GOVERNMENT OF WESTERN AUSTRALIA

Western Australian Future Health Research & Innovation Fund

Western Australia (WA) Cohort Studies-Research Support Program (WACS-RSP)

Guidelines and Conditions

Minimum Data Form due by:
1:00 pm (AWST) Tuesday 29 August 2023

Application due by:
1:00 pm (AWST) Tuesday 26 September 2023

Contents

1. Introduction

The Western Australian (WA) Cohort Studies - Research Support Program (WACS-RSP) is a Program of the Western Australian (WA) Future Health Research and Innovation (FHRI) Fund.

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation, and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation.

This Program contributes to the FHRI Fund Priority Goals:

- Support the development of early and mid-career researchers, helping them to achieve an independent and self-sustaining career.
- Enhance clinical trial capacity and expertise to improve the quality of clinical trials in WA and make the State more attractive to funders of clinical trials (grant funding and commercial sponsors).

The expected outcomes are in alignment with the following objectives of the *Western Australian Future Health Research and Innovation Fund Act 2012*:

- improving the health and wellbeing of Western Australians
- advancing Western Australia to being, or maintaining Western Australia's position as, a national or international leader in research and innovation activities.

The Program is administered by the Office of Medical Research and Innovation (OMRI), WA Department of Health (Department of Health). Queries may be directed to DOH.OMRI@health.wa.gov.au.

2. Purpose

The purpose of this Program is to fund population health research projects, including appropriate interventional studies. Population health research is an interdisciplinary field focused on factors that influence the health of population groups or whole populations.

WA has access to cohort platforms that provide unique insights into early life events and interventions, the transition from adolescence to adulthood and non-communicable diseases.

Cohort studies provide a strong evidence base of population health data collected at different points in time and over time. This health data can provide a valuable understanding of the health issues Australians are facing, the factors that affect health, and what approaches work or don't work in tackling disease and encouraging Australians to live a healthier lifestyle.

For the purposes of the WACS-RSP Activities these will align with the FHRI Fund definition of research which is inclusive of:

- Research to understand human health, wellbeing and disease, and the biological, behavioural, social and environmental factors that contribute to these
- Research to measure the magnitude and distribution of a health problem
- Research to develop solutions, interventions, products and technologies that could contribute to improving human health and wellbeing

- Research to understand how interventions, policies and programs aimed at improving human health and wellbeing can be most effectively delivered.

The objective of the Program is to leverage WA cohort studies to demonstrate their use and applicability, and to address unmet needs that complement the FHRI Fund Strategy and Focus Areas (i.e. Aboriginal, rural, and remote health; Burden of diseases; Living with COVID-19 and Long-Covid; and Mental Health).

3. Program description

The WACS-RPS will support high quality research projects that utilise either the Busselton Health Study, ORIGINS Project or Raine Study to provide reliable evidence in relation to important interventions, risk factors and other exposures to population health-related outcomes. For example:

- The project may collect new data, examine retrospective data or involve some elements of data linkage work.
- The project may evaluate the association between one or more factors in the cohort. For example, a social determinant of health, behavioural or population health-related outcome.
- The project may test an intervention in comparison to a control group.

The Activity Lead will be responsible for coordinating the Activity and ensuring its timely execution.

The Responsible Entity* will be accountable for the governance and financial management of any funding awarded.

Funding will be awarded through a competitive and merit-based process.

** It is acknowledged that the term Administering Institution has traditionally been used by universities and research institutes, however the term Responsible Entity is inclusive of industry and reflects that grant agreements are the responsibility of the contracted entity.*

4. Eligibility

To be eligible for this Program all the following criteria apply:

- The Responsible Entity must:
  - have an active Australian Business Number (ABN)
  - have a physical and operational presence in WA
  - be a WA university, WA research institution, WA public health service provider or a WA public-private partnership provider.
- The Activity Lead must:
  - be an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place for the period of the Activity
  - be based in WA for a minimum of 80 per cent of the period of the Activity
  - have no overdue reports for any OMRI or FHRI Fund grant funding programs from any year (excludes authorised extensions)
  - ensure that an OMRI or FHRI Fund grant has not been awarded for any component of the Activity
  - have a position or title at the Responsible Entity for the period of the Activity
    The Activity Lead will be required to specify which of the following applies:
    (a) employee of the Responsible Entity; or
    (b) honorary or adjunct title at the Responsible Entity.

In the case of (b), if the Activity Lead is employed by another entity (the Employer), this entity must have a physical and operational presence in WA, and confirmation must be provided that either:

i. *an affiliation agreement exists between the Responsible Entity and the relevant Employer; or*
ii. *the intention is for this Activity to be subcontracted to the relevant Employer.*

- The grant funding must not constitute the entire financial base of the Responsible Entity.
- Applications must be submitted in accordance with the 'Application instructions' section of this document.

An applicant may submit more than one application to this Program. If similar proposals are selected for funding, the OMRI will liaise with the Activity Lead to determine capacity to undertake the selected research.

OMRI reserves the right to request further information and make final decisions regarding eligibility.

5. Program funding

Research projects will be funded, each to the value of up to $1 million over 3.5 years.

Research Projects need to demonstrate a clear hypothesis methodology, and scientific protocol utilising an established WA cohort study. Grant funding provided by the FHRI Fund for a research project activity must be spent on costs directly incurred in that project activity, including:

- Salary costs (except for lead investigators). Please note, an exemption to this rule may be requested, where it is deemed that this salary is crucial to the success of the project. Adequate justification must be provided. Determination of exemptions will be made on a case-by-case basis, at the discretion of the OMRI.
  - must be directly attributable to the delivery of Activity outcomes
  - may include on-costs up to a maximum of 30%, noting that WA public health system applicants must claim salary on-costs in accordance with the WA Health Financial Management Manual s521 'Internal Salary Recoup (within WA Health entities)' table.
  - relating to on-costs must be separately identified and justified
  - can include leave entitlements that accrue during the period the salary is being paid by the grant funding. Leave entitlements accrued outside this period, severance and termination payments cannot be paid by the grant funding.
- Non-salary costs:
  - include essential services, supplies, equipment, consumer involvement and other expenses directly related to the Activity, such as recalling the study cohort and associated intervention, samples/data collection and testing
  - include travel and conference expenses to present research outcomes
  - may be requested for equipment up to a maximum of $10,000 and written quotations must be provided. The equipment will become the property of the Responsible Entity.
- Overhead charges:
  - may be requested up to a maximum of 10% of the total budget, noting that WA public health system applicants cannot claim standard overhead charges in accordance with the Financial Management Manual s522 (OMRI is an exempt organisation).

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity.

Funding will only be made available for the scope of work described in the Application Form, or any modifications to the scope of work approved in writing by the OMRI. The Department of Health will not underwrite any costs beyond the funding awarded through this Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

All budget items should be adequately described and justified as consideration is given to budgets during the assessment process.

Applicants should calculate budgets accurately, as requests for additional funding will not be considered. A change of 10% per budget line will not require a formal variation.

Relevant external funding information should be included in the Budget section of the Application Form.

6. Program conditions

The WACS-RSP will support research projects utilising one of the three large cohort studies that provide reliable evidence in relation to important interventions, risk factors and other exposures to population health-related outcomes.

Research projects must partner with the Busselton Health Study, ORIGINS Project, and/or the Raine Study in WA.

In-Principle Support (IPS) from the applicable cohort study

The Activity Lead will be responsible for obtaining IPS (in the form of a feasibility letter) from the applicable cohort study.

The feasibility letter will be required to state that the research project aligns with the available collections of specimens and/or data. The feasibility letter must include the data access fee required to access the cohort's bio-specimens and/or data required to perform the research project.

The feasibility letter should be included with the Application Form (it is not required for the Minimum Data Form submission).

Partnerships with The Busselton Health Study (BHS)

Research activities undertaken as part of the BHS are diverse and encompass a wide range of health conditions and measures. These have included cardiovascular disease, respiratory disease, diabetes, and endocrine disorders, gastrointestinal, kidney and liver diseases, cancer, obesity, sleep disorders, cognition and genetic epidemiology. Extensive information on demography, lifestyle and behaviour have been collected along with blood samples for biochemical measures and genetic studies.

Partnerships with The ORIGINS Project

The largest study of its kind, ORIGINS is collecting detailed information from families birthing at Joondalup Health Campus to learn how a child's early environment and parents' physical health and genetics influence the risk of a wide range of chronic conditions, such

as obesity, heart disease, allergies and poor mental health developing later in life. Since 2017, ORIGINS has created a research platform for nested projects and a biobank of individual samples is available to researchers.

Partnerships with The Raine Study

The Raine Study is the oldest pre-birth longitudinal study in the world, and one of the most successful and extensive studies of pregnancy, childhood and adulthood. It is now a multi-generational study, with participation spanning the Raine Study index participants (Generation 2), their children (Generation 3), their parents (Generation 1) and their grandparents (Generation 0). The Raine Study Investigators bring expertise from 14 Special Interest Groups which are aligned to a life-course framework covering multi-disciplinary expertise and multiple timepoints. Examples of Special Interest Groups include Mental Health and Cognition, Musculoskeletal and Respiratory, Immunology and Inflammation.

7. Application instructions

The instructions below must be followed when making a submission:

Minimum Data Form

- The Minimum Data Form (MDF) available from the FHRI Fund website must be submitted by **1:00 pm (AWST) Tuesday 29 August 2023** to be eligible to submit an Application Form.
- The MDF does not need to be submitted through the Responsible Entity and may be emailed directly by the applicant to DOH.OMRI@health.wa.gov.au.
- The email subject line must be titled as follows:
  Applicant SURNAME, First name – WACS-RSP MDF
  e.g., SMITH, Alex – WACS-RSP MDF

Application Form

- Application Forms will only be accepted if a Minimum Data Form has been submitted by the required date/time above.
- The Application Form available from the FHRI Fund website must be submitted by **1:00 pm (AWST) Tuesday 26 September 2023**.
- The application must be completed in Arial font 11 point or larger.
- Electronic signatures are acceptable. The onus is on the applicant to ensure approval to use an electronic signature has been obtained.
- The application is to be emailed to DOH.OMRI@health.wa.gov.au as a **single** Adobe Acrobat PDF or Microsoft Word file, not exceeding 5 MBs, including CVs, and bibliographic references (if applicable). The application and email subject line must be titled as follows:
  Applicant SURNAME, First name – WACS-RSP
  e.g., SMITH, Alex – WACS-RSP
- Applications must be complete, include requested certifications, letter of in-principle support (feasibility letter) from the participating cohort study and be submitted by the closing date/time. Applicants are responsible for complying with internal deadlines.

Acknowledgement of receipt of application will be provided via email to the Responsible Entity and Activity Lead within 5 working days of the closing date.

Queries regarding the application process should be directed by email to DOH.OMRI@health.wa.gov.au.

8. Selection process

Assessment process

Funding will be awarded on merit, based on a process of assessment and selection.

Applications that meet the eligibility requirements will be assessed and scored by an expert review panel comprised of experienced researchers, content experts and consumer representatives.

Conflicts of interest that may arise will be treated in accordance with the WA health system Managing Conflicts of Interest Policy.

Applications will be assessed based on the criteria and weightings set out in the table below.

Assessment Criteria	**%**
Significance of the Activity • significance to the FHRI Fund Priorities Goals and/or Focus Areas • significance of the issue/opportunity in WA (relevance/scale) • how the proposed research will address the issue or opportunity • expected benefits to the WA community • potential for translation and implementation of research findings into policy and/or practice, commercialisation and/or proposed pathway for implementation of new processes, products and/or services • potential for translatable economic, social and environmental benefits of the Activity to WA.	30%
Research quality and Activity plan • hypothesis, questions and objectives • methodology, including feasibility of cohort study data requests, realistic measures of outcomes, approvals, milestones and novel approach.	30%
Team capacity, capability and resources • relevance and strength of qualifications of the investigators and policy and practice partners and their availability to conduct the activity • collective gain of the team to the project including collaboration with policy and practice partners • access to required resources, including expertise.	25%
Consumer involvement • evidence of appropriate levels of effective consumer involvement (people with a lived experience of a health issue e.g. patients, carers, community members) throughout the design and development of the proposed activity • plan for ongoing engagement in the activity, including their roles and how their lived experience perspectives will inform the activity through formal and information processes.	15%

Selection of recipients

Based on the review panel assessments, the Department of Health will determine and approve the awarding of grants in accordance with the Department of Health financial and procurement processes and delegation authorities.

OMRI reserves the right to offer lower funding rates than requested and/or request modification to the Activity on a case-by-case basis.

9. Consumer involvement

In line with the National Health and Medical Research Council (NHMRC) definition, consumers are people who have lived experience of a health issue. They include patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.

There is increasing recognition of the benefits of involving consumers in research and innovation. Effective consumer involvement can ensure research and innovation is relevant to the WA community and improves translation into policy and practice.

Applicants should engage with health consumers during the development of funding applications and embed them in the proposed Activity by including them in the team where appropriate and providing a detailed description of their role and contribution.

Consumer involvement should incorporate:

- Clearly defined relationships with health consumers or community groups who have 'lived experience' of the issue the Activity addresses.
- Demonstrated understanding of the benefits derived from involving people with a lived experience.
- Inclusion of consumers in the Activity where appropriate.
- Plans to involve consumers in the Activity throughout the delivery timeline.
- Budget strategy with funds allocated to support, implement and acknowledge consumer involvement (e.g. training opportunities, honoraria and payments, additional time to support involvement activities, administration support and consultations and events associated with involvement activities).

Guidance on consumer involvement can be found at the Consumer and Community Involvement Program website and the NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016.

It is encouraged that all team members complete the free online 30 minute Consumer and Community Involvement in Health Research course.

10. Contractual arrangements

Grants to entities external to the WA public health system are offered in accordance with the Department of Health Grant Funding Agreement (and its Terms and Conditions) which is a legal agreement between the Department of Health (Us) and the Responsible Entity (You). Within the WA public health system, a Memorandum of Understanding (MOU) will be entered into.

The Department of Health reserves the right to withdraw an offer of award to a Responsible Entity if the Grant Funding Agreement and/or Grant Funding Agreement Terms and Conditions, or MOU, cannot be agreed between the parties.

Insurance

A Responsible Entity external to the WA public health system will be required to provide evidence of insurance as a condition of the Grant Funding Agreement.

Note that Activity that requires site governance approval will also be required to provide evidence of appropriate insurance during the governance process, which may vary depending on the site.

Intellectual Property

Intellectual Property (IP) that arises out of the Activity will vest with the Responsible Entity (You). However, consideration will be given to the provisions of the *Western Australian Government Intellectual Property Policy 2023* (or any future iterations of this) that IP rights should be allocated to optimise the economic, social or environmental benefits for WA from the use, commercialisation and disposal of the IP. Applicants should make themselves aware of the IP clause that will apply to this Program:

1. The ownership of any Intellectual Property generated by undertaking the Activity shall vest in You.
2. The ownership of any background or pre-existing Intellectual Property and associated Moral Rights, used or incorporated in the Activity that is presently vested in a Party shall remain vested in that Party, unless otherwise agreed.
3. Each Party will be entirely and solely responsible for the use in the Activity of any Intellectual Property and associated Moral Rights it has provided to the undertake the Activity which belongs to, or is licensed from, any other party, and indemnifies the other Party against all claims by a third party arising out of use of that Intellectual Property and associated Moral Rights.
4. Subject to the confidentiality provisions of the Agreement, You hereby grant to Us, a non-exclusive, irrevocable, perpetual, royalty-free licence to use (excluding the ability to sub-licence or grant further licences) any of the Intellectual Property generated in the Activity, and which falls within the scope of WA Health's normal activities. This includes, but is not necessarily limited to, activities related to healthcare provision, teaching, training, and research. This license does not automatically extend to any potential or eventual commercial development of the Intellectual Property, and any commercial products that might directly or indirectly result from the Activity Intellectual Property. However, where You believe that there is the potential for commercialisation of the Intellectual Property developed during the Activity, both Parties shall negotiate in good faith the appropriate legal and beneficial interests, rights and access to the Intellectual Property by Us.
5. You indemnify and will keep indemnified Us and all Our respective officers, employees and agents from and against all costs, losses, expenses, actions, suits, demands, claims, damages and other liabilities resulting from Your failure to comply with this agreement, or otherwise resulting from the actual or alleged infringement of the Intellectual Property rights or associated Moral Rights of any third party by You.
6. Your obligations under this Agreement are continuing and survive expiration or termination of the Agreement.

The Responsible Entity must ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities. This includes relevant permissions to use third-party IP required to deliver the Activity and have Freedom to Operate for the Activity. When a team includes a member(s) from the WA public health system as a participant in the Activity (i.e. the WA public health entity is not the Responsible Entity), the IP agreement must be authorised at an appropriate level by the relevant WA public health system entity.

Any questions regarding such IP matters should, in the first instance, be directed to OMRI (DOH.OMRI@health.wa.gov.au).

Requests for variation

Requests for variations to the Grant Funding Agreement or MOU, such as Activity description, Budget (if a line varies more than 10%), Activity Lead or Responsible Entity, must be directed to OMRI. Approval of the variation will be at the discretion of the Department of Health. If variations are not approved this could result in termination of the grant with associated funding reverting to, or being recoverable by, the Department of Health, where for example eligibility or viability of the Activity is affected.

11. Funding conditions

Payment instalments

Funding will be provided in instalments to the Responsible Entity as follows:

- The first instalment will be subject to execution of a Grant Funding Agreement or MOU.
- Subsequent instalments (if applicable) will be subject to satisfactory progress being achieved against the Activity milestones, as demonstrated in Progress Reports.

If ethics and governance approvals are required (refer to 'Approvals' section of this document), then the Responsible Entity may only release the first instalment to the Activity Lead once all approvals for the Activity have been obtained and lodged with the Responsible Entity.

Additional funding sources

Applicants are permitted, and encouraged, to seek additional sources of funding for the duration of the Activity, provided it complements, but does not duplicate, the Activity for which the funding was awarded.

Partial payment or suspension of funds

The Department of Health reserves the right to:

- provide funding instalments in parts, based on milestone achievement and risk assessment of future milestones
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

Termination of funds

Funds shall revert to, or be recoverable by, the Department of Health in instances where:

- eligibility requirements are no longer met, unless a request for variation to address this is approved by OMRI
- the Activity is terminated by OMRI because of insufficient progress being made at the time of Progress Reports or any interim Progress Report, or it has been otherwise determined by either the funding recipient or OMRI that the Activity is no longer viable
- funding for the Activity is obtained from another source
- funds are used for purposes other than those for which they were awarded
- funds were spent on activities that require ethics and/or governance approvals and such approvals were not obtained before undertaking the activities
- funds are not fully expended at the conclusion of the Activity (including any extensions approved by OMRI)
- it is determined that misleading or fraudulent information has been provided.

- the Activity Lead is no longer employed by the Responsible Entity, unless a transfer of Responsible Entity has been approved by OMRI

12. Approvals

Research ethics and research governance

The Responsible Entity, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking funded activities, and ensuring these are maintained as required for the duration of the Activity.

Research ethics approvals must be obtained from relevant ethics committees (human and/or animal). Research governance authorisation (also known as site specific assessment or access request review) must be obtained from each relevant institution/site conducting the Activity or providing access to data, participants, or tissue samples.

For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: Research Ethics; Research Governance; Multi-centre Research.

Use of data collections

An Activity that requires access to and use of WA Department of Health data collections requires review and approval for data release in accordance with the *Health Services Act 2016* and the *Health Services (Information) Regulations 2017*. This is in addition to research ethics and governance approvals and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data from the data custodian.

Preliminary cost and time estimates can be obtained from contacting DataServ@health.wa.gov.au. Cost estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the Application Form.

For further information please review the Data Linkage Services website.

Should the application for funding be successful, we recommend you immediately begin the data request and approval process.

13. Reporting

The Activity Lead and Responsible Entity are responsible for meeting reporting requirements over the duration of the Activity and at its conclusion.

All reports are to be completed on templates provided by OMRI.

Progress Activity Report

Progress reports outlining the progress against the milestones listed in the Activity plan will be required as stipulated in the Grant Funding Agreement or MOU.

OMRI reserves the right to request a progress report at any point.

OMRI reserves the right to suspend or withdraw funding where insufficient progress has been made.

Final Activity Report

A final report detailing the Activity and outcomes is to be submitted to OMRI at the conclusion of the Activity. Failure to submit the final report at this time may render all team members ineligible for further funding from the FHRI Fund and OMRI until the final report is received.

Financial Report

A financial acquittal statement outlining the expenditure of funds must be submitted to OMRI at the conclusion of the Activity. Acquittal statements must be certified by an authorised finance officer (or equivalent) of the Responsible Entity.

OMRI reserves the right to request interim financial reports at any stage during the Activity.

Any unexpended funds must be returned to the Department of Health. Any over-expenditure is the responsibility of the Responsible Entity, and no claim may be made against the Department of Health.

Community Stakeholder Brief

To provide feedback to stakeholders, a one-page *Community Stakeholder Brief* which includes an outline of the Activity, its outcomes, and next steps is to be provided to all participating consumers and a copy submitted to OMRI with the Final Report.

14. Publicising, acknowledgements and publications

The Minister for Medical Research and/or the Department of Health will publicly announce recipients, including the title of the Activity. All other parties must withhold announcement/media coverage until after OMRI advises this has occurred.

Acknowledgement of FHRI Fund support must be made in publications, conference presentations, public discussion, press statements etc.

In order to maximise knowledge exchange, funding recipients must comply with the NHMRC's 'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research', which can be downloaded from the Australian Code for the Responsible Conduct of Research page, and the NHMRC's Open Access Policy.

All peer-reviewed publications that are supported in whole or in part by the FHRI Fund must be made immediately open access, that is, without any embargo period at the time of first online publication, regardless of whether such publication is an advanced or early online publication or the Version of Record. Funding recipients are encouraged to upload to a pre-print site any draft publication or report resulting in whole or in part from the funded Activity prior to submission to a peer-reviewed publication (if permitted by the publisher) The funding recipient must notify OMRI of all publication DOIs. If the paper is peer-reviewed and published, the funding recipient must notify OMRI of the publication DOI. The corresponding author's ORCiD should also be notified to OMRI.

If successful, the Activity Lead or a suitable team member will be required to submit an abstract and attend the annual *Science on the Swan* conference after the first year of the grant. However, if submission of an abstract will restrict the Activity Lead's ability to publish their research in a peer-reviewed journal, this should be raised with OMRI at the earliest opportunity so that alternative arrangements can be discussed.

15. Confidentiality

Activity title, Activity Lead, funding amount, Responsible Entity, plain language summaries and sections indicated on applications or reports may be used for publicity purposes.

All other information provided in applications and reports will be maintained confidentially by OMRI, review panels, evaluation panels and the FHRI Fund Advisory Council. If requests are received by OMRI to make public any aspect of the Activity, other than the aspects listed above, the authorisation of the Responsible Entity will be sought, notwithstanding information requested under the *Freedom of Information Act 1992 (WA)* or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

16. Evaluation

OMRI undertakes evaluations of Funding Programs, which will include unsuccessful applications. All parties in the application, including team members and consumer representatives, are required to contribute to the evaluation.

17. Complaints

Applicants who feel that their interests have been adversely affected by an action taken by OMRI in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision. Complaints must be submitted via email (marked Confidential) to: Deputy Director General (OfficeoftheDDG@health.wa.gov.au).

This document can be made available in alternative formats on request for a person with a disability.