

and integrates many issues relating to disability and rehabilitation research topics. While applicants will find many sections throughout the Plan that support potential research to be conducted under these proposed priorities, a specific reference is included for the topic presented in this notice. The Plan can be accessed on the Internet at the following site: <http://www.ed.gov/offices/OSERS/NIDRR/Products>.

Through the implementation of the Plan, NIDRR seeks to: (1) Improve the quality and utility of disability and rehabilitation research; (2) foster an exchange of expertise, information, and training to facilitate the advancement of knowledge and understanding of the unique needs of traditionally underserved populations; (3) determine best strategies and programs to improve rehabilitation outcomes for underserved populations; (4) identify research gaps; (5) identify mechanisms of integrating research and practice; and (6) disseminate findings.

#### **Rehabilitation Research and Training Centers**

We may make awards for up to 60 months to institutions of higher education or providers of rehabilitation or other appropriate services. RRTCs conduct coordinated and integrated advanced programs of research targeted toward the production of new knowledge to improve rehabilitation methodology and service delivery systems, alleviate or stabilize disability conditions, or promote maximum social and economic independence for persons with disabilities. Additional information on the RRTC program can be found at: [http://www.ed.gov/offices/OSERS/NIDRR/Programs/res\\_program.html#RRTC](http://www.ed.gov/offices/OSERS/NIDRR/Programs/res_program.html#RRTC).

#### **General Requirements of Rehabilitation Research and Training Centers**

RRTCs must:

- Carry out coordinated advanced programs of rehabilitation research;
- Provide training, including graduate, pre-service, and in-service training to help rehabilitation personnel more effectively provide rehabilitation services to individuals with disabilities;
- Provide technical assistance to individuals with disabilities, their representatives, providers, and other interested parties;
- Disseminate informational materials to individuals with disabilities, their representatives, providers, and other interested parties;
- Serve as centers for national excellence in rehabilitation research for individuals with disabilities, their

representatives, providers, and other interested parties; and

- Involve individuals with disabilities and individuals from minority backgrounds as recipients of research as well as training.

The Department is particularly interested in ensuring that the expenditure of public funds is justified by the execution of intended activities and the advancement of knowledge and, thus, has built this accountability into the selection criteria. Not later than three years after the establishment of any RRTC, NIDRR will conduct one or more reviews of the activities and achievements of the Center. In accordance with the provisions of 34 CFR 75.253(a), continued funding depends at all times on satisfactory performance and accomplishment.

#### **Priorities**

##### *Background*

The following categories represent areas of NIDRR interest based on prior investment, recommendations from constituencies, and opportunities for continued advancement in rehabilitation treatment and support of community integration efforts. Basic incidence and prevalence data are provided for each of the proposed Health and Function RRTCs.

There are increasing numbers of individuals aging with disability in the United States. As reported in Chapter Six of Healthy People 2010, from 1990 to 1994, disability rates increased in youth under the age of 18 as well as in the age group between 18 and 44. Advances in medical science, technology, rehabilitation treatment, public health, and consumer education have resulted in increased life expectancies for individuals with significant physical disabilities. In addition, the absolute number of persons aged 65 or older living with disabilities also increased.

There are approximately 10,000 new cases of spinal cord injury (SCI) each year; the prevalence of SCI is estimated to be between 183,000 and 230,000. Although medical advances have improved the probability of surviving SCI, the life expectancy of individuals with SCI is lower than that of the general population. People living with SCI continue to be at higher risk than the general population for secondary disabilities such as pressure ulcers, respiratory complications, urinary tract infections (UTIs), pain, depression, and obesity.

An estimated 5.3 million Americans currently live with disabilities resulting from traumatic brain injury (TBI). The

Centers for Disease Control (CDC) estimate that approximately 80,000 Americans experience the onset of disabilities resulting from TBI each year. As stated in the 1998 National Institute of Health (NIH) Consensus Conference Proceedings, "TBI may result in lifelong impairment of an individual's physical, cognitive, and psychosocial functioning." Among children up to age 14, TBI results annually in an estimated 3,000 deaths, 29,000 hospitalizations, and 400,000 emergency department visits. The long-term consequences of these occurrences are not well documented. A working group convened by the National Center for Injury Prevention and Control at the CDC in October, 2000, called for more research on patterns of recovery, secondary conditions, effectiveness of treatment, and issues of measurement for this population.

Neuromuscular diseases affect approximately 400,000 children and adults in the U.S. Neuromuscular disease is a classification category that describes diseases of the peripheral neuromuscular system, both acquired and hereditary. This category encompasses diseases such as amyotrophic lateral sclerosis, post-polio, Guillan-Barre, muscular dystrophy, myasthenia gravis, and other muscular atrophies and myopathies. Conditions associated with these disorders include progressive weakness, limb contractures, spine deformity, and impaired pulmonary function.

New or recurrent stroke affects approximately 600,000 people each year in the U.S., the majority of whom (72 percent) are 65 or older. Approximately 84 percent of these events are first attacks, while the remaining 16 percent are recurrent episodes. Stroke is the leading diagnosis for individuals treated in medical rehabilitation facilities in the U.S. In addition, there are approximately 4.4 million stroke survivors living in the U.S.

Arthritis affects approximately 43 million Americans, which is about 1 of every 6 people, making it one of the most common disease groups in the U.S. In addition, as the U.S. population ages, the number of Americans with arthritis is expected to increase to 60 million persons by 2020. Arthritis is also the leading cause of disability among adults in America, with more than 7 million persons in our population reporting daily limitations in their activities due to arthritis.

Approximately 300,000 individuals in the U.S. have multiple sclerosis (MS), an autoimmune disease that affects the central nervous system when the white matter protecting the nerve fibers is