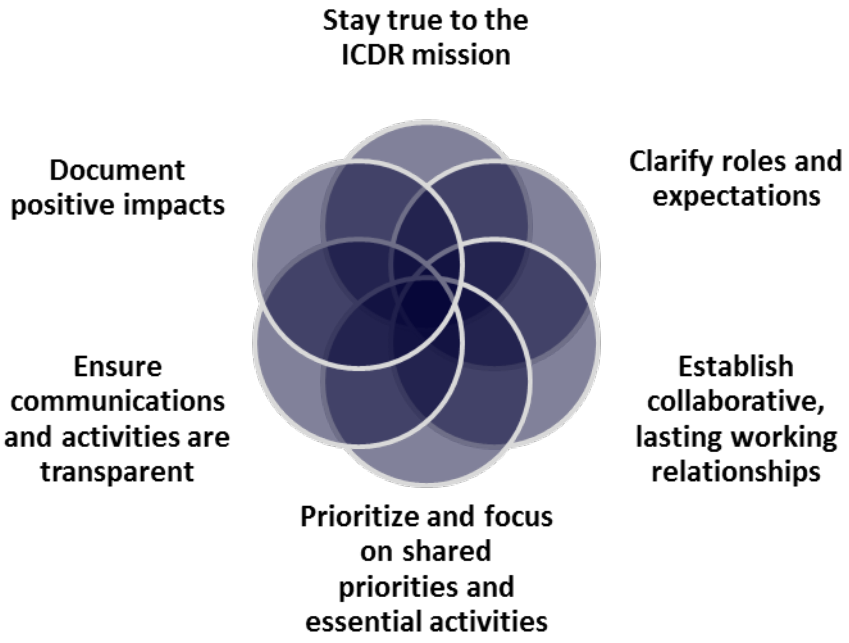

Figure 1. ICDR Guiding Principles

1. **Stay true to the ICDR mission.** The committee should identify its unique niche in disability and independent living research and ensure that its efforts benefit its many stakeholders and partners. Initiatives should focus on the interagency nature of the ICDR and complement the work that agencies are already doing. Establishing a consistent, trusted brand would help the ICDR achieve its mission.

2. **Clarify roles and expectations.** To ensure buy-in and support from each partner agency, the ICDR must clearly establish its expectations. As the ICDR pursues its collective work, it must consider and respect the diversity of agency missions, perspectives, priorities, and decisions. Agencies should be accountable for fulfilling their roles. Committee members should be clear on what decisions they are empowered to make and share that information with fellow members.

3. **Establish collaborative, lasting working relationships.** Committee members must trust their partners for mutual efforts to be most effective. Commitment to ICDR's mission is critical, and membership can be encouraged and supported by actively soliciting diverse perspectives, positions, and opinions.

4. **Prioritize and focus on shared priorities and essential activities.** Identifying realistic and meaningful activities will help develop common ground among members, capitalize on existing capabilities, and leverage resources. This will assist in decision-making about what the ICDR can realistically accomplish with the time and resources available.

5. **Ensure communications and activities are transparent.** Communication should be open and regular among committee members and across agencies. The ICDR's goals, strategies, and activities should be transparent, with agency contributions openly recognized.

6. **Document positive impacts.** Success will be determined by measuring the positive impacts that disability research and collaboration have on the disability community. The ICDR should pursue clearly defined goals that are compelling and meaningful to member agencies, demonstrate accountability, and share concrete outcomes.

During FY 2016, the ICDR focused on promoting and optimizing interagency coordination and collaboration through its myriad activities and resulting recommendations. In accordance with the ICDR authority, after receiving input from key stakeholders, the ICDR seeks to identify, assess, and coordinate federal programs, activities, and projects, as well as plans related to research concerning the rehabilitation of individuals with disabilities. Stakeholder input informs the ICDR agenda, projects, activities, and plans.

To ensure adequate attention to the interest of individuals with disabilities, the ICDR partners with a variety of agencies. Participants contribute their knowledge and expertise to working groups and conference-planning committees; collect data and conduct research; make recommendations on research priorities; and disseminate information. These activities stimulate thinking about research-based solutions to issues confronting federal agencies.

This annual report will detail the activities of the ICDR during FY 2016. The ICDR devoted much of its efforts in FY 2016 to the continued development of the government-wide strategic plan required by WIOA, as well as soliciting key stakeholder feedback on the plan's overall content, goals, and objectives. Efforts to develop the government-wide plan continued to capitalize on potential interagency synergies and reflected the priorities of the WIOA-defined stakeholders: policymakers, representatives from other federal agencies conducting relevant research, individuals with disabilities, organizations representing individuals with disabilities, researchers, and providers. During FY 2016, the ICDR hosted a number of meetings, webinars, and teleconferences related to developing the government-wide strategic plan to promote coordination, collaboration, and partnerships. These activities included:

- Holding three stakeholder webinars;
- Supporting the working groups;
- Putting the Government-wide strategic plan out for public comment; and
- Initiating the development of Searchable Government-wide Inventory of Disability, Independent Living, and Rehabilitation Research.

In addition to the development of the strategic plan, the ICDR continued its ongoing activities to support its overall mission, goals, and objectives. These activties included:

- Operational enhancements to improve productivity and efficiency;
- Four Executive Committee meetings; and
- Three medical rehabilitation research webinars.

Government-wide Strategic Plan Activites

This section describes the strategic planning activities accomplished during FY 2016. It includes pertinent background information, working group activities, and stakeholder input. The draft government-wide strategic plan was prepared in December 2016 following a public comment period. Once agency vetting is complete, the final strategic plan will be available on the ICDR website.

Background

In July 2014, WIOA mandated significant changes when it reauthorized the ICDR. WIOA (Public Law 113-128) included a new requirement for the ICDR to develop a comprehensive government-wide strategic plan for disability, independent living, and rehabilitation research.

The ICDR began a systematic strategic planning process in FY 2015 that continued in FY 2016 to develop the comprehensive government-wide strategic plan required under WIOA. The EC and standing committee co-chairs provided leadership for the effort. Topical working groups composed of federal representatives and disability research stakeholders developed and proposed research goals and objectives for the ICDR. The ICDR worked to create an inclusive process in order to give due consideration to all of the important needs in disability, independent living, and rehabilitation research.

The strategic plan builds upon previous efforts to promote interagency collaboration and overall impact by the ICDR. These include:

- Focused efforts in FY 2013–2014 to increase federal agency awareness of disability and rehabilitation research and related activities across the federal government. Partnership meetings highlighted the need for the ICDR to facilitate connections and partnerships between federal agencies and across the disability and rehabilitation research community.
- Creating a Sustainable Interagency Coordination Network on Disability Research: Report of the Expert Panel (*http://icdr.acl.gov/resources/reports/creating-sustainable-interagency-coordination-network-disability-research*), which includes the findings and recommendations of an ICDR expert panel that met in 2013–2014 to identify the state of the science related to interagency collaboration and suggest steps toward creating a sustainable interagency disability research network.
- Primer on Interagency Research Collaboration (http://icdr.acl.gov/resources/reports/primer-interagency-collaboration), which serves

as a reference guide that includes an overview of best practices to foster interagency collaboration based on an ICDR literature review, documents from other interagency research efforts, and the ICDR expert panel report.

In August 2015, after considering the recommended practices from these reports, the ICDR reviewed other federal strategic planning efforts to adopt a process to develop this government-wide strategic plan. The plan requires:

- a description of measurable goals and objectives, existing resources each agency will devote to carrying out the plan, timetables for completing the projects outlined in the plan, research activity assignments for responsible individuals and agencies to carry out, and research priorities and recommendations;
- a description of how funds from each agency will be combined, as appropriate, for projects administered among federal agencies, and how such funds will be administered;
- the development and ongoing maintenance of a searchable government-wide inventory of disability, independent living, and rehabilitation research for trend and data analysis across federal agencies;
- guiding principles, policies, and procedures, consistent with the best research practices available, for conducting and administering disability, independent living, and rehabilitation research across federal agencies; and
- a summary of underemphasized and duplicative areas of research.

The EC adopted the following vision and defined how the ICDR would know that their strategic planning efforts had been successful:

1. The ICDR will be widely recognized as the lead organization for facilitating and coordinating federal interagency efforts on disability and independent living research. The EC will promote disability research needed to fill identified gaps and articulate how non-disability research can benefit by considering people with disabilities in the general population.
2. Collaborative relationships will form to ensure the best use of federal resources. Member agencies will review each other's portfolios to help avoid unneeded duplication and to build upon overlapping priorities in order to move big research ideas into reality. New stakeholders will join the effort to engage in collaborative initiatives.
3. The organizing framework for the ICDR will promote integrated leadership that supports shared ownership and continuity of participation. EC activities and products will reflect the best ideas of the group.
4. A clear set of responsibilities, goals, and cross-agency priorities will help focus efforts and increase the quality of the EC's work. Clearly articulated outcomes and deliverables will increase the public trust and strengthen member participation. Incorporating a broad range of stakeholder input will help ensure that research is relevant to the needs of people with disabilities and the organizations that provide services to them.

5. Clearly articulated initiatives and specific goals will lead to higher visibility for ICDR interagency disability and independent living research and will ultimately improve outcomes for programs, policies, and people with disabilities.

The EC and working group co-chairs provided continued leadership for the strategic planning effort. Topical working groups composed of federal representatives and stakeholders generated ideas for the ICDR to consider for its strategic plan.

Working Groups

The ICDR scope is broad. It includes all types of research addressing physical and mental function, rehabilitative services and technology, social and community integration, and independent living, as well as all types of disabilities and chronic conditions. The ICDR formed five strategic planning working groups to identify issues for possible inclusion in the strategic plan:

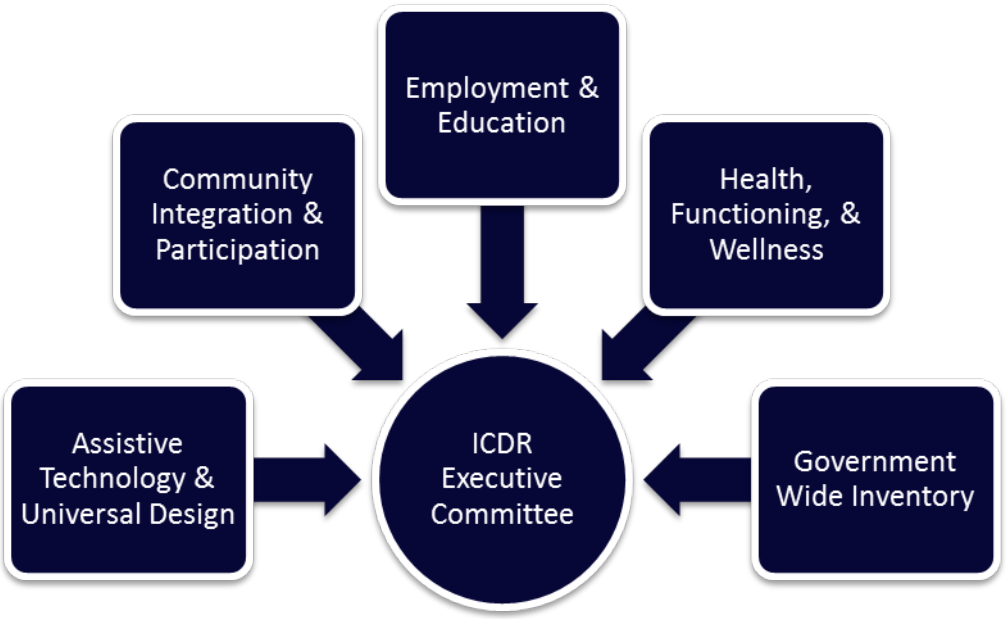

Figure 2. ICDR Working Groups

- The **Assistive Technology and Universal Design (AT/UD)** working group scope includes research, design, development, policy, systems, and services related to AT; as well as accessibility of electronic information and technology, products, and environments.

- The **Community Integration and Participation (CIP)** working group scope includes research, policy, systems, and services related to behavioral, social, and environmental factors affecting inclusion in society.

- The **Employment and Education (EE)** working group scope includes research, policy, systems, and services related to employment and self-sufficiency of people with disabilities, and youth transition to employment, postsecondary education, and community life.

- The **Health, Functioning, and Wellness (HFW)** working group scope includes research, clinical services, translational services, policy, systems, and services related to medical rehabilitation, prevention, health and wellness care, public health issues, and surveillance, among others. This group focused primarily on health and wellness. An additional stakeholder input session suggested the addition of "functioning" to the title of this working group.

- The **Government-wide Inventory (GWI)** working group is charged with developing the WIOA-mandated GWI of disability, independent living, and rehabilitation research.

The ICDR engaged in a transparent process with broad stakeholder input from the beginning. WIOA defines stakeholders as policymakers, representatives from other federal agencies conducting relevant research, individuals with disabilities, organizations representing individuals with disabilities, researchers, and providers. The co-chairs invited federal and nonfederal stakeholders to join the working groups and recruited additional participants through outreach to organizations related to disability, rehabilitation, and independent living research and other relevant stakeholders. Stakeholder webinars in November 2015 allowed for further stakeholder input.

The ICDR EC, standing committee, and working groups met regularly throughout FY 2016 to develop and implement their strategic work plans and discuss current and emerging research areas of interest to be considered in the government-wide strategic plan. Topic areas discussed in FY 2016 included:

- **Assistive Technology and Universal Design**
    - Accessible, Usable, and Interoperable Health Information Technology: Health, Wellness, and Information Access (Potential for Collaboration with Health and Disability ICDR Committee)
    - Building Capacity
    - Economics of AT and UD
- **Community Integration and Participation**
    - Housing-First Ingredient for Community Integration
    - Longitudinal Data Collection on Targeted Populations
    - Methods for Scaling Up Community-Level Interventions with Demonstrated Efficacy

    - Evaluation of Outcomes Associated with Services Provided by Centers for Independent Living (CILs)
    - Optimizing CIP Outcomes through Managed Care Services and Barriers Associated with Consumers' Receipt of Medicaid Long-Term Services and Supports
- **Employment and Education**
    - Transition
    - Development of Evidence-Based Practices and Scale-Up
    - Career Pathways and the Participation of Individuals with Disabilities
- **Health and Wellness**
    - Health Preventative Services
    - Public Health and Surveillance
    - Health Disparities and Interventions for Persons with Disabilities
    - Health Care Access and Quality
- **Medical Rehabilitation Research**
    - Health and Functioning
    - Capacity Building
    - Translational Science
    - Methodological Approaches
    - Collaboration
    - Economics
    - Access to Care/Reimbursement

Development of ICDR Priorities

Following recommendations received and work completed in FY 2015, the ICDR and its working groups continued to focus on actionable, achievable, and strategic efforts and let that guide the development of the plan's goals and objectives. In FY 2015, the groups brainstormed, refined, and prioritized ideas. In FY 2016, the groups gathered stakeholder input and selected priorities.

Figure 3. Framework for ICDR Strategic Plan

Three Stakeholder Webinars

The government-wide strategic plan is the culmination of a yearlong effort to gain consensus on guiding principles for success and methodologically produce a document that capitalizes on potential interagency synergies and reflects the priorities of the WIOA-defined stakeholders: policymakers, representatives from other federal agencies conducting relevant research, individuals with disabilities, organizations representing individuals with disabilities, researchers, and providers.

During FY 2016, the ICDR hosted three webinars to gather stakeholder input. The purpose of the webinars was to provide information to build a comprehensive, government-wide strategic plan for disability, independent living, and rehabilitation research and to gather stakeholder input on the proposed problem areas that the ICDR may address.

Participants in the stakeholder webinars reviewed suggested problem statements from each of the five working groups. The list of problem statements can be found in Appendix C. After the discussion of working group topics, a post-webinar survey was sent out to participants to give them an opportunity to provide additional input and identify which of the five overall problem statement topics had the most potential for the ICDR to address. All comments pertaining to specific problem statements were forwarded to the co-chairs. A total of 23 individuals responded to the post-webinar survey (24 percent response rate).

The information gathered during the stakeholder webinars helped inform the next steps of the strategic planning process. Input was used to prioritize and determine the goals and objectives of the final plan.

Strategic Plan Goals and Objectives

Over the last year, the ICDR has worked to identify the processes and tasks needed to operationalize certain parts of the strategic plan. This plan incorporates those recommended processes and future actions (including goals and objectives, where possible) to honor both the letter and spirit of WIOA. To be successful, the government-wide strategic plan must be an iterative document, requiring the ongoing commitment of all federal agencies conducting relevant research in the targeted areas.

To maximize the likelihood of success, the ICDR designed this first government-wide strategic plan to focus on a short timeframe—one to three years. The plan highlights both research-related and process-related goals and objectives. Working groups forwarded their prioritized research-related goals and objectives. The ICDR leadership and EC selected objectives of interest to multiple government agencies with short-term opportunities to make significant advances. Process-oriented goals are directly tied to WIOA mandates for this plan.

Working groups, in multiple meetings, extensively discussed and debated research needs and priorities. The working group co-chairs conceptualized those needs into problem statements and polled stakeholders about their priorities. Working groups also inventoried additional research topic areas and questions. These can be found in the supplemental document Working Group Research Gaps, Problem Statements, and Final Priorities (*http://icdr.acl.gov/resources/reports/working-group-research-gaps-problem-statements-and-final-priorities*). The EC will continue to revisit the wealth of information gathered through this process as key elements of the goals and objectives outlined below are detailed and completed.

The working groups developed the following draft goals and objectives during FY 2016:

Goal 1: Improve interagency coordination and collaboration in four thematic research areas—transition, economics of disability, accessibility, and disparities.

> **Objective 1:** Identify current and planned agency research activities related to thematic framework areas.
> **Objective 2:** Secure agency commitments for coordination and collaboration in selected thematic areas.
> **Objective 3:** Promote and establish a repository of research materials and best practices for accessible and usable health information technology.
> **Objective 4:** Develop a focused research plan for CIL services to understand their value to the disability community.

Objective 5: Develop a housing research portfolio among agencies that share an interest in research and policy related to housing for individuals with disabilities.
Objective 6: Create a Youth Transition Research Academy to analyze and advance quality research methodologies to improve the transition-related evidence base.
Objective 7: Convene key stakeholders to develop infusion and inclusion strategies to include persons with disabilities as a target audience among federal agencies conducting health and wellness programs and research initiatives.
Objective 8: Convene key stakeholders to build upon newly defined and emerging federal agency priorities for medical rehabilitation.

Goal 2: Develop a GWI of disability, independent living, and rehabilitation research.

Objective 1: Evaluate the applicability of the Federal RePORTER tool to meet the ICDR GWI requirement.
Objective 2: Develop an action plan to establish a protocol for generating the GWI from the Federal RePORTER system.
Objective 3: Implement and test protocols to generate the new GWI through the Federal RePORTER system.

Goal 3: Promote ongoing stakeholder input on gaps and priorities for disability, independent living, and rehabilitation research.

Objective 1: Assess agency need for disability stakeholder input.
Objective 2: Develop action plan to create a central resource for stakeholder input.
Objective 3: Implement stakeholder input resource in accord with action plan.

Public Comment Period

In a *Federal Register* notice (Volume 81, No. 197, October 12, 2016) NIDILRR invited the public and other federal agencies to comment on the ICDR *Draft Government-wide Strategic Plan for FY 2017–2020*. Participation and input from stakeholders have been important throughout the process of developing this initial strategic plan, culminating in the public comment period. Over the three-week period, nine comments were received. A summary of the comments and the ICDR's response can be found in Appendix D. The document highlights the main points from the nine comments received and describes any changes made to the plan resulting from those comments. It is also included as a supplement in the strategic plan for future ICDR reference.

Searchable Government-wide Inventory of Disability, Independent Living, and Rehabilitation Research

WIOA requires the ICDR to develop and maintain a searchable GWI of disability, independent living, and rehabilitation research for trend and data analysis across federal agencies. Thus, instead of identifying research issues and priorities, the working group studied different options for establishing the GWI.

The working group recommended that the ICDR capitalize upon and leverage an existing database, the Federal RePORTER. Federal RePORTER is a searchable public database of scientific research awards from federal agencies; this database was formed by Star Metrics, a federal and research institution collaboration led by the White House Office of Science and Technology Policy (OSTP), the National Institutes of Health (NIH), and the National Science Foundation (NSF). The Federal RePORTER serves as a repository of data and tools to assess the impact of federal research and development (R&D) investments. The Federal RePORTER's open and automated data infrastructure enables users to document and analyze inputs, outputs, and outcomes resulting from federal investments in science.

The system leverages existing data collected by federal agencies on federal investments at the individual, award, and institutional levels. It has the potential for broad collaboration between federal science and technology funding agencies that share a vision of developing data infrastructures and products that support evidence-based analyses of the impact of science and technology investment. The goal of the Federal RePORTER is to utilize existing administrative data from federal agencies and match them with existing research databases on economic, scientific, and social outcomes.

The GWI working group initiated a beta testing analysis of the Federal RePORTER to assess a number of search and analysis features. The first focus was to search for information on the research area of "assistive technology" funded across the federal government. The group is exploring the possibility of conducting analyses using Federal RePORTER that support the ICDR strategic planning process. Potential approaches include testing search and analysis functions, focusing on identifying potential common ground or shared interests among agencies, and seeking opportunities to capitalize on existing capabilities and leverage resources.

Strategic Planning Next Steps

The EC and the working groups are moving forward with statutory member approval of the final strategic plan. In addition to completing the vetting process, the focus in FY 2017 will be on the implementation of the strategic plan's goals and objectives. Working groups will continue to meet on a regular basis to execute the strategies for implementation identified in the strategic plan, engaging key stakeholders and partners as needed.

Highlighted Activities of the ICDR

In addition to the development of the strategic plan, the ICDR remained active in the ongoing work of its mission and supported continued collaboration among its member agencies and partners. Additional activities include hosting four EC meetings and three medical rehabilitation research webinars.

Optimizing Productivity

The collaborative nature of the ICDR extends to leveraging resources and expertise. In accordance with continuing efforts to enhance interagency coordination and collaboration, the ICDR provides a platform to discuss key issues and emerging concerns, identify innovations, and explore partnership opportunities that may result in cost-saving activities. The EC and standing committees are regular forums for agency updates, identifying and recommending partnership activities and engaging stakeholders from the research, disability advocacy, and other communities in a dialogue about disability, rehabilitation, and independent living research and emerging issues.

In FY 2016, the ICDR launched a new website at ICDR.acl.gov. The new design increases transparency and enhances the ICDR's mission to promote coordination and cooperation among federal departments and agencies conducting disability, independent living, and rehabilitation research programs, including programs relating to AT research and research that incorporates the principles of UD.

The ICDR also utilizes a web-based tool to promote interagency collaboration. The ICDR website is designed to promote information dissemination to public stakeholders and promote their engagement. Website features afford the standing committees the opportunity to share meeting summaries, decisions, recommendations, and other information across the ICDR in order to enhance coordination and collaboration.

Four Executive Committee Meetings

The EC met in November, January, June, and September of FY 2016. The meetings gave the EC members the opportunity to convene and discuss strategic planning activities, review drafts of the strategic plan, and vote on and approve the various versions.

November 2015: The EC reviewed working group progress and stakeholder input related to potential problem statements in order to refine ideas and potential initiatives to include in the ICDR strategic plan, including:

- consideration of potential synergies, common ideas, and resources;
- deliberation on which ideas warrant further development as a part of the ICDR strategic planning process; and

- initial work to draft measurable goals and objectives, timetables, needed resources, and key responsible individuals/agencies.

January 2016: The EC considered strategic plan priorities and action plans recommended by the working groups in order to select a small, achievable list of priorities that can move forward in the draft strategic plan. Activities included:

- providing input on problem statements and action plans;
- selecting a small, achievable list of priorities;
- discussing the process for assuring agency "buy-in" if an agency has a major stake or role in a particular priority; and
- determining next steps, including possible action on recommended priorities not selected for inclusion in the strategic plan.

June 2016: The EC discussed the draft strategic plan and how the ICDR will move forward to implement it. Discussions included:

- government-wide scope of the ICDR;
- the draft strategic plan and steps for stakeholder input;
- information to be collected in the data call to agencies;
- working group updates; and
- EC membership.

September 2016: The EC discussed and approved the draft strategic plan and how the ICDR will move forward to implement it. Discussions included:

- approval of the strategic plan;
- information to be collected in the data call to agencies;
- working group updates; and
- the launch of the new ICDR website.

Meeting summaries and any supplemental materials can be found on the Executive Committee page on the ICDR website at: http://icdr.acl.gov/committee/executive-committee.

Three Medical Rehabilitation Research Webinars

As a result of stakeholder input, the ICDR held three webinars to obtain additional input on the medical rehabilitation aspects of disability, independent living, and rehabilitation research. The group conducted a more detailed gap analysis related to rehabilitation research and the cross-cutting themes of transition, economics of disability, accessibility, and disparities.

One suggestion from these meetings that was implemented right away was changing the working group “Health and Wellness” to “Health, Functioning, and Wellness” to ensure stakeholders understand that the scope of the working group recognizes the importance of medical rehabilitation.

Participants were asked to prioritize from a list of seven key topics that were discussed during the three meetings (health and functioning, capacity building, translational science, methodological approaches, collaboration, economics, and access to care/reimbursement). Based on the results, access to care/reimbursement, health and functioning, and translational science were suggested as the top three topics for the ICDR to include in the government-wide strategic plan.

Appendix A: Statutory Authorization

Rehabilitation Act of 1973 as amended by the Workforce Innovation and Opportunity Act (WIOA) (Public Law 113-128)

Title 29 – Labor; Chapter 16 – Vocational Rehabilitation and other Rehabilitation Services; Subchapter II – Research and Training
§763. Interagency Committee
Retrieved from:
http://uscode.house.gov/view.xhtml?req=Title+29+Chapter+16+%3F+Vocational+Rehabilitation+and+other+Rehabilitation+Services%3B+Subchapter+II+%3F+Research+and+Training&f=treesort&fq=true&num=13&hl=true&edition=prelim&granuleId=USC-prelim-title29-section763

(a) Establishment; membership; meetings

(1) In order to promote coordination and cooperation among Federal departments and agencies conducting disability, independent living, and rehabilitation research programs, including programs relating to assistive technology research and research that incorporates the principles of universal design, there is established within the Federal Government an Interagency Committee on Disability Research (hereinafter in this section referred to as the "Committee"), chaired by the Secretary, or the Secretary's designee, and comprised of such members as the President may designate, including the following (or their designees): the Director, the Commissioner of the Rehabilitation Services Administration, the Assistant Secretary for Special Education and Rehabilitative Services, the Assistant Secretary of Labor for Disability Employment Policy, the Secretary of Defense, the Administrator of the Administration for Community Living, the Secretary of Education, the Secretary of Veterans Affairs, the Director of the National Institutes of Health, the Director of the National Institute of Mental Health, the Administrator of the National Aeronautics and Space Administration, the Secretary of Transportation, the Assistant Secretary of the Interior for Indian Affairs, the Director of the Indian Health Service, the Director of the National Science Foundation and the Administrator of the Small Business Administration.

(2) The Committee shall meet not less than four times each year, and for not less than 1 of such meetings at least every 2 years, the Committee shall invite policymakers, representatives from other Federal agencies conducting relevant research, individuals with disabilities, organizations representing individuals with disabilities, researchers, and providers, to offer input on the Committee's work, including the development and implementation of the strategic plan required under subsection (c).

(b) Duties

(1) After receiving input individuals [1] with disabilities, the Committee shall identify, assess, and seek to coordinate all Federal programs, activities, and projects, and plans for such programs, activities, and projects with respect to the conduct of research (including

assistive technology research and research that incorporates the principles of universal design) related to independent living and rehabilitation of individuals with disabilities.

(2) In carrying out its duties with respect to the conduct of Federal research (including assistive technology research and research that incorporates the principles of universal design) related to rehabilitation of individuals with disabilities, the Committee shall-

(A) share information regarding the range of assistive technology research, independent living research, and research that incorporates the principles of universal design, that is being carried out by members of the Committee and other Federal departments and organizations;

(B) identify, and make efforts to address, gaps in assistive technology research, independent living research, and research that incorporates the principles of universal design that are not being adequately addressed;

(C) identify, and establish, clear research priorities related to assistive technology research and research that incorporates the principles of universal design for the Federal Government;

(D) promote interagency collaboration and joint research activities relating to assistive technology research, independent living research, and research that incorporates the principles of universal design at the Federal level, and reduce unnecessary duplication of effort regarding these types of research within the Federal Government; and

(E) optimize the productivity of Committee members through resource sharing and other cost-saving activities, related to assistive technology research, independent living research, and research that incorporates the principles of universal design.

(c) Strategic plan

(1) The Committee shall develop a comprehensive government-wide strategic plan for disability, independent living, and rehabilitation research.

(2) The strategic plan shall include, at a minimum-

(A) a description of the-

(i) measurable goals and objectives;

(ii) existing resources each agency will devote to carrying out the plan;

(iii) timetables for completing the projects outlined in the plan; and

(iv) assignment of responsible individuals and agencies for carrying out the research activities;

(B) research priorities and recommendations;

(C) a description of how funds from each agency will be combined, as appropriate, for projects administered among Federal agencies, and how such funds will be administered;

(D) the development and ongoing maintenance of a searchable government-wide inventory of disability, independent living, and rehabilitation research for trend and data analysis across Federal agencies;

(E) guiding principles, policies, and procedures, consistent with the best research practices available, for conducting and administering disability, independent living, and rehabilitation research across Federal agencies; and
(F) a summary of underemphasized and duplicative areas of research.

(3) The strategic plan described in this subsection shall be submitted to the President and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives.

(d) Annual report

Not later than December 31 of each year, the Committee shall prepare and submit, to the President and to the Committee on Education and the Workforce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, a report that-

(1) describes the progress of the Committee in fulfilling the duties described in subsections (b) and (c), and including specifically for subsection (c)-
(A) a report of the progress made in implementing the strategic plan, including progress toward implementing the elements described in subsection (c)(2)(A); and
(B) detailed budget information.[2]

(2) makes such recommendations as the Committee determines to be appropriate with respect to coordination of policy and development of objectives and priorities for all Federal programs relating to the conduct of research (including assistive technology research and research that incorporates the principles of universal design) related to rehabilitation of individuals with disabilities; and

(3) describes the activities that the Committee recommended to be funded through grants, contracts, cooperative agreements, and other mechanisms, for assistive technology research and development and research and development that incorporates the principles of universal design.

(e) Definitions

In this section-

(1) the terms "assistive technology" and "universal design" have the meanings given the terms in section 3002 of this title; and

(2) the term "independent living", used in connection with research, means research on issues and topics related to attaining maximum self-sufficiency and function by individuals with disabilities, including research on assistive technology and universal design, employment, education, health and wellness, and community integration and participation.

(Pub. L. 93–112, title II, §203, as added Pub. L. 105–220, title IV, §405, Aug. 7, 1998, 112 Stat. 1173 ; amended Pub. L. 105–277, div. A, §101(f) [title VIII, §401(16)], Oct. 21, 1998, 112 Stat. 2681–337 , 2681-412; Pub. L. 105–394, title II, §201, Nov. 13, 1998, 112 Stat. 3651 ; Pub. L.

108–364, §3(b)(1), Oct. 25, 2004, 118 Stat. 1737 ; Pub. L. 113–128, title IV, §434, July 22, 2014, 128 Stat. 1664.)

Prior Provisions

Provisions similar to this section were contained in section 761b of this title prior to the general amendment of this subchapter by Pub. L. 105–220.

A prior section 763, Pub. L. 93–112, title II, §203, Sept. 26, 1973, 87 Stat. 376 , relating to making of grants and contracts for training of personnel involved in vocational services to handicapped individuals, was renumbered section 304 of Pub. L. 93–112 and transferred to section 774 of this title prior to repeal by Pub. L. 113–128.

Amendments

2014-Pub.L 113-128

- Subsec. (a)(1). Pub. L. 113–128, §434(1)(A),substituted "conducting disability, independent living, and rehabilitation research" for "conducting rehabilitation research", "chaired by the Secretary, or the Secretary's designee," for "chaired by the Director", and "the Director of the National Science Foundation and the Administrator of the Small Business Administration." for "and the Director of the National Science Foundation." and inserted "the Assistant Secretary of Labor for Disability Employment Policy, the Secretary of Defense, the Administrator of the Administration for Community Living," after "Assistant Secretary for Special Education and Rehabilitative Services,".
- Subsec. (a)(2). Pub. L. 113–128, §434(1)(B), inserted ", and for not less than 1 of such meetings at least every 2 years, the Committee shall invite policymakers, representatives from other Federal agencies conducting relevant research, individuals with disabilities, organizations representing individuals with disabilities, researchers, and providers, to offer input on the Committee's work, including the development and implementation of the strategic plan required under subsection (c)" after "each year".
- Subsec. (b)(1). Pub. L. 113–128, §434(2)(A), substituted "individuals with disabilities" for "from targeted individuals" and inserted "independent living and" before "rehabilitation".
- Subsec. (b)(2)(A). Pub. L. 113–128, §434(2)(B)(i), inserted "independent living research," after "assistive technology research,".
- Subsec. (b)(2)(B), (D), (E). Pub. L. 113–128, §434(2)(B)(ii)–(iv), inserted ", independent living research," after "assistive technology research".
- Subsec. (c). Pub. L. 113–128, §434(5), added subsec. (c). Former subsec. (c) redesignated (d).
- Subsec. (d). Pub. L. 113–128, §434(6)(A), substituted "Committee on Health, Education, Labor, and Pensions of the Senate" for "Committee on Labor and Human Resources of the Senate" in introductory provisions.
- Pub. L. 113–128, §434(3), (4), redesignated subsec. (c) as (d) and struck out former subsec. (d) which related to recommendations for coordinating research among Federal departments.

- Subsec. (d)(1). Pub. L. 113–128, §434(6)(B), added par. (1) and struck out former par. (1) which read as follows: "describes the progress of the Committee in fulfilling the duties described in subsection (b) of this section;".
- Subsec. (e)(2). Pub. L. 113–128, §434(7), added par. (2) and struck out former par. (2) which read as follows: "the term 'targeted individuals' has the meaning given the term 'targeted individuals and entities' in section 3002 of this title."

2004-Subsec. (e). Pub. L. 108–364 added subsec. (e) and struck out former subsec. (e) which read as follows: "In this section, the terms 'assistive technology', 'targeted individuals', and 'universal design' have the meanings given the terms in section 3002 of this title."

1998-Pub. L. 105–277 made technical amendment to directory language of Pub. L. 105–220, §405, which enacted this section.

- Subsec. (a)(1). Pub. L. 105–394, §201(1), inserted "including programs relating to assistive technology research and research that incorporates the principles of universal design," after "programs,".
- Subsec. (b). Pub. L. 105–394, §201(2), designated existing provisions as par. (1), substituted "targeted individuals" for "individuals with disabilities and the individuals' representatives", inserted "(including assistive technology research and research that incorporates the principles of universal design)" after "research", and added par. (2).
- Subsec. (c). Pub. L. 105–394, §201(3), added subsec. (c) and struck out former subsec. (c) which read as follows: "The Committee shall annually submit to the President and to the appropriate committees of the Congress a report making such recommendations as the Committee deems appropriate with respect to coordination of policy and development of objectives and priorities for all Federal programs relating to the conduct of research related to rehabilitation of individuals with disabilities."
- Subsecs. (d), (e). Pub. L. 105–394, §201(4), added subsecs. (d) and (e).

Change of Name

- Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.
- [1] So in original. Probably should be preceded by "from". http://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title29-section763&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGUyOS1zZWN0aW9uNzYy%7C%7C%7C0%7Cfalse%7Cprelim%20-%20763_1
- [2] So in original. The period probably should be a semicolon. http://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title29-section763&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGUyOS1zZWN0aW9uNzYy%7C%7C%7C0%7Cfalse%7Cprelim%20-%20763

Appendix B: ICDR Membership and Federal Participation

The ICDR is chaired by the Secretary of the U.S. Department of Health and Human Services or her designee. The authorizing statute identifies the leadership from 16 other departments, agencies, and offices, as well as others the president may designate, as statutory members who provide leadership and oversight for the committee. Statutory members include:

Secretary, Health and Human Services
Director, National Institute on Disability, Independent Living, and Rehabilitation Research
Commissioner, Rehabilitation Services Administration
Assistant Secretary, Special Education and Rehabilitative Services
Assistant Secretary, Labor for Disability Employment Policy
Secretary, Defense
Administrator, Administration for Community Living
Secretary, Education
Secretary, Veterans Affairs
Director, National Institutes of Health
Director, National Institute of Mental Health
Administrator, National Aeronautics and Space Administration
Secretary, Transportation
Assistant Secretary of the Interior for Indian Affairs
Director, Indian Health Service
Director, National Science Foundation,
Administrator, Small Business Administration

In addition to the statutory members, other federal and nonfederal partners contribute to the deliberations, events, and products of the ICDR. Some federal partners play key leadership roles on the ICDR by serving as co-chairs for standing committees, co-funding activities, and providing resources to support achievement of ICDR goals. In FY 2016, the ICDR hosted a number of federal entities, and stakeholder organizations, memberships, and businesses. Throughout the year 15 federal agencies, 13 independent government agencies/corporations, 54 universities and colleges, and 138 other stakeholder organizations and businesses participated in the activities of the ICDR. The following is a list of partners who supported ICDR activities in FY 2016:

Federal Government Agencies

- General Services Administration (GSA)
- Office of Management and Budget (OMB)
- Office of Personnel Management (OPM)
- National Aeronautics and Space Administration (NASA)
  - Johnson Space Center (JSC)
- Peace Corps
- U.S. Department of Agriculture (USDA)
  - U.S. Forest Service
- U.S. Department of Commerce (DOC)
  - U.S. Census Bureau
  - National Institute of Standards and Technology (NIST)
- U.S. Department of Defense (DoD)
  - U.S. Army
    - Clinical and Rehabilitative Medicine Research Program (CRMRP)
    - Medical Research and Materiel Command (MRMC)
    - Tank Automotive Research, Development and Engineering Center (TARDEC)
  - Computer/Electronic Accommodations Program (CAP)
  - Defense Advanced Research Projects Agency (DARPA)
  - Defense Logistics Agency (DLA)
  - Office of Diversity Management & Equal Opportunity (ODMEO)
- U.S. Department of Education (ED)
  - Institute of Education Sciences (IES); National Center for Special Education Research (NCSER)
  - Office of Career, Technical, and Adult Education (OCTAE)
  - Office of Special Education and Rehabilitative Services (OSERS)
    - Rehabilitation Services Administration (RSA)
    - Office of Special Education Programs (OSEP)
- U.S. Environmental Protection Agency (EPA)
- U.S. Department of Health and Human Services (HHS)
  - Office of the Secretary (OS)
    - Office of the Assistant Secretary for Planning and Evaluation (ASPE)
    - Office of the National Coordinator for Health Information Technology (ONC)
  - Administration on Children and Families (ACF)
  - Administration for Community Living (ACL)
    - Administration on Disabilities
      - Administration on Intellectual and Developmental Disabilities

- National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)
- The President's Committee for People with Intellectual Disabilities (PCPID)

Agency for Healthcare Research and Quality (AHRQ)

- Center for Evidence and Practice Improvement (CEPI)

Centers for Disease Control and Prevention (CDC)

- Office of Disease Prevention and Health Promotion (ODPHP)
- Office of Minority Health (OMH)
- National Center on Birth Defects and Developmental Disabilities (NCBDDD)
  - Division of Human Development and Disability (DHDD)
- National Center for Health Statistics (NCHS)
- The National Institute for Occupational Safety and Health (NIOSH)

Centers for Medicare & Medicaid Services (CMS)

Food and Drug Administration (FDA)

- Center for Devices and Radiological Health
  - Office of Science and Engineering Laboratories (OSEL)

Health Resources and Services Administration (HRSA)

National Institutes of Health (NIH)

- Office of the Chief Information Officer (OCIO)
- National Center for Medical Rehabilitation Research (NCMRR)
- National Heart, Lung, and Blood Institute (NHLBI)
- National Human Genome Research Institute (NHGRI)
- National Institute of Allergy and Infectious Diseases (NIAID)
- National Institute of Biomedical Imaging and Bioengineering (NIBIB)
- National Institute of Child Health and Human Development (NICHD)
- National Institute of Mental Health (NIMH)
  - Office of Autism Research Coordination (OARC)
- National Institute of Neurological Disorders and Stroke (NINDS)
- National Institute of Nursing Research (NINR)
- National Institute on Aging (NIA)
  - Division of Behavioral and Social Research (DBSR)
  - Division of Geriatrics and Clinical Gerontology (DGCG)
  - Office of Special Populations
- National Institute on Deafness and Other Communication Disorders (NIDCD)
- National Institute on Minority Health and Health Disparities (NIMHD)
- National Eye Institute (NEI)

Office for Civil Rights (OCR)

Office of the National Coordinator for Health Information

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - The Center for Substance Abuse Treatment (CSAT)
- U.S. Department of Homeland Security (DHS)
  - U.S. Citizenship and Immigration Services (USCIS)
  - Federal Emergency Management Agency (FEMA)
  - Office of Accessible Systems & Technology (OAST)
- U.S. Department of Housing and Urban Development (HUD)
  - Office of Policy Development and Research (PD&R)
- U.S. Department of Justice (DOJ)
  - Office of Justice Programs
    - Bureau of Justice Statistics (BJS)
- U.S. Department of Labor (DoL)
  - Office of Workers' Compensation Programs
    - Division of Federal Employees' Compensation (DFEC)
  - Employment and Training Administration (ETA)
  - Occupational Safety & Health Administration (OSHA)
  - Office of Disability Employment Policy (ODEP)
- U.S. Department of State
- U.S. Department of Transportation (DOT)
  - Federal Aviation Administration (FAA)
  - Federal Highway Administration (FHWA)
    - Office of Operations Research and Development (R&D)
  - Federal Transit Administration (FTA)
    - Office of Research, Demonstration, and Innovation
- U.S. Department of Treasury
  - Internal Revenue Service (IRS)
- U.S. Department of Veterans Affairs (VA)
  - Health Services Research & Development (HSR&D)
    - VA Medical Center – Washington D.C.
    - Veterans Benefits Administration (VBA)
    - Veterans Health Administration (VHA)
      - Office of Research & Development (ORD)
- U.S. Senate
- U.S. Social Security Administration (SSA)
  - Office Employment Support Programs (OESP)

Independent Agencies and Government Corporations

U.S. Access Board
Corportation for National and Community Services (CNCS)
Congressional Budget Office (CBO)
Federal Communications Commission (FCC)
National Council on Disability (NCD)
National Science Foundation (NSF)
National Security Agency (NSA)

Nonfederal Stakeholders

Universities/Colleges

Azusa Pacific University
Baylor University College of Medicine
Boston University, Center for Psychiatric Rehabilitation
Brandeis University
The College of New Jersey
Cornell University – School of Industrial and Labor Relations (ILR), Yang-Tan Employment and Disability Institute (EDI)
Dartmouth College
Drexel University
George Washington University – The GW mHealth Collaborative, Center For Rehabilitation Counseling Research And Education (CRCRE)
Georgia Institute of Technology – Center for Advanced Communications Policy (CACP)
Johns Hopkins University (JHU)
Ohio State University (OSU)
Oregon State University
Pennsylvania State University (PSU)
Pfeiffer University
Portland State University
Rochester Institute of Technology - National Technical Institute for the Deaf (NTID)
Rutgers University
Southern University
Syracuse University
Towson University
University of Alabama at Birmingham (UAB) – Lakeshore Foundation

University at Albany, The State University of New York (SUNY)
University of Arkansas
University of Baltimore
University at Buffalo, The State University of New York (SUNY), Center on Assistive Technology, Center on Knowledge Translation for Technology Transfer (KT4TT), Center for Inclusive Design and Environmental Access (IDEA)
University of California, Los Angeles (UCLA)
University of Central Florida (UCF)
University of Chicago – National Opinion Research Center (NORC)
University of Colorado – School of Medicine (CU)
University of Connecticut (UConn)
University of Delaware – Center for Disabilities Studies (CDS)
University of Illinois at Chicago (UIC)
University of Iowa – Center for Disabilities and Development
University of Kansas – (UDL-IRN); Research and Training Center on Independent Living (RTCIL)
University of Maryland, Baltimore County (UMBC)
University of Maryland, Eastern Shore (UMES)
University of Maryland – School of Medicine
University of Massachusetts(UMASS), Boston – Institute for Community Inclusion
University of Massachusetts (UMASS) Medical School – Transitions RTC
University of Michigan
University of Minnesota
University of Montana – Rural Institute on Disabilities, Research and Training Center on Rural Communities (RTC)
University of New Hampshire – Institute on Disability (IOD)
University of North Carolina, Chapel Hill
University of North Carolina, Charlotte – National Technical Assistance Center on Transition (NTACT)
University of Pennsylvania (UPENN)
University of Pittsburgh – Health Sciences Library System (HSLS)
University of Southern California (USC)
University of Texas at Houston (UTH) – School of Dentistry
University of Wisconsin – Madison, Trace Research & Development Center
Virginia Commonwealth University (VCU) – Rehabilitation Research and Training Center on Employment of People with Physical Disabilities (VCU-RRTC)
Wayne State University – Institute of Gerontology
West Virginia University (WVU)

Other Organizations

3C Institute
Abt Associates
Accessibility Partners
AEGIS.net, Inc.
Aetna
Ai Squared
Allscripts
American Academy of Pediatrics (AAP)
American Association on Health & Disability (AAHD)
American College of Cardiology (ACC)
American Council of the Blind (ACB)
American Foundation for the Blind (AFB)
American Health Care Association (AHCA)
American Institutes for Research (AIR), SEDL
American Network of Community Options and Resources (ANCOR)
American Occupational Therapy Association (AOTA)
American Physical Therapy Association (APTA)
American Speech-Language-Hearing Association (ASHA)
Amputee Coalition
Anikto LLC
ao Strategies
Apprio, Inc.
The Arc of the United States
Assistive Technology Partners
Association of Rehabilitation Nurses (ARN)
Association of University Centers on Disabilities (AUCD)
Asthma and Allergy Foundation of America (AAFA)
AT&T Services, Inc.
Autism Society of America
Battelle Memorial Institute
The Bazelon Center for Mental Health Law
Brooklyn Center for Independence of the Disabled (BCID)
Boston Children's Hospital
California Department of Social Services
Carolinas HealthCare System
Cedars-Sinai Medical Center

Center for Civic Design
Center for Independence of the Disabled, New York (CIDNY)
Charis Youth Center
Children's Hospital of Philadelphia (CHOP)
Children's National Health System
Chiron Business Solutions
Christopher & Dana Reeve Foundation
City of Alexandria Workforce Development Center
Citywide Council on Special Education
Cleveland Sight Center
Cognitive Compass
Committee for a Responsible Federal Budget
Computing Research Association (CRA)
Concepts, Inc.
Connected Health Resources
Department of Disability Services (DDS) – DC Government
Dinah F. Cohen Consulting, LLC
Disability Policy Consortium
Disability and Rehabilitation Research Coalition (DRRC)
Division of Rehabilitation Services – Maryland.gov (DORS)
Easter Seals
EHRSelector.com
Freedom Scientific
Friedreich's Ataxia Research Alliance (FARA)
Full Circle Interdisciplinary (FCI) Consulting
GENEX Services, LLC
Goodwill Industries International
The Green Technology Group, LLC.
HCM Strategists, LLC
Healthwise
Hispanic Business Foundation of Maryland
Howard County Public Schools
IBM
IMPAQ International LLC
Inclusion Research Institute (IRI)
Inclusive Technologies
Independence Care System
Independent You

Institute for Community Inclusion (ICI)
Institute for Educational Leadership (IEL)
Institute for Matching Person & Technology
Integrated Benefits Institute (IBI)
Intel
Investment Company Institute (ICI)
Ivymount Corporation
JBS International, Inc.
Karavive
Kessler Foundation
The Lewin Group
Linking Employment, Abilities and Potential (LEAP)
M. Davis and Company, Inc.
Managed Care Advisors, Inc. (MCA)
Maryland State Department of Education
Mathematica Policy Research (MPR)
MedStar Family Choice
National Alliance for Caregiving
The National Alliance to Advance Adolescent Health, Got Transition
National Association of State Head Injury Administrators (NASHIA)
National Center for Accessible Media at WGBH (NCAM)
National Center for Environmental Health Strategies, Inc. (NCEHS)
National Center for Healthy Housing (NCHH)
National Center on Health, Physical Activity and Disability (NCHPAD)
National Council on Independent Living (NCIL)
National Down Syndrome Society
National Federation of the Blind (NFB)
Nebraska Vocational Rehabilitation
NebulaRiver, LLC
New York State Department of Health
Northeast ADA Center
Office of the State Superintendent of Education (OSSE) – DC Government
Partnership for Action. Voices for Empowerment (PAVE)
Powers Pyles Sutter & Verville PC
Prince George's County Public Schools, Maryland
Project Management Institute (PMI)
Prosocial Applications, Inc.
Public Health Institute (PHI)

Qualcomm, Inc.
RCM of Washington, Inc.
Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
Rehabilitation Opportunities, Inc. (ROI)
RespectAbility USA
Ribbon Consulting Group
Senior & Disability Services, Lane Council of Governments
Shepherd Center
Social Dynamics, LLC
SourceAmerica
South Carolina Commission for the Blind
Southwest ADA Center
Spina Bifida Association
St. Luke's Rehabilitation Institute
Statewide Independent Living Council Training & Technical Assistance Center (SILC T&TA)
Sutter Health
TASH
Telecommunications Industry Association (TIA)
TransCen, Inc.
United Cerebral Palsy (UCP)
United Spinal Association
The Usability People
User-View, Inc.
Virginia Department for Aging and Rehabilitative Services (DARS)
World Wide Web Consortium (W3C)
Western New York Independent Living, In

Appendix C: Working Group Problem Statements

After initial brainstorming, the working groups developed problem statements that incorporated the most pressing ideas identified through the brainstorming process. The following are the problem statements identified by the working groups by the end of FY 2015. In FY 2016, the ICDR continued to work with stakeholders to refine priorities and coordinate efforts within the federal government and select actionable strategies for ICDR activities.

Assistive Technology and Universal Design Problem Statements

Problem Statement 1: Accessible, Usable and Interoperable Health Information Technology: Health, Wellness and Information Access (Potential for Collaboration with Health and Disability ICDR Committee)

The Affordable Care Act has spurred the development of person centered health information technology (IT). Though people with disabilities and older adults make up a large population of users of health, many health IT systems, including "apps," electronic health records (EHRs), personal health records (PHRs), telehealth, and kiosks, are not accessible and/or usable. Nor is the industry utilizing current knowledge about universal design. Research related to the benefits for clinical, home and community-based service delivery systems is limited. There is a need to apply accessibility standards to health IT and introduce vendors to automated testing/evaluation tools. Research is needed on all aspects of accessibility in health IT physical design as well as interface. One expressed need is for the ICDR to promote, sponsor, or assemble a repository of education materials and best practices. This resource could provide examples (back end and front end) of health IT accessible designs.

Problem Statement 2: Building Capacity

There is a need to build capacity in research, practice, academia, and industry. This work should involve people with disabilities in the planning and decision making at all levels. Some key areas of focus may include integrating accessibility and disability into standard curriculum for engineers/developers/designers and health workforce, and creating scalable course materials, and promoting accessibility hackathons. Additional activities such as promoting the newly forming certification program of the International Association of Accessibility Professionals (IAAP) and exploring possible certification of vocational rehabilitation assessment and intake specialists are also suggested. Another key are of focus is the development of a Community of Practice where researchers of different disciplines are engaged and involved in cross-cutting accessibility initiatives.

Problem Statement 3: Economics of Assistive Technology (AT) and Universal Design

The Committee expressed interest in gathering hard data on the economics of universal design and AT, including policy research and development. It is a branch of the sociology of technology that is needed for sustainability. We need to contemplate the possibility that the Quality of Life and other benefits to consumers may be great, but may come at a price to consumers, providers and taxpayers. Efforts should focus on countering misinformation about the cost of accessibility with data that shows real costs and real benefits, and demonstrate the benefits of incorporating accessibility at the start of design rather than introducing AT at the end of development. Another area of focus should be on the aging population and the growing demand for accessibility across all life domains.

Community Integration and Participation Problem Statements

Problem Statement 1: Housing - First Ingredient for Community Integration

Outcomes related to community integration are directly associated with the availability and quality of housing resources for persons with disabilities. How might investigators evaluate and measure the characteristics of housing stocks at both community and population levels? To what degree does discrimination constitute a barrier to obtaining satisfactory housing?

Developing a research portfolio on the relationship between housing and community integration should induce the resources and cooperative participation of the HUD Office of Policy Development and Research. Investigating outcomes associated with enforcement of the 1999 Olmstead decision, toward ensuring that persons with disabilities receive housing and other services in the most integrated setting appropriate to their needs, should induce the involvement of the OCR at DOJ. Surveying persons with disabilities about their degree of need for home modifications, financial assistance for housing, and preferences for specific locations or types of housing units all represent worthwhile investigations within this category of a forthcoming research portfolio.

Problem Statement 2: Longitudinal Data Collection on Targeted Populations

Very little is understood about whether system-level interventions among persons with intellectual or psychiatric disabilities actually generate any beneficial effects on self-determination, social inclusion, participation, quality of life or employment. Such constructs and outcomes are difficult to quantify. Evaluating such outcomes generally requires data derived from longitudinal observations of individuals or a cohort who receive either formal, informal or no support services.

A forthcoming research portfolio related to longitudinal data collection among persons with intellectual disabilities and/or mental disorders would incorporate investigation into "best practices" or methods for identifying and following specific persons with specific types of disabilities. Such methods would address persons enrolled in formal service delivery systems, as well as those who receive either informal or no services and who therefore might be difficult to track and follow longitudinally, but whose experiences contribute to overall community-level outcomes. Nevertheless, convening and maintaining a true longitudinal cohort of such persons would be expensive and challenging. Therefore, research on the longitudinal benefits of community integration might emphasize alternate statistical approaches, such as modeling community-level inputs and outputs among members of a "virtual cohort."

Problem Statement 3: Efficacy of Interventions Designed to Improve Community Integration and Participation

These cornerstone "Four E-Words" substantially influence the conduct of research on community integration and participation: Efficacy, Efficiency, Effectiveness and Evaluation. To date, very little is understood about the very first concept, Efficacy, when considering community-level interventions. What works? What interventions work best and among the greatest number of patients or clients? Are there gradations or degrees of efficacy of certain interventions among persons with specific types of disabilities? Should interventions with low efficacy be jettisoned?

Formal investigation is needed into "Intervention Efficacy." Generally, there is demand for research into the efficacy of services and supports provided by actual Centers for Independent Living (CILs); although well meaning, some CIL-delivered interventions might not be efficacious, either at the level of the individual client or his or her own community. Specifically, there is expanding need to understand the prioritization of services typically delivered within the CIL umbrella, in order to maximize inputs for the highest-priority or most efficacious services. For example, it would be worthwhile to quantify whether such services as housing assistance, peer counseling to enhance self-determination, or employment assistance have differential effects on overall community integration.

Problem Statement 4: Methods for Scaling Up Community-Level Interventions with Demonstrated Efficacy

The results from several decades of NIDRR-sponsored research, particularly generated by the Rehabilitation Research and Training Center (RRTC) and Rehabilitation Engineering Research Center (RERC) programs, have been impressive in demonstrating the usefulness and general efficacy of interventions or programmatic initiatives, but generally only among individual clients or small cohorts of study participants. Moreover, very little is understood about the differential effects of specifically targeting of interventions to or among individuals, health care practitioners or disability service providers, or at the community at-large, and whether combining targeted interventions yields greater effects than one intervention alone.

In the new era represented by specifically incorporating "Independent Living" concepts into NIDILRR's mission, rather than testing or demonstrating previously-evaluated interventions at the cohort level, it might be worthwhile and necessary to test and demonstrate methods for scaling up those cohort-level interventions that might work best or generate the most favorable outcomes at the community level. It will be important to identify and measure the most efficient strategies for scaling up small-bore interventions into large-caliber community interventions. For example, research results recently generated by one RRTC demonstrated that persons with disabilities who are employed respond with high degree of sensitivity to the specific characteristics of coverage within their employer-sponsored health insurance packages, even inducing "job mobility" or job changes among such employees seeking to maximize their health insurance benefits. How could these effects be similarly demonstrated at the national or population level? Could interventions targeting large numbers of employees with disabilities, such as awareness about health insurance coverage gaps, change employer or employee behaviors, be associated with improved outcomes in community integration? "Scaling up" is broader than simply increasing service volume or inputs to accommodate a larger number of clients. Instead, scaling up requires understanding community dynamics, the differential presence of barriers and facilitators in each community, and priorities expressed by persons with disabilities in specific types of communities, such as rural communities.

Problem Statement 5: Optimizing Community Integration and Participation Outcomes through Managed Care Delivery Systems

States, mostly under the Medicaid program, are rapidly creating or adapting systems for delivering health and social services among individuals with disabilities under managed care delivery systems, for example, invoking capitated payment or other integrated care systems. On one hand, some managed care providers have a reputation for delivering services at a minimum level. A worthwhile line of investigation would be into the detrimental effects of managed care systems on outcomes associated with health, employment or community integration, or other healthcare outcomes for disabled persons. There are also beneficial aspects or outcomes associated with delivering health and social services in managed care environments, which might contribute over time to improvements in community integration and peoples' degree of participation in their communities. How might managed care systems be engineered to deliver the potentially beneficial outcomes, without delivering undesirable or unsatisfactory outcomes, particularly when evaluated at the level of local communities?

At the level of the community or population, it is important to support investigations into the delivery and receipt of specific types of services typically offered by managed care providers. For example, providing an assigned, qualified personal care assistant for clients in Medicaid home and community-based services programs, which may be delivered by managed care organizations, represents a quantifiable intervention whose effects could be measured. What might be the characteristics of a personal care assistant intervention in the managed care environment that contribute to enhanced quality of life?

Problem Statement 6: Evaluation of Outcomes Associated with Services Provided by Centers for Independent Living

Few can question the intrinsic value of services offered by CILs, nor their role in bolstering disability rights and self-determination. Nevertheless, little is understood about the net impact of specific types of services and delivery methods utilized by CILs on behalf of individual patients and clients when assessed at the community level. What works or doesn't work at the CILs? Should services with only a low level of demonstrated efficacy be provided by CILs optionally or according to client preference? What is the untapped potential of CILs to deliver health and social services not adequately delivered by other types of personnel or agencies?

As with any business organization or entity, it is worthwhile to clarify those management practices that enhance the operation of CILs, which are highly-specialized business organizations offering services for clients with both hidden and visible disabilities. How might CILs better induce clients who had not previously participated in CIL programs to enter the facility and receive optimized services? If clients express satisfaction with the receipt of specific services, such as job coaching, housing assistance or legal counseling, how can such services be streamlined in order to provide them for a larger proportion of clients within a community?

Problem Statement 7: Barriers Associated with Consumers' Receipt of Medicaid Long-Term Services and Supports

States have continued expanding their Medicaid home and community-based services (HCBS) programs. - In this expansion, many states have utilized managed care delivery systems to expand HCBS to various populations, which can present practical difficulties. For example, states may have a financial incentive to deliver HCBS programs through managed care companies. However, full information is not available about the longer-term negative or positive outcomes of delivering such a service at the community level to disabled persons. Moreover, among persons with some types of disabilities, for example intellectual disabilities, and among the states, there can be broad differences in the types or intensities of HCBS services delivered. As a result, there is much variability in the depth and quality of data collected and reported about services and outcomes.

It is important and timely to examine this problematic breadth or divergence of types of HCBS provided by states. Improving data quality and accessibility to transparent data about HCBS including quality metrics at par with clinical performance measures would be of paramount interest. Methods for estimating the size of unserved or underserved populations would be essential, too.

Employment and Education Problem Statements

Problem Statement 1: Transition

Many students, youth, and adults with disabilities continue to face challenges as they transition from school to post-school activities, including post-secondary education and employment. These individuals often have lower graduation rates, lower postsecondary enrollment rates, and higher unemployment rates than peers without disabilities. Evidence-based practices have the potential to guide programs and services for youth and young adults as they transition from the educational system to the workplace. Promising areas for future research include workplace learning, career planning, early vocational rehabilitation involvement, mitigating risk factors, employer perspectives, and disclosure of disability.

Problem Statement 2: Development of Evidence-based Practices and Scale-Up

Evidence-based practices are only useful if they result in improved outcomes when implemented in real-world settings. Research in disability employment should produce evidence-based practices that are successful at scale-up. Federal priorities in disability research should encourage researchers to: 1) develop evidence-based practices, 2) conduct research in how to bring promising evidence-based practices, interventions, and programs to scale, 3) incorporate principles of implementation science, and 4) plan for scale early in the research design process.

Problem Statement 3: Career Pathways and the Participation of Individuals with Disabilities

Career pathways are a workforce development approach that increases the number of adult workers in the U.S. who gain industry-recognized and academic credentials necessary to work in jobs that are in-demand. Career pathways structure intentional connections among employers, adult basic education, support service to providers, occupational training, and postsecondary education programs. A number of career pathways efforts are underway with limited information on how to study career pathway participants with disabilities.

Health, Functioning and Wellness Problem Statements

Problem Statement 1: Preventive Health Services

There is limited research about how preventive health care and services to promote optimal health and wellness, and avert worsening of sequelae for children and adults with disabilities. Across the health care continuum, integrated approaches are needed to simultaneously address the many risk factors and conditions, as well as the medical, functional, and societal

limitations including determinants that influence the health and well-being of persons with disabilities.

To effectively and equitably address the disparities in the continuum of care, cross-cutting and integrated strategies can include (1) epidemiology and surveillance for early detection and prevention or to inform needed programs, (2) environmental and community approaches to promote health, support healthy behaviors, including wellness centers to promote healthy lifestyles and (3) interventions that reduce barriers to care and improve the effective use of clinical and preventive services for persons with disabilities. This also means increasing full participation in the community, by reasonable modifications of policies, practices and procedures.

Some additional related examples:

- Health promotion and wellness facilities that facilitate healthy living, optimal functioning and effective coping strategies.
- How to ensure that services needed to create a healthy life are studied. For example, gyms that support disability exercise do not exist. Especially in rural areas, people with disabilities have difficulty getting places.
- Need for behavioral health and mental health services
- Need for evidence-based health transition programs for youth with disabilities
- Research on disparities and health outcomes among persons with disabilities with poorer outcomes

Problem Statement 2: Public Health and Surveillance

There is a need for better surveillance methods or tools in public health to measure and track prevalence of disabilities and untangle congenital, acquired, and disability derived conditions from chronic conditions. The American Community Survey adopted disability identifiers are helpful. However, since disability is a complex construct, additional identifiers are needed to inform research and promote scientifically sound interventions. Public health and policy professionals need to consider initiatives that will help reduce disability-related health disparities.

Other related issues:

- Infuse disability populations into federal initiatives on health and public health consistently and meaningfully.
- Examine morbidity and mortality differences between different groups (income, race and ethnicity) in people with and without disabilities.
- Many researchers have noted the “aging tsunami,” but aging with a (congenital or acquired) disability is an overlooked issue.
- Address the issue of multiple chronic conditions in persons with disabilities

Problem Statement 3: Health Disparities and Interventions for Persons with Disabilities

Individuals with disabilities experience significant health disparities compared to the nondisabled population. Despite the documented need, the focus on health disparity issues within the disability population is limited. Members of racial and ethnic minority groups with disabilities experience higher rates of health disparities compared to their nondisabled peers of the same race and ethnicity. Certain sub-types of disabilities contribute more to the disparity depending on the type of variable. Research on health disparities and health interventions needs to focus on subpopulation differences. Categorical, functional, and social approaches to addressing disabilities will have major implications for addressing disparities.

1. Develop capacity at the state level with state agencies responsible for achieving health equity for individuals with disabilities.
2. Adopt a social determinants approach to addressing health disparities.
3. Integrate family and community issues into the intervention framework model.

Problem Statement 4: Health Care Access and Quality

There is ample evidence of the barriers to health care access and quality care, experienced by persons with disability. In general, interventions addressing disparities in health care and quality for persons with disabilities fall short of environmental and contextual factors, makes unrealistic assumptions about equity in structural accessibility, access to resources and cultural and linguistic sensitivity. This results in reduced participation among persons with disabilities, especially those with multiple chronic conditions.

Some additional related examples:

- Not having access to adaptive equipment (wheelchair, accessible technology devices) is a barrier.
- Delaying medical care because of cost is a problem for people with disabilities- what are the policy/program interventions that could address this problem?
- Barriers to health care access often manifest as a local problem (inaccessible clinics, health care provider attitudes, transportation, etc.) but there is little research on local approaches to resolving access problems.
- Develop a cultural competency model for addressing health care
- How do we measure the cost as a nation not to successfully care for people with disabilities?

Appendix D: Response to Public Comments

The Workforce Innovation and Opportunity Act (WIOA) (Pub. L. 113–128) requires the Interagency Committee on Disability Research (ICDR) to develop a comprehensive government-wide strategic plan. In a Federal Register Notice (Volume 81, No. 197, October 12, 2016) the Administration for Community Living (ACL), National Institute on Disability, Rehabilitation, and Independent Living Research (NIDILRR) invited the public and other federal agencies to comment on the ICDR Draft Government-wide Strategic Plan for FY 2017–2020.

Participation and input from stakeholders have been important throughout the process of developing this initial strategic plan. This document highlights the main points from the nine comments received and describes any changes made to the plan resulting from those comments. It will be added as a supplement to the strategic plan for future ICDR reference.

General Comments

Comment: One comment highlighted a concern that the document did not highlight the critical importance of disability, independent living, and rehabilitation research in enhancing the lives of people with injuries, illnesses, disabilities, and chronic conditions; the prevention of such conditions; and the transformative nature of the strategic plan itself, including clear reasons why statutorily required and other federal agencies should participate in and provide resources to support and coordinate the strategic plan.

> ***ICDR Response:*** The ICDR concurs with this observation and added more to the plan about the importance of disability, independent living, and rehabilitation research and the important role of the ICDR and participating federal agencies in establishing research priorities with specific agency commitments of the time and resources required to advance disability, independent living, and rehabilitation research that maximizes the health, functioning, inclusion, employability, and quality of life for people with disabilities.

Comment: One commenter observed that the government-wide strategic plan does not contain all the strategic plan components as specified in the WIOA statute. The commenter suggested that the ICDR characterize the document as a background paper prepared by a contractor to help guide the ICDR in the development of a strategic plan. The commenter was concerned that the disclaimer language on page 2 indicated that a contractor had prepared the report and that the views in the draft document did not represent the positions and policies of the ICDR.

> ***ICDR Response:*** This first strategic plan clearly states that it does not yet contain all the requirements for a comprehensive strategic plan as authorized by WIOA. The ICDR, charged with coordinating the development of the strategic plan, carefully considered the required components in the statute to develop measurable goals and objectives to

meet the full requirements. The draft plan, as written, contains essential foundational work that must be done before all mandated components can be accomplished. It also contains measurable goals and objectives to move forward with activities for the six working groups (Assistive Technology and Universal Design, Community Integration and Participation, Employment and Education, Health, Functioning, and Wellness, Government-wide Inventory, and Agency Research Data Call). This is not an ICDR work plan; it is a plan coordinated by the ICDR and executed by its statutory members.

The plan is the result of considerable ICDR and working group deliberations that included extensive federal and stakeholder input. WIOA did not authorize funding to support ICDR activities. The federal effort of staff time by federal representatives who participate on the ICDR and/or its activities is contributed by participating agencies. NIDILRR contracts for the logistical and technical support required to carry out the work of the ICDR. The contractor assisted the ICDR during the strategic plan development process by supporting meetings, gathering input, collecting all comments, and preparing the government-wide strategic plan documents and supplements. The work of the contractor was informed by the ICDR, working group deliberations, and stakeholder input, under the direction of Kristi Hill, Deputy Director of NIDILRR, Executive Director and Designated Acting Chair of the ICDR. The disclaimer language, standard in many draft government documents, acknowledges that the document has not been vetted or approved by the ICDR member agencies.

Comment: One commenter highlighted the distinction and interaction between scientific research, engineering development, and clinical development, and the transformation of the outputs from those three processes into outcomes and impacts such as market products and clinical interventions through related agency programs, or through extramural sponsorship of stakeholders. He suggested the need for definitions that reconcile outputs from research, with their subsequent role as inputs to the processes of engineering and clinical design, development, and delivery. The definitions section should incorporate the most recent definitions of both scientific research and engineering development to include the (NIDILRR developed) Stages of Research and the States of Development. This commenter noted the absence of a logic model, adding that the draft plan does not define clear goals to achieve transformations, which will result in a low positive impact for persons with disabilities and relevant stakeholder groups.

ICDR Response: The ICDR agrees that it is important to consider goals and activities that clearly lead to positive impacts for persons with disabilities. The government-wide strategic plan has three broad goals:

- Goal 1: Identify current and planned agency research activities related to the thematic framework areas of transitions, economics of disability, accessibility, and disparities.
- Goal 2: Develop a government-wide inventory of disability, independent living, and rehabilitation research.

- Goal 3: Promote ongoing stakeholder input on gaps and priorities for disability, independent living, and rehabilitation research.

At this stage of the strategic planning process, the ICDR is concentrating on ways to encourage agency coordination and cooperation related to the four defined thematic areas. In deciding upon the thematic areas, the ICDR considered extensive stakeholder input to identify themes that were meaningful and likely to spur multiple agency interest and action. The ICDR envisioned a process that could stimulate sharing and leverage research knowledge in new and creative ways to identify research gaps and opportunities for coordination and collaboration among agencies traditionally focused on different topics. As the ICDR begins to implement the plan and engage in specific activities, it will continue to be intentional about how its activities and recommendations result in ultimate benefits for people with disabilities.

One of the key activities in the plan is a data call to relevant agencies to understand the existing research and development portfolios and priorities. In doing so, we can begin to distinguish between these very different processes and make the necessary distinctions called for by the commenter.

Comment: Commenters suggested that the report be more specific about which stakeholders should be consulted in drafting and carrying out the strategic plan.

ICDR Response: From the beginning, ICDR designated acting chair, Kristi Hill, directed the process to be as inclusive and transparent as possible. The stakeholder groups are described throughout the strategic plan as the Congress defines them: policymakers, representatives from other federal agencies conducting relevant research, individuals with disabilities, organizations representing individuals with disabilities, researchers and providers. The ICDR and working groups widely solicited participation and input into working group proposed priorities, as well as stakeholder response to the proposed priorities and objectives forwarded by the working groups. Throughout the process, the ICDR engaged representatives from 21 federal agencies, departments, and offices; 3 independent government agencies/corporations; 37 universities and colleges; and 43 other stakeholder organizations and businesses. The ICDR publicized the meetings through its email list and through press releases to many organizations from the stakeholder community. The ICDR will continue to welcome all interested parties in the development and implementation of future strategic plans and ICDR coordinated activities.

Comment: One commenter questioned whether the ICDR should develop a strategic plan given the upcoming change in administration.

ICDR Response: The Workforce Innovation and Opportunity Act (WIOA) requires the ICDR to coordinate the development of a government-wide strategic plan. This plan was developed to meet the Congressional mandate.

Research Topics

Comment: Several comments suggested additional research topics for the ICDR to consider. These suggestions included:

- Patient-oriented, comparative effectiveness research for orthotics and prostheses devices in large scale, multi-site rigorously designed studies that include cost-effectiveness outcomes in addition to clinical outcomes.
- Orthotics and prosthetics research must be targeted to age-specific populations including pediatrics and the developing child; adult wage-earner and job focused accommodation, high-achieving active populations (sports involvement), and aging persons to maintain mobility; and independence later in life.
- Research related to the measurement of rehabilitation-specific professional training program structures, process, and outcomes (i.e., professional competencies), and the use of such data to improve rehabilitation-specific professional training, and so to improve the functioning of persons experiencing disability.
- Disparities in personalized health information, which contribute to disparities in precision medicine.
- The value of specific education and training for qualified vocational rehabilitation counselors given recent changes to vocational rehabilitation counselor standards in WIOA.
- The effect of electromagnetic radiation on people with implants, children, workers, and others with electromagnetic hypersensitivity
- How to make public accommodation more accessible for people with electromagnetic hypersensitivity.
- Early intervention for workers who are “on the road to” labor force exit and/or receiving public benefits because of a medical problem.
- How low reimbursement rates create barriers to access to care, resulting in health disparities.
- Potential interventions among various disability and health programs. This would be a multi-agency approach of the ICDR and lends itself to produce evidence and identify new metrics for assessing to possible interrelated effects of various programs that serve the same populations including:
    - The possible effect on Medicare program costs and individual health outcomes of the 24-month SSDI waiting period for Medicare eligibility.
    - The potential interaction between a state’s eligibility rules for Medicaid home and community-based waiver programs and SSI spending for nursing facility residents in that state.

A general comment suggested that translational research and impact should be infused throughout the document, particularly for the Interagency Autism Coordinating Committee.

ICDR Response: The draft plan noted the broad scope of disability, independent living, and rehabilitation research. The ICDR and working groups considered over 200 suggestions for

potential areas of research from stakeholders to narrow the scope of the plan to measurable and achievable goals and objectives. In doing so they considered the following factors:

- Focuses on the interagency nature of the ICDR.
- Has the potential to develop common ground among agencies.
- Capitalizes on existing capabilities.
- Leverages resources.
- Benefits multiple partners and stakeholders.
- Priority for the disability community.
- Presents an opportunity to advance in an area.
- Considers gaps in knowledge and obstacles to overcome in order to make progress.

The added suggestions for research will be helpful as the ICDR collects information from federal agencies related to their current and planned agency research activities along the thematic framework areas (transition, economics of disability, accessibility, and disparities) and secures commitments for coordination and collaboration in those thematic areas. In doing so the ICDR will be able to access all the suggested research areas in one document as it considers research gaps and priorities in the future.

Strategic Goals and Objectives

Comment: A few commenters made suggestions for the ICDR to consider while implementing the strategic plan. These suggestions are outlined below:

- **Cross-Cutting Theme: Transitions.** Transitions for individuals (particularly youth) involve multiple service transitions, rather than transitions involving a single set of services or outcomes. The commenter suggested that the ICDR explore replacing current supports for SSI recipients 18 to 30 years old who choose to pursue attainment of a substantial career by age 40 with an integrated service package that invests in their ongoing career attainment efforts. Examples of these projects include Career ACCESS, Project Search, Bridges to Work, and Pathways to Work.
- **Cross-Cutting Theme: Economics of Disability.** The ICDR should provide orthotics and prosthetics economic research funding to assist in providing accurate and objective information that policy decision-makers can consider when conducting important cost-value determinations that many times directly influence patient access and benefits
- **Goal 1, Objective 1: Identify current and planned agency research activities related to thematic framework area.** Consider clearly defining “development projects.” It is not clear if this includes engineering development, standards/guidelines development, and/or clinical intervention development. There should be a logic model illustrating how research outputs become beneficial impacts.
- **Goal 1, Objective 2: Secure agency commitments for coordination and collaboration in selected thematic areas.** It is important that agencies enter into formal agreements such as MOUs.

- **Goal 1, Objective 3: Promote and establish a repository of research materials and best practices for accessible and usable health information technology (IT).** The repository should also include wellness.
- **Goal 1, Objective 4: Develop a focused research plan for Centers for Independent Living (CILs) services to understand their value to the disability community.** CIL services should be evidence-based/informed. Information on the outcomes of their services must be made widely available to people with disabilities and their families.
- **Goal 1, Objective 6: Create a Youth Transition Research Academy to analyze and advance quality research methodologies to improve the transition-related evidence base.** It will be important to collaborate with family-led organizations such as parent centers and Family to Family organizations as they assist parents of youth and young adults with disabilities and special healthcare needs through the transition process.
- **Goal 1, Objective 7: Convene key stakeholders to develop infusion and inclusion strategies to include persons with disabilities as a target audience among federal agencies conducting health and wellness programs and research initiatives.** The ICDR should collaborate with the National Association of County and City Health Officials (NACCHO) and their committee/toolkit on public health and people with disabilities. Additional key stakeholders include Family Voices/Family-to-Family Health Information Centers (FV/F2FHICS).
- **Goal 3. Objective 1: Assess agency need for disability stakeholder input.** Stakeholders should include parent centers, FV/F2FHIIC, NACCHO, and self-advocates. Another commenter recommended that the ICDR should explicitly include manufacturers, designers, suppliers, value-added retailers, clinicians, consultants, information brokers, employers, educators, attorneys, and reimbursement officials involved in the provision of AT/UD devices and services.

ICDR Response: Once the draft plan is approved, the working groups will begin implementing the plan. This input from the individuals and organizations that commented on the plan, along with their ideas for areas of research, will be available as a supplement to the strategic plan.

Point of Contact

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