

RPB UNRESTRICTED / CHALLENGE GRANT

2015 Guidelines and Instructions

DEADLINE

January 10, 2015 (awarded in June) July 1, 2015 (awarded in December)

Nomination forms are not required for this award.

DESCRIPTION

RPB Unrestricted Grants: \$115,000 a year RPB Challenge Grants: \$300,000 payable over four (4) years, \$75,000 a year upon approval of two-year substantive progress report.

Unrestricted Grants provide opportunities for creative planning and maximum flexibility in developing and expanding eye research programs. Funds automatically renew for five years unless the ophthalmology chair steps down or RPB requires the department to re-apply earlier. At the fifth year, the department will be required to re-apply for an Unrestricted Grant.

Challenge Grants encourage the growth of newly-emerging eye research programs or recently-appointed department heads. Challenge Grants can continue for up to four years upon approval of two-year substantive progress report. After four years, Chairs will then be invited to apply for an Unrestricted Grant. Similar to the Unrestricted Grant, RPB can require the department to re-apply earlier.

The Chair's statement should specifically indicate which grant – Unrestricted or Challenge – the department seeks. However, RPB reserves the right to decide which grant will be given to the department, if any.

Should a department receive a Challenge Grant, RPB will require a revised statement by the chair specifically indicating benchmarks for the department for the term of the grant. Third- and fourth-year grant disbursements of Challenge Grants are contingent upon approval of substantive progress report.

Unrestricted/Challenge Grants may only be used for the following:

- salaries (new or existing research faculty, not administrative support staff);
- equipment (new purchase);
- small pilot research in vision science;
- research support (including lab supplies, consumables, data gathering, statistical analysis, etc.);
- travel related to research

Should the chair leave the department, an Unrestricted or Challenge Grant will continue for one additional year before it is terminated. An acting or interim chair cannot re-apply for continued support.

ELIGIBILITY

Permanent, full-time chairs may nominate departments of ophthalmology at university-connected medical schools. RPB grants must remain free from deductions for institutional overhead, RPB must be credited on any resulting research, and funds must be credited to a special account. We suggest that new chairs be active for several months prior to submitting an application – if rejected the chair must wait two years before reapplying. Complete grant stipulations are included in final award letters.

TWO-YEAR PROGESS REPORT FOR CHALLENGE GRANTEES

- > Progress report and guidelines will be distributed to the ophthalmology department chairs and grant coordinators in:
 - November 2016 for those applications submitted January 2015;
 - May 2017 for those applications submitted July 2015.
- > The progress report is due:
 - March 1, 2017 for those applications submitted January 2015;
 - September 1, 2017 for those applications submitted July 2015.

REPORTING

- RPB requires an annual interim report while the Unrestricted Grant is active. Challenge Grantees are required to submit a two-year substantive progress report. A final report is required once funds are expended.
- > Failure to properly report and credit research funded by RPB puts your grant at risk for termination.

APPLICATION SUBMISSION

RPB will accept applications and *most* supporting documentation via the password-protected page on RPB's web site that has been established for application submission. Please note only one (1) upload, 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 <u>https://www.rpbusa.org/rpb/grants/grantees/</u> to log in. NB: You can always find this page on the RPB web site, <u>www.rpbusa.org</u>, by clicking on the Grants tab on the left side of the home page, and then by clicking on "For Grantees".
- > Enter the password: **Research**
- > 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.

This upload must include four separate documents:

Two signed, completed application forms:

- 1. One as a PDF document.
- 2. One as a Word document.

The third document must include, in PDF, in this order:

- > A statement from the chair, co-signed by the dean of the medical school, which must include in this order:
 - Brief paragraph on the history and development of the ophthalmology department;
 - Indication of which grant Unrestricted or Challenge the department seeks;
 - Detailed description of the department's current status, including review of:
 - Current research programs and interests;
 - Department's top researchers and/or researchers in department's primary research areas;
 - Facilities, including equipment and technology, for clinical and basic ophthalmic research within the department;
 - Department's most important collaborations with other departments/centers/etc., within the institution as well as outside of institution, including grants, papers and or activities;
 - Institution's commitment to the department, including funding (internal institutional and external philanthropic), space allocation, and personnel;
 - Major achievements from department's last application submission to RPB (if applicable);
 - Specific description of how RPB funds were used in the last five (5) years (if applicable).
 - Detailed description of vision research at the institution, including review of:
 - Current inter-departmental and inter-institutional collaborations, with description of top vision researchers from other departments and institutions;
 - Available facilities, including equipment and technology, for vision research;
 - Institution's commitment to vision research as a whole, including funding (internal institutional and external philanthropic), space allocation, and personnel.
 - Comprehensive vision statement for the department's future over the next five years. This statement must provide specific benchmarks for each year, with analysis of:
 - Expansion of existing programs and development of new programs and initiatives, including collaborations both internal and external to the institution;
 - Research, training objectives for department and faculty, including a broad-based mentoring plan for the department's junior faculty;
 - Faculty recruitment plans;
 - Facility expansion, including new equipment and technology;
 - Financial viability and sustainability of these goals and plans;
 - Specific description of how RPB funds will be used in the next five (5) years.
 - Provide any additional information, not specifically requested above, which is unique to your department and/or institution, which may affect RPB's review of your application (i.e., industry contracts, intellectual property, high-impact awards, high-impact presentations, etc.) which may help "build your case" and may aid in RPB's review of your application.

Statement must be on letterhead, signed, in PDF, and addressed to "RPB's Review Committees". Limit ten-twelve (10-12) pages and font size 10-point or higher. Avoid condensed typeface.

- NIH-style biosketches for each faculty member, including chair, in PDF, reflective of the Master Faculty List (see description below); limit five (5) pages for each biosketch. Biosketches must be grouped by primary research area and then in alphabetical order. Each faculty member, including chair, must adhere to current NIH format and instructions. Biosketches submitted in any other format will be disqualified.
- > Institution's IRS 501c(3) Letter of Determination and Federal Employment Identification Number, in PDF.

The fourth document is the Master Faculty List of full-time faculty, including chair, in Excel, with primary appointments in ophthalmology as of application deadline. Do not include individuals with secondary appointments in the ophthalmology department or ophthalmology department residents. Faculty list must be grouped by primary research area (corresponding to the Chair's statement) and then alphabetical order. Use only the template provided and follow the instructions on the template. Do not alter formatting. Document should print exactly how the template appears.

Materials received after the deadline will not be accepted. Incomplete submissions are not forwarded to RPB's review committees and are automatically declined. Notify RPB if there are any changes to the status of major pending grants or faculty members or recruits. 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 binders, manuscripts, reprints, or any information not required by RPB.

Any questions, please contact Pattie Moran at 646-892-9566 or pmoran@rpbusa.org.

APPLICATION PREPARATION

Though the application is self-explanatory, we've included information below to assist you in preparing and completing RPB's Unrestricted/Challenge Grant 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.

Inst	Institution Information:				
\triangleright	Enter name of institution.				
\triangleright	Enter name of ophthalmology Chair and ophthalmology Research Director and Medical School Dean; include degrees.				
	Status				

- > Enter Year as YYYY when current Chair was appointed.
- > Enter Year as YYYY when ophthalmology achieved departmental status.
- Enter number of full-time faculty (MD/PhDs, MDs, PhDs, ODs, MPHs, others). Only note full-time faculty members with primary appointments in ophthalmology; include Chair. Do not duplicate MD/PhDs under MDs or PhDs. Do not add residents/fellows in training programs under 'others.' Provide residents/fellows information in response to the next question.
- > Enter information to the right for indicating number of residents/fellows in training programs (see example below):

Residents 10 Fellows 5

- Enter number of full-time recruits (MD/PhDs, MDs, PhDs, and others) to begin within the next 12 months. Do not duplicate MD/PhDs under MDs or PhDs.
- Enter number of basic scientists who have secondary appointments in ophthalmology. This number should reflect those individuals who have primary appointments in other departments and have secondary appointments in ophthalmology.
- Enter square footage of administrative space, clinical space, and basic and clinical research space of ophthalmology department on campus. Do not include space in other departments or affiliated facilities.

Summary:

- Do not go beyond allotted space. 250 word limit.
- In layman's terms, highlight the most important scientific aspects of the department's research activities and, from the Chair's letter, summarize/encapsulate the Chair's vision statement for the department.

Ophthalmology's Current Grant Support:

- Summarize NEI and non-NEI current support. Take information from pages 2 and 3 of application.
- Enter total number of grants from a specific source and for a specific type (NEI/R01, NEI/R21, etc.). If possible, group similar sources together for Industry, Foundation/Private, Academic, Other, etc. to save space (see example below):

Total Number	Source	Туре
9	NEI	R01
5	NEI	R21
1	Industry	N/A
3	Foundation/Private	N/A
5	Academic	N/A
2	Other	N/A

> Enter direct costs for current year and total support.

> Enter Years as YY-YY. Provide actual years of grant(s), e.g., 14-18, not total number of years, e.g., 4.

Ophthalmology's Pending Grant Support:

- Summarize NEI and non-NEI pending support. Take information from page 3 of application.
- Enter total number of grants from a specific source and for a specific type (NEI/R01, NEI/R21, etc.). If possible, group similar sources together for Industry, Foundation/Private, Academic, Other, etc. to save space (see example below):

Total Number	Source	Туре
9	NEI	R01
5	NEI	R21
1	Industry	N/A
3	Foundation/Private	N/A
5	Academic	N/A
2	Other	N/A

> Enter direct costs for current year and total support.

> Enter Years as YY-YY. Provide actual years of grant(s), e.g., 15-19, not total number of years, e.g., 4.

For RPB Use Only:

> This section is for RPB Use Only. DO NOT ENTERY ANY INFORMATION.

Ophthalmology Department's Current NEI Grant Support:

- Add pages as needed. When doing so, identify categories/headings as they appear. Do not include individuals who have secondary appointments in the ophthalmology department.
- Enter total number of full-time faculty members with primary appointments in ophthalmology as Principal Investigators on NEI grants and the NEI type (see example below):

Total Number of Faculty	NEI Type
5	R01
4	R21

- Provide details of NEI grants noted above with PI's last name, type (e.g., R21, etc.), title, direct costs for current year and total grant, and years (YY-YY). GROUP BY TYPE, NOT LAST NAME OF PI. Provide actual years of grant, e.g., 11-15, not total number of years, e.g., 4.
- Only include those awarded to the ophthalmology department. If funds have transferred with PI, list only funding and years to your department.

Ophthalmology Department's Current Non-NEI Grant Support:

- Add pages as needed. When doing so, identify categories/headings as they appear. Do not include individuals who have secondary appointments in the ophthalmology department.
- Enter Source/Type, PI last name, direct costs for current year and total grant, and years YY-YY (see example below):

NIH/K05	Smith	\$150,000	\$	275,000	12-15
NIH/K21	Jones	\$ 60,000	\$	120,000	12-14
NIH/R55	Barnes	\$275,000	\$	500,000	09-14
XYZ Fndn	Carr	\$100,000	\$	200,000	14-16
ABC Pharma	Sisti	\$500,000	\$1	,000,000	14-16
Edison Univ	Thompson	\$300,000	\$	900,000	14-17

GROUP BY SOURCE/TYPE, NOT LAST NAME OF PI. Do not duplicate NEI grants listed on page 2 of application. Grants from other NIH institutes should be identified as such. Include only those grants awarded to full-time faculty members with primary appointments in ophthalmology. Identify subcontracts. Group grant types together. If funds have transferred with PI, list only funding and years to your department.

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Publications:

- Ophthalmology department's publications for last calendar year. Indicate calendar year. For current, full-time faculty with primary appointments in ophthalmology, provide number of peer-reviewed publications; number of other publications; total number of publications (number of peer-reviewed and other publications should equal total number of publications). Provide number of RPB-cited publications, if any.
- Ophthalmology department's publications for last five calendar years. Indicate calendar year period. For current, full-time faculty with primary appointments in ophthalmology, provide number of peer-reviewed publications; number of other publications; total number of publications (number of peer-reviewed and other publications should equal total number of publications). Provide number of RPB-cited publications, if any.

Agreement:

Place X to the right of your selection for the following (see example below):

Master Faculty List submitted lists full-time faculty with primary appointments in Ophthalmology Department: Yes X No Space allocations indicated are accurate: Yes X No All grants listed on this form were awarded to full-time Ophthalmic faculty: Yes X No

> Chair and Medical School Dean to sign.

Contact Information:

- Enter contact information for ophthalmology Chair; include degrees.
- Enter name and contact information of Grant Coordinator responsible for RPB applications. Include address if different than Chair's and include degrees.
- > Enter contact information for Director of Research and Dean of the Medical School; include degrees.

Top Ten Publications of Ophthalmology Department:

In bibliography format, list top ten publications from the last three (3) calendar years from the department's current primary, full-time faculty. In a few sentences, describe the importance of the journal (high impact or foremost journal in specialty, for example) in which the publication appears and the importance/relevance of the research to the vision research community and to those who are visually impaired.

Top Ten Publications of Researchers within Institution doing Vision-Related Research:

In bibliography format, list top ten publications from the last three (3) calendar years from the institution's current faculty doing vision-related research. Individuals must be outside ophthalmology department. In a few sentences, describe the importance of the journal (high impact or foremost journal in specialty, for example) in which the publication appears and the importance/relevance of the research to the vision research community and to those who are visually impaired.

Master Faculty List: (Excel)

- Provide only full-time faculty, including the Chair, with primary appointments in ophthalmology as of application deadline. Please alert RPB if there are any changes to the department's faculty after the application is submitted.
 Do not include individuals with secondary appointments in the ophthalmology department or ophthalmology department residents.
- > Enter institution name, last name of ophthalmology Chair, and year submitting application (YYYY).
- Enter full-time faculty name/degrees, title within ophthalmology department and, if applicable, title and secondary department for faculty member.
- Provide primary research area for each faculty; research area wording should be kept to a minimum (1-3 words at most) and should correspond to the primary research areas of the department identified in the Chair's statement. If faculty's primary research area is not among those identified in the Chair's statement, note All Other with the research area next to it. For those faculty strictly clinical, indicate Clinical (see attached sample).
- > Indicate whether the faculty has current funding for sources noted (see attached sample).
- Provide number of peer-reviewed publications for each faculty throughout career and last five years; indicate N/A for no publications (see attached sample).
- Group by Primary Research Area; then sort alphabetically by last name of faculty. Biosketches must be submitted in the same order as listed on the Master Faculty List.
- Add additional pages as necessary. Do not alter formatting; document should print exactly how the template appears.

RPB MASTER FACULTY LIST SAMPLE

RPB UNRESTRICTED/CHALLENGE GRANT APPLICATION Master Faculty List – SAMPLE

RPB UNRESTRICTED/CHALLENGE GRANT APPLICATION

Master Faculty List

Institution: Edison University

Ophthalmology Chair: Linda Davis, MD, PhD

Year of Submission: 2015

1. Provide only full-time faculty, including chair, with primary appointments in ophthalmology as of application deadline; indicate secondary appintments, if applicable, for full-time ophthalmology faculty. Do not include individuals with secondary appointments in ophthalmology and/or ophthalmology department residents.

Provide primary research area for each faculty; research area wording should be kept to a minimum and should correspond to the primary research areas of the department identified in the Chair's statement. If faculty's primary research area is not among those identified in the Chair's statement, note All Other with the research area next to it, e.g., All Other-Amblyopia. For those faculty strictly clinical, indicate Clinical.
 Using Yes or No only, indicate whether the faculty has current funding from: federal agencies and/or non-federal agencies.

Compares of No only, indicate whether the faculty has current funding from received agencies and/or non-received agencies.
 Provide number of peer-reviewed publications for each faculty throughout career and last five years; indicate N/A for no publications.

From the number of peer-reviewed publications for each adding unoughout earlier and dati me years, indedic way for no publications.
 Group by Primary Research Area; then sort alphabetically by last name of faculty. Biosketches should be submitted in the same order.

6. Add additional pages as necessary. Do not alter formatting; document must print exactly how the template appears.

	OPHTHALMOL		INDING SUPPORT s or No only)	NUMBER/PEER-REVIEWED PUBLICATIONS			
Full-Time Faculty Name/Degrees	Title/Ophthalmology	Title/Secondary Department	Primary Research Area	Federal Agencies	Non-Federal Agencies	Career	Last Five Years
Brown, Robert / PhD	Professor		Glaucoma	Yes	No	120	10
Davis, Linda / MD, PhD (Chair)	Professor		Glaucoma	No	Yes	108	5
Miller, Michael / PhD	Assistant Professor		Cornea and Lens	Yes	Yes	20	12
Wilson, Barbara / MD, PhD	Associate Professor		Cornea and Lens	No	Yes	78	20
Johnson, Mary / MD, PhD	Associate Professor		Retina	No	Yes	83	3
Smith, James / PhD	Assistant Professor	Assistant Professor/Biochemstry	Retina	Yes	No	25	8
Taylor, William / PhD	Professor	Professor/Pediatrics	All Other-Amblyopia	Yes	Yes	70	15
Thomas, Elizabeth / MD, PhD	Assistant Professor		All Other-Low Vision	No	Yes	15	6
Jones, Patricia / MD	Assistant Professor		Clinical	No	No	N/A	N/A
Williams, John / MD	Assistant Professor		Clinical	No	No	N/A	N/A

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

NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.

A. Personal Statement

Briefly describe why you are well-suited for your role in the project described in this application. The 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 your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate 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 of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federallysupported). *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

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 (if applicable)	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. Merryle, 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 communitydwelling elderly. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
- Hunt, M.C., Wiechelt, S.A. & Merryle, R. (2008). Predicting the substance-abuse treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: 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

<u>Honors</u>

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., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
 - Shaft, B.M., Hunt, M.C., Merryle, 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., Merryle, 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. 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 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., Merryle, 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.
- b. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
- c. Merryle, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364
- 3. Methadone maintenance has been used to treat narcotics addicts 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. Elderly narcotics users 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. (2003). Morbidity among elderly substance abusers. Journal of the Geriatrics, 60(4), 45-61.
 - b. Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
 - c. Merryle, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. Journal of Ageing, 54(1), 24-41. PMCID: PMC9112304
 - d. Hunt, M.C., Jensen, J.L. & Merryle, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:

http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=d ate&direction=ascending

D. Research Support

Ongoing Research Support

R01 DA942367 Hunt (PI) 09/01/08-08/31/16 Health trajectories and behavioral interventions among older substance abusers The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts. Role: PI

R01 MH922731 Merryle (PI) Physical disability, depression and substance abuse in the elderly The goal of this study is to identify disability and depression trajectories and demographic factors associated with substance abuse in an independently-living elderly population.

Role: Co-Investigator

Faculty Resources Grant, Washington University

Opiate Addiction Database The goal of this project is to create an integrated database of demographic, social and biomedical information

for homeless opiate abusers in two urban Missouri locations, using a number of state and local data sources. Role: PI

Completed Research Support

R21 AA998075 Hunt (PI) 01/01/11-12/31/13 Community-based intervention for alcohol abuse The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals. Role: PI

12/15/07-11/30/15

08/15/09-08/14/15