RPB / LIONS CLUBS INTERNATIONAL FOUNDATION
LOW VISION RESEARCH AWARD

Spring 2023 Guidelines and Instructions

DEADLINE*
Nomination: December 15, 2022
Application: January 10, 2023 (awarded in June)
If the deadline falls on a weekend or holiday, the deadline is the following business day.

DESCRIPTION
The RPB / Lions Clubs International Foundation (LCIF) Low Vision Research Award: $300,000, payable in two payments, $150,000 per payment with the second payment contingent upon approval of a 14-month substantive progress report.

Low vision is a substantial and chronic loss of visual ability, not correctable by eyeglasses, contact lenses, medicines, or surgery and includes degradation of central vision, peripheral vision and sometimes both. Low vision significantly and negatively impacts a person's visual activities of daily living and quality of life. Many eye diseases can lead to degradation of vision including age-related macular degeneration, retinitis pigmentosa, glaucoma and diabetic retinopathy, as well as central visual system disorders including optic nerve degeneration, stroke, and traumatic brain injury.

The National Eye Institute estimated that nearly 3 million people in the U.S. suffered low vision in 2010 with projections that this number would increase to nearly 5 million in 2030 and 9 million in 2050. Low vision is among the 10 most common causes of disability in the U.S. Low vision can cause difficulty in common visual tasks such as reading, mobility (both walking and driving), and recognizing people and objects.

The RPB / LCIF Award focuses on the visual system that is damaged, and seeks greater understanding of how the visual system and brain respond to severe and chronic visual loss by answering such questions as:
- What is the nature of the visual impairment; what aspects of visual function are affected?
- How is the degraded input processed? What are the adaptive strategies in the visual pathway in response to visual impairment?
- How does the brain re-organize itself with visual damage?
- What novel environmental adaptations and technologies can be used to help affected individuals overcome the visual impairments? How, for instance, can the visibility of objects be enhanced?

The RPB / LCIF Award is intended to provide seed funding for high-risk/high-gain, innovative, cutting-edge research which demonstrates out-of-the-box thinking. We strongly encourage interdisciplinary collaboration within the scope of the proposed research. The RPB / LCIF Award will **NOT** fund evaluations of existing interventions and educational programs; epidemiological or demographic studies; or Phase III trials. Intervention development, proof of concept studies, and feasibility studies are eligible assuming the research proposal addresses one or more of the questions listed above. Phase II trials are eligible if the applicant clearly demonstrates that the LVRA budget covers the cost of the Phase II trial; or if not, the applicant needs to explain how he/she proposes to secure additional funding.

The proposed research cannot be funded – previously or currently – by NEI, NIH, or other federal funders, although modest initial funding by private funders/foundations is acceptable. The purpose of the award is to serve as a catalyst to specific lines/kinds of research not currently happening.

Awardees will be required to submit a substantive progress report after 14 months. This report will be competitively reviewed, and the final payment is contingent upon approval of this report.

DESCRIPTION *continued*

Awardees will be required to expend the award within three (3) years if granted the full $300,000. Otherwise, the awardee is required to expend the initial $150,000 award payment within two (2) years.

Grant disbursement will be made electronically. IRB approval, if applicable, will be required before funds are disbursed. Two-year grant disbursement of $150,000 is contingent upon the execution of RPB's Letter of Agreement. Third- and fourth-year grant disbursements are contingent upon continuation of the executed Letter of Agreement AND approval of substantive progress report.

All RPB grants must remain free of institutional overhead. The Low Vision Research Award *may* be transferable to another research institution.

ELIGIBILITY
➢ Full-time department Chairs from any institution of higher education in the U.S. can nominate one candidate per department. Interim or acting Chairs cannot nominate a candidate for this award.

➢ Candidates must hold a primary academic position as Assistant Professor through full Professor. Candidates must be full-time faculty in their primary appointment department by the application deadline. We particularly encourage applications from relevant departments/disciplines such as Neuroscience, Psychology, Engineering, Computer Science, Optometry, and others. Previous recipients of this grant are ineligible. Ophthalmology Chairs are not eligible for this award.

➢ Candidates must provide not less than 5% effort for the proposed research. Greater percent of effort is highly desirable.

➢ The proposed research cannot be funded – previously or currently – by NEI, NIH, or other federal funders, although modest initial funding by private funders/foundations is acceptable.

REPORTING REQUIREMENTS
All reporting requirements related to research conducted with the Low Vision Research Award:
➢ Summary report (annually, due each November the award is active).
➢ Bibliography (annually, due each January).
➢ Photo (one-time, due first January the award is active).
➢ Financial report (annually, due each January the award is active).
➢ Substantive 14-month progress report due:
   o **September 1, 2024,** for applications submitted January 2023.
➢ Final report (one-time, due six months after the award is expended).

If awarded, information on fulfilling the above requirements will be sent under separate cover. Failure to properly report and credit research funded by RPB and/or Lions Clubs International Foundation places the grant at risk for termination.

NOMINATION FORM AND APPLICATION SUBMISSION
Nomination Form: Nomination forms are a requirement. **For the January 10 application deadline, nomination forms are due no later than December 15**. **Applications received without a prior nomination form will not be accepted**. Complete the nomination form and email to Pattie Moran at pmoran@rpbusa.org. Nomination forms should be sent as Word documents only.

NOMINATION FORM AND APPLICATION SUBMISSION *continued*

Application: RPB will accept applications and supporting documentation via the password-protected page on RPB's website that has been established for application submission. Please note only one (1) upload action, with application and all applicable supporting documentation, will be accepted per candidate. This upload must be received **no later than 11:59pm ET on the deadline date.**

➢ Go to www.rpbusa.org to log in.
➢ Enter the password: **Research** (not case sensitive)
➢ Click on the "Upload Your Grant Application" button to go to the upload form.
➢ Once you are on the upload form, enter your email address in the "From email" field.
➢ Upload your application and supporting documentation by browsing for them on your computer using the "Browse" button on the form.
➢ Use the Message box to add additional information, if any.
➢ Before clicking "SendThisFile" to send your submission, check that the information is complete.
➢ Click the "SendThisFile" button to send your application and supporting documentation.

DOCUMENTATION SUBMISSION
The single upload action must include **only** three (3) separate documents:

1. Signed, completed application form, in PDF.
2. Signed, completed application form, in Word.
3. Supporting documentation: As a single PDF (not a PDF portfolio), the third document must include the below documents **in this order**:

a. The candidate's NIH-style biosketch, in PDF; limit five (5) pages. The candidate must adhere to current NIH format and instructions.

b. The department Chair's statement endorsing the candidate and his/her research. Describe the candidate's current or proposed ophthalmic research objectives, the clinical relevance of these research activities, his/her record of accomplishments, and any aspirations which may lead to future ophthalmic achievement. Statement must be on letterhead, signed, in PDF, and addressed to "RPB Review Committees". Limit to three (3) pages and font size 10-point or higher. **If the candidate is the department Chair, this statement is required from the Dean of the appropriate school which oversees the department. Ophthalmology Chairs are not eligible for this award.**

c. The candidate's detailed scientific statement, in PDF, outlining the research and objectives to be pursued. Statement should include an explanation of how RPB funds will be used. Limit statement to four (4) pages with references included on a fifth page. Entire statement should not exceed five (5) pages. Font size 10-point or higher.

d. Line-item budget on use of funding, include approximate dollar amounts and descriptions. Include timeline for expenditure of funds (see guidelines for Phase II trial funding). Also, provide a statement of the candidate's role in this specific research project. Limit two (2) pages.

e. If collaborating with others, list each collaborator and describe his/her role in the proposed research. Limit document to two (2) pages, in PDF. Font size 10-point or higher.

f. If collaborating with others, each collaborator must submit a letter of support and commitment to the proposed research. Statement must be on letterhead, signed, in PDF, and addressed to "RPB Review Committees." Limit each letter to one (1) page, in PDF. Font size 10-point or higher.

g. Evidence of IRB review, if applicable.

h. Institution's IRS 501c(3) Letter of Determination or other Federal determination letter and Federal Employment Identification Number, in PDF.

DOCUMENTATION SUBMISSION *continued*

Recommendation letters are NOT required for this submission.

All PDF documents MUST be created and verified as accessible PDF documents. Adobe has created a series of accessibility guides for Adobe Acrobat Pro to assist content authors in creating accessible PDF documents. There are four guides in this series:

PDF Accessibility Overview: The Adobe Acrobat Pro Accessibility Guide: PDF Accessibility Overview details what is meant by accessibility in the PDF file format. It distinguishes between the accessibility features of the file format, of Adobe Acrobat and of the Adobe Acrobat Reader application, and how the features of the software and the file format interact to achieve accessibility for people with disabilities.
The above guide can be found at: https://www.adobe.com/accessibility/pdf/pdf-accessibility-overview.html

Acrobat Pro PDF Accessibility Repair Workflow: The Adobe Acrobat Pro Accessibility Guide: PDF Accessibility Repair Workflow provides a step-by-step method for analyzing existing PDF files and making them accessible based upon that analysis. This workflow coincides with the workflow provided in the Make Accessible Action wizard and potential issues tested for in the Accessibility Checker tool.

Using the Accessibility Checker in Acrobat Pro: The Adobe Acrobat Pro Accessibility Guide: Using the Accessibility Checker describes the PDF accessibility checkers that are included in Adobe Acrobat Pro. Even if you generate an accessible PDF file from an authoring application such as a word processor or desktop publishing program, you should then follow the steps in this guide in order to identify any items that may have been missed in the initial conversion, or to add PDF accessibility features that were not provided by the authoring tool.

Creating Accessible PDF Forms with Acrobat Pro: The guide entitled Adobe Acrobat Pro Accessibility Guide: Creating Accessible Forms describes how to use the forms tools within Adobe Acrobat Pro to add descriptions to form fields, tag untagged forms, set the tab order, manipulate tags and perform other PDF accessibility tasks. These techniques do not apply to PDF forms from Adobe LiveCycle Designer, as a separate process is provided for making LiveCycle forms accessible.

The above three guides can be found at: https://helpx.adobe.com/acrobat/using/create-verify-pdf-accessibility.html

Materials received after the deadline or not in the format required above will not be accepted and will render the submission as incomplete. Incomplete submissions are not forwarded to the Review Committee and are automatically declined. Do not alter application format. Do not include any information not required by RPB. **Notify RPB if there are any changes to the status of major pending grants after the application has been submitted.**

REVIEW PROCESS
Applications will be initially reviewed by an RPB / LCIF Review Committee that will make recommendations to the RPB Scientific Advisory Panel (SAP). The RPB SAP will review and discuss the committee's recommendations and then make final recommendations to the RPB and LCIF Boards.

Evaluation criteria to be used:
➢ Innovation and potential significance for low vision field: 30%
➢ Candidate well qualified to carry out proposed research: 25%
➢ Approach is focused and well-developed: 25%
➢ Environment of department/institution offers needed support: 20%

Granting of awards is at the full discretion of RPB; we reserve the right to not make any award, based on the submissions. Any questions, please contact Pattie Moran at 646-892-9566 or pmoran@rpbusa.org.

APPLICATION PREPARATION
We've included information below to assist you in preparing and completing the RPB / LCIF Low Vision Research Award Application.

Do not change formatting. Please keep pagination the same. If necessary, abbreviate answers to fit allotted space. Please provide responses in Arial 9 (font/size). Do not change the font/size of the actual questions.

Candidate Information:
➢ Enter Candidate's name; include degrees.
➢ OPTIONAL: RPB is committed to diversity and, if relevant, encourages applicants to self-identify as a racial / ethnic underrepresented minority as defined by the NIH. Please indicate the one box that describes the race/ethnicity category with which you primarily identify, if applicable. This information is voluntary.
➢ Enter institution name.
➢ Enter Candidate's current primary and secondary (if applicable) appointment(s), including academic title(s) and department(s).
➢ Enter name of primary appointment Chair; including degrees and department name.

Specialty Field of Proposed Collaboration:
➢ Place X to the right of your selection for the following (see example below):
Anatomy/Pathology/Oncology X   Biochemistry/Molecular Biology   Clinical/Epidemiologic   Cornea   Lens

Title of Proposed Research:
➢ Enter title of proposed research. Do not go beyond allotted space.

Summary of Overall Objectives/Significance/Benefits of Proposed Research:
➢ **Limit response to ten (10) lines or less**. Can expand in scientific statement.
➢ In layman's terms, explain proposed research and objectives to be pursued. Include capacity/knowledge of the candidate to do the proposed research and scientific accomplishments, clinical relevance, and research activities which will bring about fruition of the research. Be sure your response includes one or two sentences outlining the research and objectives to be pursued. Do not duplicate biosketch information, awards, pubs, etc., or Chair or candidate statements.

Innovation and Impact:
➢ **Limit response to nine (9) lines or less**. Can expand in scientific statement.
➢ In layman's terms, explain why the proposed research is new and innovative and what its potential impact on vision and ophthalmology might be. Do not duplicate biosketch information, awards, pubs, etc., or Chair or candidate statements.

Proposed Research Differs from Other Contemporary Research in the Field:
➢ **Limit response to seven (7) lines or less**. Can expand in scientific statement.
➢ In layman's terms, specifically explain how the proposed research differs from other contemporary research in the field. Do not duplicate biosketch information, awards, pubs, etc., or Chair or candidate statements.

Percentage of Effort:
➢ Indicate the percentage of effort for the proposed research.

For RPB Use Only:
➢ This section is for RPB Use Only. **DO NOT ENTER ANY INFORMATION.**

Low Vision Research Award Major Focus Areas:

In the space provided explain how your proposed research addresses one or more of the questions:
➢ What is the nature of the visual impairment; what aspects of visual function are affected?
➢ How is the degraded input processed? What are the adaptive strategies in the visual pathway in response to visual impairment?
➢ How does the brain re-organize itself with visual damage?
➢ What novel environmental adaptations and technologies can be used to help affected individuals overcome the visual impairments? How, for instance, can the visibility of objects be enhanced?

Current Time Commitment:

➢ Include time commitment percentage to each responsibility.
➢ If applicable, specify Other responsibilities such as administrative, volunteer efforts, etc.
➢ Must total 100%.

Anticipated Use of RPB Funding:

➢ Include percentage and description of grant use. Use brief descriptions, e.g., salary supplement for PI; partial salary for assistants; equipment; consumables; etc.
➢ Must total 100%.

IRB Approval:

➢ Indicate if the Candidate is working with human subjects.
➢ If applicable, indicate if the Candidate has secured IRB approval.

Current NEI Support as Principal Investigator:

➢ **Indicate no-cost extensions with an asterisk (*), e.g., 21-25*.**
➢ Specify Source.
➢ Specify Type, e.g., K08, R01, R21, etc.
➢ Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 21-25, not total number of years, e.g., 4.

Current NIH Support (other than NEI) as Principal Investigator:

➢ **Indicate no-cost extensions with an asterisk (*), e.g., 21-25*.**
➢ Specify Source.
➢ Specify Type, e.g., K05, K21, R55, etc.
➢ Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 21-25, not total number of years, e.g., 4.

NIH Support as Principal Investigator Terminated Within Past Three Years:

➢ Include all NIH support.
➢ Specify Source.
➢ Specify Type, e.g., K08, R01, R21, etc.
➢ Enter Total Grant Amount (include direct and indirect costs). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 20-22, not total number of years, e.g., 2.

Current Grant Support (other than NIH and NEI) as Principal Investigator:

➢ **Indicate no-cost extensions with an asterisk (*), e.g., 21-25*.**
➢ Specify Source.
➢ Specify Type, if applicable.
➢ Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 21-25, not total number of years, e.g., 4.

Pending Grant/Renewal Support (all) as Principal Investigator:

- ➤ **Notify RPB of any status change to this listing after submitting application**.
- ➤ Specify Source.
- ➤ Specify Type, e.g., K08, R01, R21, etc.
- ➤ Enter Total Grant Amount (include direct and indirect costs). Total Grant Amount should reflect the entire grant period.
- ➤ Enter Years as YY-YY. Provide actual years of grant, e.g., 23-25, not total number of years, e.g., 2.

Overlap:

- ➤ In relation to the proposed research in this application, indicate Yes or No to any overlap issues with current and/or pending awards/grants:
- ➤ **Scientific**: Scientific overlap occurs when substantially the same research is proposed in more than one application; or is submitted to two or more different funding sources for review and funding consideration; or a specific research objective and the experimental design for accomplishing that objective are the same or closely related in two or more pending applications or awards, regardless of funding source.
- ➤ **Budget**: Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salary) are requested in an application but are already funded by another source.
- ➤ **Commitment**: Commitment overlap occurs when any project-supported personnel have time commitments (i.e., percent effort) exceeding 100%, regardless of how the effort/salary is being supported or funded.
- ➤ If Yes for any of the above, explain the overlap issues in the space provided.

Distinguish Current and/or Pending Funding:

- ➤ Though no overlap may be noted above, please distinguish the proposed research in this application with any current and/or pending awards/grants which the reviewers **could** consider as similar.
- ➤ If applicable, explain in the space provided.

Publications:

- ➤ Candidate's Publication History: Provide number of peer-reviewed publications; number of other publications; and the total number of publications in the candidate's career (number of peer-reviewed and other publications should equal total number of publications).
- ➤ Candidate's Publications Pertaining to Proposed Research: Provide number of peer-reviewed publications; number of other publications; and the total number of publications pertaining to proposed research (number of peer-reviewed and other publications should equal total number of publications). Indicate number of publications pertaining to proposed research listed in candidate's biosketch.

Agreement:

- ➤ Chair and Candidate to sign.
- ➤ If the Department Chair is the Candidate, the Dean of the appropriate school which oversees the department must sign the application in the Chair signature line.

Contact Information:

- ➤ Enter contact information for Candidate; include degrees.
- ➤ Enter contact information for primary appointment Chair; include degrees.
- ➤ Enter contact information of department's Research Grant Administrator; include degrees.

NIH-STYLE BIOSKETCH FORMAT AND SAMPLE

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY

A.   Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields, including ongoing and completed research projects from the past three years that you want to draw attention to (previously captured under Section D. Research Support).

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include, but are not limited to, audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. **Note:** interim research products have specific citation requirements.

Note the following additional instructions for ALL applicants/candidates:
- If you wish to explain factors that affected your past productivity, such as family care responsibilities, illness, disability, or military service, you may address them in this "A. Personal Statement" section.

- Indicate whether you have published or created research products under another name.

- You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this Biosketch or application.

- Figures, tables, or graphics are not allowed.

B.   Positions, Scientific Appointments, and Honors

List in reverse chronological order all current positions and scientific appointments both domestic and foreign, including affiliations with foreign entities or governments. This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary). High school students and undergraduates may include any previous positions. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:
- Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.

- Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C.   Contributions to Science

Who should complete the "Contributions to Science" section:
All senior/key persons should complete the "Contributions to Science" section except candidates for research supplements to promote diversity in health-related research who are high school students, undergraduates, and post-baccalaureates.

Format:
Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

While all applicants may describe up to five contributions, graduate students and postdoctorates may wish to consider highlighting two or three they consider most significant.

Content:
For each contribution, indicate the following:
- the historical background that frames the scientific problem;

- the central finding(s);

- the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and

- your specific role in the described work.

- Figures, tables, or graphics are not allowed.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution. Research products can include audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. Note: interim research products have specific citation requirements.

You may provide a URL to a full list of your published work. This URL must be to a Federal Government website (a .gov suffix). NIH recommends using *My Bibliography*. Providing a URL to a list of published work is not required.

Descriptions of contributions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication. These contributions do not have to be related to the project proposed in this application.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc1

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	BS	05/2003	Psychology
University of Vermont	PHD	05/2009	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/2013	Public Health and Epidemiology

A.   Personal Statement

I am an Associate Professor of Psychology, and my research is focused on neuropsychological changes associated with substance use disorders. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of substance use disorders. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to older people with substance use disorders, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2015-2016, my career was disrupted due to family obligations. However, upon returning to the field, I immediately resumed my research projects and collaborations and successfully competed for NIH support. In summary, I have the expertise, leadership, training, expertise, and motivation necessary to successfully carry out the proposed research project.

Ongoing and recently completed projects that I would like to highlight include:

R01 DA942367
Hunt (PI)
09/01/16-08/31/21
Health trajectories and behavioral interventions among older people with substance use disorders

R01 MH922731
Merryle (PI), Role: co-investigator
12/15/17-11/30/22
Physical disability, depression, and substance use among older adults

Spring 2023

R21 AA998075
Hunt (PI)
01/01/19-12/31/21
Community-based intervention for alcohol abuse

Citations:

1. Merryle, R.J. & **Hunt, M.C.** (2015). Independent living, physical disability and substance use among older adults. Psychology and Aging, 23(4), 10-22.
2. **Hunt, M.C.**, Jensen, J.L. & Crenshaw, W. (2018). Substance use and mental health among community-dwelling older adults. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
3. **Hunt, M.C.**, Wiechelt, S.A. & Merryle, R. (2019). Predicting the substance use treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: PMC9162292
4. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorder. Age and Aging, 38(2), 9-23. PMCID: PMC9002364

B.   Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2021– Present	Associate Professor, Department of Psychology, Washington University, St. Louis, MO
2020 – Present	Adjunct Professor, McGill University Department of Psychology, Montreal, Quebec, Canada
2018 – Present	NIH Risk, Adult Substance Use Disorder Study Section, member
2015 – 2017	Consultant, Coastal Psychological Services, San Francisco, CA
2014 – 2021	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2014 – 2015	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2014 – Present	Board of Advisors, Senior Services of Eastern Missouri
2013 – 2014	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2011 – Present	Associate Editor, Psychology and Aging
2009 – Present	Member, American Geriatrics Society
2009 – Present	Member, Gerontological Society of America
2009 – 2013	Fellow, Intramural Research Program, National Institute on Drug Abuse, Baltimore, MD
2006 – Present	Member, American Psychological Association

Honors

2020	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society
2019	Excellence in Teaching, Washington University, St. Louis, MO
2018	Outstanding Young Faculty Award, Washington University, St. Louis, MO

C. Contributions to Science
1. My early publications directly addressed the fact that substance use is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging concerns about a substance use disorder. These publications document this emerging concern and guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the behavior, and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for older adults with substance use disorders and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.

a. Gryczynski, J., Shaft, B.M., Merryle, R., & **Hunt, M.C.** (2013). Community based participatory research with late-life substance use disorder. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
b. Shaft, B.M., **Hunt, M.C.**, Merryle, R., & Venturi, R. (2014). Policy implications of genetic transmission of alcohol and drug use in women who do not use drugs. International Journal of Drug Policy, 30(5), 46-58.
c. **Hunt, M.C.**, Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2015). Early-life family and community characteristics and late-life substance use. Journal of Applied Gerontology, 28(2),26-37.
d. **Hunt, M.C.**, Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2018). Community-based intervention strategies for reducing alcohol and drug use in older adults. Addiction, 104(9), 1436-1606. PMCID: PMC9000292

2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older people with substance use disorders and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of substance use disorders and the disruptive potential of networks in substance use treatment. This body of work also discusses the prevalence of alcohol and amphetamine use in older adults and how networking approaches can be used to mitigate the effects of these disorders.

a. **Hunt, M.C.**, Merryle, R. & Jensen, J.L. (2015). The effect of social support networks on morbidity among older adults with substance use disorders. Journal of the American Geriatrics Society, 57(4), 15-23.
b. **Hunt, M.C.**, Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2018). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
c. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorders. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364

3. Methadone maintenance has been used to treat people with substance use disorder for many years, but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Older adults were shown, in carefully constructed ethnographic studies, to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.

a. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among older adults with substance use disorders. Journal of the Geriatrics, 60(4), 45-61.
b. **Hunt, M.C.** & Pour, B. (2015). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
c. Merryle, R. & **Hunt, M.C.** (2018). The use of various nicotine delivery systems by older people with nicotine use disorder. Journal of Aging, 54(1), 24-41. PMCID: PMC9112304
d. **Hunt, M.C.**, Jensen, J.L. & Merryle, R. (2020). Aging and substance use disorder: ethnographic profiles of older people with substance use disorder. NY, NY: W. W. Norton & Company.

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