The University of Kentucky Center for the Biologic Basis of Oral/Systemic Diseases (CBBO/SD) announces the availability of limited funds through the NIH P30 supported COBRE “Pilot Grants Program”. This program is designed to support well-defined pilot projects focused on research examining oral health and/or oral-systemic health linkages. These pilot grants are intended to assist investigators in generating sufficient data to be competitive for extramural funding. Applicants from junior faculty and that demonstrate collaboration with oral health scientists are encouraged. Applications must demonstrate linkage with and/or utilize existing CBBO/SD core laboratories or services.

**Funding Information**

Individual project awards, up to $20,000 in total direct costs, will be made on a competitive basis. At least two awards of $20,000 or four awards of $10,000 are anticipated to be awarded by **September 1, 2018**. Awardees may use up to 90% of the budget for research supplies, services or support critical to completion of the project, including research assistant salaries. At least 10% of the budget must be dedicated for use of CBBO/SD services, if needed by the study design.

**Submission Process**

*Submission requires completion of the attached PHS398 Packet*

**Eligibility**

Eligibility is limited to full-time regular, special and clinical title faculty as well as full time research faculty of the University of Kentucky and affiliated institutions. Junior faculty are especially encouraged to apply. Investigators in training including residents, post-doctoral fellows, and clinical fellows are not eligible to serve as PIs but may be co-investigators.

**Deadline**

Full applications are due by **July 13, 2018**.
University of Kentucky Center for the Biologic Basis of Oral/Systemic Diseases (CBBO/SD) Pilot Grants Program

Description

Limited funds are available for the COBREO/SD Pilot Grants Program to support well-defined pilot projects focused on research examining oral health and/or oral-systemic health linkages. Projects that generate sufficient data to be competitive for extramural funding and utilize existing CBBO/SD core laboratory services are encouraged. Examples of projects being sought include 1) studies that focus on orofacial diseases or oral inflammatory diseases such as oral cancer, periodontitis and/or virus infections and 2) how systemic disease influences oral health and disease, and the linkage between oral health and systemic disease.

Emphasis is given to applications from oral health scientists and that promote collaboration with an oral health scientist.

These pilot grants target applications requesting up to $20,000. Awardees may use up to 90% of the entire budget for research supplies, services and/or support critical to completion of the project, including research assistant salaries. At least 10% of budget must be dedicated for use of CBBO/SD services, if needed by the study design.

Early stage applicants must identify mentors to assist with the investigator’s training and describe the mentorship.

Eligibility

Eligibility is limited to full-time regular, special and clinical title faculty as well as full time research faculty of the University of Kentucky and affiliated institutions. Junior faculty are especially encouraged to apply.

Investigators in training including residents, post-doctoral fellows, and clinical fellows are not eligible to serve as PIs but may be co-investigators.

Important Dates

Applications are due by July 13, 2018.

Meritorious proposals are anticipated to be announced by September 1, 2018 and forwarded to the National Institutes of Health for final review and acceptance. Project work cannot begin until confirmation is received back from NIH.

Full Application

Pilot Grants should be submitted on the PHS398 form and should include the following: 1) Project Title and Investigator names, 2) Abstract (up to 250 words),
3) NIH Biographical Sketch, 4) Research Objectives and Specific Aims, 5) Significance that clearly identifies why the project needs to be done (minimum of 2 paragraphs), Innovation and Impact, 6) Approach, that includes Study Design, Methodology, Data Analysis, 7) Outcomes and Project Milestone(s), 8) How the Pilot Grant would Facilitate a Future External Grant, 9) References (minimum of 10) and 10) Budget and Justification.

Note: Sections 3-8 should not exceed 4 pages.

Applicants do not need IRB or IACUC approvals to submit a pilot grant application, but will need approval before funding. Applicants should have consulted with a Biostatistician during proposal development prior to submitting the grant application.

**Link to Full Announcement and proposal forms.**

https://dentistry.uky.edu/research-funding

**Please submit your Full Application to** Dr. Craig S. Miller cmiller@uky.edu

**For More Information or Questions, Please Contact:**

Dr. Craig S. Miller  
Director, Pilot Grants, NIH COBRE  
University of Kentucky  
MN324 College of Dentistry  
cmiller@uky.edu  
859-323-5598

Note: All applications will be peer-reviewed by the CBBO/SD Research Review Committee. Both the relationship to oral health/disease and high scientific merit are important considerations in the review process.
Proposed Pilot to Fund
From the
COBRE Phase III in Project Year 5
(5P30GM110788-05)

Submitted From                                    Department
____________________________________________________________

Project Title

____________________________________________________________

PHS398 Form
If Human Subjects, should include NIH Inclusion/Enrollment Report
### PROJECT SUMMARY (up to 250 words)


### RELEVANCE (2-3 sentences, describe relevance of the research to the public, be succinct, use plain language understandable to the lay public.)


### PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

#### Project/Performance Site Primary Location

<table>
<thead>
<tr>
<th>Organizational Name:</th>
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<td>DUNS:</td>
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<td>Street 1:</td>
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<td>Street 2:</td>
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<td>Zip/Postal Code:</td>
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<td>Project/Performance Site Congressional Districts:</td>
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</table>

#### Additional Project/Performance Site Location

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<th>Organizational Name:</th>
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<td>Zip/Postal Code:</td>
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<td>Project/Performance Site Congressional Districts:</td>
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</tbody>
</table>
SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

<table>
<thead>
<tr>
<th>Name</th>
<th>eRA Commons User Name</th>
<th>Organization</th>
<th>Role on Project</th>
</tr>
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</table>

OTHER SIGNIFICANT CONTRIBUTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role on Project</th>
</tr>
</thead>
</table>

Human Embryonic Stem Cells  ☐ No  ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: [http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp](http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp). *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line
Research Strategy
## Detailed Budget for Initial Budget Period

**Direct Costs Only**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Cal. Mnths</th>
<th>Acad. Mnths</th>
<th>Summer Mnths</th>
<th>Inst. Base Salary</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
<th>Total</th>
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<tr>
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</tbody>
</table>

**Subtotals**

**Consultant Costs**

**Equipment** *(Itemize)*

**Supplies** *(Itemize by category)*

**Travel**

**Inpatient Care Costs**

**Outpatient Care Costs**

**Alterations and Renovations** *(Itemize by category)*

**Other Expenses** *(Itemize by category)*

- Research Subject Incentives

<table>
<thead>
<tr>
<th>Consortium/Contractual Costs</th>
<th>Direct Costs</th>
<th>Subtotal Direct Costs for Initial Budget Period <em>(Item 7a, Face Page)</em></th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>$</td>
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</table>

**Total Direct Costs for Initial Budget Period**

<table>
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<tr>
<th>Consortium/Contractual Costs</th>
<th>Facilities and Administrative Costs</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

|                              |                                      | $ |

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PHS 398 (Rev. 03/16 Approved Through 10/31/2018)
Budget Justification:
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.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>Completion Date MM/YYYY</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of California, Berkeley</td>
<td>B.S</td>
<td>05/1990</td>
<td>Psychology</td>
</tr>
<tr>
<td>University of Vermont</td>
<td>Ph.D.</td>
<td>05/1996</td>
<td>Experimental Psychology</td>
</tr>
<tr>
<td>University of California, Berkeley</td>
<td>Postdoctoral</td>
<td>08/1998</td>
<td>Public Health and Epidemiology</td>
</tr>
</tbody>
</table>

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.

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.

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.
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.


Complete List of Published Work in MyBibliography:  
http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7lEFlAjBtGMRDdWFmjWAO/?sort=date&direction=ascending

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

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) 12/15/07-11/30/15  
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 08/15/09-08/14/15  
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