

# **Irvin Cahen Research Grant Program 2017-2018**

## **LSUHSC Department of Orthopedics**

- 1) Eligibility criteria
  - a. Topic related to musculoskeletal science and
  - b. PI is a faculty member of LSUHSC orthopedics department
  - c. Co-PI's (faculty/students/residents/fellows...) are encouraged to apply with one of the orthopedic surgery clinical faculty
- 2) 3 judges (chair of department, chair of research, director of research consortium)
- 3) Unblinded
- 4) Proposal due May 26, 2017 by email to orthopedics department chair of research
- 5) Decision early June
- 6) Funding starts July 1
- 7) If repeat funding requested for additional year, a submitted abstract or extramural grant proposal is necessary prior to repeat funding application. The first project must be designed to have enough data to create an abstract for a peer reviewed meeting.
- 8) If additional funding needed in the middle of a project, an abstract must be submitted using existing data and explanation for need of extra funding
- 9) Comments about proposal returned to applicant
  - a. Proposal may be put in deferred status. Applicant will have 7 days to respond to questions and/or concerns to secure funds in the same funding cycle.
- 10) Annual progress report/summary
  - a. Summary of major findings
  - b. List of abstracts/manuscripts/grant proposals submitted for peer review
- 11) 1 project submission per orthopedic faculty
- 12) Funding: \$8K

**Application Format (limit of 3 pages for sections 3-7)**

1. Title Page.
  - a. Title of the research project
  - b. Applicant information (name, degree, academic rank, campus address, e-mail address, telephone number)
  - c. Is this a mid project request for additional funds?
  - d. Is this a repeat request or new project?
  - e. PI (orthopedic faculty) signature with date
  - f. Co-PI signature with date
  - g. Signature of department head with date
2. Abstract ( $\leq 250$  words)
3. Hypothesis and Specific Aims (The study hypothesis and the aims that will be accomplished to test the hypothesis)
4. Background and Rationale (Current state of the art and the new knowledge that will be obtained or unmet medical need that will be addressed)
5. Significance (The immediate and future impact of the results)
6. Innovation (How unique is this idea from current practice? What is novel about the research?)
7. Approach, anticipated outcomes, timeline
8. Research Support (Related to the proposed project). List all current and past research support (within last 5 y) by agency number, title, and total direct costs awarded. (for students/residents this may not apply)
9. NIH-style biographical sketch (see below. For students/residents this is meant to start building your research CV in a nationally recognized format.)
10. Institutional Letter of Support. All applicants should include a letter from the Department Head indicating that the investigator will have the necessary protected time to conduct the proposed research.
11. Budget and Justification (see template below). Funds are intended largely for consumable supplies, small equipment/software purchases and student worker support. Funds cannot be used for house officer or faculty salaries.
12. The LSUHSC Irvin Cahen research chair fund must be acknowledged in all published and presented work associated with the funding.

<b>DETAILED BUDGET</b>	FROM (Date)	THROUGH (Date)
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**PERSONNEL** (*undergraduates only*)

**DOLLAR AMOUNT REQUESTED**

NAME	STUDENT WORKER HOURS	SALARY REQUESTED	TOTAL
<b>PERMANENT EQUIPMENT</b> ( <i>Itemize</i> )			
<b>CONSUMABLE SUPPLIES</b> ( <i>Itemize</i> )			
<b>ANIMALS AND ANIMAL CARE</b> (Purchase and Housing)			
<b>ALL OTHER EXPENSES</b> ( <i>Itemize</i> )			
<b>TOTAL COSTS FOR BUDGET PERIOD</b> →			

**Budget JUSTIFICATION:**

**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.

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NAME:

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

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POSITION TITLE:

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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 (if applicable)**

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *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. 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, <i>Psychology and Aging</i>
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., 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.
  - b. 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. 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., 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. PMID: 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.





## 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