



Lions Clubs International
FOUNDATION

RPB / LIONS CLUBS INTERNATIONAL FOUNDATION LOW VISION RESEARCH AWARD

Spring 2021 Guidelines and Instructions

DEADLINE

Nomination:* December 15, 2020

Application:* January 20, 2021 (awarded in June)

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 refers to chronic vision impairment that is not correctable by eyeglasses, contact lenses, medicines or surgery. Many eye disorders can lead to low vision, including age-related macular degeneration, glaucoma, and diabetic retinopathy. Injury to the eye or to a portion of the brain involved in sight can also produce low vision. Low vision significantly and negatively impacts a person's visual activities of daily living and quality of life.

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 answering such questions as:

- What happens to degraded input and how is it 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? How 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. 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 request will be competitively reviewed and the final payment is contingent upon approval of this report.

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.

**If the deadline falls on a weekend or holiday, please consider the deadline to be the following business day.*

ELIGIBILITY

- Full-time department Chairs from any institution of higher education in the U.S. can nominate only one candidate per department. Candidates must hold a primary academic position as Assistant Professor through full Professor. We particularly encourage applications from relevant departments/disciplines such as Neuroscience, Psychology, Engineering, Computer Science, Optometry, and others. Interim or acting Chairs cannot nominate a candidate for this award. Ophthalmology Chairs are not eligible for this award.
- 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.
- Any part of the RPB/LCIF grant not earmarked for salary should help equip and staff the awardee's lab and fund research efforts. The grant cannot replace salary support currently derived from other sources.
- **This award must remain free of institutional overhead** and is non-transferable to other individuals or other institutions. Should the awardee leave the institution, the institution must return any unspent funds. Any equipment purchased with these funds is the property of the primary appointment department. Complete grant stipulations are included in award letters.
- Grant disbursement of the first \$150,000 is contingent upon the execution of RPB's Letter of Agreement. The final disbursement of \$150,000 is contingent upon continuation of the executed Letter of Agreement AND approval of the substantive progress report.

REPORTING

- The form and guidelines for the 14-month substantive progress report will be distributed to the awardees, department Chairs, and research grant administrators in May 2022, **with the progress report due September 1, 2022.**
- Additionally, an annual research summary report is required while the Low Vision Research Award is active. A final report is required once funds are expended. An annual year-end financial report is also required while the Award is active.
- Failure to properly report and credit research funded by RPB places the grant at risk for termination.

NOMINATION FORM AND APPLICATION SUBMISSION

Nomination Form: Nomination forms are a requirement. **For the January 20 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.

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: **low vision** (not case sensitive)
- Click on the "Upload Low Vision Research Award Application" button to go to the upload form if you are applying for this Award.
- 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: The third document must include, in PDF, **in this order**:
 - The candidate’s NIH-style biosketch, in PDF; limit five (5) pages. The candidate must adhere to current NIH format and instructions.
 - 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 “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.**
 - 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 to exceed five (5) pages. Font size 10-point or higher.
 - 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.
 - 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’s Review Committees.” Limit each letter to one (1) page, in PDF. Font size 10-point or higher.
 - Line item budget on use of funding, include dollar amounts and description. Include timeline for expenditure of funds. See guidelines for Phase II trial funding. Limit one (1) page.
 - Institution’s IRS 501c(3) Letter of Determination or other Federal determination letter and Federal Employment Identification Number, in PDF.

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 DC to assist content authors in creating accessible PDF documents.

PDF Accessibility Overview: The PDF Accessibility Overview document details what is meant by accessibility in the PDF file format. It reviews accessibility features of the PDF file format and characteristics of accessible PDF documents. <https://www.adobe.com/accessibility/pdf/pdf-accessibility-overview.html>

Acrobat and Acrobat Reader Accessibility Features: This guide details the accessibility features of Acrobat and Acrobat Reader, and how the features of the software and the file format interact to achieve accessibility for people with disabilities. <https://www.adobe.com/accessibility/products/acrobat/acrobat-accessibility-features.html>

Acrobat Pro DC PDF Accessibility Repair Workflow: The Acrobat Pro DC PDF Accessibility Repair Workflow guide 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. <https://www.adobe.com/accessibility/products/acrobat/acrobat-pro-dc-pdf-accessibility-repair-workflow.html>

Using the Acrobat Pro DC Accessibility Checker: Using the Acrobat Pro DC Accessibility Checker guide describes the PDF accessibility checkers that are included in Adobe Acrobat Pro DC. Even if you generate an accessible PDF file from an authoring application such 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. <https://www.adobe.com/accessibility/products/acrobat/using-acrobat-pro-accessibility-checker.html>

Creating Accessible PDF Forms with Acrobat Pro DC: The Creating Accessible Forms with Acrobat Pro DC guide describes how to use the forms tools within Adobe Acrobat Pro DC 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 Adobe Acrobat Pro DC 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. In preparing the materials, applicants may find the following guides for creating accessible PDFs helpful in fulfilling this requirement. Comprehensive guides can be found at: <https://www.adobe.com/accessibility/products/acrobat/creating-accessible-forms.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. If the deadline falls on a weekend or holiday, proposals will be accepted the first following business day. 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.

Members of the RPB / LCIF Review Committee* include:

- **Cynthia Owsley, PhD, MSPH**, Nathan E. Miles Endowed Chair, Professor, and Director of Clinical Research Unit, Department of Ophthalmology and Visual Sciences, University of Alabama at Birmingham School of Medicine (Committee Chair and member of the RPB Scientific Advisory Panel)
- **Angela M. Brown, PhD**, Professor, The Ohio State University College of Optometry
- **John Dowling, PhD**, Gordon and Lura Gund Professor of Neurosciences Emeritus, Department of Molecular and Cellular Biology, Harvard University
- **Gordon Legge, PhD**, Distinguished McKnight University Professor, Department of Psychology, Director of the Minnesota Laboratory for Low-Vision Research; and founding member and Scientific Co-Director of the Center for Applied and Translational Sensory Science, University of Minnesota
- **William M. McLaughlin, Jr., DO**, Retina Specialist, Surgical Service, Department of Veterans Affairs, V.A. Medical Center, Wilkes-Barre, PA (Member of LCIF SightFirst Advisory Committee)
- **Alan R. Morse, JD, MD**, President Emeritus, Lighthouse Guild
- **Pawan Sinha, PhD**, Professor of Vision and Computational Neuroscience, Director of Project Prakash, Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology

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.

**as of September 30, 2020*

Research to Prevent Blindness - 360 Lexington Avenue, New York, NY 10017-6528

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:
<ul style="list-style-type: none"> ➤ Enter Candidate's name; include degrees. ➤ 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:
<ul style="list-style-type: none"> ➤ Place X to the right of your selection for the following (see example below): <p style="text-align: center;">Anatomy/Pathology/Oncology X Biochemistry/Molecular Biology Clinical/Epidemiologic Cornea Lens</p>

Title of Proposed Research:
<ul style="list-style-type: none"> ➤ Enter title of proposed research. Do not go beyond allotted space.

Summary of Overall Objectives/Significance/Benefits of Proposed Research:
<ul style="list-style-type: none"> ➤ 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:
<ul style="list-style-type: none"> ➤ Limit response to ten (10) 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:
<ul style="list-style-type: none"> ➤ Limit response to five (5) 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.

Time Devoted to Research as Opposed to Other Academic Duties:
<ul style="list-style-type: none"> ➤ Include percentage of time devoted to research.

Current NEI Support as Principal Investigator:

- Indicate no-cost extensions with an asterisk (*), e.g., 19-23*.
- 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., 19-23, 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., 19-23*.
- 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., 19-23, 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., 17-19, 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., 19-23*.
- 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., 19-23, 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., 21-23, not total number of years, e.g., 2.

Current Time Commitment:

- Include time commitment percentage to each responsibility.
- If applicable, specify Other responsibilities such as administrative, volunteer efforts, etc.

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.

IRB Approval:

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

Publications:
<ul style="list-style-type: none"> ➤ 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.

Overlap:
<ul style="list-style-type: none"> ➤ 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 has 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:
<ul style="list-style-type: none"> ➤ 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.

Agreement:
<ul style="list-style-type: none"> ➤ Chair and Candidate to sign.

Contact Information:
<ul style="list-style-type: none"> ➤ 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 <i>(if applicable)</i>	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. 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. You are allowed to cite interim research products.

- 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 and Honors

List in chronological order the positions you've held that are relevant to this application, concluding with your present position. 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

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.

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.

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. You are allowed to cite interim research products. 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](#). 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.

D. Additional Information: Research Support and/or Scholastic Performance

List ongoing and completed research projects from the past three years that you want to draw attention to. Briefly indicate the overall goals of the projects and your responsibilities. Do not include the number of person months or direct costs. As part of the Biosketch section of the application, "Research Support" highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the reviewers in the assessment of each your qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team.

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): huntmc

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 <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	B.S	05/1990	Psychology
University of Vermont	Ph.D.	05/1996	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/1998	Public Health and Epidemiology

A. Personal Statement

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. 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 drug addiction. My research includes neuropsychological changes associated with addiction. 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 the aging substance abuser, 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 2005-2006 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.

1. Merrylye, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. *Psychology and Aging*, 23(4), 10-22.
2. Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.
3. Hunt, M.C., Wiechelt, S.A. & Merrylye, R. (2008). Predicting the substance-abuse treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292 Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. *Gerontology*, 46(3), 122-145.

B. Positions and Honors

Positions and Employment

1998-2000	Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2000-2002	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2001-	Consultant, Coastal Psychological Services, San Francisco, CA
2002-2005	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2007-	Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

1995-	Member, American Psychological Association
1998-	Member, Gerontological Society of America
1998-	Member, American Geriatrics Society
2000-	Associate Editor, Psychology and Aging
2003-	Board of Advisors, Senior Services of Eastern Missouri
2003-05	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2007-11	NIH Risk, Adult Addictions Study Section, members

Honors

2003	Outstanding Young Faculty Award, Washington University, St. Louis, MO
2004	Excellence in Teaching, Washington University, St. Louis, MO
2009	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

C. Contribution to Science

1. My early publications directly addressed the fact that substance abuse 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 addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults 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., Merrylye, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. *American Journal of Alcohol and Drug Abuse*, 15(3), 222-238.
 - b. Shaft, B.M., Hunt, M.C., Merrylye, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. *International Journal of Drug Policy*, 30(5), 46-58.
 - c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merrylye, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. *Journal of Applied Gerontology*, 28(2), 26-37.
 - d. Hunt, M.C., Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2007). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. *Addiction*, 104(9), 1436-1606. PMID: 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 substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.
 - a. Hunt, M.C., Merrylye, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. *Journal of the American Geriatrics Society*, 57(4), 15-23.

